

**ARKANSAS COMPREHENSIVE HEALTH INSURANCE POOL (CHIP)**

**Monthly Premium Rates - Effective August 1, 2009**

**Rates by Age, Gender, and Tobacco Usage (Includes Maternity)**

(Tobacco User defined as a person that has used tobacco products within past 12 months)

<b>\$1,000 Deductible Plan Rates</b>				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$193.98	\$231.62	\$158.28	\$188.68
25-29	216.82	286.35	175.07	230.84
30-34	247.67	339.98	194.83	267.46
35-39	295.00	406.96	230.40	317.63
40-44	354.60	474.90	276.66	370.27
45-49	461.31	565.14	360.17	440.65
50-54	616.54	672.60	475.38	517.98
55-59	842.10	806.28	639.95	612.96
60-64	1,107.66	953.73	846.60	726.12
65+	1,564.33	1,254.19	1,202.54	959.23

<b>\$5,000 Deductible Plan Rates</b>				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$147.05	\$175.59	\$119.99	\$143.04
25-29	164.37	217.08	132.72	174.99
30-34	187.75	257.73	147.70	202.76
35-39	223.63	308.51	174.66	240.79
40-44	268.82	360.01	209.73	280.70
45-49	349.71	428.42	273.04	334.05
50-54	467.39	509.88	360.38	392.68
55-59	638.38	611.23	485.13	464.68
60-64	839.70	723.01	641.79	550.46
65+	1,192.43	956.03	916.66	731.19

<b>\$10,000 Deductible Plan Rates</b>				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$116.72	\$139.36	\$95.24	\$113.53
25-29	130.46	172.29	105.34	138.89
30-34	149.02	204.56	117.23	160.93
35-39	177.50	244.86	138.63	191.11
40-44	213.36	285.74	166.46	222.79
45-49	277.56	340.04	216.71	265.14
50-54	370.97	404.70	286.03	311.67
55-59	506.68	485.13	385.05	368.82
60-64	666.47	573.85	509.39	436.90
65+	949.34	761.13	729.79	582.13

<b>HSA Qualified Plan Rates (\$1,250 Deductible)</b>				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$186.34	\$222.50	\$152.05	\$181.25
25-29	208.29	275.07	168.17	221.75
30-34	237.91	326.59	187.16	256.93
35-39	283.38	390.93	221.33	305.12
40-44	340.64	456.20	265.76	355.69
45-49	443.14	542.89	345.99	423.30
50-54	592.27	646.11	456.66	497.59
55-59	808.94	774.53	614.75	588.83
60-64	1,064.04	916.17	813.26	697.53
65+	1,503.51	1,205.43	1,155.79	921.94

See reverse side for Pre-Existing Conditions Rider Rates.

**NOTE: If you are eligible for Medicare (Part A or Part B), you are not eligible for CHIP.**

**ARKANSAS COMPREHENSIVE HEALTH INSURANCE POOL (CHIP)**  
**Pre-Existing Conditions Rider Monthly Premium Rates - Effective August 1, 2009**

Rates by Age, Gender, and Tobacco Usage  
(Tobacco User defined as a person that has used tobacco products within past 12 months)

<b>\$1,000 Deductible Plan Rates</b>				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$19.40	\$23.16	\$15.83	\$18.87
25-29	21.68	28.64	17.51	23.08
30-34	24.77	34.00	19.48	26.75
35-39	29.50	40.70	23.04	31.76
40-44	35.46	47.49	27.67	37.03
45-49	46.13	56.51	36.02	44.07
50-54	61.65	67.26	47.54	51.80
55-59	84.21	80.63	63.99	61.30
60-64	110.77	95.37	84.66	72.61
65+	156.43	125.42	120.25	95.92

<b>\$5,000 Deductible Plan Rates</b>				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$14.71	\$17.56	\$12.00	\$14.30
25-29	16.44	21.71	13.27	17.50
30-34	18.78	25.77	14.77	20.28
35-39	22.36	30.85	17.47	24.08
40-44	26.88	36.00	20.97	28.07
45-49	34.97	42.84	27.30	33.41
50-54	46.74	50.99	36.04	39.27
55-59	63.84	61.12	48.51	46.47
60-64	83.97	72.30	64.18	55.05
65+	119.24	95.60	91.67	73.12

<b>\$10,000 Deductible Plan Rates</b>				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$11.67	\$13.94	\$9.52	\$11.35
25-29	13.05	17.23	10.53	13.89
30-34	14.90	20.46	11.72	16.09
35-39	17.75	24.49	13.86	19.11
40-44	21.34	28.57	16.65	22.28
45-49	27.76	34.00	21.67	26.51
50-54	37.10	40.47	28.60	31.17
55-59	50.67	48.51	38.51	36.88
60-64	66.65	57.39	50.94	43.69
65+	94.93	76.11	72.98	58.21

<b>HSA Qualified Plan Rates (\$1,250 Deductible)</b>				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$18.63	\$22.25	\$15.20	\$18.13
25-29	20.83	27.51	16.82	22.17
30-34	23.79	32.66	18.72	25.69
35-39	28.34	39.09	22.13	30.51
40-44	34.06	45.62	26.58	35.57
45-49	44.31	54.29	34.60	42.33
50-54	59.23	64.61	45.67	49.76
55-59	80.89	77.45	61.47	58.88
60-64	106.40	91.62	81.33	69.75
65+	150.35	120.54	115.58	92.19

See reverse side for Monthly Premium Rates.

**NOTE: If you are eligible for Medicare (Part A or Part B), you are not eligible for CHIP.**