Educators Health Alliance
Renewal Rates for Health, Dental, and Dual Choice Options
Effective September 1, 2024
10% Surcharge Rates Only

Health Coverage - Active Employees	Network	Renewal Rates -- 10% Surcharge			
		Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
$650 Deductible	*NEtwork Blue*	$949.20	$1,756.02	$1,993.30	$2,676.49
$850 Deductible	*NEtwork Blue*	$923.55	$1,708.60	$1,939.48	$2,604.22
$1,050 Deductible	*NEtwork Blue*	$900.00	$1,665.03	$1,890.01	$2,537.81
$1,200 Deductible	*NEtwork Blue*	$884.73	$1,636.72	$1,857.88	$2,494.67
$1,450 Deductible	*NEtwork Blue*	$869.65	$1,608.92	$1,826.26	$2,452.24
$1,900 Deductible	*NEtwork Blue*	$833.11	$1,541.29	$1,749.52	$2,349.18
$4,000 Deductible HSA-Eligible	*NEtwork Blue*	$674.98	$1,248.78	$1,417.50	$1,903.33
$2,500 Deductible (Dual Choice Only)	*NEtwork Blue*	$759.34	$1,404.83	$1,594.66	$2,141.21
$3,800 Deductible HSA-Eligible (Dual Choice Only)	*NEtwork Blue*	$759.34	$1,404.83	$1,594.66	$2,141.21

Health Coverage - Retirees	Network	Renewal Rates			
		Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
$1,050 Deductible	*NEtwork Blue*	$916.49	$1,624.69	$1,924.62	$2,432.88
$4,000 Deductible HSA-Eligible	*NEtwork Blue*	$687.39	$1,218.53	$1,443.51	$1,824.65
$2,500 Deductible	*NEtwork Blue*	$773.30	$1,370.79	$1,623.87	$2,052.68
$3,800 Deductible HSA-Eligible	*NEtwork Blue*	$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)
100% A, 75% B Coverage - Option 1	*Network BLUE Dental*	$27.97	$51.72	$58.70	$78.85
100% A, 80% B, 70% C Coverage - Option 3	*Network BLUE Dental*	$59.38	$109.88	$124.70	$167.46
PPO - 100% A, 75% B, 50% C Coverage - Option 2	*Network BLUE Dental*	$30.13	$55.70	$63.23	$84.95
PPO - 100% A, 80% B, 80% C, 50% D Coverage - Option 4	*Network BLUE Dental*	$54.06	$100.02	$113.56	$152.51
PPO - 100% A, B, & C Coverage - Option 5	*Network BLUE Dental*	$59.16	$109.47	$124.27	$166.90