

Iowa

# 2022 Medical Plan Rates

Narrow network plans are available in the greater Des Moines area and Central and Eastern Iowa.

The following charts show your per-pay-period contributions for medical coverage based on your annual eligible compensation. Contributions are per pay period, deducted 26 times per year.

## Regular and fixed term full-time employees

	You	You + spouse <sup>1</sup>	You + children	You + spouse <sup>1</sup> + children
<b>Based on annual eligible compensation of less than \$45,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$43.80	\$113.10	\$81.72	\$141.18
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$21.60	\$66.30	\$41.76	\$76.68
Higher Use Plan with HSA <sup>2</sup>	\$42.00	\$109.38	\$78.42	\$136.02
Narrow Network Copay Plan — Aetna IA	\$28.20	\$80.34	\$53.52	\$95.64
Narrow Network Plan with HSA — Aetna IA	\$32.22	\$88.62	\$60.72	\$107.46
<b>Based on annual eligible compensation of \$45,000 – \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$61.50	\$156.90	\$114.36	\$196.86
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$31.74	\$94.38	\$61.02	\$110.70
Higher Use Plan with HSA <sup>2</sup>	\$59.04	\$151.92	\$109.98	\$189.90
Narrow Network Copay Plan — Aetna IA	\$40.56	\$113.04	\$76.74	\$136.08
Narrow Network Plan with HSA — Aetna IA	\$45.96	\$124.14	\$86.40	\$151.80
<b>Based on annual eligible compensation of more than \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$76.92	\$193.62	\$142.74	\$244.38
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$41.70	\$119.64	\$79.50	\$142.50
Higher Use Plan with HSA <sup>2</sup>	\$73.98	\$187.80	\$137.46	\$236.28
Narrow Network Copay Plan — Aetna IA	\$52.20	\$141.78	\$98.16	\$172.50
Narrow Network Plan with HSA — Aetna IA	\$58.56	\$154.92	\$109.50	\$191.16

<sup>1</sup> Includes domestic partner. <sup>2</sup> Includes Out of Area coverage.

## Regular and fixed term part-time employees

	You	You + spouse <sup>1</sup>	You + children	You + spouse <sup>1</sup> + children
<b>Based on annual eligible compensation of less than \$45,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$57.84	\$140.46	\$106.74	\$180.48
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$35.64	\$93.72	\$66.72	\$116.04
Higher Use Plan with HSA <sup>2</sup>	\$56.04	\$136.80	\$103.38	\$175.26
Narrow Network Copay Plan — Aetna IA	\$42.24	\$107.70	\$78.54	\$135.00
Narrow Network Plan with HSA — Aetna IA	\$46.26	\$115.98	\$85.68	\$146.76
<b>Based on annual eligible compensation of \$45,000 – \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$79.98	\$192.84	\$147.24	\$248.52
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$50.22	\$130.32	\$93.84	\$162.36
Higher Use Plan with HSA <sup>2</sup>	\$77.52	\$187.92	\$142.86	\$241.62
Narrow Network Copay Plan — Aetna IA	\$59.04	\$149.04	\$109.56	\$187.74
Narrow Network Plan with HSA — Aetna IA	\$64.44	\$160.08	\$119.22	\$203.46
<b>Based on annual eligible compensation of more than \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$98.34	\$235.38	\$180.84	\$304.38
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$63.06	\$161.46	\$117.66	\$202.56
Higher Use Plan with HSA <sup>2</sup>	\$95.40	\$229.56	\$175.56	\$296.22
Narrow Network Copay Plan — Aetna IA	\$73.56	\$183.54	\$136.32	\$232.50
Narrow Network Plan with HSA — Aetna IA	\$79.98	\$196.68	\$147.60	\$251.16

<sup>1</sup> Includes domestic partner. <sup>2</sup> Includes Out of Area coverage.