HIPIOWA
Iowa Comprehensive Health Association

11467 Huebner Rd
San Antonio, TX 78230

(888) 277-9134

Administered by 90 Degree Benefits

IMPORTANT NOTICE

ACTION REQUIRED: 2026 Premium Rates & Coverage Renewal

Dear Member:

This letter contains important information about your premium rates effective January 1, 2026, and how to renew your HIPIOWA plan or purchase new coverage for 2026.

You may keep your HIPIOWA coverage or explore new options outside HIPIOWA. Since the Affordable Care Act (ACA) prohibits insurers from denying coverage or charging more due to pre-existing conditions, HIPIOWA members have additional choices. HIPIOWA premiums may still be higher than market rates, so we strongly encourage you to review all available options.

Please read this information carefully and contact us at 1-888-277-9134 if you have questions or need assistance.

2026 HIPIOWA Premium Rates

Your monthly premium will change on January 1, 2026. By law, rates are based on what other carriers in Iowa charge for similar benefits. Please review the enclosed rate chart to determine your age bracket and tobacco user status and confirm your rate accordingly.

Other Coverage Options for 2026

You may:

• Renew your HIPIOWA coverage, or

• Obtain new coverage through the Health Insurance Marketplace or directly from an insurance company. The Marketplace Open Enrollment Period runs through December 15, 2025, for coverage beginning on January 1, 2026.

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How to Renew HIPIOWA Coverage

Review the enclosed 2026 HIPIOWA Monthly Premium Rates. Premium rates are by age and tobacco use status.

- **To renew HIPIOWA coverage** or switch to a different deductible plan:

  • Complete and return the enclosed forms by December 30, 2025:

    - Eligibility Verification Form
    - Tobacco User Affidavit

- **To cancel HIPIOWA coverage** and buy new coverage:

  • Notify HIPIOWA Customer Service at (888) 277-9134 for additional information.

  • Contact the Marketplace or an insurance company to enroll in new coverage.

Enclosures

- 2026 HIPIOWA Premium Rates – Effective January 1, 2026
- Tobacco User Affidavit
- Eligibility Verification Form – Due by December 30, 2025
- HIPIOWA Highlights and Comparison Chart

Need Help?

- HIPIOWA Customer Service: 1-888-277-9134 | www.HIPIOWA.com
- Marketplace: 1-800-318-2596 | www.healthcare.gov

Non Tobacco User Premium Rates
Iowa Comprehensive Health Association (HIPIOWA)
2026 Monthly Individual Premium Rates
Effective 1/1/2026

