

2026 MONTHLY HEALTH & DENTAL RATES

SPOC-Covered

	Total	State Share	Employee Share
Alliance Select			
Single	\$824.05	\$782.85	\$41.20
Employee and Child(ren)	\$1,559.93	\$1,372.73	\$187.20
Employee and Spouse	\$1,687.65	\$1,485.13	\$202.52
Family	\$2,529.01	\$2,149.65	\$379.36
Delta Dental			
Single	\$38.00	\$38.00	\$0.00
Family	\$95.00	\$74.00	\$21.00