

**Iowa Comprehensive Health Association (HIPIOWA)**  
**2019 Monthly Individual Premium Rates - effective 1/1/2019**  
**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	\$129.00	\$142.50	\$149.00	\$164.60
18	\$135.62	\$161.63	\$156.65	\$186.68
19	\$142.26	\$180.76	\$164.30	\$208.77
20	\$149.14	\$199.86	\$172.25	\$230.86
21	\$155.76	\$219.00	\$179.90	\$252.95
22	\$162.39	\$238.12	\$187.56	\$275.02
23	\$164.94	\$243.96	\$190.50	\$281.78
24	\$168.02	\$250.85	\$194.05	\$289.73
25	\$170.82	\$257.49	\$197.28	\$297.38
26	\$172.85	\$261.57	\$199.63	\$302.11
27	\$173.62	\$261.57	\$200.52	\$302.11
28	\$177.44	\$270.24	\$205.30	\$312.68
29	\$180.24	\$274.82	\$208.90	\$318.51
30	\$182.27	\$277.11	\$211.62	\$321.73
31	\$184.07	\$278.64	\$214.07	\$324.08
32	\$186.36	\$281.20	\$217.10	\$327.59
33	\$190.70	\$288.85	\$222.55	\$337.09
34	\$195.04	\$296.23	\$227.99	\$346.30
35	\$199.36	\$303.38	\$233.44	\$355.26
36	\$204.21	\$311.27	\$239.53	\$365.11
37	\$209.55	\$320.21	\$246.21	\$376.25
38	\$217.72	\$324.78	\$256.04	\$381.95
39	\$225.89	\$330.67	\$265.87	\$389.19
40	\$234.80	\$337.29	\$276.59	\$397.33
41	\$244.23	\$343.41	\$287.94	\$404.87
42	\$254.93	\$348.75	\$300.84	\$411.54
43	\$261.82	\$356.41	\$309.48	\$421.29
44	\$270.24	\$363.28	\$319.98	\$430.14
45	\$279.16	\$369.92	\$331.08	\$438.71
46	\$288.34	\$376.80	\$342.54	\$447.63
47	\$296.75	\$384.19	\$353.15	\$457.20
48	\$306.69	\$388.54	\$366.21	\$463.90
49	\$316.38	\$393.37	\$379.04	\$471.26
50	\$325.82	\$398.48	\$391.62	\$478.97
51	\$335.75	\$403.31	\$404.93	\$486.39
52	\$345.95	\$407.13	\$418.60	\$492.65
53	\$358.46	\$415.56	\$435.16	\$504.50
54	\$370.94	\$423.21	\$451.82	\$515.46
55	\$383.94	\$430.32	\$469.18	\$525.86
56	\$397.45	\$437.98	\$487.28	\$536.96
57	\$411.74	\$446.92	\$506.42	\$549.70
58	\$434.16	\$454.30	\$534.03	\$558.77
59	\$456.87	\$462.72	\$561.93	\$569.15
60	\$480.31	\$471.64	\$590.79	\$580.12
61	\$505.80	\$480.82	\$622.13	\$591.43
62	\$534.10	\$489.74	\$656.95	\$602.40
63	\$559.84	\$498.65	\$688.61	\$613.37
64	\$586.87	\$508.11	\$721.85	\$624.97

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.