# 2027 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 | $1,012.00 | $941.00 | $71.00 | | $1,012.00 | $470.50 | $541.50 |
| Family | $2,368.00 | $2,131.00 | $237.00 | | $2,368.00 | $1,065.50 | $1,302.50 |
| | | | | | | | |
| **National Choice** | | | | | | | |
| Single | $1,112.00 | $941.00 | $171.00 | | $1,112.00 | $470.50 | $641.50 |
| Family | $2,601.00 | $2,131.00 | $470.00 | | $2,601.00 | $1,065.50 | $1,535.50 |
| | | | | | | | |
| **DENTAL** | **Total Premium** | **State Share** | **Employee Share** | | **Total Premium** | **State Share** | **Employee Share** |
| Single | $39.00 | $39.00 | $0.00 | | $39.00 | $19.50 | $19.50 |
| Family | $99.00 | $49.50 | $49.50 | | $99.00 | $24.74 | $74.26 |

| **Vision** | **Total Premium/Employee State** | | |
|---|---|---|---|
| Employee Only | $7.52 | | |
| Employee+ Spouse | $14.26 | | |
| Employee + Child(ren) | $16.20 | | |
| Family | $21.36 | | |