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

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

		Renewal Rates			
Health Coverage - Retirees	Network	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

		Renewal Rates			
Dental Coverage	Network	<b>Employee</b>	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	<mark>\$30.13</mark>	<mark>\$55.70</mark>	<mark>\$63.23</mark>	<mark>\$84.95</mark>
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