

Health Insurance Plan of Iowa (HIPIOWA)
2014 Monthly Individual Premium Rates (no Rate Increase from prior year)
Medicare Carveout Plan (\$1,000 Deductible)
Without Prescription Drug Benefits¹

Rate Class	Non Tobacco User		Tobacco User	
Age \ Gender	Male	Female	Male	Female
0 - 17	\$63.30	\$69.93	\$73.11	\$80.77
18	\$66.54	\$79.30	\$76.86	\$91.59
19	\$69.79	\$88.68	\$80.61	\$102.42
20	\$73.17	\$98.07	\$84.51	\$113.26
21	\$76.42	\$107.44	\$88.27	\$124.09
22	\$79.68	\$116.83	\$92.02	\$134.94
23	\$80.92	\$119.70	\$93.46	\$138.25
24	\$82.42	\$123.09	\$95.20	\$142.17
25	\$83.80	\$126.33	\$96.79	\$145.90
26	\$84.81	\$128.34	\$97.95	\$148.23
27	\$85.18	\$128.34	\$98.38	\$148.23
28	\$87.06	\$132.58	\$100.72	\$153.40
29	\$88.44	\$134.83	\$102.49	\$156.27
30	\$89.43	\$135.96	\$103.83	\$157.84
31	\$90.31	\$136.72	\$105.03	\$159.01
32	\$91.44	\$137.97	\$106.53	\$160.74
33	\$93.57	\$141.72	\$109.20	\$165.39
34	\$95.68	\$145.35	\$111.85	\$169.92
35	\$97.81	\$148.84	\$114.54	\$174.30
36	\$100.20	\$152.73	\$117.54	\$179.14
37	\$102.82	\$157.11	\$120.82	\$184.60
38	\$106.83	\$159.36	\$125.62	\$187.41
39	\$110.82	\$162.24	\$130.44	\$190.95
40	\$115.20	\$165.48	\$135.70	\$194.94
41	\$119.83	\$168.49	\$141.28	\$198.66
42	\$125.08	\$171.12	\$147.60	\$201.91
43	\$128.46	\$174.87	\$151.84	\$206.70
44	\$132.58	\$178.24	\$156.97	\$211.03
45	\$136.96	\$181.50	\$162.43	\$215.26
46	\$141.46	\$184.87	\$168.06	\$219.63
47	\$145.60	\$188.50	\$173.26	\$224.32
48	\$150.48	\$190.63	\$179.67	\$227.62
49	\$155.23	\$193.00	\$185.97	\$231.22
50	\$159.85	\$195.51	\$192.15	\$235.00
51	\$164.73	\$197.88	\$198.66	\$238.65
52	\$169.74	\$199.75	\$205.38	\$241.71
53	\$175.87	\$203.89	\$213.51	\$247.53
54	\$181.99	\$207.64	\$221.67	\$252.91
55	\$188.38	\$211.14	\$230.20	\$258.01
56	\$195.01	\$214.89	\$239.08	\$263.46
57	\$202.00	\$219.27	\$248.46	\$269.70
58	\$213.01	\$222.90	\$262.00	\$274.17
59	\$224.14	\$227.02	\$275.70	\$279.24
60	\$235.66	\$231.40	\$289.87	\$284.62
61	\$248.17	\$235.90	\$305.25	\$290.16
62	\$262.05	\$240.28	\$322.32	\$295.54
63	\$274.68	\$244.66	\$337.86	\$300.94
64	\$287.94	\$249.30	\$354.16	\$306.64
65	\$312.34	\$267.84	\$384.18	\$329.44
66	\$317.23	\$269.44	\$390.19	\$331.41
67	\$322.20	\$271.05	\$396.30	\$333.39
68	\$330.78	\$275.70	\$406.86	\$339.10
69	\$339.58	\$280.44	\$417.69	\$344.94
70+	\$376.86	\$308.35	\$463.54	\$379.27
Optional Maternity Rider - Must Elect Maternity Rider Upon Initial Enrollment				
All Ages: Add	\$322.83		\$372.87	

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

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