Educators Health Alliance
Renewal Rates for Health, Dental, and Dual Choice Options
Effective September 1, 2027
5% Discount Rates Only

Health Coverage - Active Employees	Network	Renewal Rates -- 5% Discount			
		Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
$1,650 Deductible	***NEtwork Blue***	$1,039.29	$1,974.61	$2,182.50	$2,982.71
$1,900 Deductible	***NEtwork Blue***	$1,011.21	$1,921.29	$2,123.57	$2,902.16
$2,100 Deductible	***NEtwork Blue***	$985.43	$1,872.30	$2,069.41	$2,828.16
$2,250 Deductible	***NEtwork Blue***	$968.72	$1,840.47	$2,034.24	$2,780.08
$2,500 Deductible	***NEtwork Blue***	$952.19	$1,809.21	$1,999.62	$2,732.81
$3,000 Deductible	***NEtwork Blue***	$912.19	$1,733.15	$1,915.59	$2,617.95
$4,950 Deductible HSA-Eligible	***NEtwork Blue***	$739.05	$1,404.23	$1,552.06	$2,121.08
$3,800 Deductible (Dual Choice Only)	***NEtwork Blue***	$831.42	$1,579.70	$1,746.03	$2,386.18
$4,650 Deductible HSA-Eligible (Dual Choice Only)	***NEtwork Blue***	$831.42	$1,579.70	$1,746.03	$2,386.18

Health Coverage - Retirees	Network	Renewal Rates			
		Retiree Only	Ret & Child(ren)	Ret & Spouse	Ret, Spouse, & Child(ren)
$1,350 Deductible	***PSBC/Blueprint Health***	$1,152.38	$2,042.90	$2,419.99	$3,059.07
$2,100 Deductible	***NEtwork Blue***	$1,244.92	$2,206.90	$2,614.30	$3,304.70
$4,950 Deductible HSA-Eligible	***NEtwork Blue***	$933.72	$1,655.20	$1,960.79	$2,478.51
$3,800 Deductible	***NEtwork Blue***	$1,050.40	$1,862.02	$2,205.78	$2,788.25
$4,650 Deductible HSA-Eligible	***NEtwork Blue***	$1,050.40	$1,862.02	$2,205.78	$2,788.25

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***	$31.88	$58.94	$66.88	$89.85
100% A, 80% B, 70% C Coverage - Option 3	***Network BLUE Dental***	$67.67	$125.20	$142.10	$190.82
PPO - 100% A, 75% B, 50% C Coverage - Option 2	***Network BLUE Dental***	$34.33	$63.47	$72.04	$96.80
PPO - 100% A, 80% B, 80% C, 50% D Coverage - Option 4	***Network BLUE Dental***	$61.61	$113.97	$129.40	$173.78
PPO - 100% A, B, & C Coverage - Option 5	***Network BLUE Dental***	$67.42	$124.74	$141.61	$190.18
100% A, 75% B, 50% C Coverage - Option 6	***Network BLUE Dental***	$37.08	$68.55	$77.80	$104.54