

**ARKANSAS COMPREHENSIVE HEALTH INSURANCE POOL (CHIP)
Monthly Premium Rates - Effective April 1, 2011**

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	\$191.54	\$251.93	\$163.23	\$215.15
25-29	219.75	316.76	184.82	268.18
30-34	253.55	374.69	207.43	310.48
35-39	305.39	445.66	247.52	367.45
40-44	378.88	528.28	296.41	424.02
45-49	499.57	626.93	391.79	502.23
50-54	668.36	741.18	520.03	584.38
55-59	937.58	911.07	714.42	701.14
60-64	1,240.42	1,080.56	953.66	835.52
65+	1,556.94	1,288.70	1,203.92	1,001.01

\$5,000 Deductible Plan Rates				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$150.64	\$198.14	\$128.38	\$169.21
25-29	172.83	249.13	145.36	210.92
30-34	199.42	294.69	163.14	244.19
35-39	240.19	350.51	194.68	289.00
40-44	297.98	415.49	233.13	333.49
45-49	392.90	493.07	308.14	395.00
50-54	525.66	582.93	409.00	459.61
55-59	737.40	716.54	561.89	551.44
60-64	975.58	849.85	750.04	657.13
65+	1,224.52	1,013.55	946.87	787.28

\$10,000 Deductible Plan Rates				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$122.24	\$160.78	\$104.17	\$137.30
25-29	140.24	202.15	117.95	171.15
30-34	161.81	239.12	132.37	198.14
35-39	194.89	284.41	157.97	234.50
40-44	241.79	337.14	189.16	270.60
45-49	318.81	400.09	250.03	320.51
50-54	426.54	473.00	331.87	372.94
55-59	598.34	581.42	455.93	447.45
60-64	791.61	689.59	608.61	533.21
65+	993.61	822.42	768.31	638.82

HSA Qualified Plan Rates (\$1,250 Deductible)				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$178.98	\$235.41	\$152.53	\$201.04
25-29	205.34	295.99	172.70	250.60
30-34	236.93	350.12	193.82	290.12
35-39	285.36	416.44	231.29	343.36
40-44	354.03	493.64	276.98	396.22
45-49	466.81	585.82	366.10	469.30
50-54	624.54	692.58	485.93	546.06
55-59	876.10	851.32	667.58	655.17
60-64	1,159.08	1,009.70	891.13	780.74
65+	1,454.85	1,204.20	1,124.97	935.37

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 April 1, 2011**

**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	\$19.15	\$25.19	\$16.32	\$21.52
25-29	21.98	31.68	18.48	26.82
30-34	25.36	37.47	20.74	31.05
35-39	30.54	44.57	24.75	36.74
40-44	37.89	52.83	29.64	42.40
45-49	49.96	62.69	39.18	50.22
50-54	66.84	74.12	52.00	58.44
55-59	93.76	91.11	71.44	70.11
60-64	124.04	108.06	95.37	83.55
65-69	155.69	128.87	120.39	100.10

\$5,000 Deductible Plan Rates				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$15.06	\$19.81	\$12.84	\$16.92
25-29	17.28	24.91	14.54	21.09
30-34	19.94	29.47	16.31	24.42
35-39	24.02	35.05	19.47	28.90
40-44	29.80	41.55	23.31	33.35
45-49	39.29	49.31	30.81	39.50
50-54	52.57	58.29	40.90	45.96
55-59	73.74	71.65	56.19	55.14
60-64	97.56	84.98	75.00	65.71
65-69	122.45	101.36	94.69	78.73

\$10,000 Deductible Plan Rates				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$12.22	\$16.08	\$10.42	\$13.73
25-29	14.02	20.21	11.79	17.11
30-34	16.18	23.91	13.24	19.81
35-39	19.49	28.44	15.80	23.45
40-44	24.18	33.71	18.92	27.06
45-49	31.88	40.01	25.00	32.05
50-54	42.65	47.30	33.19	37.29
55-59	59.83	58.14	45.59	44.75
60-64	79.16	68.96	60.86	53.32
65-69	99.36	82.24	76.83	63.88

HSA Qualified Plan Rates (\$1,250 Deductible)				
Age Group	Tobacco User		Non-Tobacco User	
	Male	Female	Male	Female
<25	\$17.90	\$23.54	\$15.25	\$20.10
25-29	20.53	29.60	17.27	25.06
30-34	23.69	35.01	19.38	29.01
35-39	28.54	41.64	23.13	34.34
40-44	35.40	49.36	27.70	39.62
45-49	46.68	58.58	36.61	46.93
50-54	62.45	69.26	48.59	54.61
55-59	87.61	85.13	66.76	65.52
60-64	115.91	100.97	89.11	78.07
65-69	145.48	120.42	112.50	93.54

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.