



State of Illinois
Illinois Department of Insurance

DOI

Illinois Department of Insurance
Office of Consumer Health Insurance

Report
2011



Pat Quinn
Governor

Andrew Boron
Director of Insurance



Illinois Department of Insurance

PAT QUINN
Governor

ANDREW BORON
Director

January 31, 2012

To: Pat Quinn, Governor
Andrew Boron, Director of Insurance
Honorable Members of the General Assembly

From: The Office of Consumer Health Insurance/Uninsured Ombudsman

Re: The Office of Consumer Health Insurance 2011 Annual Report

The Office of Consumer Health Insurance (OCHI) is pleased to submit its 2011 Annual Report as required by the Managed Care Reform and Patient Rights Act (215 ILCS 134/90).

OCHI has completed twelve full years of operation within the Department of Insurance and continues to act as an essential resource for consumers with health insurance questions and as a valuable ally for individuals and businesses seeking health insurance.

We anticipate continued success in the upcoming years and value any comments or suggestions you may have.

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Preface

Established on January 1, 2000, by the Managed Care Reform and Patient Rights Act, the Office of Consumer Health Insurance (OCHI) operating within the Illinois Department of Insurance (Department) continued to serve Illinois residents in 2011 by responding to their health-related inquiries. In 2011, OCHI was staffed by four insurance analysts for the total year, with a fifth added in September 2011. One analyst spends a portion of the time traveling and representing OCHI and the Uninsured Ombudsman to the public.

The responsibilities of OCHI, as set forth by the Managed Care Reform and Patient Rights Act, have not changed since its inception. That said, activities have intensified, in light of enactment of several provisions of the Affordable Care Act, the state of the economy and the large number of uninsured residents. Its two main functions are to assist consumers in relation to their health insurance needs and to report annually on the state of the health insurance marketplace. OCHI provides assistance to Illinois consumers through a toll-free, consumer inquiry telephone number and through other outreach mechanisms including speaking engagements, health fairs, radio and television interviews, and the distribution of consumer-friendly fact sheets. Through these media, OCHI helps consumers understand their insurance coverage, advises persons of their rights under insurance policies, assists insureds in filing appeals and complaints, and provides appropriate resources to Illinois residents who need assistance.

In 2002, the Department expanded the OCHI mission to include the administration of the Uninsured Ombudsman Program (Ombudsman) established by Public Act 92-0331 (20 ILCS 1405/1405-25). The Ombudsman is responsible for providing assistance and education to individuals regarding health insurance benefit options and rights under state and federal laws. The Ombudsman also counsels uninsured individuals on finding and shopping for insurance, evaluating insurance products, comparing options when buying health insurance coverage, and providing information on non-insurance resources available throughout the state.

In assessing the overall state of the health insurance marketplace in Illinois, OCHI reviews state and federal legislation and regulations, monitors significant trends affecting health coverage for Illinois citizens, identifies specific problems faced by health insurance consumers, and sets forth specific recommendations to address those problems. These will be highlighted later in this report.

Executive Summary

The Managed Care Reform and Patient Rights Act (215 ILCS 134/1 et seq.) established the Office of Consumer Health Insurance (OCHI) in January 2000. In 2011 OCHI's twelfth year of operation, staff received 19,612 calls (increased from 10,750, or 82% since its inception in 2000) and provided consumers with a broad range of health coverage information. OCHI staff also participated in outreach activities, including assisting health insurance consumers at the State Fair, presentations to professional and community groups, and providing information on various radio and television talk programs.

Section 1 of this Report describes the types of calls received by OCHI and the modes of assistance provided to callers.

Section 2 describes the various activities of the OCHI staff, including steps taken to educate consumers about their health plans, and the development of consumer fact sheets made available on the Department's internet site.

Section 3 documents efforts to expand public knowledge of OCHI and its services, and provides details on the consumer calls received during the year.

Section 4 describes activities of the Uninsured Ombudsman Program and steps taken to assist uninsured consumers, including assisting in the search for health insurance, helping to access local services at community-sponsored health centers, and providing information on the availability of state and federal health-related programs.

Section 5 contains information about the status of the state's health insurance marketplace, government actions affecting health coverage options, and recommendations for improving health insurance regulation.

Section 6 contains the Report's exhibits.

