



Iowa Department of Human Services

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GENERAL LETTER NO. 8-F-91

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 Medicaid for Employed People with Disabilities (MEPD) premium scale effective August 1, 2016.

Effective Date

August 1, 2016

Material Superseded

This material replaces Employees' Manual, Title 8, Chapter F, page 192, dated July 10, 2015.

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:
\$1,485 or less	At or below 150%	0
Above: \$1,485	Above 150%	\$33
\$1,634	165%	\$46
\$1,782	180%	\$55
\$1,980	200%	\$64
\$2,228	225%	\$76
\$2,475	250%	\$88
\$2,970	300%	\$110
\$3,465	350%	\$135
\$3,960	400%	\$158
\$4,455	450%	\$183
\$5,445	550%	\$228
\$6,435	650%	\$276
\$7,425	750%	\$324
\$8,415	850%	\$383
\$9,900	1000%	\$460
\$11,385	1150%	\$539
\$12,870	1300%	\$622
\$14,652	1480%	\$718
\$15,147	1530%	\$735
\$15,741 and above	1590%	\$767

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.