2016 MONTHLY HEALTH RATES
Executive Branch Non-Contract
WITH the Employee Premium Wellness Reduction of $111 per month

Full - Time 30 or More Hours Per Week

Plan	Total	State Share	% Premium	Employee Share	% Premium
Blue Advantage					
Single	$623.50	$609.92	98%	$13.58	2%
Family	$1,463.63	$1,282.03	88%	$181.60	12%
DS Contract Holder	$731.82	$696.46	95%	$35.36	5%
DS Contributing Spouse	$731.82	$585.46	80%	$146.36	20%
FT/PT DS Contract Holder	$731.82	$696.46	95%	$35.36	5%
FT/PT DS Contributing Spouse	$731.82	$585.46	80%	$146.36	20%
Blue Access					
Single	$648.50	$629.92	97%	$18.58	3%
Family	$1,521.99	$1,328.59	87%	$193.40	13%
DS Contract Holder	$761.00	$719.80	95%	$41.20	5%
DS Contributing Spouse	$761.00	$608.80	80%	$152.20	20%
FT/PT DS Contract Holder	$761.00	$719.80	95%	$41.20	5%
FT/PT DS Contributing Spouse	$761.00	$608.80	80%	$152.20	20%
Iowa Select					
Single	$859.24	$798.52	93%	$60.72	7%
Family	$2,015.21	$1,723.29	86%	$291.92	14%
DS Contract Holder	$1,007.61	$917.09	91%	$90.52	9%
DS Contributing Spouse	$1,007.61	$806.09	80%	$201.52	20%
FT/PT DS Contract Holder	$1,007.61	$917.09	91%	$90.52	9%
FT/PT DS Contributing Spouse	$1,007.61	$806.09	80%	$201.52	20%
Deductible 3 Plus					
Single	$862.83	$801.39	93%	$61.44	7%
Family	$2,024.41	$1,730.65	85%	$293.76	15%
DS Contract Holder	$1,012.21	$920.77	91%	$91.44	9%
DS Contributing Spouse	$1,012.21	$809.77	80%	$202.44	20%
FT/PT DS Contract Holder	$1,012.21	$920.77	91%	$91.44	9%
FT/PT DS Contributing Spouse	$1,012.21	$809.77	80%	$202.44	20%

2016 MONTHLY HEALTH RATES
Executive Branch Non-Contract
WITH the Employee Premium Wellness Reduction of $111 per month
Part - Time 20 to 29 Hours Per Week

Plan	Total	State Share	% Premium	Employee Share	% Premium
Blue Advantage					
Single	$623.50	$360.40	58%	$263.10	42%
Family	$1,463.63	$696.45	48%	$767.18	52%
DS Contract Holder	$731.82	$403.72	55%	$328.10	45%
DS Contributing Spouse	$731.82	$292.72	40%	$439.10	60%
FT/PT DS Contract Holder	$731.82	$696.46	95%	$35.36	5%
FT/PT DS Contributing Spouse	$731.82	$585.46	80%	$146.36	20%
Blue Access					
Single	$648.50	$370.40	57%	$278.10	43%
Family	$1,521.99	$719.79	47%	$802.20	53%
DS Contract Holder	$761.00	$415.40	55%	$345.60	45%
DS Contributing Spouse	$761.00	$304.40	40%	$456.60	60%
FT/PT DS Contract Holder	$761.00	$719.80	95%	$41.20	5%
FT/PT DS Contributing Spouse	$761.00	$608.80	80%	$152.20	20%
Iowa Select					
Single	$859.24	$454.70	53%	$404.54	47%
Family	$2,015.21	$917.07	46%	$1,098.14	54%
DS Contract Holder	$1,007.61	$514.05	51%	$493.56	49%
DS Contributing Spouse	$1,007.61	$403.05	40%	$604.56	60%
FT/PT DS Contract Holder	$1,007.61	$917.09	91%	$90.52	9%
FT/PT DS Contributing Spouse	$1,007.61	$806.09	80%	$201.52	20%
Deductible 3 Plus					
Single	$862.83	$456.13	53%	$406.70	47%
Family	$2,024.41	$920.77	45%	$1,103.64	55%
DS Contract Holder	$1,012.21	$515.89	51%	$496.32	49%
DS Contributing Spouse	$1,012.21	$404.89	40%	$607.32	60%
FT/PT DS Contract Holder	$1,012.21	$920.77	91%	$91.44	9%
FT/PT DS Contributing Spouse	$1,012.21	$809.77	80%	$202.44	20%

