2027 RETIREE MONTHLY HEALTH DENTAL RATES (Not Medicare Eligible)

Iowa Choice	Total Retiree Contribution
Single	$1,012.00
Family	$2,368.00
National Choice	
Single	$1,112.00
Family	$2,601.00

Sick Leave Insurance Program (SLIP)	Total Premium	SLIP Contribution	SLIP Retiree Contribtuion
Iowa Choice			
Single	$1,012.00	$941.00	**$71.00**
Family before Medicare	$2,368.00	$2,131.00	**$237.00**
National Choice			
Single	$1,112.00	$941.00	**$171.00**
Family before Medicare	$2,601.00	$2,131.00	**$470.00**

Sick Leave Insurance Program (SLIP) with Medicare - Eligible Spouse	Total Premium	SLIP Contribution	SLIP Retiree Contribtuion	Iowa Group MedicareBlue RX	Total Retiree Contribution
Iowa Choice - Family					
Spouse Enrolled in Group MedicareBlue RX	$1,364.00	$1,364.00	$0.00	$112.00	**$112.00**
Spouse NOT Enrolled in Group MedicareBlue RX	$2,375.00	$2,131.00	$244.00	-	**$244.00**
National Choice - Family					
Spouse Enrolled in Group MedicareBlue RX	$1,498.00	$1,498.00	$0.00	$112.00	**$112.00**
Spouse NOT Enrolled in Group MedicareBlue RX	$2,614.00	$2,131.00	$483.00		**$483.00**
Delta Dental	**Total Retiree Contribution**				
Single	**$39.00**				
Family	**$99.00**				