## 2024 MONTHLY HEALTH RATES All Employees (except SPOC-Covered)

FT PT

	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share
HEALTH						
Iowa Choice						
Single	\$879.00	\$818.00	\$61.00	\$879.00	\$409.00	\$470.00
Family	\$2,059.00	\$1,854.00	\$205.00	\$2,059.00	\$927.00	\$1,132.00
National Choice						
Single	\$966.00	\$818.00	\$148.00	\$966.00	\$411.00	\$555.00
Family	\$2,261.00	\$1,854.00	\$407.00	\$2,261.00	\$927.00	\$1,334.00
	Total		Employee	Total	State	Employee
DENTAL	Premium	State Share	Share	Premium	Share	Share
Single	\$36.00	\$36.00	\$0.00	\$36.00	\$18.00	\$18.00
Family	\$92.00	\$46.00	\$46.00	\$92.00	\$23.00	\$69.00