

PB Employer Benefit Detail Report

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DePauw University

Benefit	Type	Import Plan ID	Carrier	Last Day of Coverage	Original Effective Date	Fee	Remit To	Latest Plan Year
Delta Dental IN	Dental	Delta Dental IN	Delta Dental	Date of Termination	04/17/2022	2.00%	Employer	01/01/2026 – 12/31/2026
Single	EE/Only				\$37.09	COBRA		
Single + Spouse	EE/SP				\$68.30	COBRA		
Single + Child(ren)	EE/CN				\$88.14	COBRA		
Family	EE/FAM				\$135.14	COBRA		
HRPro FSA	FSA	HRPro FSA	HRPro	Date of Termination	04/17/2022	2.00%	Employer	01/01/2026 – 12/31/2026
						COBRA		
Anthem Medical #1	Medical	Anthem Medical #1	Anthem Medical #1	Date of Termination	01/01/2026	2.00%	Employer	01/01/2026 – 12/31/2026
Single	EE/Only				\$869.47	COBRA		
Single + Spouse	EE/SP				\$1825.91	COBRA		
Single + Child(ren)	EE/CN				\$1609.60	COBRA		
Family	EE/FAM				\$2695.40	COBRA		
Anthem Medical #2	Medical	Anthem Medical #2	Anthem Medical #2	Date of Termination	01/01/2026	2.00%	Employer	01/01/2026 – 12/31/2026
Single	EE/Only				\$876.10	COBRA		
Single + Spouse	EE/SP				\$1839.85	COBRA		
Single + Child(ren)	EE/CN				\$1621.87	COBRA		
Family	EE/FAM				\$2715.96	COBRA		
Anthem Medical #3	Medical	Anthem Medical #3	Anthem Medical #3	Date of Termination	01/01/2026	2.00%	Employer	01/01/2026 – 12/31/2026
Single	EE/Only				\$909.38	COBRA		
Single + Spouse	EE/SP				\$1909.73	COBRA		
Single + Child(ren)	EE/CN				\$1683.47	COBRA		
Family	EE/FAM				\$2819.10	COBRA		
Anthem Medical PPO	Medical	Anthem Medical PPO	Anthem Medical PPO	Date of Termination	01/01/2026	2.00%	Employer	01/01/2026 – 12/31/2026
Single	EE/Only				\$930.68	COBRA		
Single + Spouse	EE/SP				\$1954.47	COBRA		
Single + Child(ren)	EE/CN				\$1722.92	COBRA		
Family	EE/FAM				\$2885.17	COBRA		
Anthem Vision	Vision	Anthem Vision	Anthem Vision	Date of Termination	04/17/2022	2.00%	Employer	01/01/2026 – 12/31/2026
Single	EE/Only				\$6.51	COBRA		
Single + Spouse	EE/SP				\$11.41	COBRA		
Single + Child(ren)	EE/CN				\$12.39	COBRA		
Family	EE/FAM				\$18.92	COBRA		