Plan	Plan B $1,000 Deductible		Plan C $1,500 Deductible		Plan D $2,500 Deductible		Plan E $5,000 Deductible		Plan F $10,000 Deductible	
Age / Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0 - 17	$475.45	$525.25	$436.74	$482.47	$384.88	$425.17	$262.72	$290.26	$235.83	$260.52
18	499.88	595.72	459.17	547.22	404.65	482.24	276.23	329.20	247.94	295.47
19	524.32	666.18	481.61	611.96	424.44	539.29	289.73	368.14	260.05	330.43
20	549.66	736.64	504.96	676.69	444.95	596.33	303.75	407.08	272.65	365.40
21	574.12	807.13	527.37	741.41	464.74	653.38	317.24	446.03	284.75	400.33
22	598.54	877.61	549.79	806.16	484.51	710.45	330.75	484.96	296.88	435.28
23	607.90	899.20	558.46	826.00	492.13	727.91	335.95	496.91	301.54	446.03
24	619.19	924.56	568.81	849.32	501.24	748.44	342.18	510.92	307.14	458.59
25	629.53	949.00	578.28	871.74	509.62	768.23	347.90	524.43	312.25	470.71
26	637.07	964.03	585.20	885.54	515.70	780.38	352.03	532.73	315.99	478.16
27	639.87	964.03	587.79	885.54	518.00	780.38	353.58	532.73	317.38	478.16
28	653.97	995.98	600.74	914.93	529.40	806.25	361.37	550.37	324.37	494.02
29	664.31	1,012.90	610.24	930.44	537.77	819.94	367.09	559.72	329.52	502.40
30	671.84	1,021.34	617.13	938.21	543.83	826.79	371.25	564.40	333.22	506.61
31	678.39	1,026.99	623.18	943.40	549.16	831.35	374.90	567.51	336.48	509.40
32	686.85	1,036.39	630.94	952.02	556.01	838.96	379.54	572.69	340.69	514.06
33	702.82	1,064.58	645.61	977.91	568.94	861.78	388.38	588.30	348.59	528.06
34	718.80	1,091.83	660.29	1,002.96	581.86	883.86	397.19	603.34	356.55	541.55
35	734.78	1,118.13	674.95	1,027.10	594.79	905.14	406.04	617.89	364.45	554.61
36	752.63	1,147.27	691.34	1,053.87	609.26	928.71	415.90	633.99	373.31	569.04
37	772.35	1,180.16	709.48	1,084.08	625.24	955.35	426.80	652.15	383.10	585.35
38	802.42	1,197.05	737.11	1,099.63	649.57	969.03	443.42	661.49	398.00	593.75
39	832.50	1,218.68	764.72	1,119.46	673.92	986.51	460.04	673.46	412.93	604.47
40	865.37	1,243.11	794.95	1,141.90	700.52	1,006.30	478.20	686.94	429.24	616.57
41	900.15	1,265.66	826.87	1,162.61	728.67	1,024.55	497.42	699.40	446.47	627.77
42	939.62	1,285.37	863.12	1,180.75	760.62	1,040.53	519.23	710.29	466.05	637.56
43	964.99	1,313.57	886.42	1,206.65	781.15	1,063.34	533.24	725.88	478.64	651.55
44	995.98	1,338.95	914.93	1,229.94	806.25	1,083.87	550.37	739.89	494.02	664.13
45	1,028.87	1,363.37	945.12	1,252.38	832.88	1,103.64	568.56	753.40	510.33	676.24
46	1,062.72	1,388.75	976.17	1,275.69	860.26	1,124.20	587.25	767.42	527.11	688.83
47	1,093.70	1,416.00	1,004.67	1,300.73	885.36	1,146.26	604.38	782.45	542.50	702.35
48	1,130.34	1,431.94	1,038.33	1,315.39	915.02	1,159.20	624.65	791.32	560.65	710.26
49	1,166.06	1,449.80	1,071.13	1,331.80	943.92	1,173.62	644.37	801.19	578.37	719.10
50	1,200.82	1,468.60	1,103.07	1,349.05	972.07	1,188.83	663.58	811.56	595.61	728.44
51	1,237.46	1,486.45	1,136.74	1,365.44	1,001.73	1,203.30	683.83	821.44	613.80	737.31
52	1,275.04	1,500.55	1,171.25	1,378.41	1,032.15	1,214.70	704.59	829.21	632.45	744.29
53	1,321.09	1,531.54	1,213.53	1,406.88	1,069.42	1,239.81	730.03	846.34	655.26	759.66
54	1,367.14	1,559.75	1,255.83	1,432.77	1,106.70	1,262.61	755.48	861.94	678.11	773.64
55	1,415.06	1,586.05	1,299.87	1,456.94	1,145.49	1,283.91	781.97	876.46	701.89	786.70
56	1,464.85	1,614.25	1,345.61	1,482.84	1,185.80	1,306.76	809.47	892.03	726.57	800.69
57	1,517.48	1,647.12	1,393.94	1,513.06	1,228.40	1,333.35	838.55	910.21	752.69	816.99
58	1,600.14	1,674.40	1,469.90	1,538.09	1,295.33	1,355.42	884.22	925.25	793.68	830.51
59	1,683.77	1,705.36	1,546.70	1,566.58	1,363.03	1,380.53	930.45	942.41	835.18	845.88
60	1,770.23	1,738.28	1,626.12	1,596.77	1,433.01	1,407.14	978.23	960.58	878.05	862.20
61	1,864.17	1,772.10	1,712.44	1,627.85	1,509.07	1,434.52	1,030.14	979.24	924.65	878.97
62	1,968.47	1,804.97	1,808.25	1,658.05	1,593.50	1,461.14	1,087.77	997.44	976.38	895.29
63	2,063.38	1,837.87	1,895.42	1,688.26	1,670.31	1,487.77	1,140.22	1,015.61	1,023.45	911.60
64	2,162.97	1,872.64	1,986.89	1,720.20	1,750.95	1,515.90	1,195.25	1,034.81	1,072.85	928.85
65+	2,266.32	1,906.47	2,081.84	1,751.29	1,834.61	1,543.30	1,252.37	1,053.53	1,124.11	945.64

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

Tobacco User Premium Rates
Iowa Comprehensive Health Association (HIPIOWA)
2026 Monthly Individual Premium Rates with 10.0% Rate Change Over 2025
Effective 1/1/2026

