2027 MONTHLY HEALTH & DENTAL RATES

SPOC-Covered

Alliance Select	**Total**	**State Share**	**Employee Share**	
Single	$870.98	$827.44	$43.54	
Employee and Child(ren)	$1,648.78	$1,450.92	$197.86	
Employee and Spouse	$1,783.78	$1,569.72	$214.06	
Family	$2,673.04	$2,272.08	$400.96	
Delta Dental	**Total**	**State Share**		
Single	$40.00	$40.00	$0.00	
Family	$99.00	$77.22	$21.78	