



Illinois Preexisting Condition Plan (IPXP) Premium Rate Sheet

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, find the premium. This is your monthly premium payment.

Rate Areas

AREA	COUNTIES
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 Attn: IPXP

Urbana, IL 61801

Voice: 1-877-210-9167

TTY/TDD 1-800-526-0844 (Illinois Relay)

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

Rate Area A (County of Cook, City of Chicago only)

Age	High Deductible Plan		Standard Plan		Extended Plan		Low Deductible Plan	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
0-18	\$127	\$102	\$164	\$132	\$190	\$152	\$218	\$175
19-34	\$143	\$115	\$185	\$149	\$214	\$172	\$244	\$196
35	\$184	\$148	\$239	\$192	\$276	\$222	\$313	\$252
36	\$190	\$153	\$246	\$198	\$284	\$228	\$323	\$260
37	\$195	\$157	\$253	\$204	\$293	\$235	\$333	\$268
38	\$204	\$164	\$264	\$212	\$305	\$245	\$347	\$279
39	\$211	\$170	\$274	\$221	\$317	\$255	\$362	\$291
40	\$220	\$177	\$285	\$230	\$330	\$265	\$375	\$302
41	\$230	\$185	\$297	\$239	\$343	\$276	\$390	\$314
42	\$239	\$192	\$309	\$249	\$357	\$287	\$408	\$328
43	\$249	\$200	\$321	\$259	\$371	\$299	\$424	\$341
44	\$259	\$208	\$334	\$269	\$386	\$311	\$441	\$355
45	\$268	\$216	\$348	\$280	\$401	\$323	\$459	\$369
46	\$280	\$225	\$361	\$291	\$418	\$336	\$477	\$384
47	\$291	\$234	\$376	\$303	\$434	\$349	\$497	\$400
48	\$301	\$242	\$390	\$314	\$451	\$363	\$516	\$415
49	\$312	\$251	\$405	\$326	\$468	\$376	\$534	\$430
50	\$324	\$261	\$420	\$338	\$485	\$391	\$554	\$446
51	\$337	\$271	\$436	\$351	\$504	\$405	\$576	\$463
52	\$349	\$281	\$453	\$364	\$523	\$421	\$597	\$480
53	\$363	\$292	\$470	\$378	\$543	\$437	\$620	\$499
54	\$377	\$303	\$488	\$393	\$564	\$454	\$644	\$518
55	\$390	\$314	\$507	\$408	\$586	\$471	\$667	\$537
56	\$408	\$328	\$527	\$423	\$608	\$489	\$695	\$559
57	\$423	\$340	\$547	\$440	\$632	\$508	\$721	\$580
58	\$438	\$352	\$567	\$456	\$655	\$526	\$748	\$602
59	\$454	\$365	\$587	\$472	\$678	\$545	\$774	\$623
60+	\$505	\$406	\$653	\$526	\$755	\$607	\$861	\$693

Rate Area B (All of Cook county, except the City of Chicago, and all of DuPage, Kane, Lake, McHenry and Will counties)

Age	High Deductible Plan		Standard Plan		Extended Plan		Low Deductible Plan	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
0-18	\$114	\$92	\$148	\$119	\$171	\$138	\$196	\$158
19-34	\$129	\$104	\$167	\$135	\$193	\$155	\$220	\$177
35	\$167	\$134	\$216	\$174	\$250	\$200	\$283	\$228
36	\$172	\$138	\$222	\$179	\$257	\$206	\$292	\$235
37	\$177	\$142	\$229	\$184	\$264	\$212	\$301	\$242
38	\$184	\$148	\$238	\$191	\$275	\$221	\$313	\$252
39	\$191	\$154	\$248	\$199	\$286	\$230	\$327	\$263
40	\$199	\$160	\$258	\$207	\$298	\$239	\$339	\$273
41	\$208	\$167	\$268	\$216	\$310	\$249	\$353	\$284
42	\$215	\$173	\$279	\$225	\$322	\$259	\$368	\$296
43	\$225	\$181	\$290	\$234	\$335	\$270	\$383	\$308
44	\$234	\$188	\$302	\$243	\$349	\$281	\$399	\$321
45	\$242	\$195	\$314	\$253	\$363	\$292	\$414	\$333
46	\$252	\$203	\$327	\$263	\$377	\$304	\$431	\$347
47	\$262	\$211	\$340	\$273	\$392	\$316	\$449	\$361
48	\$272	\$219	\$352	\$284	\$407	\$328	\$466	\$375
49	\$282	\$227	\$366	\$294	\$422	\$340	\$482	\$388
50	\$293	\$236	\$380	\$305	\$438	\$353	\$501	\$403
51	\$305	\$245	\$394	\$317	\$455	\$366	\$520	\$418
52	\$316	\$254	\$409	\$329	\$472	\$380	\$539	\$434
53	\$328	\$264	\$425	\$342	\$490	\$395	\$561	\$451
54	\$341	\$274	\$441	\$355	\$509	\$410	\$582	\$468
55	\$353	\$284	\$458	\$368	\$529	\$425	\$603	\$485
56	\$368	\$296	\$476	\$383	\$549	\$442	\$628	\$505
57	\$382	\$307	\$494	\$397	\$571	\$459	\$651	\$524
58	\$395	\$318	\$512	\$412	\$591	\$476	\$676	\$544
59	\$410	\$330	\$531	\$427	\$613	\$493	\$700	\$563
60+	\$456	\$367	\$590	\$475	\$682	\$548	\$778	\$626