1. Helping Consumers Understand Their Health Insurance and Appeal Rights

The Office of Consumer Health Insurance (OCHI) responded to a wide array of questions from consumers during calendar year 2011. Staff managed calls from a variety of individuals and groups, including consumers, employers, agents, associations, attorneys, health care providers, and advocates.

OCHI provides information and education that consumers need to understand their health coverage. OCHI staff often helps consumers define, in practical terms, the specific challenges they are experiencing. OCHI staff explain differences between rights and benefits available in individual, small group, and large group insurance products, and related rights guaranteed by the Health Insurance Portability and Accountability Act (HIPAA)(215 ILCS 97/1 et seq.) and the Patient Protection and Affordable Care Act (ACA) (Public Law 111-148). Consumers also are provided plan-specific information, including continuation of coverage options. In addition to providing one-on-one consumer consultations, OCHI refers consumers to the Department's internet site (<http://www.insurance.illinois.gov>) to research a particular topic from one of the Department's many user-friendly fact sheets.

In 2011, OCHI received calls requesting information on many topics, including information about new laws passed by the United States Congress and the Illinois General Assembly including:

- adding young adults as dependents on a parent's health insurance;
- appealing claim denials or pre-certification of service denials;
- filing an external independent review;
- how to apply for insurance plan continuation;
- how to access health insurance or other resources to aid with payment of medical bills; and
- requests for information regarding the varied and technical aspects of the ACA.

External Reviews

OCHI guided insurance consumers and HMO enrollees with adverse determinations through internal appeal procedures as mandated by the Managed Care Reform and Patient Rights Act and the external independent review process, a process mandated by the Health Care External Review Act (P.A. 96-857). The Health Care External Review Act was amended by P.A. 97-0574, effective August 26, 2011, which provides that external review requests be filed with the Director of Insurance. Prior to that date, external review requests were filed with and assigned by the carrier. Under the new law, the Department assigns a registered independent review organization on a random basis.

In 2011, OCHI staff responded to 264 calls on external review. Among other issues, OCHI staff explained the information needed for the request, the relevant time periods, and the role played by the patient's health care provider. Following are summary statistics of external review requests handled by the Department during the period August 26—December 31, 2011:

- 184 external review requests closed
- 13 adverse determinations overturned prior to going to external review (based on additional information provided to the carrier at the time of request)
- 26 requests closed as incomplete
- 56 requests not eligible for external review
- 89 reviews assigned and completed
 - o 23 overturned (26%)
 - o 2 partially overturned (2%)
 - o 64 upheld (72%)
 - o 32 reviews handled on an expedited basis (36%)

Complaints

The Department investigated 9,868 complaints in 2010. Of those, 4,617 (47%) were related to individual and group insurance and HMO products. Complaints regarding self insured employer health plans totaled 1,134 and are not included in the reconciled numbers reported below.

Following are summary statistics of reconciled accident and health and HMO complaints investigated by the Department for 2010, compared to 2009:

Coverage	Underwriting	Marketing/ Sales	Claims	Service	Total	% Change
Individual A&H (2009)	129	10	516	65	720	
Individual A&H (2010)	223	15	470	68	776	8%
Group A&H (2009)	58	10	2,320	467	2,855	
Group A&H (2010)	126	4	2,130	93	2,353	-18%
HMOs (2009)	15	3	400	19	437	
HMOs (2010)	20	2	319	13	354	-19

Complaint data for 2011 will be addressed in the 2012 report.

2. Educating Enrollees About Their Health Insurance Rights

During 2011 OCHI staff fielded over 4,400 calls related to general group and individual health insurance questions including but not limited to:

- Termination and continuation of group coverage
- Incorrect or nonpayment of benefit claims
- Coverage for young adult dependents and other new benefits resulting from passage of the ACA
- Inability to obtain an adequate individual health benefit plan
- Unaffordability of/increases in premiums for health insurance coverage

As in previous years, several large and small employers declared bankruptcy or laid off employees in 2011, generating many calls to OCHI regarding federal COBRA and Illinois mini-COBRA laws granting rights to continue group coverage. Questions about continuation rights continued to be the major topic of concern for OCHI callers, totaling over 3,500.

Claim problems continued to be the major concern for callers to the OCHI hot-line. OCHI staff assisted over 3,700 callers by discussing claim problems, advising of internal appeal and/or external review procedures, directing to the proper agency (if applicable) and providing guidance for filing complaints with the Department. This represents a nearly 35% increase in claims related calls over 2010.

