



Iowa Department of Human Services

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GENERAL LETTER NO. 8-F-85

ISSUED BY: Bureau of Financial, Health and Works Supports
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 8, Chapter F, **COVERAGE GROUPS**, page 192,
revised.

Summary

Chapter 8-F is revised to update the MEPD premium scale effective August 1, 2014.

Effective Date

August 1, 2014

Material Superseded

This material replaces Employees' Manual, Title 8, Chapter F, page 192, dated August 2, 2013.

Additional Information

Refer questions about this general letter to your area income maintenance administrator.

Premium Schedule		
If the gross monthly income of the person getting MEPD is:	The percentage of the federal poverty level is:	The premium amount is:
\$1,459 or less	At or below 150%	0
Above: \$1,459	Above 150%	\$31
\$1,605	165%	\$42
\$1,751	180%	\$50
\$1,945	200%	\$58
\$2,189	225%	\$68
\$2,432	250%	\$78
\$2,918	300%	\$99
\$3,404	350%	\$119
\$3,890	400%	\$140
\$4,377	450%	\$160
\$5,349	550%	\$201
\$6,322	650%	\$242
\$7,294	750%	\$284
\$8,267	850%	\$335
\$9,725	1000%	\$404
\$11,184	1150%	\$475
\$12,643	1300%	\$556
\$14,393	1480%	\$647

Procedure:

Use the *MEPD Income Worksheet*, form 470-3686, to determine ongoing premiums for a 12-month period. When a case is newly approved, more than one premium period may need to be established, depending on when the approval occurs. Only one premium amount will apply to all premium periods that need to be established at the time of an approval.

To determine the premium amount:

1. Determine the premium periods for the approval. See the following section on [How to Establish Premium Periods](#).
2. Determine the premium amount for each premium period in the covered by the approval.
3. Apply the lowest premium amount established to all premium periods covered by the approval.