

Anthem Blue Cross (Anthem)
Rate Justification for QDP Plans
Individual Plans
Rate Change Effective January 1, 2026

Scope of the Rate Increase

Qualified Dental Plan (QDP) issuers are required to post a justification for an overall rate increase, positive or negative, to its website. Below is the justification for the overall rate increase effective January 1, 2026 for Anthem Individual QDP plans offered in New York that are fully compliant with the Patient Protection and Affordable Care Act (ACA).

Significant Cost Components

The primary driver of the overall premium decrease was analyses on the cost of healthcare and utilization by members. This includes changes in the “unit” cost of services primarily from dental providers, coupled with changes in the consumption of services, or “utilization,” by members. The unit costs of services have increased which are driven by many things, including (but not limited to) provider fee changes, technology advances, and general inflationary pressures. Utilization of services by members is expected to be at a level consistent with 2022 utilization patterns, the baseline for our projections.

In addition, there have been changes to the dental benefits being offered for 2026. These include changes that are not required by law, including: some adult claim processing policy changes to align with other individual products offered by Anthem, changes to deductible amounts and pediatric out-of-pocket maximums, and the removal of adult implant coverage for some plans. The expected increase to claims due to these benefit changes has been incorporated into our rates. Starting in 2026, a new Anthem Dental Adult Standard product will be introduced On Exchange, and the Anthem Dental Adult Family product will no longer be available On or Off Exchange.

Anthem continues to effectively manage administrative and selling costs. Anticipated profits are not expected to materially change such that the changes would impact the proposed rate changes. The proposed premiums are set in an effort to anticipate future benefit expenses while minimizing swings in the member’s premiums over time caused by emerging changes in the market, utilization of dental services, and applicability of changing fees and taxes.

What is Anthem doing to keep premiums affordable?

Anthem is investing in many initiatives designed to improve patient safety, outcomes, and health while reducing dental cost trends and allowing our members to better manage their oral health care costs. Anthem is focused on leveraging our market leading capabilities and technology to improve the dental and overall health of our members as well as creating a convenient and easy experience for members. The cornerstone of which is our clinical integration program, Anthem Whole Health Connection, to improve health outcomes for members that have both medical and dental through Anthem. Innovations in our digital experience and teledentistry capabilities also makes life easier for our members, including access to “Ask a Hygienist,” Care and Cost Finder tools, Dental Care Alerts, and digital ID cards. In addition, we also have the Anthem Dental Provider Savings Program, which offers our network dentists

access to exclusive savings on in-demand materials and services which helps keep care affordable for our members.

Finally, we are dedicated to working with our members to find dental coverage plans that are the most appropriate, beneficial, and affordable for their needs.

As a New York-based company, we care deeply about our customers and the community. We are committed to driving lasting improvements in health care quality and affordability, improving the lives of not only the members we serve, but also the health of communities across New York.