

**Educators Health Alliance**  
**Renewal Rates for Health, Dental, and Dual Choice Options**  
**Effective September 1, 2025**  
**15% Surcharge Rates Only**

Health Coverage - Active Employees	Network	Renewal Rates -- 15% Surcharge			
		Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
<b>\$650 Deductible</b>	<b>NEtwork Blue</b>	\$1,046.82	\$1,936.62	\$2,198.31	\$2,951.76
<b>\$850 Deductible</b>	<b>NEtwork Blue</b>	\$1,018.53	\$1,884.32	\$2,138.95	\$2,872.06
<b>\$1,050 Deductible</b>	<b>NEtwork Blue</b>	\$992.57	\$1,836.27	\$2,084.40	\$2,798.82
<b>\$1,200 Deductible</b>	<b>NEtwork Blue</b>	\$975.73	\$1,805.06	\$2,048.97	\$2,751.25
<b>\$1,450 Deductible</b>	<b>NEtwork Blue</b>	\$959.09	\$1,774.39	\$2,014.10	\$2,704.46
<b>\$1,900 Deductible</b>	<b>NEtwork Blue</b>	\$918.79	\$1,699.80	\$1,929.46	\$2,590.80
<b>\$4,000 Deductible HSA-Eligible</b>	<b>NEtwork Blue</b>	\$744.41	\$1,377.22	\$1,563.30	\$2,099.08
<b>\$2,500 Deductible (Dual Choice Only)</b>	<b>NEtwork Blue</b>	\$837.44	\$1,549.31	\$1,758.67	\$2,361.43
<b>\$3,800 Deductible HSA-Eligible (Dual Choice Only)</b>	<b>NEtwork Blue</b>	\$837.44	\$1,549.31	\$1,758.67	\$2,361.43

Health Coverage - Retirees	Network	Renewal Rates			
		Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
<b>\$400 Deductible</b>	<b>PSBC/Blueprint Health</b>	\$894.95	\$1,586.52	\$1,879.37	\$2,375.69
<b>\$1,050 Deductible</b>	<b>NEtwork Blue</b>	\$966.81	\$1,713.89	\$2,030.28	\$2,566.45
<b>\$4,000 Deductible HSA-Eligible</b>	<b>NEtwork Blue</b>	\$725.13	\$1,285.43	\$1,522.76	\$1,924.82
<b>\$2,500 Deductible</b>	<b>NEtwork Blue</b>	\$815.75	\$1,446.05	\$1,713.02	\$2,165.37
<b>\$3,800 Deductible HSA-Eligible</b>	<b>NEtwork Blue</b>	\$815.75	\$1,446.05	\$1,713.02	\$2,165.37

Dental Coverage	Network	Renewal Rates			
		Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
<b>100% A, 75% B Coverage - Option 1</b>	<b>Network BLUE Dental</b>	\$29.51	\$54.56	\$61.92	\$83.18
<b>100% A, 80% B, 70% C Coverage - Option 3</b>	<b>Network BLUE Dental</b>	\$62.64	\$115.91	\$131.55	\$176.65
<b>PPO - 100% A, 75% B, 50% C Coverage - Option 2</b>	<b>Network BLUE Dental</b>	\$31.78	\$58.76	\$66.70	\$89.61
<b>PPO - 100% A, 80% B, 80% C, 50% D Coverage - Option 4</b>	<b>Network BLUE Dental</b>	\$57.03	\$105.51	\$119.79	\$160.88
<b>PPO - 100% A, B, &amp; C Coverage - Option 5</b>	<b>Network BLUE Dental</b>	\$62.41	\$115.48	\$131.09	\$176.06