

Iowa Comprehensive Health Association (HIPIOWA)
2016 Monthly Individual Premium Rates - effective 2/1/2016
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	\$79.82	\$88.18	\$92.19	\$101.84
18	\$83.92	\$100.02	\$96.92	\$115.51
19	\$88.01	\$111.84	\$101.65	\$129.17
20	\$92.28	\$123.68	\$106.57	\$142.85
21	\$96.39	\$135.52	\$111.34	\$156.52
22	\$100.48	\$147.34	\$116.06	\$170.18
23	\$102.06	\$150.97	\$117.88	\$174.37
24	\$103.95	\$155.22	\$120.07	\$179.29
25	\$105.69	\$159.33	\$122.08	\$184.02
26	\$106.95	\$161.85	\$123.54	\$186.93
27	\$107.44	\$161.85	\$124.09	\$186.93
28	\$109.80	\$167.21	\$127.03	\$193.47
29	\$111.53	\$170.06	\$129.27	\$197.10
30	\$112.79	\$171.47	\$130.95	\$199.08
31	\$113.89	\$172.42	\$132.45	\$200.53
32	\$115.32	\$174.00	\$134.35	\$202.71
33	\$118.00	\$178.74	\$137.70	\$208.59
34	\$120.69	\$183.31	\$141.07	\$214.29
35	\$123.35	\$187.73	\$144.46	\$219.83
36	\$126.36	\$192.62	\$148.23	\$225.95
37	\$129.67	\$198.14	\$152.36	\$232.82
38	\$134.72	\$200.98	\$158.43	\$236.35
39	\$139.77	\$204.61	\$164.52	\$240.82
40	\$145.28	\$208.70	\$171.15	\$245.85
41	\$151.13	\$212.49	\$178.18	\$250.54
42	\$157.75	\$215.81	\$186.15	\$254.66
43	\$162.01	\$220.54	\$191.50	\$260.67
44	\$167.21	\$224.80	\$197.98	\$266.16
45	\$172.74	\$228.90	\$204.87	\$271.47
46	\$178.41	\$233.15	\$211.96	\$277.00
47	\$183.63	\$237.74	\$218.51	\$282.91
48	\$189.77	\$240.41	\$226.58	\$287.05
49	\$195.78	\$243.41	\$234.55	\$291.61
50	\$201.61	\$246.56	\$242.34	\$296.37
51	\$207.76	\$249.56	\$250.57	\$300.97
52	\$214.08	\$251.93	\$259.03	\$304.83
53	\$221.81	\$257.14	\$269.27	\$312.17
54	\$229.53	\$261.87	\$279.57	\$318.96
55	\$237.58	\$266.29	\$290.32	\$325.40
56	\$245.94	\$271.02	\$301.52	\$332.27
57	\$254.78	\$276.55	\$313.37	\$340.14
58	\$268.65	\$281.11	\$330.44	\$345.76
59	\$282.70	\$286.33	\$347.72	\$352.18
60	\$297.21	\$291.84	\$365.56	\$358.98
61	\$312.98	\$297.53	\$384.97	\$365.97
62	\$330.49	\$303.04	\$406.51	\$372.74
63	\$346.42	\$308.56	\$426.10	\$379.52
64	\$363.16	\$314.41	\$446.69	\$386.72
Optional Maternity Rider - Must Elect Maternity Rider Upon Initial Enrollment				
All Ages: Add	\$407.18		\$470.29	

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

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