

2018 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
HEALTH								
Iowa Choice								
Single	CE400	\$712.00	\$672.00	\$40.00	CE500	\$712.00	\$336.00	\$376.00
Family	CE600	\$1,668.00	\$1,518.00	\$150.00	CE700	\$1,668.00	\$759.00	\$909.00
DS Contract Holder	CE800	\$834.00	\$759.00	\$75.00	CE900	\$834.00	\$379.50	\$454.50
DS Contributing Spouse	CE810	\$834.00	\$759.00	\$75.00	CE910	\$834.00	\$379.50	\$454.50
FT/PT DS Contract Holder	CE300	\$834.00	\$759.00	\$75.00	CE300	\$834.00	\$759.00	\$75.00
FT/PT DS Contributing Spouse	CE310	\$834.00	\$759.00	\$75.00	CE310	\$834.00	\$759.00	\$75.00
National Choice								
Single	SE400	\$765.00	\$672.00	\$93.00	SE500	\$765.00	\$336.00	\$429.00
Family	SE600	\$1,791.00	\$1,518.00	\$273.00	SE700	\$1,791.00	\$759.00	\$1,032.00
DS Contract Holder	SE800	\$895.50	\$759.00	\$136.50	SE900	\$895.50	\$379.50	\$516.00
DS Contributing Spouse	SE810	\$895.50	\$759.00	\$136.50	SE910	\$895.50	\$379.50	\$516.00
FT/PT DS Contract Holder	SE300	\$895.50	\$759.00	\$136.50	SE300	\$895.50	\$759.00	\$136.50
FT/PT DS Contributing Spouse	SE310	\$895.50	\$759.00	\$136.50	SE310	\$895.50	\$759.00	\$136.50
DENTAL								
Single	DE400	\$29.55	\$29.55	\$0.00	DE500	\$29.55	\$14.79	\$14.76
Family	DE600	\$79.43	\$39.73	\$39.70	DE700	\$79.43	\$19.27	\$60.16
DS Contract Holder	DE800	\$39.72	\$20.46	\$19.26	DE900	\$39.72	\$9.64	\$30.08
DS Contributing Spouse	DE810	\$39.71	\$20.45	\$19.26	DE910	\$39.71	\$9.63	\$30.08
FT/PT DS Contract Holder	DE300	\$39.72	\$20.46	\$19.26	DE300	\$39.72	\$20.46	\$19.26
FT/PT DS Contributing Spouse	DE310	\$39.71	\$20.45	\$19.26	DE310	\$39.71	\$20.45	\$19.26

9/28/2017

2018 MONTHLY HEALTH PREMIUMS SPOC-Covered

WITH the Premium Wellness Reduction of \$70.00/month

Plan	Code	Total	State Share	Employee Share
Alliance Select				
Single	AS40W	\$459.49	\$437.49	\$22.00
Employee and Spouse	AS61W	\$941.04	\$822.04	\$119.00
Employee and Child(ren)	AS62W	\$869.81	\$765.81	\$104.00
Family	AS60W	\$1,410.17	\$1,198.17	\$212.00
DS Contract Holder	AS80W	\$705.09	\$634.07	\$71.02
DS Contributing Spouse	AS81W	\$705.08	\$564.06	\$141.02
FT/PT DS Contract Holder	AS30W	\$705.09	\$634.07	\$71.02
FT/PT DS Contributing Spouse	AS31W	\$705.08	\$564.06	\$141.02

WITHOUT the Premium Wellness Reduction

Alliance Select				
Single	AS400	\$459.49	\$367.49	\$92.00
Employee and Spouse	AS610	\$941.04	\$752.04	\$189.00
Employee and Child(ren)	AS620	\$869.81	\$695.81	\$174.00
Family	AS600	\$1,410.17	\$1,128.17	\$282.00
DS Contract Holder	AS800	\$705.09	\$564.07	\$141.02
DS Contributing Spouse	AS810	\$705.08	\$564.06	\$141.02
FT/PT DS Contract Holder	AS300	\$705.09	\$564.07	\$141.02
FT/PT DS Contributing Spouse	AS310	\$705.08	\$564.06	\$141.02

2018 SICK LEAVE INSURANCE PROGRAM (SLIP) All Retirees

	Code	Total	SLIP	Retiree Share
Iowa Choice				
Single before Medicare	CE400	\$712.00	\$672.00	\$40.00
Family before Medicare	CE600	\$1,668.00	\$1,518.00	\$150.00
Family with Gr. MedicareBlue Rx - Iowa	CE653	\$959.00	\$959.00	\$0.00
Family without Gr. MedicareBlue Rx - Iowa	CE654	\$1,670.00	\$1,518.00	\$152.00
National Choice				
Single before Medicare	SE400	\$765.00	\$672.00	\$93.00
Family before Medicare	SE600	\$1,791.00	\$1,518.00	\$273.00
Family with MedicareBlue Rx - Iowa	SE653	\$1,033.00	\$1,033.00	\$0.00
Family without MedicareBlue Rx - Iowa	SE654	\$1,803.00	\$1,518.00	\$285.00

NOTE: Group MedicareBlue Rx - Iowa premium is an additional \$100.20 per month per Medicare-eligible

9/28/2017

2018 MONTHLY COBRA RATES

All Employees (except SPOC)

	Single	Family
Iowa Choice	\$726.24	\$1,701.36
National Choice	\$780.30	\$1,826.82

SPOC-covered

	Employee & Employee	Employee & Spouse	Employee & Child(ren)	Family
Alliance Select	\$468.68	\$959.86	\$887.21	\$1,438.37

Dental

	Single	Family
All Employees (except SPOC)	\$29.25	\$78.60
SPOC-covered	\$33.36	\$83.90

9/14/2017