

DEKALB COUNTY PY 2020/21 MEDICAL RENEWAL FACTORS FOR SELF-FUNDED AND FULLY INSURED HEALTH BENEFITS AND FULLY INSURED DENTAL BENEFITS
 Monthly rates per Enrolled Employee or Retiree

| Anthem Active and Pre-65 Retirees | | PY 2019/20 | PY 2020/21 | % Increase |
|---|-------|-------------------|-------------------|-------------------|
| PPO Administration Fee | PEPM* | \$38.95 | \$38.95 | 0.0% |
| Nurseline/DM/Maternity/Coaching Fee | PEPM* | \$8.01 | \$8.01 | 0.0% |
| HSA Fee (only applicable to HSA enrollees) ¹ | PEPM* | \$2.25 | \$2.95 | 31.1% |
| Total Administration Fee | PEPM* | \$46.96 | \$46.96 | 0.0% |
| Stop Loss Fee (\$250,000 ISL) ¹ ** | PEPM* | \$39.89 | \$49.06 | 23.0% |
| Composite Rate (PPO Admin Fee + Stop Loss) | PEPM* | \$86.85 | \$96.02 | 10.6% |

| Active Employee Contributions (Per Month) | | PY 2019/20 | | | | |
|--|--|-----------------------------|-----------------------------|-----------------------------|-------------------|-------------------|
| | | Blue Open Access HMO | Blue Open Access POS | Blue Open Access HSA | Kaiser HMO | Kaiser HSA |
| Employee Only | | \$187.50 | \$154.40 | \$57.64 | \$122.52 | \$48.34 |
| Employee + 1 | | \$485.64 | \$399.92 | \$149.28 | \$317.44 | \$125.04 |
| Family | | \$581.26 | \$478.68 | \$178.66 | \$379.28 | \$149.39 |

| Active Employee Contributions (Per Month) | | PY 2020/21 | | | | | | | | |
|--|--|-----------------------------|-----------------------------|-----------------------------|-------------------|-------------------|--------------------------|------------------------------|------------------------------|--|
| | | Blue Open Access HMO | Blue Open Access POS | Blue Open Access HSA | Kaiser HMO | Kaiser HSA | Anthem % Increase | Kaiser HMO % Increase | Kaiser HSA % Increase | |
| Employee Only | | \$196.88 | \$162.12 | \$60.52 | \$128.65 | \$50.76 | 5.0% | 5.0% | 5.0% | |
| Employee + 1 | | \$509.92 | \$419.92 | \$156.74 | \$333.31 | \$131.29 | 5.0% | 5.0% | 5.0% | |
| Family | | \$610.32 | \$502.61 | \$187.59 | \$398.24 | \$156.86 | 5.0% | 5.0% | 5.0% | |

Active Employee Contributions with/without Surcharges and Wellness Incentive (Per Month)

When an employee has certified as being a non-Tobacco user or has completed the "Break Free from Tobacco" program, AND their spouse is not eligible for other employer sponsored healthcare, AND they complete the wellness requirements, they will pay the monthly contributions shown above. If an employee is subject to any/all of the County's surcharges, they will be subject to the increased cost on top of the monthly contributions shown above.

| Pre-65 Retiree Contributions (Per Month) | | PY 2019/20 | | | | |
|---|--|-----------------------------|-----------------------------|-----------------------------|-------------------|-------------------|
| | | Blue Open Access HMO | Blue Open Access POS | Blue Open Access HSA | Kaiser HMO | Kaiser HSA |
| Retiree Only | | \$520.34 | \$356.20 | \$133.52 | \$214.61 | \$182.63 |
| Retiree + 1 | | \$1,347.67 | \$922.55 | \$345.82 | \$556.63 | \$473.69 |
| Family | | \$1,613.05 | \$1,104.22 | \$413.92 | \$665.09 | \$565.99 |

| Pre-65 Retiree Contributions (Per Month) | | PY 2020/21 | | | | | | | | |
|---|--|-----------------------------|-----------------------------|-----------------------------|-------------------|-------------------|--------------------------|------------------------------|------------------------------|--|
| | | Blue Open Access HMO | Blue Open Access POS | Blue Open Access HSA | Kaiser HMO | Kaiser HSA | Anthem % Increase | Kaiser HMO % Increase | Kaiser HSA % Increase | |
| Retiree Only | | \$611.52 | \$418.62 | \$156.92 | \$251.72 | \$193.59 | 17.5% | 17.3% | 6.0% | |
| Retiree + 1 | | \$1,583.82 | \$1,084.21 | \$406.42 | \$652.88 | \$502.11 | 17.5% | 17.3% | 6.0% | |
| Family | | \$1,895.71 | \$1,297.71 | \$486.45 | \$780.10 | \$599.95 | 17.5% | 17.3% | 6.0% | |

| United Concordia | | PY 2019/20 | | PY 2020/21 | | % Increase | |
|---|--|-------------------|------------------|-------------------|------------------|-------------------|------------------|
| Active Employee Dental Contributions (Per Month) | | Low Plan | High Plan | Low Plan | High Plan | Low Plan | High Plan |
| Employee Only | | \$7.00 | \$9.80 | \$7.00 | \$9.80 | 0.0% | 0.0% |
| Employee + 1 | | \$13.64 | \$19.58 | \$13.64 | \$19.58 | 0.0% | 0.0% |
| Family | | \$17.50 | \$29.36 | \$17.50 | \$29.36 | 0.0% | 0.0% |

| United Concordia | | PY 2019/20 | | PY 2020/21 | | % Increase | |
|---|--|-------------------|------------------|-------------------|------------------|-------------------|------------------|
| Retiree Dental Contributions (Per Month) | | Low Plan | High Plan | Low Plan | High Plan | Low Plan | High Plan |
| Retiree Only | | \$7.04 | \$10.52 | \$7.04 | \$10.52 | 0.0% | 0.0% |
| Retiree + 1 | | \$14.07 | \$21.04 | \$14.07 | \$21.04 | 0.0% | 0.0% |
| Family | | \$17.59 | \$31.57 | \$17.59 | \$31.57 | 0.0% | 0.0% |

¹ These renewals are still in negotiation; the numbers presented here are not to exceed.