



## **Illinois Pre-existing Condition Insurance Plan (IPXP) PREMIUM RATE TABLE INSTRUCTIONS**

This Rate Table Booklet contains all rate tables applicable to enrollees in the IPXP. Information and premium rates contained herein are established pursuant to applicable federal law and may be changed.

The following premium rates for the IPXP were calculated in compliance with Federal requirements, including:

- Premium rates for the IPXP must not exceed 100% of the standard risk rate in Illinois. This means that the premiums charged by the IPXP must be equal to or less than those charged for similar coverage in Illinois.
- Premium rates for the IPXP may vary on the basis of age by a factor of not more than 4:1. As a result, the oldest enrollees in the IPXP may be charged no more than 4 times what the youngest enrollees are charged.
- Male and female enrollees in the IPXP must be charged the same rate.
- IPXP premiums may vary based on location within Illinois.
- IPXP premiums may vary based on an enrollee's use of tobacco, but tobacco users may not be charged more than twice the premium for non-tobacco users.

These requirements differ from the state laws which regulate the calculation of ICHIP premiums in the following ways:

- ICHIP premiums, by state law, may not be less than 125% of the standard risk rate in Illinois. This means that ICHIP enrollees, by law, must pay at least 25% more than the charge for similar coverage in Illinois.
- ICHIP must, by state law, set different premiums for men and women.
- ICHIP must, by state law, vary the premiums charged based on the age of the enrollee.

Due to these differences between the Federal law which establishes guidelines for the IPXP program, and the Illinois law which establishes guidelines for the ICHIP program, ICHIP premiums may be higher than IPXP premiums.

**FOLLOW THESE EASY STEPS TO DETERMINE YOUR RATES:**

1. Locate the appropriate rate table based on your rate area. Your Rate Area is the county in which you live and physically reside on a permanent and full-time basis (see Rate Areas, below).
2. Choose either the non-tobacco user rate or the tobacco user rate. Tobacco use is defined as the use of any form of tobacco products, including, but not limited to, cigarettes, pipes, cigars, cigarillos, snuff, snus, and chewing tobacco products.
3. Find the proper age bracket for each person enrolling.
4. Within the correct category, determine the premium. This is your monthly premium.

<b>RATE AREAS</b>	
<b>AREA</b>	<b>COUNTIES</b>
A	County of Cook, City of Chicago only.
B	All of Cook County, except the City of Chicago, and all of DuPage, Kane, Lake, McHenry and Will Counties.
C	All of Boone, Champaign, DeKalb, Grundy, Kankakee, Kendall, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, and Winnebago Counties.
D	All counties not included in A, B, or C above.

If you have questions about your rates, please contact the Plan Administrator:  
Health Alliance Medical Plans  
301 S Vine Street  
Urbana, IL 61801  
Voice 877-210-9167  
TTY/TDD 866-883-8551

Or visit our website at: <http://insurance.illinois.gov/ipxp/>



**\$2,000 Deductible FHRP Monthly Unisex Rates Effective September 1, 2010**

Area A			Area B		
Age	Tobacco	Non-Tobacco	Age	Tobacco	Non-Tobacco
0-34	\$185	\$149	0-34	\$167	\$135
35	\$239	\$192	35	\$216	\$174
36	\$246	\$198	36	\$222	\$179
37	\$253	\$204	37	\$229	\$184
38	\$264	\$212	38	\$238	\$191
39	\$274	\$221	39	\$248	\$199
40	\$285	\$230	40	\$258	\$207
41	\$297	\$239	41	\$268	\$216
42	\$309	\$249	42	\$279	\$225
43	\$321	\$259	43	\$290	\$234
44	\$334	\$269	44	\$302	\$243
45	\$348	\$280	45	\$314	\$253
46	\$361	\$291	46	\$327	\$263
47	\$376	\$303	47	\$340	\$273
48	\$390	\$314	48	\$352	\$284
49	\$405	\$326	49	\$366	\$294
50	\$420	\$338	50	\$380	\$305
51	\$436	\$351	51	\$394	\$317
52	\$453	\$364	52	\$409	\$329
53	\$470	\$378	53	\$425	\$342
54	\$488	\$393	54	\$441	\$355
55	\$507	\$408	55	\$458	\$368
56	\$527	\$423	56	\$476	\$383
57	\$547	\$440	57	\$494	\$397
58	\$567	\$456	58	\$512	\$412
59	\$587	\$472	59	\$531	\$427
60+	\$653	\$526	60+	\$590	\$475

**Rate Area A** -- The City of Chicago, Cook County only.

**Rate Area B** -- all of Cook County (except the City of Chicago) and all of DuPage, Kane, Lake, McHenry and Will counties.



**\$2,000 Deductible FHRP Monthly Unisex Rates Effective September 1, 2010**

Area C			Area D		
Age	Tobacco	Non-Tobacco	Age	Tobacco	Non-Tobacco
0-34	\$142	\$114	0-34	\$138	\$111
35	\$183	\$147	35	\$179	\$144
36	\$189	\$152	36	\$184	\$148
37	\$194	\$156	37	\$189	\$152
38	\$202	\$163	38	\$197	\$158
39	\$210	\$169	39	\$205	\$165
40	\$219	\$176	40	\$213	\$171
41	\$228	\$183	41	\$222	\$178
42	\$237	\$191	42	\$231	\$186
43	\$246	\$198	43	\$240	\$193
44	\$256	\$206	44	\$250	\$201
45	\$267	\$215	45	\$260	\$209
46	\$277	\$223	46	\$270	\$217
47	\$288	\$232	47	\$281	\$226
48	\$299	\$241	48	\$291	\$235
49	\$311	\$250	49	\$302	\$243
50	\$322	\$259	50	\$314	\$253
51	\$334	\$269	51	\$326	\$262
52	\$347	\$279	52	\$338	\$272
53	\$360	\$290	53	\$351	\$282
54	\$374	\$301	54	\$365	\$293
55	\$389	\$313	55	\$379	\$305
56	\$404	\$325	56	\$393	\$316
57	\$420	\$337	57	\$409	\$329
58	\$435	\$350	58	\$423	\$340
59	\$450	\$362	59	\$439	\$353
60+	\$467	\$375	60+	\$455	\$366

**Rate Area C** -- Boone, Champaign, DeKalb, Grundy, Kankakee, Kendall, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell and Winnebago Counties. Tazewell and Winnebago Counties.

**Rate Area D** -- all counties not included in Area A, B, or C