

Iowa Comprehensive Health Association (HIPIOWA)

2015 Monthly Individual Premium Rates

Medicare Carveout Plan \$1,000 Deductible

Without Prescription Drug Benefits¹

<i>Rate Class</i>	<i>Non Tobacco User</i>		<i>Tobacco User</i>	
<i>Age \ Gender</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
0 - 17	\$73.93	\$81.67	\$85.39	\$94.33
18	\$77.73	\$92.64	\$89.77	\$106.99
19	\$81.52	\$103.59	\$94.15	\$119.64
20	\$85.47	\$114.55	\$98.71	\$132.31
21	\$89.28	\$125.52	\$103.12	\$144.97
22	\$93.07	\$136.47	\$107.50	\$157.62
23	\$94.53	\$139.83	\$109.18	\$161.50
24	\$96.28	\$143.77	\$111.21	\$166.06
25	\$97.89	\$147.57	\$113.07	\$170.44
26	\$99.06	\$149.91	\$114.42	\$173.14
27	\$99.51	\$149.91	\$114.93	\$173.14
28	\$101.70	\$154.87	\$117.66	\$179.19
29	\$103.30	\$157.51	\$119.73	\$182.56
30	\$104.47	\$158.82	\$121.29	\$184.39
31	\$105.49	\$159.70	\$122.68	\$185.73
32	\$106.81	\$161.16	\$124.44	\$187.75
33	\$109.29	\$165.55	\$127.54	\$193.20
34	\$111.78	\$169.78	\$130.66	\$198.48
35	\$114.25	\$173.88	\$133.80	\$203.61
36	\$117.04	\$178.41	\$137.29	\$209.28
37	\$120.10	\$183.52	\$141.12	\$215.64
38	\$124.78	\$186.15	\$146.74	\$218.91
39	\$129.46	\$189.51	\$152.38	\$223.05
40	\$134.56	\$193.30	\$158.52	\$227.71
41	\$139.98	\$196.81	\$165.03	\$232.05
42	\$146.11	\$199.89	\$172.41	\$235.87
43	\$150.06	\$204.27	\$177.37	\$241.44
44	\$154.87	\$208.21	\$183.37	\$246.52
45	\$159.99	\$212.01	\$189.75	\$251.44
46	\$165.25	\$215.95	\$196.32	\$256.56
47	\$170.08	\$220.20	\$202.39	\$262.03
48	\$175.77	\$222.67	\$209.86	\$265.87
49	\$181.33	\$225.45	\$217.24	\$270.09
50	\$186.73	\$228.37	\$224.46	\$274.50
51	\$192.43	\$231.15	\$232.08	\$278.76
52	\$198.28	\$233.34	\$239.92	\$282.34
53	\$205.44	\$238.17	\$249.40	\$289.14
54	\$212.59	\$242.55	\$258.94	\$295.42
55	\$220.05	\$246.64	\$268.90	\$301.39
56	\$227.79	\$251.02	\$279.27	\$307.75
57	\$235.98	\$256.14	\$290.25	\$315.04
58	\$248.83	\$260.37	\$306.06	\$320.25
59	\$261.84	\$265.20	\$322.06	\$326.19
60	\$275.28	\$270.31	\$338.59	\$332.49
61	\$289.89	\$275.58	\$356.56	\$338.97
62	\$306.10	\$280.68	\$376.51	\$345.24
63	\$320.86	\$285.79	\$394.66	\$351.52
64	\$336.36	\$291.21	\$413.73	\$358.18
Optional Maternity Rider - Must Elect Maternity Rider Upon Initial Enrollment				
All Ages: Add	\$377.13		\$435.59	

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

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