

DEKALB COUNTY PY 2023/24 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 2022/23	PY 2023/24	% Increase
PPO Administration Fee	PEPM*	\$38.03	\$38.03	0.0%
Nurseline/DM/Maternity/Coaching Fee	PEPM*	\$8.01	\$8.01	0.0%
HSA Fee (only applicable to HSA enrollees) ¹	PEPM*	\$2.95	\$2.95	0.0%
Total Administration Fee	PEPM*	\$46.04	\$46.04	0.0%
Stop Loss Fee (\$300,000 ISL) ¹ **	PEPM*	\$63.74	\$82.86	30.0%
Composite Rate (PPO Admin Fee + Stop Loss)	PEPM*	\$109.78	\$128.90	17.4%

Active Employee Contributions (Per Month)

	PY 2022/23				
	Blue Open	Blue Open	Blue Open	Kaiser	Kaiser
	Access HMO	Access POS	Access HSA	HMO	HSA
Employee Only	\$196.88	\$162.12	\$60.52	\$128.64	\$50.76
Employee + 1	\$509.92	\$419.92	\$156.74	\$333.30	\$131.28
Family	\$610.32	\$502.60	\$187.58	\$398.24	\$156.86

Active Employee Contributions (Per Month)

	PY 2023/24								
	Blue Open	Blue Open	Blue Open	Kaiser	Kaiser	Anthem	Kaiser HMO	Kaiser HSA	
	Access HMO	Access POS	Access HSA	HMO	HSA	% Increase	% Increase	% Increase	
Employee Only	\$196.88	\$162.12	\$60.52	\$128.64	\$50.76	0.0%	0.0%	0.0%	
Employee + 1	\$509.92	\$419.92	\$156.74	\$333.30	\$131.28	0.0%	0.0%	0.0%	
Family	\$610.32	\$502.60	\$187.58	\$398.24	\$156.86	0.0%	0.0%	0.0%	

Pre-65 Retiree Contributions (Per Month)

	PY 2022/23				
	Blue Open	Blue Open	Blue Open	Kaiser	Kaiser
	Access HMO	Access POS	Access HSA	HMO	HSA
Retiree Only	\$761.40	\$521.22	\$195.38	\$303.30	\$218.76
Retiree + 1	\$1,972.03	\$1,349.96	\$506.03	\$786.67	\$567.38
Family	\$2,360.36	\$1,615.79	\$605.68	\$939.96	\$677.94

Pre-65 Retiree Contributions (Per Month)

	PY 2023/24								
	Blue Open	Blue Open	Blue Open	Kaiser	Kaiser	Anthem	Kaiser HMO	Kaiser HSA	
	Access HMO	Access POS	Access HSA	HMO	HSA	% Increase	% Increase	% Increase	
Retiree Only	\$860.25	\$588.89	\$220.74	\$320.71	\$231.31	13.0%	5.7%	5.7%	
Retiree + 1	\$2,228.05	\$1,525.22	\$571.73	\$831.83	\$599.95	13.0%	5.7%	5.7%	
Family	\$2,666.80	\$1,825.57	\$684.31	\$993.92	\$716.86	13.0%	5.7%	5.7%	

United Concordia

Active Employee Dental Contributions (Per Month)

	PY 2022/23		PY 2023/24		% Increase	
	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan
	Employee Only	\$7.00	\$9.80	\$7.00	\$9.80	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

Retiree Dental Contributions (Per Month)

	PY 2022/23		PY 2023/24		% Increase	
	Low Plan	High Plan	Low Plan	High Plan	Low Plan	High Plan
	Retiree Only	\$7.04	\$10.52	\$7.04	\$10.52	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.

* Per Employee Per Month

** Stop Loss Insurance limits the County's liability for individual claims to the amount shown.