

## 2026 MONTHLY COBRA RATES

All Employees (except SPOC)		
Health	Single	Family
Iowa Choice	\$918.00	\$2,148.12
National Choice	\$1,007.76	\$2,360.28
Dental		
Delta Dental	\$38.76	\$97.92
SPOC-covered		
Alliance Select		
Employee	\$840.53	
Employee & Child(ren)	\$1,591.13	
Employee & Spouse	\$1,721.40	
Family	\$2,579.59	
Dental	Single	Family
SPOC-covered	\$38.76	\$96.90