

**Iowa Comprehensive Health Association (HIPIOWA)  
2008 Premium Rates at 150% Average Market Rates  
Non Tobacco User  
Plan B**

<b>Age/Gender</b>	<b>\$1,000 Deductible</b>	<b>Rate if 130%</b>	<b>Reduction</b>	<b>Rate if 120%</b>	<b>Reduction</b>	<b>Rate if 110%</b>	<b>Reduction</b>
<b>Male</b>							
0-17	\$191.29	\$165.78	\$25.51	\$153.03	\$38.26	\$140.28	\$51.01
25	\$253.30	\$219.53	\$33.77	\$202.64	\$50.66	\$185.75	\$67.55
35	\$295.65	\$256.23	\$39.42	\$236.52	\$59.13	\$216.81	\$78.84
50	\$483.16	\$418.74	\$64.42	\$386.53	\$96.63	\$354.32	\$128.84
60	\$712.26	\$617.29	\$94.97	\$569.81	\$142.45	\$522.32	\$189.94
<b>Female</b>							
0-17	\$211.33	\$183.15	\$28.18	\$169.06	\$42.27	\$154.98	\$56.35
25	\$381.84	\$330.93	\$50.91	\$305.47	\$76.37	\$280.02	\$101.82
35	\$449.89	\$389.90	\$59.99	\$359.91	\$89.98	\$329.92	\$119.97
50	\$590.91	\$512.12	\$78.79	\$472.73	\$118.18	\$433.33	\$157.58
60	\$699.40	\$606.15	\$93.25	\$559.52	\$139.88	\$512.89	\$186.51

**Iowa Comprehensive Health Association (HIPIOWA)  
2008 Premium Rates at 150% Average Market Rates  
Non Tobacco User  
Plan D**

<b>Age/Gender</b>	<b>\$2,500 Deductible</b>	<b>Rate if 130%</b>	<b>Reduction</b>	<b>Rate if 120%</b>	<b>Reduction</b>	<b>Rate if 110%</b>	<b>Reduction</b>
<b>Male</b>							
0-17	\$151.89	\$131.64	\$20.25	\$121.51	\$30.38	\$111.39	\$40.50
25	\$201.12	\$174.30	\$26.82	\$160.90	\$40.22	\$147.49	\$53.63
35	\$234.73	\$203.43	\$31.30	\$187.78	\$46.95	\$172.14	\$62.59
50	\$383.62	\$332.47	\$51.15	\$306.90	\$76.72	\$281.32	\$102.30
60	\$565.54	\$490.13	\$75.41	\$452.43	\$113.11	\$414.73	\$150.81
<b>Female</b>							
0-17	\$167.80	\$145.43	\$22.37	\$134.24	\$33.56	\$123.05	\$44.75
25	\$303.18	\$262.76	\$40.42	\$242.54	\$60.64	\$222.33	\$80.85
35	\$357.21	\$309.58	\$47.63	\$285.77	\$71.44	\$261.95	\$95.26
50	\$469.18	\$406.62	\$62.56	\$375.34	\$93.84	\$344.07	\$125.11
60	\$555.33	\$481.29	\$74.04	\$444.26	\$111.07	\$407.24	\$148.09

**Iowa Comprehensive Health Association (HIPIOWA)  
2008 Premium Rates at 150% Average Market Rates  
Non Tobacco User  
Plan G**

Age/Gender	\$10,000 Deductible	Rate if 130%	Reduction	Rate if 120%	Reduction	Rate if 110%	Reduction
<b>Male</b>							
0-17	\$91.83	\$79.59	\$12.24	\$73.46	\$18.37	\$67.34	\$24.49
25	\$121.59	\$105.38	\$16.21	\$97.27	\$24.32	\$89.17	\$32.42
35	\$141.91	\$122.99	\$18.92	\$113.53	\$28.38	\$104.07	\$37.84
50	\$231.91	\$200.99	\$30.92	\$185.53	\$46.38	\$170.07	\$61.84
60	\$341.88	\$296.30	\$45.58	\$273.50	\$68.38	\$250.71	\$91.17
<b>Female</b>							
0-17	\$101.44	\$87.91	\$13.53	\$81.15	\$20.29	\$74.39	\$27.05
25	\$183.28	\$158.84	\$24.44	\$146.62	\$36.66	\$134.41	\$48.87
35	\$215.95	\$187.16	\$28.79	\$172.76	\$43.19	\$158.36	\$57.59
50	\$283.63	\$245.81	\$37.82	\$226.90	\$56.73	\$208.00	\$75.63
60	\$335.71	\$290.95	\$44.76	\$268.57	\$67.14	\$246.19	\$89.52