10.01.2015

2016 MONTHLY HEALTH RATES
Executive Branch Non-Contract
WITHOUT the Employee Premium Wellness Reduction

Full - Time 30 or More Hours Per Week

Plan	Total	State Share	% Premium	Employee Share	% Premium
Blue Advantage					
Single	$623.50	$498.92	80%	$124.58	20%
Family	$1,463.63	$1,171.03	80%	$292.60	20%
DS Contract Holder	$731.82	$585.46	80%	$146.36	20%
DS Contributing Spouse	$731.82	$585.46	80%	$146.36	20%
FT/PT DS Contract Holder	$731.82	$585.46	80%	$146.36	20%
FT/PT DS Contributing Spouse	$731.82	$585.46	80%	$146.36	20%
Blue Access					
Single	$648.50	$518.92	80%	$129.58	20%
Family	$1,521.99	$1,217.59	80%	$304.40	20%
DS Contract Holder	$761.00	$608.80	80%	$152.20	20%
DS Contributing Spouse	$761.00	$608.80	80%	$152.20	20%
FT/PT DS Contract Holder	$761.00	$608.80	80%	$152.20	20%
FT/PT DS Contributing Spouse	$761.00	$608.80	80%	$152.20	20%
Iowa Select					
Single	$859.24	$687.52	80%	$171.72	20%
Family	$2,015.21	$1,612.29	80%	$402.92	20%
DS Contract Holder	$1,007.61	$806.09	80%	$201.52	20%
DS Contributing Spouse	$1,007.61	$806.09	80%	$201.52	20%
FT/PT DS Contract Holder	$1,007.61	$806.09	80%	$201.52	20%
FT/PT DS Contributing Spouse	$1,007.61	$806.09	80%	$201.52	20%
Deductible 3 Plus					
Single	$862.83	$690.39	80%	$172.44	20%
Family	$2,024.41	$1,619.65	80%	$404.76	20%
DS Contract Holder	$1,012.21	$809.77	80%	$202.44	20%
DS Contributing Spouse	$1,012.21	$809.77	80%	$202.44	20%
FT/PT DS Contract Holder	$1,012.21	$809.77	80%	$202.44	20%
FT/PT DS Contributing Spouse	$1,012.21	$809.77	80%	$202.44	20%

2016 MONTHLY HEALTH RATES
Executive Branch Non-Contract
WITHOUT the Employee Premium Wellness Reduction

Part - Time 20 to 29 Hours Per Week

Plan	Total	State Share	% Premium	Employee Share	% Premium
Blue Advantage					
Single	$623.50	$249.40	40%	$374.10	60%
Family	$1,463.63	$585.45	40%	$878.18	60%
DS Contract Holder	$731.82	$292.72	40%	$439.10	60%
DS Contributing Spouse	$731.82	$292.72	40%	$439.10	60%
FT/PT DS Contract Holder	$731.82	$585.46	80%	$584.66	80%
FT/PT DS Contributing Spouse	$731.82	$585.46	80%	$584.66	80%
Blue Access					
Single	$648.50	$259.40	40%	$389.10	60%
Family	$1,521.99	$608.79	40%	$913.20	60%
DS Contract Holder	$761.00	$304.40	40%	$456.60	60%
DS Contributing Spouse	$761.00	$304.40	40%	$456.60	60%
FT/PT DS Contract Holder	$761.00	$608.80	80%	$152.20	20%
FT/PT DS Contributing Spouse	$761.00	$608.80	80%	$152.20	20%
Iowa Select					
Single	$859.24	$343.70	40%	$515.54	60%
Family	$2,015.21	$806.07	40%	$1,209.14	60%
DS Contract Holder	$1,007.61	$403.05	40%	$604.56	60%
DS Contributing Spouse	$1,007.61	$403.05	40%	$604.56	60%
FT/PT DS Contract Holder	$1,007.61	$806.09	80%	$201.52	20%
FT/PT DS Contributing Spouse	$1,007.61	$806.09	80%	$201.52	20%
Deductible 3 Plus					
Single	$862.83	$345.13	40%	$517.70	60%
Family	$2,024.41	$809.75	40%	$1,214.66	60%
DS Contract Holder	$1,012.21	$404.89	40%	$607.32	60%
DS Contributing Spouse	$1,012.21	$404.89	40%	$607.32	60%
FT/PT DS Contract Holder	$1,012.21	$809.77	80%	$202.44	20%
FT/PT DS Contributing Spouse	$1,012.21	$809.77	80%	$202.44	20%

10.01.2015