Rate Area C (All of Boone, Champaign, DeKalb, Grundy, Kankakee, Kendall, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell and Winnebago counties)

Age	High Deductible Plan		Standard Plan		Extended Plan		Low Deductible Plan	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
0-18	\$97	\$78	\$126	\$101	\$145	\$117	\$167	\$134
19-34	\$109	\$88	\$142	\$114	\$164	\$132	\$186	\$150
35	\$142	\$114	\$183	\$147	\$212	\$170	\$241	\$194
36	\$145	\$117	\$189	\$152	\$218	\$175	\$249	\$200
37	\$150	\$121	\$194	\$156	\$224	\$180	\$256	\$206
38	\$157	\$126	\$202	\$163	\$234	\$188	\$266	\$214
39	\$163	\$131	\$210	\$169	\$243	\$195	\$277	\$223
40	\$169	\$136	\$219	\$176	\$253	\$203	\$288	\$232
41	\$177	\$142	\$228	\$183	\$263	\$212	\$300	\$241
42	\$183	\$147	\$237	\$191	\$274	\$220	\$312	\$251
43	\$191	\$154	\$246	\$198	\$285	\$229	\$326	\$262
44	\$199	\$160	\$256	\$206	\$296	\$238	\$339	\$273
45	\$206	\$166	\$267	\$215	\$308	\$248	\$352	\$283
46	\$214	\$172	\$277	\$223	\$320	\$258	\$367	\$295
47	\$222	\$179	\$288	\$232	\$333	\$268	\$382	\$307
48	\$231	\$186	\$299	\$241	\$346	\$278	\$397	\$319
49	\$240	\$193	\$311	\$250	\$359	\$289	\$410	\$330
50	\$250	\$201	\$322	\$259	\$372	\$300	\$425	\$342
51	\$259	\$208	\$334	\$269	\$386	\$311	\$441	\$355
52	\$268	\$216	\$347	\$279	\$401	\$323	\$459	\$369
53	\$278	\$224	\$360	\$290	\$416	\$335	\$476	\$383
54	\$290	\$233	\$374	\$301	\$432	\$348	\$495	\$398
55	\$300	\$241	\$389	\$313	\$449	\$361	\$512	\$412
56	\$312	\$251	\$404	\$325	\$467	\$375	\$533	\$429
57	\$324	\$261	\$420	\$337	\$485	\$390	\$553	\$445
58	\$336	\$270	\$435	\$350	\$502	\$404	\$574	\$462
59	\$348	\$280	\$450	\$362	\$520	\$418	\$594	\$478
60+	\$388	\$312	\$467	\$375	\$579	\$466	\$661	\$532

Rate Area D (All counties not included in A, B or C)

Age	High Deductible Plan		Standard Plan		Extended Plan		Low Deductible Plan	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
0-18	\$94	\$76	\$123	\$99	\$142	\$114	\$163	\$131
19-34	\$107	\$86	\$138	\$111	\$160	\$128	\$181	\$146
35	\$138	\$111	\$179	\$144	\$206	\$166	\$235	\$189
36	\$142	\$114	\$184	\$148	\$212	\$171	\$241	\$194
37	\$145	\$117	\$189	\$152	\$219	\$176	\$249	\$200
38	\$152	\$122	\$197	\$158	\$227	\$183	\$259	\$208
39	\$158	\$127	\$205	\$165	\$237	\$190	\$271	\$218
40	\$164	\$132	\$213	\$171	\$246	\$198	\$281	\$226
41	\$172	\$138	\$222	\$178	\$256	\$206	\$292	\$235
42	\$178	\$143	\$231	\$186	\$267	\$215	\$305	\$245
43	\$186	\$150	\$240	\$193	\$277	\$223	\$317	\$255
44	\$193	\$155	\$250	\$201	\$288	\$232	\$329	\$265
45	\$200	\$161	\$260	\$209	\$300	\$241	\$342	\$275
46	\$209	\$168	\$270	\$217	\$312	\$251	\$357	\$287
47	\$218	\$175	\$281	\$226	\$324	\$261	\$372	\$299
48	\$225	\$181	\$291	\$235	\$337	\$271	\$385	\$310
49	\$234	\$188	\$302	\$243	\$349	\$281	\$399	\$321
50	\$242	\$195	\$314	\$253	\$363	\$292	\$414	\$333
51	\$252	\$203	\$326	\$262	\$376	\$303	\$430	\$346
52	\$261	\$210	\$338	\$272	\$390	\$314	\$446	\$359
53	\$271	\$218	\$351	\$282	\$406	\$326	\$464	\$373
54	\$282	\$227	\$365	\$293	\$421	\$339	\$481	\$387
55	\$292	\$235	\$379	\$305	\$438	\$352	\$498	\$401
56	\$305	\$245	\$393	\$316	\$454	\$365	\$520	\$418
57	\$316	\$254	\$409	\$329	\$472	\$379	\$538	\$433
58	\$327	\$263	\$423	\$340	\$489	\$393	\$559	\$450
59	\$339	\$273	\$439	\$353	\$507	\$408	\$579	\$466
60+	\$378	\$304	\$455	\$366	\$564	\$454	\$644	\$518