

**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.