2027 MONTHLY COBRA RATES

All Employees (except SPOC)		
Health	**Single**	**Family**
Iowa Choice	$1,032.24	$2,415.36
National Choice	$1,134.24	$2,653.02
Dental		
Delta Dental	$39.78	$100.98
SPOC-covered		
Health	**Single**	**Family**
Employee	$870.98	$888.40
Employee & Child(ren)	$1,648.78	$1,681.76
Employee & Spouse	$1,783.78	$1,819.46
Family	$2,673.04	$2,726.50
Dental	**Single**	**Family**
SPOC-covered	$40.80	$100.98

Vision		
Employee Only	$7.67	
Employee+ Spouse	$14.55	
Employee + Child(ren)	$16.52	
Family	$21.79	