

**2020 MONTHLY HEALTH AND DENTAL 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
<b>HEALTH</b>								
<b>Iowa Choice</b>								
Single	<b>CE400</b>	\$761.00	\$716.00	\$45.00	<b>CE500</b>	\$761.00	\$358.00	\$403.00
Family	<b>CE600</b>	\$1,788.00	\$1,628.00	\$160.00	<b>CE700</b>	\$1,788.00	\$814.00	\$974.00
DS Contract Holder	<b>CE800</b>	\$894.00	\$814.00	\$80.00	<b>CE900</b>	\$894.00	\$407.00	\$487.00
DS Contributing Spouse	<b>CE810</b>	\$894.00	\$814.00	\$80.00	<b>CE910</b>	\$894.00	\$407.00	\$487.00
<b>National Choice</b>								
Single	<b>SE400</b>	\$837.00	\$716.00	\$121.00	<b>SE500</b>	\$837.00	\$358.00	\$479.00
Family	<b>SE600</b>	\$1,964.00	\$1,628.00	\$336.00	<b>SE700</b>	\$1,964.00	\$814.00	\$1,150.00
DS Contract Holder	<b>SE800</b>	\$982.00	\$814.00	\$168.00	<b>SE900</b>	\$982.00	\$407.00	\$575.00
DS Contributing Spouse	<b>SE810</b>	\$982.00	\$814.00	\$168.00	<b>SE910</b>	\$982.00	\$407.00	\$575.00
<b>DENTAL</b>								
Single	<b>DE400</b>	\$30.60	\$30.60	\$0.00	<b>DE500</b>	\$30.60	\$15.30	\$15.30
Family	<b>DE600</b>	\$82.24	\$41.12	\$41.12	<b>DE700</b>	\$82.24	\$20.56	\$61.68
DS Contract Holder	<b>DE800</b>	\$41.12	\$20.56	\$20.56	<b>DE900</b>	\$41.12	\$10.28	\$30.84
DS Contributing Spouse	<b>DE810</b>	\$41.12	\$20.56	\$20.56	<b>DE910</b>	\$41.12	\$10.28	\$30.84