

2023 MONTHLY HEALTH RATES SPOC-Covered

	Total	State Share	Employee Share
Alliance Select			
Single	\$677.31	\$643.44	\$33.87
Employee and Child(ren)	\$1,282.15	\$1,128.29	\$153.86
Employee and Spouse	\$1,387.13	\$1,220.67	\$166.46
Family	\$2,078.66	\$1,766.86	\$311.80
Delta Dental			
Single	\$35.10	\$35.10	\$0.00
Family	\$86.78	\$67.69	\$19.09