

**Educators Health Alliance**  
**Renewal Rates for Health, Dental, and Dual Choice Options**  
**Effective September 1, 2024**  
**Standard Rates Only (Excluding Discounts or Surcharges)**

Health Coverage - Active Employees	Network	Renewal Rates -- Standard			
		Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
<b>\$650 Deductible</b>	<b>NEtwork Blue</b>	\$862.91	\$1,596.38	\$1,812.09	\$2,433.17
<b>\$850 Deductible</b>	<b>NEtwork Blue</b>	\$839.59	\$1,553.27	\$1,763.16	\$2,367.47
<b>\$1,050 Deductible</b>	<b>NEtwork Blue</b>	\$818.18	\$1,513.66	\$1,718.19	\$2,307.10
<b>\$1,200 Deductible</b>	<b>NEtwork Blue</b>	\$804.30	\$1,487.93	\$1,688.98	\$2,267.88
<b>\$1,450 Deductible</b>	<b>NEtwork Blue</b>	\$790.59	\$1,462.65	\$1,660.24	\$2,229.31
<b>\$1,900 Deductible</b>	<b>NEtwork Blue</b>	\$757.37	\$1,401.17	\$1,590.47	\$2,135.62
<b>\$4,000 Deductible HSA-Eligible</b>	<b>NEtwork Blue</b>	\$613.62	\$1,135.25	\$1,288.64	\$1,730.30
<b>\$2,500 Deductible (Dual Choice Only)</b>	<b>NEtwork Blue</b>	\$690.31	\$1,277.12	\$1,449.69	\$1,946.55
<b>\$3,800 Deductible HSA-Eligible (Dual Choice Only)</b>	<b>NEtwork Blue</b>	\$690.31	\$1,277.12	\$1,449.69	\$1,946.55

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