

AFSCME, Joint Communications, Library, Non-Bargaining – Regular Full Time & Part Time Employees 2026 Traditional POSN vs. Choice POSN Side by Side

	Traditional Plan POSN	Choice Plan POSN
Deductible	\$500 Single / \$1,000 Family Applies to the following services only: Ambulance, Physical Therapy, Home Health Care, Home Skilled Nursing, Durable Medical Equipment, Oxygen, Blood	\$1,000 Single / \$2,000 Family Applies to ALL medical services except preventive and office visits.
Coinsurance	Plan Pays 90% In-Network / 80% Out-of-Network	Plan Pays 90% In-Network / 80% Out-of-Network
Out of Pocket Maximum	\$1,500 Single / \$3,000 Family	\$3,000 Single / \$6,000 Family
Preventive Care	Plan Pays 100% In-Network / 80% Out-of-Network Routine Physicals, Gynecological Exams, Mammograms, Colonoscopies, Well Child Care, Immunizations, X-Ray & Lab Services provided during exam	Plan Pays 100% In-Network / 80% Out-of-Network
Office Visits	\$25 PCP Copay/ \$25 Urgent Care Copay/ \$25 Specialist Copay/ \$10 Chiropractor Copay	\$25 PCP Copay/ \$25 Urgent Care Copay/ \$25 Specialist Copay/ \$10 Chiropractor Copay
Inpatient Hospital	You pay a co-pay of \$500 then Plan pays 90% In-Network / 80% Out-of-Network	You pay Deductible then Plan pays 90% In-Network / 80% Out-of-Network
All Other Services	Plan Pays 90% In-Network / 80% Out-of-Network You pay deductible on these limited services only: Ambulance, Physical Therapy, Home Health Care, Home Skilled Nursing, Durable Medical Equipment, Oxygen, Blood	You pay Deductible then Plan pays 90% In-Network/ 80% Out-of-Network
Prescription Benefits (No Prescription Coordination of Benefits)	You pay \$100 Single or \$300 Family Deductible Then Tiered Coinsurance 10%/25%/40% until \$500 Out of Pocket Maximum (separate from medical) then Plan pays 100% **RxCap program eligible (Out of pocket maximum removed for non-enrollees)	No Deductible Tiered Coinsurance 10%/25%/50% Out of Pocket Maximum is \$1,500 Individual / \$4,500 Family (separate from medical) **RxCap program eligible (Out of pocket maximum removed for non-enrollees)

*An HMO plan generally only allows you to use Wellmark's HMO In-Network providers within the state of Iowa, with the exception of true emergent situations. 100% of the hospitals and ~96% of the providers in the state of Iowa are covered under Wellmark's HMO. This is general information only. Please refer to your Summary of Benefits and Coverage (SBC) for specific coverage information. If your FTE% is not listed, contact Human Resources at (319) 286-5000.

**RxCap Program: Offers \$0 cost to the employee/member as well as lower overall cost to the Plan, if you are utilizing a drug that is eligible for the RxCap program. You will receive instructions on how to enroll in this program at the time that an eligible drug is filled. If you do not enroll, there is NO out of pocket maximum, so you will continue to pay the Tiered Coinsurance for the calendar year.

AFSCME, Joint Communications, Library, Non-Bargaining – Regular Full Time & Part Time Employees 2026 Traditional HMO vs. Choice HMO Side by Side

	Traditional Plan HMO*	Choice Plan HMO*
Deductible	\$500 Single / \$1,000 Family Applies to the following services only (within HMO Iowa network): Ambulance, Physical Therapy, Home Health Care, Home Skilled Nursing, Durable Medical Equipment, Oxygen, Blood	\$1,000 Single / \$2,000 Family Applies to ALL medical services except preventive and office visits (within HMO Iowa network)
Coinsurance	Plan pays 90% In-Network / 0% Out-of-Network except for Emergency Services*	Plan pays 90% In-Network / 0% Out-of-Network except for Emergency Services*
Out of Pocket Maximum	\$1,500 Single / \$3,000 Family (within HMO Iowa Network)	\$3,000 Single / \$6,000 Family (within HMO Iowa Network)
Preventive Care	Plan pays 100% In-Network/ 0% Out-of-Network Routine Physicals, Gynecological Exams, Mammograms, Colonoscopies, Well Child Care, Immunizations, X-Ray & Lab Services provided during exam	Plan pays 100% In-Network/ 0% Out-of-Network
Office Visits	\$25 PCP Copay/ \$25 Urgent Care Copay/ \$25 Specialist Copay/ \$10 Chiropractor Copay (within HMO Iowa Network)	\$25 PCP Copay/ \$25 Urgent Care Copay/ \$25 Specialist Copay/ \$10 Chiropractor Copay (within HMO Iowa Network)
Inpatient Hospital	You pay a co-pay of \$500 (within HMO network) then Plan pays 90% In-Network / 0% Out-of-Network	You pay Deductible (within HMO network) then Plan pays 90% In-Network / 0% Out-of-Network
All Other Services	Plan pays 90% In-Network / 0% Out-of-Network You pay deductible on these limited services only: Ambulance, Physical Therapy, Home Health Care, Home Skilled Nursing, Durable Medical Equipment, Oxygen, Blood	You pay Deductible (within HMO Iowa network) then Plan pays 90% In-Network / 0% Out-of-Network
Prescription Benefits (No Prescription Coordination of Benefits)	You pay \$100 Single or \$300 Family Deductible Then Tiered Coinsurance 10%/25%/40% until \$500 Out of Pocket Maximum (separate from medical) then Plan pays 100% **RxCap program eligible (Out of pocket maximum removed for non-enrollees)	No Deductible Tiered Coinsurance 10%/25%/50% Out of Pocket Maximum is \$1,500 Individual / \$4,500 Family (separate from medical) **RxCap program eligible (Out of pocket maximum removed for non-enrollees)

