

**ILLINOIS HARNESS HORSEMEN'S ASSOCIATION
2009 INSURANCE PREMIUM RATES WITH VISION
4-TIER PLAN**

90/50	90/50-PPO 5*	90/50-PP0 25**	HMO
In network deductible S	\$500	\$2,500	\$500
F (3 or more)	\$1,500	\$7,500	Co-Payment Per Incident
Out of network deductible S	\$1,000	\$5,000	
F (3 or more)	\$3,000	\$15,000	
	PER MONTH	PER MONTH	PER MONTH
Single	150+8= 158	126+8= 134	106+8= 114
Member/Children	261+15= 276	223+15= 238	192+15= 207
Groom			
Member/Spouse	282+14= 296	237+14= 251	214+14= 228
F/Member/Spouse/Children	377+22= 399	316+22= 338	286+22= 308
Single	290+8= 298	244+8= 252	223+8= 231
Member/Children	433+15= 448	370+15= 385	376+15= 391
Driver-Trainer			
Member/Spouse	560+14= 574	470+14= 484	486+14= 500
F/Member/Spouse/Children	710+22= 732	596+22= 618	615+22= 637
Single	344+8= 352	289+8= 297	289+8= 297
Member/Children	425+15= 440	363+15= 378	361+15= 376
Retired/Tenure Surviving Spouse***			
Member/Spouse	569+14= 583	478+14= 492	488+14= 502
F/Member/Spouse/Children	958+22= 980	804+22= 826	821+22= 843
* = \$500.00 Deductible			
** = \$2,500.00 Deductible			
*** Surviving Spouse -Will be covered for a period up to ½ of the amount of time that a Member had been a participant in the IHHA Insurance program with a minimum coverage period of 2 years.			