

2026 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	\$38.00	\$38.00	\$0.00		\$38.00	\$19.00	\$19.00
Family	\$96.00	\$48.00	\$48.00		\$96.00	\$24.00	\$72.00