Plan	Plan B $1,000 Deductible		Plan C $1,500 Deductible		Plan D $2,500 Deductible		Plan E $5,000 Deductible		Plan F $10,000 Deductible	
Age / Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0 - 17	$549.14	$606.67	$504.44	$557.27	$444.54	$491.11	$303.46	$335.25	$272.38	$300.92
18	577.35	688.04	530.38	632.03	467.36	556.97	319.04	380.22	286.37	341.28
19	605.57	769.43	556.27	706.81	490.23	622.86	334.64	425.17	300.37	381.65
20	634.87	850.84	583.20	781.57	513.94	688.75	350.85	470.16	314.90	422.04
21	663.10	932.21	609.10	856.33	536.78	754.63	366.41	515.15	328.90	462.37
22	691.31	1,013.63	635.03	931.13	559.60	820.55	382.01	560.13	342.88	502.77
23	702.15	1,038.59	645.01	954.04	568.41	840.73	388.03	573.93	348.27	515.15
24	715.18	1,067.88	656.99	980.97	578.92	864.45	395.22	590.11	354.75	529.67
25	727.10	1,096.11	667.92	1,006.87	588.62	887.30	401.81	605.72	360.65	543.66
26	735.80	1,113.46	675.90	1,022.80	595.65	901.34	406.59	615.30	364.96	552.29
27	739.05	1,113.46	678.89	1,022.80	598.28	901.34	408.40	615.30	366.58	552.29
28	756.64	1,152.35	695.07	1,058.54	612.49	932.84	418.10	636.79	375.29	571.57
29	769.92	1,173.93	707.27	1,078.39	623.26	950.31	425.45	648.71	381.90	582.29
30	779.98	1,185.79	716.49	1,089.29	631.39	959.90	431.01	655.26	386.86	588.18
31	788.98	1,194.38	724.76	1,097.20	638.66	966.87	436.00	660.03	391.34	592.43
32	800.17	1,207.39	735.03	1,109.11	647.75	977.38	442.17	667.19	396.91	598.87
33	820.22	1,242.37	753.42	1,141.22	663.96	1,005.70	453.24	686.54	406.82	616.24
34	840.27	1,276.35	771.87	1,172.45	680.22	1,033.22	464.32	705.31	416.80	633.07
35	860.42	1,309.33	790.39	1,202.74	696.52	1,059.91	475.46	723.54	426.78	649.42
36	882.84	1,345.73	810.95	1,236.19	714.68	1,089.37	487.84	743.67	437.89	667.50
37	907.52	1,386.68	833.65	1,273.79	734.67	1,122.54	501.49	766.29	450.14	687.81
38	943.66	1,407.75	866.84	1,293.15	763.88	1,139.58	521.47	777.91	468.06	698.25
39	979.86	1,434.39	900.09	1,317.61	793.20	1,161.15	541.45	792.63	486.00	711.46
40	1,019.43	1,464.38	936.45	1,345.17	825.22	1,185.42	563.31	809.20	505.66	726.34
41	1,061.29	1,492.19	974.86	1,370.72	859.10	1,207.95	586.44	824.59	526.39	740.14
42	1,108.75	1,516.76	1,018.48	1,393.30	897.53	1,227.83	612.69	838.17	549.96	752.32
43	1,140.62	1,552.64	1,047.75	1,426.25	923.32	1,256.87	630.29	858.00	565.75	770.13
44	1,179.26	1,585.30	1,083.25	1,456.26	954.59	1,283.32	651.65	876.02	584.91	786.31
45	1,220.24	1,616.95	1,120.92	1,485.33	987.82	1,308.95	674.30	893.52	605.25	802.01
46	1,262.49	1,649.84	1,159.71	1,515.54	1,021.98	1,335.53	697.64	911.68	626.20	818.32
47	1,301.51	1,685.04	1,195.55	1,547.85	1,053.59	1,364.01	719.20	931.14	645.54	835.79
48	1,349.62	1,709.76	1,239.77	1,570.56	1,092.53	1,384.06	745.81	944.81	669.43	848.03
49	1,396.92	1,736.88	1,283.21	1,595.50	1,130.82	1,405.99	771.96	959.82	692.89	861.49
50	1,443.39	1,765.28	1,325.91	1,621.57	1,168.42	1,428.99	797.62	975.50	715.94	875.57
51	1,492.38	1,792.67	1,370.91	1,646.73	1,208.09	1,451.19	824.70	990.65	740.22	889.20
52	1,542.81	1,815.66	1,417.22	1,667.85	1,248.89	1,469.78	852.57	1,003.32	765.26	900.57
53	1,603.81	1,859.30	1,473.24	1,707.95	1,298.29	1,505.13	886.26	1,027.44	795.48	922.23
54	1,665.17	1,899.77	1,529.59	1,745.12	1,347.97	1,537.88	920.18	1,049.81	825.95	942.30
55	1,729.20	1,938.17	1,588.41	1,780.39	1,399.81	1,568.95	955.55	1,071.03	857.68	961.32
56	1,795.93	1,979.05	1,649.70	1,817.95	1,453.78	1,602.07	992.42	1,093.62	890.78	981.64
57	1,866.48	2,025.96	1,714.54	1,861.06	1,510.92	1,640.01	1,031.43	1,119.54	925.82	1,004.93
58	1,968.18	2,059.48	1,807.97	1,891.84	1,593.25	1,667.16	1,087.63	1,138.07	976.25	1,021.53
59	2,071.04	2,097.63	1,902.46	1,926.87	1,676.52	1,698.06	1,144.45	1,159.16	1,027.26	1,040.44
60	2,177.37	2,138.08	2,000.14	1,964.02	1,762.57	1,730.77	1,203.22	1,181.51	1,079.99	1,060.52
61	2,292.93	2,179.69	2,106.30	2,002.25	1,856.15	1,764.47	1,267.08	1,204.49	1,137.31	1,081.14
62	2,421.22	2,220.13	2,224.13	2,039.42	1,960.01	1,797.19	1,337.97	1,226.83	1,200.95	1,101.21
63	2,537.95	2,260.58	2,331.37	2,076.57	2,054.46	1,829.96	1,402.48	1,249.19	1,258.83	1,121.27
64	2,660.47	2,303.32	2,443.88	2,115.84	2,153.66	1,864.57	1,470.16	1,272.81	1,319.59	1,142.48
65+	2,787.59	2,344.95	2,560.65	2,154.08	2,256.57	1,898.25	1,540.41	1,295.82	1,382.67	1,163.12