OCHI referred 1,023 callers to the Illinois Comprehensive Health Insurance Plan (CHIP), the state health benefits program established to provide coverage to Illinois residents who cannot otherwise obtain insurance due to preexisting health conditions. CHIP provides coverage under the Traditional CHIP pool for residents who do not have creditable coverage or who do not otherwise qualify under HIPAA. CHIP also provides coverage to federally eligible individuals as Illinois' HIPAA alternative mechanism for individual health insurance coverage. (215 ILCS 105/1 et seq.)

The ACA established federally-funded temporary high risk pools to provide transitional coverage until 2014 for the currently uninsured population. In order to be eligible for the coverage, a person must be a U.S. citizen, national or legal resident; must be uninsured for 6 months; and have a preexisting condition. States were invited to apply for federal grants if they desired to run their own program. Illinois received a grant for approximately \$196 million dollars which was used to establish the Illinois Pre-Existing Condition Insurance Plan (IPXP) in August 2010. OCHI answered 490 questions regarding the IPXP.

General questions regarding the provisions of the ACA totaled 561. Questions regarding the new federal requirement under ACA for coverage of adult dependent children to age 26, coupled with the Illinois law (Public Act 95-0958) effective June 1, 2009) that provided parents with insurance policies that cover dependents the right to elect coverage for qualifying dependents up to age 26 and up to age 30 for military veteran dependents, totaled 115.

OCHI staff handled 461 calls from consumers about insurance rates. The Department has made more information available to consumers about medical insurance rate review on its web site for their review and comment. While analysts continue to receive calls about medical plan insurance rates, increasingly these calls are concerning long term care plans.

OCHI, in conjunction with the Department, continues to create and provide fact sheets in response to questions received from Illinois consumers. These fact sheets, which effectively explain complex insurance issues important to consumers, are available on the Department's website (http://insurance.illinois.gov/Main/Consumer_Facts.asp). For callers unable to access this information via the internet, requested materials were mailed.

The following is a list of health insurance related consumer fact sheets currently available on the Department's Internet site.

- Autism
- Birth Control
- Breast Cancer- Coverage for Detection and Treatment
- Cancer
- Claim Denial - What to do If an Insurer Denies Your Claim
- COBRA – Federal Subsidies Under Stimulus Plan
- Continuation Rights
- o COBRA
- o Illinois Law
- o Illinois Spousal Law
- o Dependent Children
- o Municipal Employee
- Coordination of Benefits (COB)
- Diabetes
- Disability Income Insurance
- HIPAA - Preexisting Conditions
- Health Insurance Related Acronyms
- Health Maintenance Organizations (HMOs)
- Independent Review of Denied Health Insurance Claims
- Individual Accident and Health Insurance FAQ
- Individual Major Medical Insurance
- Infertility
- Long Term Care Company List
- o Brochure Request
- Managed Care Reform
- Mandated Benefits
- Maternity Benefits
- Medical Necessity

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- Medicare Supplement
 - Mental Health Fact Sheet/FAQ
 - Newborn Children
 - Patient Protection and Affordable Care Act
 - Prompt Pay Law
 - Rate Review Process in Illinois
 - Self-Insured Health Plans
 - Small Business Coverage Tax Credit
 - Small Employers
 - o SE Health Insurance Rating Act
 - Uninsured Ombudsman Program
 - Usual and Customary Fees
 - Women's Health Care Issues
 - Young Adult Dependent Coverage Fact Sheet (P.A. 095-0958)

The Department maintains an Insurance Consumer Fact Sheets section on its web site that contains resources relevant to various types of insurance, including a fact sheet on Illinois' civil unions legislation enacted during 2011.

In addition to the fact sheets, consumers can access helpful information through highlighted sections on the web site, as well as links to other Internet resources, including Health Insurance Reform and the Health Insurance Exchange; the Illinois Preexisting Condition Insurance Plan (IPXP); filing complaints, appeals and requests for external review; rate review; and medical loss ratios, among others.

3. Expanding Public Knowledge of OCHI and Available Services

OCHI continues to use new strategies and technologies to reach consumers and consumer groups, and continues to perform valuable research for consumers seeking answers to general and specific health insurance questions.

