

2025 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	\$900.00	\$836.00	\$64.00		\$900.00	\$418.00	\$482.00
Family	\$2,106.00	\$1,896.00	\$210.00		\$2,106.00	\$948.00	\$1,158.00
National Choice							
Single	\$988.00	\$836.00	\$152.00		\$988.00	\$418.00	\$570.00
Family	\$2,314.00	\$1,896.00	\$418.00		\$2,314.00	\$948.00	\$1,366.00
DENTAL	Total Premium	State Share	Employee Share		Total Premium	State Share	Employee 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