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

Health Coverage - Active Employees	Network	Renewal Rates -- 5% Surcharge			
		Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
$1,650 Deductible	*NEtwork Blue*	$1,148.69	$2,182.47	$2,412.24	$3,296.67
$1,900 Deductible	*NEtwork Blue*	$1,117.65	$2,123.53	$2,347.11	$3,207.66
$2,100 Deductible	*NEtwork Blue*	$1,089.15	$2,069.38	$2,287.25	$3,125.86
$2,250 Deductible	*NEtwork Blue*	$1,070.69	$2,034.21	$2,248.37	$3,072.72
$2,500 Deductible	*NEtwork Blue*	$1,052.43	$1,999.65	$2,210.10	$3,020.47
$3,000 Deductible	*NEtwork Blue*	$1,008.21	$1,915.59	$2,117.23	$2,893.53
$4,950 Deductible HSA-Eligible	*NEtwork Blue*	$816.85	$1,552.05	$1,715.44	$2,344.36
$3,800 Deductible (Dual Choice Only)	*NEtwork Blue*	$918.94	$1,745.98	$1,929.83	$2,637.36
$4,650 Deductible HSA-Eligible (Dual Choice Only)	*NEtwork Blue*	$918.94	$1,745.98	$1,929.83	$2,637.36

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