



P.O. Box 1090
Great Bend, KS 67530
(877) 793-6880
Fax: (620) 793-1199
www.HIPIOWA.com

Administered by Benefit Management, LLC

IMPORTANT NOTICE

**Re: - Premium Rate Change Effective January 1, 2023
- Eligibility Verification Form - DUE December 15, 2022**

Dear <Name>,

This letter contains important information about your **premium rates effective January 1, 2023**, and **Eligibility Verification Form that is due to us by December 15, 2022**.

2023 HIPIOWA Premium Rates, Benefits & Cost-Sharing

Your HIPIOWA monthly premium rate will not change for 2023. By law, we are required to base our rates on what other carriers in the state charge for similar benefits. Please consult the enclosed rate chart to find verify your rate.

There are no changes to your HIPIOWA benefits or cost-sharing arrangements for 2023.

Eligibility Verification Form Due December 15, 2022

HIPIOWA combines the yearly eligibility verification requirement with this notice to simplify the process of returning this important information to us.

Please **RETURN** the enclosed Eligibility Verification Form (green paper)
BY December 15, 2022

Enclosures in This Packet:

- **2023 HIPIOWA Premium Rates** – Effective January 1, 2023
- **Eligibility Verification Form** (Green Paper) – For enrollees continuing coverage with HIPIOWA in 2023, this form is **due by December 15, 2022**

Questions?

If you have questions or need assistance during this year's HIPIOWA open enrollment, please call HIPIOWA Customer Service at **1-877-793-6880**.

Iowa Comprehensive Health Association (HIPIOWA)
2023 Monthly Premium Rates with 0.0% Rate Change Over 2022
Medicare Carveout Plan - With Prescription Drug Benefits
\$1000 Deductible

Rate Class	Non Tobacco User		Tobacco User [1]	
Age \ Gender	Male	Female	Male	Female
0 - 17	\$297.53	\$328.67	\$343.64	\$379.64
18	312.82	372.79	361.28	430.56
19	328.09	416.87	378.95	481.50
20	343.97	460.98	397.29	532.47
21	359.27	505.09	414.96	583.38
22	374.56	549.17	432.60	634.30
23	380.44	562.71	439.39	649.94
24	387.49	578.58	447.57	668.25
25	393.96	593.87	455.03	685.91
26	398.67	603.29	460.46	696.78
27	400.42	603.29	462.48	696.78
28	409.22	623.27	473.50	721.13
29	415.72	633.85	481.80	734.63
30	420.42	639.14	488.11	742.06
31	424.52	642.67	493.73	747.44
32	429.81	648.55	500.73	755.57
33	439.81	666.18	513.24	777.44
34	449.83	683.25	525.85	798.72
35	459.80	699.70	538.44	819.36
36	470.98	717.95	552.48	842.14
37	483.32	738.53	567.90	867.77
38	502.15	749.09	590.51	880.95
39	520.95	762.64	613.16	897.61
40	541.53	777.92	637.93	916.39
41	563.30	792.02	664.14	933.80
42	587.99	804.37	693.83	949.18
43	603.86	822.01	713.75	971.61
44	623.27	837.90	737.95	992.07
45	643.85	853.18	763.61	1,011.89
46	665.03	869.05	790.03	1,032.41
47	684.41	886.11	814.45	1,054.47
48	707.34	896.09	844.57	1,069.95
49	729.70	907.26	874.19	1,086.91
50	751.45	919.04	903.26	1,104.69
51	774.39	930.23	933.90	1,121.85
52	797.91	939.02	965.46	1,136.20
53	826.73	958.42	1,003.63	1,163.55
54	855.54	976.07	1,042.03	1,188.86
55	885.52	992.54	1,082.11	1,212.89
56	916.67	1,010.17	1,123.85	1,238.48
57	949.62	1,030.75	1,168.01	1,267.84
58	1,001.35	1,047.80	1,231.65	1,288.80
59	1,053.67	1,067.20	1,296.03	1,312.67
60	1,107.78	1,087.77	1,362.56	1,337.99
61	1,166.58	1,108.96	1,434.91	1,364.00
62	1,231.85	1,129.53	1,515.18	1,389.30
63	1,291.23	1,150.11	1,588.22	1,414.63
64	1,353.56	1,171.88	1,664.88	1,441.41
65	1,383.19	1,186.09	1,701.32	1,458.88
66	1,404.85	1,193.21	1,727.95	1,467.62
67	1,426.86	1,200.31	1,755.02	1,476.41
68	1,464.86	1,220.91	1,801.78	1,501.72
69	1,503.83	1,241.91	1,849.71	1,527.53
70+	1,668.90	1,365.54	2,052.76	1,679.63

Footnotes:

[1] Tobacco User rates = Percentage of Non-Tobacco User, Varies by Attained Age from 115.5% to 123.0%

