

**Iowa Comprehensive Health Association (HIPIOWA)**  
**2018 Monthly Individual Premium Rates - effective 1/1/2018**  
**Medicare Carveout Plan \$1,000 Deductible**  
**With Prescription Drug Benefits<sup>1</sup>**

Rate Class Age \ Gender	Non Tobacco User		Tobacco User	
	Male	Female	Male	Female
0 - 17	\$275.17	\$303.98	\$317.82	\$351.11
18	\$289.31	\$344.78	\$334.14	\$398.21
19	\$303.44	\$385.55	\$350.48	\$445.32
20	\$318.13	\$426.35	\$367.44	\$492.45
21	\$332.27	\$467.13	\$383.77	\$539.54
22	\$346.41	\$507.91	\$400.09	\$586.64
23	\$351.85	\$520.43	\$406.38	\$601.10
24	\$358.38	\$535.10	\$413.93	\$618.04
25	\$364.35	\$549.24	\$420.83	\$634.37
26	\$368.71	\$557.95	\$425.87	\$644.43
27	\$370.33	\$557.95	\$427.73	\$644.43
28	\$378.48	\$576.44	\$437.92	\$666.94
29	\$384.48	\$586.22	\$445.60	\$679.43
30	\$388.82	\$591.11	\$451.43	\$686.29
31	\$392.62	\$594.38	\$456.63	\$691.28
32	\$397.52	\$599.82	\$463.11	\$698.79
33	\$406.76	\$616.12	\$474.68	\$719.02
34	\$416.02	\$631.91	\$486.33	\$738.70
35	\$425.26	\$647.12	\$497.98	\$757.79
36	\$435.59	\$663.99	\$510.96	\$778.86
37	\$447.00	\$683.03	\$525.23	\$802.56
38	\$464.41	\$692.80	\$546.14	\$814.74
39	\$481.81	\$705.32	\$567.08	\$830.17
40	\$500.84	\$719.46	\$589.99	\$847.53
41	\$520.97	\$732.51	\$614.23	\$863.63
42	\$543.81	\$743.93	\$641.69	\$877.85
43	\$558.49	\$760.24	\$660.12	\$898.60
44	\$576.44	\$774.93	\$682.50	\$917.52
45	\$595.48	\$789.07	\$706.23	\$935.85
46	\$615.05	\$803.74	\$730.67	\$954.84
47	\$632.99	\$819.52	\$753.25	\$975.23
48	\$654.19	\$828.75	\$781.11	\$989.54
49	\$674.86	\$839.09	\$808.49	\$1,005.23
50	\$694.99	\$849.98	\$835.39	\$1,021.68
51	\$716.20	\$860.32	\$863.73	\$1,037.54
52	\$737.94	\$868.46	\$892.91	\$1,050.83
53	\$764.60	\$886.41	\$928.22	\$1,076.11
54	\$791.25	\$902.73	\$963.73	\$1,099.52
55	\$818.98	\$917.95	\$1,000.79	\$1,121.75
56	\$847.79	\$934.27	\$1,039.40	\$1,145.42
57	\$878.26	\$953.30	\$1,080.25	\$1,172.56
58	\$926.10	\$969.07	\$1,139.10	\$1,191.95
59	\$974.50	\$987.01	\$1,198.64	\$1,214.03
60	\$1,024.54	\$1,006.04	\$1,260.17	\$1,237.44
61	\$1,078.92	\$1,025.62	\$1,327.08	\$1,261.51
62	\$1,139.29	\$1,044.65	\$1,401.33	\$1,284.91
63	\$1,194.20	\$1,063.69	\$1,468.87	\$1,308.33
64	\$1,251.85	\$1,083.82	\$1,539.78	\$1,333.10

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

<sup>1</sup>This plan is no longer marketed and is available only to insured members already enrolled in this plan.

**Iowa Comprehensive Health Association (HIPIOWA)**  
**2018 Monthly Individual Premium Rates - effective 1/1/2018**  
**Medicare Carveout Plan \$1,000 Deductible**  
**Without Prescription Drug Benefits<sup>1</sup>**

Rate Class Age \ Gender	Non Tobacco User		Tobacco User	
	Male	Female	Male	Female
0 - 17	\$110.07	\$121.59	\$127.13	\$140.44
18	\$115.72	\$137.91	\$133.66	\$159.28
19	\$121.38	\$154.23	\$140.19	\$178.13
20	\$127.25	\$170.53	\$146.97	\$196.98
21	\$132.90	\$186.86	\$153.50	\$215.83
22	\$138.56	\$203.17	\$160.03	\$234.66
23	\$140.73	\$208.16	\$162.54	\$240.43
24	\$143.36	\$214.04	\$165.57	\$247.21
25	\$145.75	\$219.70	\$168.33	\$253.74
26	\$147.48	\$223.18	\$170.33	\$257.77
27	\$148.14	\$223.18	\$171.09	\$257.77
28	\$151.40	\$230.58	\$175.17	\$266.79
29	\$153.79	\$234.49	\$178.24	\$271.77
30	\$155.52	\$236.44	\$180.56	\$274.51
31	\$157.06	\$237.75	\$182.65	\$276.52
32	\$159.01	\$239.93	\$185.24	\$279.51
33	\$162.71	\$246.46	\$189.89	\$287.62
34	\$166.42	\$252.76	\$194.53	\$295.48
35	\$170.10	\$258.86	\$199.18	\$303.12
36	\$174.24	\$265.59	\$204.38	\$311.53
37	\$178.80	\$273.22	\$210.08	\$321.03
38	\$185.77	\$277.12	\$218.46	\$325.90
39	\$192.74	\$282.14	\$226.85	\$332.07
40	\$200.34	\$287.79	\$236.00	\$339.02
41	\$208.39	\$293.01	\$245.68	\$345.45
42	\$217.52	\$297.57	\$256.69	\$351.14
43	\$223.40	\$304.10	\$264.06	\$359.46
44	\$230.58	\$309.97	\$273.02	\$367.01
45	\$238.19	\$315.63	\$282.49	\$374.33
46	\$246.02	\$321.50	\$292.27	\$381.94
47	\$253.20	\$327.81	\$301.32	\$390.10
48	\$261.68	\$331.52	\$312.47	\$395.82
49	\$269.95	\$335.64	\$323.41	\$402.10
50	\$278.00	\$340.00	\$334.15	\$408.68
51	\$286.48	\$344.12	\$345.50	\$415.01
52	\$295.18	\$347.38	\$357.17	\$420.35
53	\$305.85	\$354.57	\$371.30	\$430.46
54	\$316.50	\$361.10	\$385.51	\$439.81
55	\$327.59	\$367.17	\$400.32	\$448.69
56	\$339.12	\$373.70	\$415.77	\$458.16
57	\$351.31	\$381.33	\$432.10	\$469.03
58	\$370.44	\$387.63	\$455.66	\$476.77
59	\$389.82	\$394.81	\$479.46	\$485.62
60	\$409.82	\$402.42	\$504.09	\$494.98
61	\$431.57	\$410.26	\$530.83	\$504.63
62	\$455.72	\$417.87	\$560.54	\$513.99
63	\$477.68	\$425.47	\$587.55	\$523.35
64	\$500.74	\$433.54	\$615.91	\$533.25

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

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