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AFSCME, Joint Communications, Library, Non-Bargaining – Regular Full Time 2026 Health Insurance Premiums

Premiums reflect full-time positions. Premiums are pro-rated for part-time positions.

TRADITIONAL POSN PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>				Current Employee Traditional POSN Plan Premiums:		Current Employee Traditional HMO Plan Premiums:		New Hire Rates:
Tier Level	Traditional POSN	Traditional HMO	Premium Without Wellness	Premium With Wellness	Premium Without Wellness	Premium With Wellness	<i><u>Not available as an option</u> – Can only elect during the next Open Enrollment Period for following calendar year</i>	
Single	\$1,545.36	\$1,452.67	\$355.43	\$262.71	\$261.48	\$174.32	Not Available	
EE + Spouse	\$2,961.63	\$2,886.11	\$681.17	\$503.48	\$519.50	\$346.33		
EE+ Child(ren)	\$2,279.18	\$2,221.07	\$524.21	\$387.46	\$399.79	\$266.53		
Family	\$3,672.14	\$3,451.88	\$844.59	\$624.26	\$621.34	\$414.23		

CHOICE POSN PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>				Current Employee Choice POSN Plan Premiums:		Current Employee Choice HMO Plan Premiums:		New Hire Rates:
Tier Level	Choice POSN	Choice HMO	Premium Without Wellness	Premium With Wellness	Premium Without Wellness	Premium With Wellness	<i><u>Applies to the remainder of the calendar year</u></i>	
Single	\$753.56	\$708.36	\$113.03	\$75.36	\$70.84	\$35.42	See Without Wellness Premiums	
EE + Spouse	\$1,507.14	\$1,416.71	\$226.07	\$150.71	\$141.67	\$70.84		
EE + Child(ren)	\$1,159.85	\$1,090.26	\$173.98	\$115.98	\$109.03	\$54.51		
Family	\$2,037.91	\$1,915.63	\$305.69	\$203.79	\$191.56	\$95.78		

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AFSCME, Joint Comm, Library, Non-Bargaining – Regular Part Time 2026 Health Insurance Premiums – POSN Plans

Premiums reflect pro-rated Part-Time positions by Full Time Equivalency (FTE) percentage.
The pre-tax premiums that match your FTE% apply to you for the 1/1/26-12/31/26 calendar year.

