

## 2023 MONTHLY HEALTH RATES All Employees (except SPOC-Covered)

	FT			PT		
	Total Premium	State Share	Employee Share	Total Premium	State Share	Employee Share
<b>HEALTH</b>						
<b>Iowa Choice</b>						
Single	\$799.00	\$743.00	\$56.00	\$799.00	\$371.50	\$427.50
Family	\$1,874.00	\$1,687.00	\$187.00	\$1,874.00	\$843.50	\$1,030.50
<b>National Choice</b>						
Single	\$878.00	\$743.00	\$135.00	\$878.00	\$371.50	\$506.50
Family	\$2,057.00	\$1,687.00	\$370.00	\$2,057.00	\$843.50	\$1,213.50
<b>DENTAL</b>						
Single	\$35.00	\$35.00	\$0.00	\$35.00	\$17.50	\$17.50
Family	\$90.00	\$45.00	\$45.00	\$90.00	\$22.25	\$67.75