

**2023 MONTHLY HEALTH and DENTAL RATES
SPOC-Covered**

Alliance Select

Single
Employee and Child(ren)
Employee and Spouse
Family

	Total	State Share	Employee Share
	\$677.34	\$643.47	\$33.88
	\$1,282.15	\$1,128.29	\$153.86
	\$1,387.13	\$1,220.67	\$166.46
	\$2,078.66	\$1,766.86	\$311.80
	\$35.10	\$35.10	\$0.00
	\$86.79	\$67.69	\$19.10

Delta Dental

Single
Family