TRADITIONAL POSN PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>	Current Employee Rates:			New Hire Rates:
	FTE%	Premium Without Wellness	Premium With Wellness	<i>Not available as an option – Can only elect during the next Open Enrollment Period for following calendar year</i>
Single: \$1,545.36 EE + Spouse: \$2,961.63 EE+ Child(ren): \$2,279.18 Family: \$3,672.14	75%	\$652.91 \$1,251.29 \$962.95 \$1,551.48	\$583.37 \$1,118.02 \$860.39 \$1,386.23	Not Available
Single: \$1,545.36 EE + Spouse: \$2,961.63 EE+ Child(ren): \$2,279.18 Family: \$3,672.14	70%	\$712.41 \$1,365.31 \$1,050.70 \$1,692.86	\$647.51 \$1,240.92 \$954.98 \$1,538.63	
Single: \$1,545.36 EE + Spouse: \$2,961.63 EE+ Child(ren): \$2,279.18 Family: \$3,672.14	60%	\$831.40 \$1,593.36 \$1,226.20 \$1,975.61	\$775.77 \$1,486.74 \$1,144.15 \$1,843.41	
Single: \$1,545.36 EE + Spouse: \$2,961.63 EE+ Child(ren): \$2,279.18 Family: \$3,672.14	50%	\$950.40 \$1,821.40 \$1,401.70 \$2,258.37	\$904.04 \$1,732.55 \$1,333.32 \$2,148.20	
CHOICE POSN PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>	Current Employee Rates:			New Hire Rates
	FTE%	Premium Without Wellness	Premium With Wellness	<i>Applies to remainder of calendar year</i>
Single: \$753.56 EE + Spouse: \$1,507.14 EE+ Child(ren): \$1,159.85 Family: \$2,037.91	75%	\$273.17 \$546.34 \$420.45 \$738.74	\$244.91 \$489.82 \$376.95 \$662.32	\$273.17 \$546.34 \$420.45 \$738.74
Single: \$753.56 EE + Spouse: \$1,507.14 EE+ Child(ren): \$1,159.85 Family: \$2,037.91	70%	\$305.19 \$610.39 \$469.74 \$825.35	\$278.82 \$557.64 \$429.14 \$754.03	\$305.19 \$610.39 \$469.74 \$825.35
Single: \$753.56 EE + Spouse: \$1,507.14 EE+ Child(ren): \$1,159.85 Family: \$2,037.91	60%	\$369.24 \$738.50 \$568.33 \$998.58	\$346.64 \$693.28 \$533.53 \$937.44	\$369.24 \$738.50 \$568.33 \$998.58
Single: \$753.56 EE + Spouse: \$1,507.14 EE+ Child(ren): \$1,159.85 Family: \$2,037.91	50%	\$433.30 \$866.61 \$666.91 \$1,171.80	\$414.46 \$828.93 \$637.92 \$1,120.85	\$433.30 \$866.61 \$666.91 \$1,171.80

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AFSCME, Joint Comm, Library, Non-Bargaining – Regular Part Time 2026 Health Insurance – HMO Plans

Premiums reflect pro-rated Part-Time positions by Full Time Equivalency (FTE) percentage.
The pre-tax premiums that match your FTE% apply to you for the 1/1/26-12/31/26 calendar year.

TRADITIONAL HMO PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>	Current Employee Rates:			New Hire Rates:
	FTE%	Premium Without Wellness	Premium With Wellness	<i>Not available as an option – Can only elect during the next Open Enrollment Period for following calendar year</i>
Single: \$1,452.67 EE + Spouse: \$2,886.11 EE+ Child(ren): \$2,221.07 Family: \$3,451.88	75%	\$559.28 \$1,111.15 \$855.11 \$1,328.97	\$493.91 \$981.28 \$755.16 \$1,173.64	Not Available
Single: \$1,452.67 EE + Spouse: \$2,886.11 EE+ Child(ren): \$2,221.07 Family: \$3,451.88	70%	\$618.84 \$1,229.48 \$946.18 \$1,470.50	\$557.83 \$1,108.27 \$852.89 \$1,325.52	
Single: \$1,452.67 EE + Spouse: \$2,886.11 EE+ Child(ren): \$2,221.07 Family: \$3,451.88	60%	\$737.96 \$1,466.14 \$1,128.30 \$1,753.56	\$685.66 \$1,362.24 \$1,048.35 \$1,629.29	
Single: \$1,452.67 EE + Spouse: \$2,886.11 EE+ Child(ren): \$2,221.07 Family: \$3,451.88	50%	\$857.08 \$1,702.80 \$1,310.43 \$2,036.61	\$813.50 \$1,616.22 \$1,243.80 \$1,933.05	
CHOICE HMO PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>	Current Employee Rates:			New Hire Rates
	FTE%	Premium Without Wellness	Premium With Wellness	<i>Applies to remainder of calendar year</i>
Single: \$708.36 EE + Spouse: \$1,416.71 EE+ Child(ren): \$1,090.26 Family: \$1,915.63	75%	\$230.22 \$460.43 \$354.33 \$622.58	\$203.65 \$407.30 \$313.45 \$550.74	\$230.22 \$460.43 \$354.33 \$622.58
Single: \$708.36 EE + Spouse: \$1,416.71 EE+ Child(ren): \$1,090.26 Family: \$1,915.63	70%	\$262.09 \$524.18 \$403.40 \$708.78	\$237.30 \$474.60 \$365.24 \$641.74	\$262.09 \$524.18 \$403.40 \$708.78
Single: \$708.36 EE + Spouse: \$1,416.71 EE+ Child(ren): \$1,090.26 Family: \$1,915.63	60%	\$325.85 \$651.69 \$501.52 \$881.19	\$304.59 \$609.19 \$468.81 \$823.72	\$325.85 \$651.69 \$501.52 \$881.19
Single: \$708.36 EE + Spouse: \$1,416.71 EE+ Child(ren): \$1,090.26 Family: \$1,915.63	50%	\$389.60 \$779.19 \$599.64 \$1,053.60	\$371.89 \$743.77 \$572.39 \$1,005.71	\$389.60 \$779.19 \$599.64 \$1,053.60

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