

2024 MONTHLY COBRA RATES

All Employees (except SPOC)		
Health	Single	Family
Iowa Choice	\$896.58	\$2,100.18
National Choice	\$985.32	\$2,306.22
Dental		
Delta Dental	\$36.72	\$93.84
SPOC-covered		
Alliance Select		
Employee	\$748.76	
Employee & Child(ren)	\$1,417.41	
Employee & Spouse	\$1,533.47	
Family	\$2,297.96	
Dental	Single	Family
SPOC-covered	\$36.72	\$90.78