

DEKALB COUNTY PY 2024/25 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 2023/24	PY 2024/25	% Increase
PPO Administration Fee	PEPM*	\$38.03	\$37.07	-2.5%
Nurseline/DM/Maternity/Coaching Fee	PEPM*	\$8.01	\$8.01	0.0%
HSA Fee (only applicable to HSA enrollees) ¹	PEPM*	\$2.95	\$2.35	-20.3%
Total Administration Fee	PEPM*	\$46.04	\$45.08	-2.1%
Stop Loss Fee (\$350,000 ISL) ¹ **	PEPM*	\$82.73	\$99.03	19.7%
Composite Rate (PPO Admin Fee + Stop Loss)	PEPM*	\$128.77	\$144.11	11.9%

Active Employee Contributions (Per Month)		PY 2023/24				
		Blue Open Access HMO	Blue Open Access POS	Blue Open Access HSA	Kaiser HMO	Kaiser 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 2024/25							
		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	\$128.64	\$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 2023/24				
		Blue Open Access HMO	Blue Open Access POS	Blue Open Access HSA	Kaiser HMO	Kaiser HSA
Retiree Only		\$860.25	\$588.89	\$220.74	\$320.71	\$231.31
Retiree + 1		\$2,228.05	\$1,525.22	\$571.73	\$831.83	\$599.95
Family		\$2,666.80	\$1,825.57	\$684.31	\$993.92	\$716.86

Pre-65 Retiree Contributions (Per Month)		PY 2024/25							
		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		\$961.46	\$658.18	\$246.71	\$350.07	\$252.49	11.8%	9.2%	9.2%
Retiree + 1		\$2,490.18	\$1,704.67	\$638.99	\$907.97	\$654.87	11.8%	9.2%	9.2%
Family		\$2,980.55	\$2,040.35	\$764.82	\$1,084.90	\$782.48	11.8%	9.2%	9.2%

United Concordia Active Employee Dental Contributions (Per Month)		PY 2023/24		PY 2024/25		% 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%	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 2023/24		PY 2024/25		% 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%	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.