

**ARKANSAS COMPREHENSIVE HEALTH INSURANCE POOL (CHIP)
Monthly Premium Rates - Effective January 1, 2010**

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

\$1,000 Deductible Plan Rates				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$182.42	\$239.93	\$155.46	\$204.91
25-29	209.29	301.67	176.02	255.41
30-34	241.48	356.85	197.55	295.69
35-39	290.85	424.44	235.74	349.95
40-44	360.83	503.13	282.30	403.83
45-49	475.78	597.07	373.14	478.31
50-54	636.54	705.88	495.27	556.55
55-59	892.93	867.68	680.40	667.75
60-64	1,181.35	1,029.10	908.25	795.74
65+	1,482.80	1,227.34	1,146.59	953.34

\$5,000 Deductible Plan Rates				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$143.47	\$188.71	\$122.27	\$161.16
25-29	164.60	237.26	138.44	200.88
30-34	189.92	280.66	155.37	232.56
35-39	228.75	333.82	185.41	275.23
40-44	283.79	395.70	222.02	317.61
45-49	374.19	469.59	293.47	376.19
50-54	500.63	555.17	389.52	437.72
55-59	702.28	682.42	535.13	525.18
60-64	929.12	809.38	714.33	625.84
65+	1,166.21	965.29	901.78	749.79

\$10,000 Deductible Plan Rates				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$116.42	\$153.12	\$99.21	\$130.77
25-29	133.56	192.52	112.33	163.00
30-34	154.11	227.74	126.07	188.70
35-39	185.61	270.87	150.44	223.33
40-44	230.28	321.08	180.16	257.71
45-49	303.63	381.04	238.13	305.25
50-54	406.23	450.48	316.07	355.18
55-59	569.85	553.74	434.22	426.15
60-64	753.92	656.75	579.62	507.82
65+	946.29	783.26	731.73	608.40

HSA Qualified Plan Rates (\$1,250 Deductible)				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$170.46	\$224.20	\$145.27	\$191.47
25-29	195.57	281.89	164.48	238.66
30-34	225.65	333.45	184.59	276.30
35-39	271.77	396.61	220.28	327.01
40-44	337.17	470.14	263.79	377.35
45-49	444.58	557.92	348.67	446.95
50-54	594.80	659.60	462.79	520.06
55-59	834.38	810.79	635.79	623.97
60-64	1,103.89	961.62	848.69	743.56
65+	1,385.57	1,146.86	1,071.40	890.83

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 January 1, 2010**

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

\$1,000 Deductible Plan Rates				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$18.24	\$23.99	\$15.55	\$20.49
25-29	20.93	30.17	17.60	25.54
30-34	24.15	35.69	19.75	29.57
35-39	29.08	42.44	23.57	35.00
40-44	36.08	50.31	28.23	40.38
45-49	47.58	59.71	37.31	47.83
50-54	63.65	70.59	49.53	55.66
55-59	89.29	86.77	68.04	66.78
60-64	118.14	102.91	90.82	79.57
65-69	148.28	122.73	114.66	95.33

\$5,000 Deductible Plan Rates				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$14.35	\$18.87	\$12.23	\$16.12
25-29	16.46	23.73	13.84	20.09
30-34	18.99	28.07	15.54	23.26
35-39	22.87	33.38	18.54	27.52
40-44	28.38	39.57	22.20	31.76
45-49	37.42	46.96	29.35	37.62
50-54	50.06	55.52	38.95	43.77
55-59	70.23	68.24	53.51	52.52
60-64	92.91	80.94	71.43	62.58
65-69	116.62	96.53	90.18	74.98

\$10,000 Deductible Plan Rates				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$11.64	\$15.31	\$9.92	\$13.08
25-29	13.36	19.25	11.23	16.30
30-34	15.41	22.77	12.61	18.87
35-39	18.56	27.09	15.04	22.33
40-44	23.03	32.11	18.02	25.77
45-49	30.36	38.10	23.81	30.52
50-54	40.62	45.05	31.61	35.52
55-59	56.98	55.37	43.42	42.61
60-64	75.39	65.68	57.96	50.78
65-69	94.63	78.33	73.17	60.84

HSA Qualified Plan Rates (\$1,250 Deductible)				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$17.05	\$22.42	\$14.53	\$19.15
25-29	19.56	28.19	16.45	23.87
30-34	22.56	33.35	18.46	27.63
35-39	27.18	39.66	22.03	32.70
40-44	33.72	47.01	26.38	37.73
45-49	44.46	55.79	34.87	44.69
50-54	59.48	65.96	46.28	52.01
55-59	83.44	81.08	63.58	62.40
60-64	110.39	96.16	84.87	74.36
65-69	138.56	114.69	107.14	89.08

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.