

## 2022 MONTHLY HEALTH RATES SPOC-Covered

	Total	State Share	Employee Share
<b>Alliance Select</b>			
Single	\$600.24	\$570.23	\$30.01
Employee and Child(ren)	\$1,136.25	\$999.90	\$136.35
Employee and Spouse	\$1,229.29	\$1,081.78	\$147.51
Family	\$1,842.14	\$1,565.82	\$276.32
<b>Delta Dental</b>			
Single	\$36.00	\$36.00	\$0.00
Family	\$89.00	\$69.42	\$19.58