

**Educators Health Alliance**  
**Renewal Rates for Health, Dental, and Dual Choice Options**  
**Effective September 1, 2024**  
**5% Surcharge Rates Only**

Health Coverage - Active Employees	Network	Renewal Rates -- 5% Surcharge			
		Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
<b>\$650 Deductible</b>	<b>NEtwork Blue</b>	\$906.06	\$1,676.20	\$1,902.69	\$2,554.83
<b>\$850 Deductible</b>	<b>NEtwork Blue</b>	\$881.57	\$1,630.93	\$1,851.32	\$2,485.84
<b>\$1,050 Deductible</b>	<b>NEtwork Blue</b>	\$859.09	\$1,589.34	\$1,804.10	\$2,422.46
<b>\$1,200 Deductible</b>	<b>NEtwork Blue</b>	\$844.52	\$1,562.33	\$1,773.43	\$2,381.27
<b>\$1,450 Deductible</b>	<b>NEtwork Blue</b>	\$830.12	\$1,535.78	\$1,743.25	\$2,340.78
<b>\$1,900 Deductible</b>	<b>NEtwork Blue</b>	\$795.24	\$1,471.23	\$1,669.99	\$2,242.40
<b>\$4,000 Deductible HSA-Eligible</b>	<b>NEtwork Blue</b>	\$644.30	\$1,192.01	\$1,353.07	\$1,816.82
<b>\$2,500 Deductible (Dual Choice Only)</b>	<b>NEtwork Blue</b>	\$724.83	\$1,340.98	\$1,522.17	\$2,043.88
<b>\$3,800 Deductible HSA-Eligible (Dual Choice Only)</b>	<b>NEtwork Blue</b>	\$724.83	\$1,340.98	\$1,522.17	\$2,043.88

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>	\$848.37	\$1,503.95	\$1,781.56	\$2,252.05
<b>\$1,050 Deductible</b>	<b>NEtwork Blue</b>	\$916.49	\$1,624.69	\$1,924.62	\$2,432.88
<b>\$4,000 Deductible HSA-Eligible</b>	<b>NEtwork Blue</b>	\$687.39	\$1,218.53	\$1,443.51	\$1,824.65
<b>\$2,500 Deductible</b>	<b>NEtwork Blue</b>	\$773.30	\$1,370.79	\$1,623.87	\$2,052.68
<b>\$3,800 Deductible HSA-Eligible</b>	<b>NEtwork Blue</b>	\$773.30	\$1,370.79	\$1,623.87	\$2,052.68

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>	\$27.97	\$51.72	\$58.70	\$78.85
<b>100% A, 80% B, 70% C Coverage - Option 3</b>	<b>Network BLUE Dental</b>	\$59.38	\$109.88	\$124.70	\$167.46
<b>PPO - 100% A, 75% B, 50% C Coverage - Option 2</b>	<b>Network BLUE Dental</b>	\$30.13	\$55.70	\$63.23	\$84.95
<b>PPO - 100% A, 80% B, 80% C, 50% D Coverage - Option 4</b>	<b>Network BLUE Dental</b>	\$54.06	\$100.02	\$113.56	\$152.51
<b>PPO - 100% A, B, &amp; C Coverage - Option 5</b>	<b>Network BLUE Dental</b>	\$59.16	\$109.47	\$124.27	\$166.90