

Iowa Comprehensive Health Association (HIPIOWA)
2021 Monthly Individual Premium Rates - effective 1/1/2021
Medicare Carveout Plan \$1,000 Deductible
Without Prescription Drug Benefits¹

| Rate Class Age \ Gender | Non Tobacco User | | Tobacco User | |
|----------------------------|------------------|----------|--------------|----------|
| | Male | Female | Male | Female |
| 0 - 17 | \$124.10 | \$137.09 | \$143.34 | \$158.34 |
| 18 | \$130.47 | \$155.49 | \$150.70 | \$179.59 |
| 19 | \$136.85 | \$173.89 | \$158.06 | \$200.84 |
| 20 | \$143.47 | \$192.27 | \$165.71 | \$222.09 |
| 21 | \$149.84 | \$210.68 | \$173.07 | \$243.34 |
| 22 | \$156.22 | \$229.08 | \$180.44 | \$264.57 |
| 23 | \$158.67 | \$234.69 | \$183.26 | \$271.07 |
| 24 | \$161.63 | \$241.32 | \$186.68 | \$278.73 |
| 25 | \$164.33 | \$247.70 | \$189.78 | \$286.08 |
| 26 | \$166.28 | \$251.63 | \$192.04 | \$290.63 |
| 27 | \$167.03 | \$251.63 | \$192.90 | \$290.63 |
| 28 | \$170.70 | \$259.97 | \$197.51 | \$300.80 |
| 29 | \$173.39 | \$264.38 | \$200.96 | \$306.41 |
| 30 | \$175.34 | \$266.58 | \$203.58 | \$309.51 |
| 31 | \$177.07 | \$268.06 | \$205.93 | \$311.76 |
| 32 | \$179.28 | \$270.52 | \$208.85 | \$315.15 |
| 33 | \$183.45 | \$277.88 | \$214.10 | \$324.29 |
| 34 | \$187.63 | \$284.97 | \$219.33 | \$333.14 |
| 35 | \$191.79 | \$291.85 | \$224.57 | \$341.76 |
| 36 | \$196.46 | \$299.44 | \$230.43 | \$351.24 |
| 37 | \$201.59 | \$308.04 | \$236.85 | \$361.95 |
| 38 | \$209.45 | \$312.45 | \$246.31 | \$367.44 |
| 39 | \$217.31 | \$318.11 | \$255.77 | \$374.41 |
| 40 | \$225.88 | \$324.48 | \$266.08 | \$382.23 |
| 41 | \$234.96 | \$330.36 | \$277.00 | \$389.49 |
| 42 | \$245.25 | \$335.50 | \$289.42 | \$395.91 |
| 43 | \$251.87 | \$342.87 | \$297.72 | \$405.28 |
| 44 | \$259.97 | \$349.48 | \$307.82 | \$413.80 |
| 45 | \$268.55 | \$355.87 | \$318.50 | \$422.05 |
| 46 | \$277.39 | \$362.48 | \$329.53 | \$430.63 |
| 47 | \$285.48 | \$369.60 | \$339.74 | \$439.83 |
| 48 | \$295.04 | \$373.78 | \$352.30 | \$446.28 |
| 49 | \$304.36 | \$378.43 | \$364.64 | \$453.35 |
| 50 | \$313.44 | \$383.34 | \$376.74 | \$460.77 |
| 51 | \$322.99 | \$387.99 | \$389.55 | \$467.92 |
| 52 | \$332.81 | \$391.66 | \$402.69 | \$473.94 |
| 53 | \$344.84 | \$399.77 | \$418.63 | \$485.33 |
| 54 | \$356.85 | \$407.13 | \$434.65 | \$495.88 |
| 55 | \$369.35 | \$413.98 | \$451.36 | \$505.89 |
| 56 | \$382.35 | \$421.34 | \$468.77 | \$516.57 |
| 57 | \$396.10 | \$429.94 | \$487.19 | \$528.81 |
| 58 | \$417.66 | \$437.04 | \$513.74 | \$537.54 |
| 59 | \$439.51 | \$445.14 | \$540.58 | \$547.52 |
| 60 | \$462.07 | \$453.72 | \$568.34 | \$558.08 |
| 61 | \$486.58 | \$462.55 | \$598.50 | \$568.97 |
| 62 | \$513.81 | \$471.14 | \$632.00 | \$579.51 |
| 63 | \$538.57 | \$479.71 | \$662.45 | \$590.07 |
| 64 | \$564.57 | \$488.81 | \$694.42 | \$601.23 |

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

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