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

PO Box 21548
Eagan, MN 67530
Questions? Call 1-888-277-9134

HIPIOWA Plan Change & Eligibility Verification Form

Due by December 30, 2025

To maintain or update your HIPIOWA coverage for 2026, please complete and return this form by the deadline. A return envelope is enclosed. You may also email the form to hipiowa_eligibility.t8@90degreebenefits.com.

Eligibility Questions

Please answer the following questions. Circle your response and provide dates where applicable.

1. **Are you currently a resident of the State of Iowa?**
   Yes / No

2. **Have you become eligible for Medicare?**
   Yes / No

   If yes, please provide:
   - Medicare Part A effective date: _____
   - Medicare Part B effective date: _____

3. **Have you become eligible for Medicaid or other government programs?**
   Yes / No

   If yes, name the coverage and the effective date: _____

3. **Have you been declared disabled by Social Security?**
   Yes / No

   If yes, eligibility date: _____

4. **Are you currently eligible for employer group insurance or any other health insurance?**
   Yes / No

   If yes, eligibility date: _____

5. **Social Security Number:**

   _____

Address Verification

Please provide your current physical and mailing addresses.

Physical Address (Required):

- Name: _____
- Street Address: _____
- City: _____
- State & ZIP: _____

Mailing Address (if different):

- Name: _____
- Street Address: _____
- City: _____
- State & ZIP: _____

Contact Information

- Telephone Number: _____
- Cell Number: ( ) _____
- Email Address: _____

Plan Change Request

If you wish to change your deductible effective **January 1, 2026**, please indicate your new plan selection below.

Note: You may increase your deductible, but you cannot lower it.
Write "No Change" if you wish to keep your current plan.

Requested Plan Change:

I hereby request a change to Plan: _____
Effective January 1, 2026

Signature & Submission

Signature: _____

Date of Birth: _____

Date: _____

Return by December 30, 2025, in the self-addressed enclosed envelope:

HIPIOWA
PO Box 21548
Eagan, MN 67530

Or Email - hipiowa_eligibility.t8@90degreebenefits.com.

Questions? Call HIPIOWA Customer Service at **1-888-277-9134**

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Tobacco User Affidavit

Question:

Have you smoked or used any tobacco products within the 12 months immediately preceding the date of this affidavit? (Tobacco products include smokeless tobacco, cigarettes, pipes, cigars, vapes, e-cigarettes, or any other tobacco products, regardless of frequency or method of use.)

Answer:

☐ YES ☐ NO

If you answered NO, you are eligible for the Non-Tobacco User Rate.

You understand that:

- If your status changes, you must notify HIPIOWA immediately.
- You may be required to re-certify this status in the future.
- If we determine this status is incorrect, we will retroactively collect premium differences before claims are paid and apply the Tobacco-User Rate going forward.

Member Information

Date: _____

Printed Name: _____

Signature: _____

For Members Under 18 Years of Age

I am the:

☐ Custodial Parent ☐ Legal Guardian of the applicant.

I declare that the above statements made by or on behalf of the applicant are true.

Date: _____

Printed Name: _____

Signature: _____