

2024 MONTHLY HEALTH RATES SPOC-Covered

Alliance Select	Total	State Share	Employee Share
Single	\$734.08	\$697.38	\$36.70
Employee and Child(ren)	\$1,389.62	\$1,222.86	\$166.76
Employee and Spouse	\$1,503.40	\$1,323.00	\$180.40
Family	\$2,252.90	\$1,914.96	\$337.94
Delta Dental	Total	State Share	Employee Share
Single	\$36.00	\$36.00	\$0.00
Family	\$89.00	\$69.00	\$20.00