

# 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	
<b>Delta Dental IN</b>	<b>Dental</b>	<b>Delta Dental IN</b>	<b>Delta Dental</b>	<b>Date of Termination</b>	<b>04/17/2022</b>	<b>2.00%</b>	<b>Employer</b>	<b>01/01/2026</b>	<b>- 12/31/2026</b>
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			
<b>HRPro FSA</b>	<b>FSA</b>	<b>HRPro FSA</b>	<b>HRPro</b>	<b>Date of Termination</b>	<b>04/17/2022</b>	<b>2.00%</b>	<b>Employer</b>	<b>01/01/2026</b>	<b>- 12/31/2026</b>
						COBRA			
<b>Anthem Medical #1 Low</b>	<b>Medical</b>	<b>Anthem Medical #1 Low</b>		<b>Date of Termination</b>	<b>01/01/2026</b>	<b>2.00%</b>	<b>Employer</b>	<b>01/01/2026</b>	<b>- 12/31/2026</b>
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			
<b>Anthem Medical #2 Mid</b>	<b>Medical</b>	<b>Anthem Medical #2 Mid</b>		<b>Date of Termination</b>	<b>01/01/2026</b>	<b>2.00%</b>	<b>Employer</b>	<b>01/01/2026</b>	<b>- 12/31/2026</b>
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			
<b>Anthem Medical #3 High</b>	<b>Medical</b>	<b>Anthem Medical #3 High</b>		<b>Date of Termination</b>	<b>01/01/2026</b>	<b>2.00%</b>	<b>Employer</b>	<b>01/01/2026</b>	<b>- 12/31/2026</b>
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			
<b>Anthem Medical PPO</b>	<b>Medical</b>	<b>Anthem Medical PPO</b>		<b>Date of Termination</b>	<b>01/01/2026</b>	<b>2.00%</b>	<b>Employer</b>	<b>01/01/2026</b>	<b>- 12/31/2026</b>
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			
<b>Anthem Vision</b>	<b>Vision</b>	<b>Anthem Vision</b>	<b>Anthem</b>	<b>Date of Termination</b>	<b>04/17/2022</b>	<b>2.00%</b>	<b>Employer</b>	<b>01/01/2026</b>	<b>- 12/31/2026</b>
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			