2016 MONTHLY HEALTH AND DENTAL RATES
SPOC-Covered

WITH the Employee Premium Wellness Reduction of $65.82 per month

Plan	Total	State Share	% Premium	Employee Share	% Premium
Alliance Select					
Single	$428.85	$408.89	95%	$19.96	5%
Employee and Spouse	$878.28	$768.44	87%	$109.84	13%
Employee and Child(ren)	$811.81	$715.27	88%	$96.54	12%
Family	$1,316.14	$1,118.72	85%	$197.42	15%
DS Contract Holder	$658.07	$592.27	90%	$65.80	10%
DS Contributing Spouse	$658.07	$526.45	80%	$131.62	20%
FT/PT DS Contract Holder	$658.07	$592.27	90%	$65.80	10%
FT/PT DS Contributing Spouse	$658.07	$526.45	80%	$131.62	20%

WITHOUT the Employee Premium Wellness Reduction

Alliance Select					
Single	$428.85	$343.07	80%	$85.78	20%
Employee and Spouse	$878.28	$702.62	80%	$175.66	20%
Employee and Child(ren)	$811.81	$649.45	80%	$162.36	20%
Family	$1,316.14	$1,052.90	80%	$263.24	20%
DS Contract Holder	$658.07	$526.45	80%	$131.62	20%
DS Contributing Spouse	$658.07	$526.45	80%	$131.62	20%
FT/PT DS Contract Holder	$658.07	$526.45	80%	$131.62	20%
FT/PT DS Contributing Spouse	$658.07	$526.45	80%	$131.62	20%

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