

# 2025 MONTHLY HEALTH & DENTAL RATES

## SPOC-Covered

<b>Alliance Select</b>			
	<b>Total</b>	<b>State Share</b>	<b>Employee Share</b>
Single	\$773.89	\$735.19	\$38.70
Employee and Child(ren)	\$1,464.97	\$1,289.17	\$175.80
Employee and Spouse	\$1,584.93	\$1,394.73	\$190.20
Family	\$2,375.07	\$2,018.87	\$356.20
<b>Delta Dental</b>			
	<b>Total</b>	<b>State Share</b>	<b>Employee Share</b>
Single	\$37.00	\$37.00	\$0.00
Family	\$92.00	\$69.00	\$23.00