

2021 MONTHLY HEALTH RATES All Employees (except SPOC-Covered)

	Full-Time (30+ Hours per Week)				Part-Time (20-29 Hours per Week)				
	Code	Total Premium	State Share	Employee Share		Code	Total Premium	State Share	Employee Share
HEALTH									
Iowa Choice									
Single	CE400	\$769.00	\$715.00	\$54.00		CE500	\$769.00	\$358.00	\$411.00
Family	CE600	\$1,804.00	\$1,624.00	\$180.00		CE700	\$1,804.00	\$812.00	\$992.00
National Choice									
Single	SE400	\$845.00	\$715.00	\$130.00		SE500	\$845.00	\$358.00	\$487.00
Family	SE600	\$1,966.00	\$1,624.00	\$342.00		SE700	\$1,966.00	\$812.00	\$1,154.00
DENTAL									
Single	DE400	\$31.00	\$31.00	\$0.00		DE500	\$31.00	\$16.00	\$15.00
Family	DE600	\$83.00	\$41.50	\$41.50		DE700	\$83.00	\$21.00	\$62.00

Sep-20