Table 4 Iowa Comprehensive Health Association (HIPIOWA) 2023 Monthly Premium Rates with 0.0% Rate Change Over 2022 Medicare Carveout Plan - Without Prescription Drug Benefits \$1000 Deductible				
Rate Class	Non Tobacco User		Tobacco User [1]	
Age \ Gender	Male	Female	Male	Female
0 - 17	\$119.01	\$131.47	\$137.46	\$151.85
18	125.12	149.11	144.52	172.23
19	131.24	166.76	151.58	192.61
20	137.59	184.39	158.92	212.98
21	143.70	202.04	165.97	233.36
22	149.81	219.69	173.04	253.72
23	152.16	225.07	175.75	259.96
24	155.00	231.43	179.03	267.30
25	157.59	237.54	182.00	274.35
26	159.46	241.31	184.17	278.71
27	160.18	241.31	184.99	278.71
28	163.70	249.31	189.41	288.47
29	166.28	253.54	192.72	293.85
30	168.15	255.65	195.23	296.82
31	169.81	257.07	197.49	298.98
32	171.93	259.43	200.29	302.23
33	175.93	266.49	205.32	310.99
34	179.94	273.29	210.34	319.48
35	183.93	279.88	215.36	327.75
36	188.41	287.16	220.98	336.84
37	193.32	295.41	227.14	347.11
38	200.86	299.64	236.21	352.37
39	208.40	305.07	245.28	359.06
40	216.62	311.18	255.17	366.56
41	225.33	316.82	265.64	373.52
42	235.19	321.74	277.55	379.68
43	241.54	328.81	285.51	388.66
44	249.31	335.15	295.20	396.83
45	257.54	341.28	305.44	404.75
46	266.02	347.62	316.02	412.97
47	273.78	354.45	325.81	421.80
48	282.94	358.46	337.86	427.98
49	291.88	362.91	349.69	434.76
50	300.59	367.62	361.29	441.88
51	309.75	372.08	373.58	448.74
52	319.16	375.60	386.18	454.51
53	330.70	383.38	401.47	465.43
54	342.22	390.44	416.83	475.55
55	354.21	397.01	432.85	485.15
56	366.67	404.07	449.55	495.39
57	379.86	412.31	467.22	507.13
58	400.54	419.12	492.68	515.50
59	421.49	426.89	518.42	525.07
60	443.13	435.12	545.04	535.20
61	466.63	443.59	573.96	545.64
62	492.74	451.82	606.09	555.75
63	516.49	460.04	635.29	565.88
64	541.42	468.77	665.95	576.58
65	587.31	503.61	722.37	619.45
66	596.52	506.62	733.68	623.16
67	605.87	509.64	745.22	626.88
68	621.99	518.41	765.03	637.63
69	638.55	527.33	785.40	648.61
70+	708.61	579.82	871.60	713.17

Footnotes:

[1] Tobacco User rates = Percentage of Non-Tobacco User, Varies by Attained Age from 115.5% to 123.0%



Reply to:
 P.O. Box 1090
 Great Bend, KS 67530
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 Fax: (620) 793-1199
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Administered by Benefit Management LLC

**2023 Plan Change & Eligibility
 Verification Form must be returned to
 our office prior to December 15, 2022.**

«First» «Last»
 «Addr»
 «Addr2»
 «City», «ST» «Zip»

Policy Number: «Partic»

1. Are you currently a resident of the State of Iowa? **Yes / No (circle one)**
2. Have you enrolled or do you plan to enroll in Medicare Part D or a PDP?
Yes / No (circle one) If yes, please enter effective date: _____
3. Are you currently *eligible* for employee group insurance or health insurance from any other source?
Yes / No (circle one) If yes, please enter eligibility date: _____
4. If any of the above address or phone information is incorrect, indicate the correct information below.

Physical Address of your current residence - Required		Mailing Address if different than physical address	
Name		Name	
Address		Address	
City		City	
State & Zip		State & Zip	
Telephone Number: ()		Email Address:	
Cell Number: ()			

Please indicate your Medicare Carveout choice below:

- I wish to remain on my current plan with HIPIOWA Medicare Carveout *with drug benefits*. I understand that I do have the option to change to the Medicare Carveout plan *without prescription drug benefits* and enroll in a Medicare prescription drug plan (PDP). I also understand that if I choose to enroll in a Medicare PDP after this verification form has been submitted, I will notify HIPIOWA in writing of my effective date so that my HIPIOWA plan can be changed to the Medicare Carveout plan *without prescription drug benefits*.
- I wish to change my current Medicare Carveout coverage *with drug benefits* to the Medicare Carveout plan *without prescription drug benefits*. I understand that if I do not want to have a lapse in drug coverage, I will need to enroll in a Medicare Part D Plan in early December 2022.

This form must be returned to us **prior to December 15, 2022** at the above address if you do elect to change your plan or have changes in your information. For your convenience we have enclosed a self-addressed envelope. As an alternative you may fax this form to us at (620) 793-1199. Please do not respond more than once.

Signature _____

Date of Birth _____ Today's Date _____

Office use only

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SS

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By _____