

Iowa Comprehensive Health Association (HIPIOWA)

2010 Monthly Individual Premium Rates

Non Tobacco User										
Plan	\$1,000 Deductible		\$1,500 Deductible		\$2,500 Deductible		\$5,000 Deductible		\$10,000 Deductible	
	Age \ Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male
0 - 17	\$207.06	\$228.75	\$190.08	\$209.99	\$164.40	\$181.62	\$123.62	\$136.56	\$99.39	\$109.80
18	217.70	259.44	199.85	238.16	172.85	206.00	129.96	154.88	104.49	124.53
19	228.33	290.13	209.61	266.34	181.29	230.36	136.32	173.21	109.61	139.26
20	239.39	320.82	219.75	294.51	190.07	254.73	142.91	191.52	114.90	153.99
21	250.02	351.51	229.52	322.68	198.51	279.09	149.27	209.85	120.02	168.72
22	260.66	382.20	239.28	350.85	206.97	303.47	155.61	228.17	125.12	183.45
23	264.75	391.61	243.05	359.49	210.21	310.94	158.06	233.79	127.08	187.97
24	269.67	402.66	247.55	369.63	214.11	319.71	161.00	240.39	129.44	193.28
25	274.17	413.30	251.69	379.40	217.68	328.16	163.68	246.74	131.60	198.38
26	277.44	419.84	254.69	385.41	220.29	333.35	165.63	250.65	133.17	201.53
27	278.67	419.84	255.81	385.41	221.27	333.35	166.37	250.65	133.76	201.53
28	284.81	433.76	261.45	398.19	226.14	344.40	170.03	258.95	136.71	208.20
29	289.31	441.12	265.58	404.94	229.71	350.25	172.71	263.34	138.87	211.74
30	292.58	444.80	268.59	408.33	232.31	353.18	174.68	265.55	140.43	213.51
31	295.44	447.26	271.22	410.58	234.59	355.13	176.39	267.02	141.81	214.68
32	299.13	451.35	274.59	414.33	237.51	358.37	178.58	269.46	143.58	216.65
33	306.08	463.62	280.98	425.61	243.03	368.12	182.73	276.78	146.93	222.54
34	313.04	475.49	287.37	436.50	248.55	377.54	186.89	283.88	150.26	228.24
35	320.00	486.95	293.76	447.02	254.07	386.64	191.04	290.72	153.60	233.73
36	327.77	499.64	300.89	458.67	260.25	396.71	195.68	298.28	157.34	239.82
37	336.36	513.96	308.78	471.81	267.08	408.08	200.81	306.83	161.46	246.71
38	349.46	521.33	320.81	478.58	277.47	413.93	208.62	311.24	167.75	250.23
39	362.55	530.73	332.82	487.22	287.87	421.40	216.45	316.85	174.03	254.75
40	376.88	541.37	345.98	496.98	299.24	429.86	225.00	323.21	180.90	259.86
41	392.01	551.19	359.87	506.00	311.27	437.64	234.03	329.06	188.16	264.57
42	409.20	559.79	375.65	513.89	324.90	444.47	244.29	334.19	196.41	268.70
43	420.26	572.06	385.79	525.15	333.68	454.22	250.89	341.52	201.72	274.59
44	433.76	583.11	398.19	535.29	344.40	462.99	258.95	348.12	208.20	279.90
45	448.08	593.75	411.33	545.06	355.77	471.44	267.50	354.47	215.07	285.00
46	462.81	604.80	424.86	555.21	367.47	480.21	276.30	361.07	222.15	290.31
47	476.31	616.67	437.25	566.10	378.20	489.63	284.36	368.15	228.63	296.00
48	492.27	623.63	451.91	572.49	390.86	495.15	293.88	372.30	236.30	299.34
49	507.81	631.40	466.17	579.62	403.20	501.33	303.17	376.95	243.75	303.08
50	522.96	639.59	480.08	587.13	415.23	507.83	312.21	381.83	251.03	307.01
51	538.92	647.36	494.73	594.27	427.91	514.01	321.74	386.48	258.68	310.73
52	555.29	653.49	509.75	599.91	440.90	518.88	331.50	390.14	266.54	313.68
53	575.34	666.99	528.17	612.30	456.81	529.59	343.47	398.19	276.17	320.16
54	595.38	679.28	546.57	623.57	472.74	539.34	355.44	405.53	285.78	326.06
55	616.26	690.74	565.73	634.10	489.30	548.45	367.91	412.37	295.80	331.55
56	637.95	703.01	585.63	645.36	506.52	558.18	380.85	419.70	306.21	337.44
57	660.86	717.33	606.68	658.50	524.72	569.57	394.53	428.25	317.21	344.31
58	696.87	729.20	639.72	669.41	553.32	578.99	416.03	435.33	334.50	350.01
59	733.29	742.70	673.16	681.80	582.23	589.70	437.78	443.39	351.98	356.49
60	770.94	757.02	707.72	694.95	612.12	601.08	460.25	451.94	370.05	363.38
61	811.86	771.75	745.28	708.47	644.61	612.77	484.68	460.74	389.69	370.44
62	857.28	786.08	786.98	721.62	680.67	624.14	511.80	469.29	411.50	377.31
63	898.61	800.40	824.93	734.76	713.49	635.52	536.46	477.84	431.33	384.20
64	941.99	815.54	864.74	748.67	747.93	647.54	562.37	486.87	452.15	391.46
65+	986.99	830.27	906.06	762.18	783.68	659.24	589.23	495.68	473.76	398.54
Optional Maternity Rider										
All Ages, Add: \$272.50 Must Elect Maternity Rider Upon Initial Enrollment.										

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

Premium Rates subject to change with a 30-Day written notice.