

2021 Medical Plan Rates

The following charts show your per-pay-period contributions for medical coverage based on your annual eligible compensation.

Iowa	Narrow network plans are available in the Des Moines area.
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Regular employees

(based on annual eligible compensation of less than \$45,000)

Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with Health Reimbursement Account (HRA)***	\$43.26	\$111.66	\$80.70	\$139.38
Lower Use Plan with Health Savings Account (HSA)***	\$21.30	\$65.46	\$41.22	\$75.72
Higher Use Plan with HSA***	\$41.46	\$108.00	\$77.40	\$134.28
Narrow Network Copay Plan — Aetna IA	\$27.84	\$79.32	\$52.86	\$94.44
Narrow Network Plan with HSA — Aetna IA	\$31.80	\$87.48	\$59.94	\$106.08

Regular employees

(based on annual eligible compensation of \$45,000 – \$100,000)

Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with HRA***	\$59.64	\$152.16	\$110.94	\$190.92
Lower Use Plan with HSA***	\$30.78	\$91.56	\$59.16	\$107.40
Higher Use Plan with HSA***	\$57.24	\$147.36	\$106.68	\$184.20
Narrow Network Copay Plan — Aetna IA	\$39.36	\$109.62	\$74.46	\$132.00
Narrow Network Plan with HSA — Aetna IA	\$44.58	\$120.42	\$83.82	\$147.24

Regular employees

(based on annual eligible compensation of more than \$100,000)

Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with HRA***	\$73.32	\$184.56	\$136.08	\$232.98
Lower Use Plan with HSA***	\$39.78	\$114.06	\$75.78	\$135.84
Higher Use Plan with HSA***	\$70.50	\$179.04	\$131.04	\$225.24
Narrow Network Copay Plan — Aetna IA	\$49.74	\$135.18	\$93.60	\$164.46
Narrow Network Plan with HSA — Aetna IA	\$55.80	\$147.66	\$104.40	\$182.22

* Includes domestic partner.

** Includes domestic partner's children.

*** Including Out-of-Area coverage.

Part-time employees

(based on annual eligible compensation of less than \$45,000)

Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with HRA***	\$57.12	\$138.66	\$105.36	\$178.14
Lower Use Plan with HSA***	\$35.16	\$92.52	\$65.88	\$114.54
Higher Use Plan with HSA***	\$55.32	\$135.06	\$102.06	\$173.04
Narrow Network Copay Plan — Aetna IA	\$41.70	\$106.32	\$77.52	\$133.26
Narrow Network Plan with HSA — Aetna IA	\$45.66	\$114.48	\$84.60	\$144.90

Part-time employees

(based on annual eligible compensation of \$45,000 – \$100,000)

Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with HRA***	\$77.58	\$187.02	\$142.80	\$241.02
Lower Use Plan with HSA***	\$48.72	\$126.42	\$91.02	\$157.50
Higher Use Plan with HSA***	\$75.18	\$182.28	\$138.54	\$234.36
Narrow Network Copay Plan — Aetna IA	\$57.24	\$144.54	\$106.26	\$182.10
Narrow Network Plan with HSA — Aetna IA	\$62.52	\$155.28	\$115.62	\$197.34

Part-time employees

(based on annual eligible compensation of more than \$100,000)

Contributions per pay period

(deducted 26 times per year)

Plan	You only	You + spouse*	You + children**	You + spouse* + children**
Copay Plan with HRA***	\$93.72	\$224.40	\$172.38	\$290.16
Lower Use Plan with HSA***	\$60.12	\$153.90	\$112.14	\$193.08
Higher Use Plan with HSA***	\$90.96	\$218.82	\$167.34	\$282.36
Narrow Network Copay Plan — Aetna IA	\$70.14	\$174.96	\$129.96	\$221.64
Narrow Network Plan with HSA — Aetna IA	\$76.26	\$187.50	\$140.70	\$239.40

* Includes domestic partner.

** Includes domestic partner's children.

*** Including Out-of-Area coverage.