

Iowa Comprehensive Health Association (HIPIOWA)
2020 Monthly Individual Premium Rates - effective 1/1/2020
Medicare Carveout Plan \$1,000 Deductible
Without Prescription Drug Benefits¹

Rate Class Age \ Gender	Non Tobacco User		Tobacco User	
	Male	Female	Male	Female
0 - 17	\$131.32	\$145.07	\$151.68	\$167.56
18	\$138.06	\$164.54	\$159.47	\$190.04
19	\$144.82	\$184.01	\$167.26	\$212.53
20	\$151.82	\$203.46	\$175.35	\$235.02
21	\$158.56	\$222.94	\$183.14	\$257.50
22	\$165.31	\$242.41	\$190.94	\$279.97
23	\$167.91	\$248.35	\$193.93	\$286.85
24	\$171.04	\$255.37	\$197.54	\$294.95
25	\$173.89	\$262.12	\$200.83	\$302.73
26	\$175.96	\$266.28	\$203.22	\$307.55
27	\$176.75	\$266.28	\$204.13	\$307.55
28	\$180.63	\$275.10	\$209.00	\$318.31
29	\$183.48	\$279.77	\$212.66	\$324.24
30	\$185.55	\$282.10	\$215.43	\$327.52
31	\$187.38	\$283.66	\$217.92	\$329.91
32	\$189.71	\$286.26	\$221.01	\$333.49
33	\$194.13	\$294.05	\$226.56	\$343.16
34	\$198.55	\$301.56	\$232.09	\$352.53
35	\$202.95	\$308.84	\$237.64	\$361.65
36	\$207.89	\$316.87	\$243.84	\$371.68
37	\$213.32	\$325.97	\$250.64	\$383.02
38	\$221.64	\$330.63	\$260.65	\$388.83
39	\$229.96	\$336.62	\$270.66	\$396.20
40	\$239.03	\$343.36	\$281.57	\$404.48
41	\$248.63	\$349.59	\$293.12	\$412.16
42	\$259.52	\$355.03	\$306.26	\$418.95
43	\$266.53	\$362.83	\$315.05	\$428.87
44	\$275.10	\$369.82	\$325.74	\$437.88
45	\$284.18	\$376.58	\$337.04	\$446.61
46	\$293.53	\$383.58	\$348.71	\$455.69
47	\$302.09	\$391.11	\$359.51	\$465.43
48	\$312.21	\$395.53	\$372.80	\$472.25
49	\$322.07	\$400.45	\$385.86	\$479.74
50	\$331.68	\$405.65	\$398.67	\$487.59
51	\$341.79	\$410.57	\$412.22	\$495.15
52	\$352.18	\$414.46	\$426.13	\$501.52
53	\$364.91	\$423.04	\$442.99	\$513.58
54	\$377.62	\$430.83	\$459.95	\$524.74
55	\$390.85	\$438.07	\$477.63	\$535.33
56	\$404.60	\$445.86	\$496.05	\$546.63
57	\$419.15	\$454.96	\$515.54	\$559.59
58	\$441.97	\$462.48	\$543.64	\$568.83
59	\$465.09	\$471.05	\$572.04	\$579.39
60	\$488.96	\$480.13	\$601.42	\$590.56
61	\$514.90	\$489.47	\$633.33	\$602.08
62	\$543.71	\$498.56	\$668.78	\$613.24
63	\$569.92	\$507.63	\$701.00	\$624.41
64	\$597.43	\$517.26	\$734.84	\$636.22

Age/Rate is calculated as age upon enrollment, then attained age on January 1st.

¹This plan covers Drugs that are covered by Medicare Parts A or B only. There are no regular Prescription Drug Benefits.