

DEKALB COUNTY PY 2026/27 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		<u>PY 2025/26</u>	<u>PY 2026/27</u>	<u>% Increase</u>
PPO Administration Fee	PEPM*	\$37.07	\$37.07	0.0%
Nurseline/DM/Maternity/Coaching Fee	PEPM*	\$8.01	\$8.01	0.0%
HSA Fee (only applicable to HSA enrollees) ¹	PEPM*	\$2.35	\$2.35	0.0%
Total Administration Fee	PEPM*	\$45.08	\$45.08	0.0%
Stop Loss Fee (\$375,000 ISL w/\$1M Agg Spec) ¹ **	PEPM*	\$118.41	\$153.93	30.0%
Composite Rate (PPO Admin Fee + Stop Loss)	PEPM*	\$163.49	\$199.01	21.7%

Active Employee Contributions (Per Month)		<u>PY 2025/26</u>				
		<u>Blue Open Access HMO</u>	<u>Blue Open Access POS</u>	<u>Blue Open Access HSA</u>	<u>Kaiser HMO</u>	<u>Kaiser HSA</u>
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)		<u>PY 2026/27</u>							
		<u>Blue Open Access HMO</u>	<u>Blue Open Access POS</u>	<u>Blue Open Access HSA</u>	<u>Kaiser HMO</u>	<u>Kaiser HSA</u>	<u>Anthem % Increase</u>	<u>Kaiser HMO % Increase</u>	<u>Kaiser HSA % Increase</u>
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)		<u>PY 2025/26</u>				
		<u>Blue Open Access HMO</u>	<u>Blue Open Access POS</u>	<u>Blue Open Access HSA</u>	<u>Kaiser HMO</u>	<u>Kaiser HSA</u>
Retiree Only		\$961.46	\$658.18	\$246.71	\$350.07	\$252.49
Retiree + 1		\$2,490.18	\$1,704.67	\$638.99	\$907.97	\$654.87
Family		\$2,980.55	\$2,040.35	\$764.82	\$1,084.90	\$782.48

Pre-65 Retiree Contributions (Per Month)		<u>PY 2025/26</u>							
		<u>Blue Open Access HMO</u>	<u>Blue Open Access POS</u>	<u>Blue Open Access HSA</u>	<u>Kaiser HMO</u>	<u>Kaiser HSA</u>	<u>Anthem % Increase</u>	<u>Kaiser HMO % Increase</u>	<u>Kaiser HSA % Increase</u>
Retiree Only		\$961.46	\$658.18	\$246.71	\$350.07	\$252.49	0.0%	0.0%	0.0%
Retiree + 1		\$2,490.18	\$1,704.67	\$638.99	\$907.97	\$654.87	0.0%	0.0%	0.0%
Family		\$2,980.55	\$2,040.35	\$764.82	\$1,084.90	\$782.48	0.0%	0.0%	0.0%

United Concordia Active Employee Dental Contributions (Per Month)		<u>PY 2025/26</u>		<u>PY 2025/26</u>		<u>% Increase</u>	
		<u>Low Plan</u>	<u>High Plan</u>	<u>Low Plan</u>	<u>High Plan</u>	<u>Low Plan</u>	<u>High Plan</u>
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)		<u>PY 2025/26</u>		<u>PY 2025/26</u>		<u>% Increase</u>	
		<u>Low Plan</u>	<u>High Plan</u>	<u>Low Plan</u>	<u>High Plan</u>	<u>Low Plan</u>	<u>High Plan</u>
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.