OCHI promotes services in various ways, including speaking on radio talk shows and with local newspapers; taking part in Rapid Response Meetings for dislocated workers who have lost insurance coverage; coordinating with local agencies that provide services to Illinois residents; and actively engaging government officials, insurance agents, and insurance companies.

OCHI receives calls from consumers regarding the entire spectrum of health coverage issues, often concerning specific diseases or conditions and the related financial burdens faced by those who are uninsured or underinsured. To provide answers to consumer questions, OCHI staff is trained on the relevant sections of the Illinois Insurance Code and the Illinois Administrative Code. General familiarity with certain federal laws and regulations (e.g., the Employee Retirement Income Security Act (ERISA) and COBRA (federal health coverage continuation rights) is also a necessity. Given the unique coverage questions and challenges faced by consumers, particularly relating to disease specific mandates, OCHI staff utilize additional resources, including the Internet, as well as other state and local agencies (e.g., state and local public health departments), to provide clear and helpful answers. In many cases, OCHI directs uninsured and underinsured consumers to providers of low-cost or subsidized medical services.

OCHI continues to identify government agencies and not-for-profit organizations that provide emergency services to persons in need of assistance for specific health care conditions. As new information is obtained, it is entered into the OCHI database as a potential resource for future callers.

OCHI received a total of 19,612 calls on its toll-free telephone number (877-527-9431) during calendar year 2011. Since its inception in 2000, OCHI's toll-free telephone number has received approximately 196,843 phone calls. Exhibit 5 depicts calls received by OCHI each year since 2000. In addition to the increased number of calls received, the complexity of health care issues has resulted in a longer duration of many calls.

Other Duties as Assigned by the Director

During the early years of OCHI, benchmarks were established for staff to ensure prompt consumer assistance. For example, OCHI staff immediately responds to approximately 90% of incoming calls; OCHI returns more than 99% of all voicemail messages within one hour of receipt; OCHI strives to directly answer the consumer's questions while on the phone or researches the issue of concern and responds to the consumer within 24 hours. OCHI continues to meet all its consumer assistance benchmarks despite the increased volume and complexity of the calls.

In 2011, OCHI continued to assist the Department's Consumer Services Section in reviewing correspondence from consumers. Written correspondence may be determined to be an inquiry or a formal complaint. Several types of correspondence are considered inquiries in one of the following categories: (i) a letter from a consumer addressed to an insurer with a copy to the Department; (ii) a letter of complaint that does not contain enough information for the Department to begin a formal investigation; (iii) a general question about insurance or insurance law; or (iv) a letter requesting assistance on a matter that is not within the jurisdiction of the Department. OCHI staff reviews the correspondence and determines if it is an inquiry or a formal complaint. If the correspondence is determined to be a formal complaint, an insurance analyst is assigned, computerized clerical tasks are utilized to notify the insurer of the complaint and to acknowledge receipt of the complaint to the consumer. If it is determined to be an inquiry, a letter is sent back to the consumer explaining what information is needed, what action has been taken or answering the general question involved.

In 2011, OCHI staff continued assisting the Life, Accident and Health Complaint Unit with handling of written consumer inquiries. These inquiries are received via regular mail, fax, or electronically, via online complaint or via the Department's consumer email address consumer_complaints@ins.state.il.us. OCHI staff assists with the handling of basic consumer complaints received through these channels.

The OCHI staff's broad base of health insurance knowledge, combined with the database of information compiled by the Uninsured Ombudsman Program, allowed OCHI to handle 950 written inquiries and 399 complaints in 2011. Handling of inquiries and basic complaints by OCHI allows the Department's Consumer Service staff to focus on more complex consumer inquiries and complaints.

OCHI also assists in responding to inquiries sent to the email address of the Director of the Department of Insurance (Director). This email address, DOI.Director@illinois.gov, is posted on the Department's website for consumers to send insurance questions. In 2011, OCHI staff replied to 232 consumer inquiries sent to the Director's email address.

Uninsured Ombudsman Program

In January 2002, the Uninsured Ombudsman Program (Ombudsman) was established within OCHI to educate uninsured and underinsured Illinois residents about health insurance options and benefits, including an explanation of rights guaranteed by state and federal law. The Ombudsman also informs uninsured and underinsured consumers about available low-cost or subsidized medical services.

Since its inception, the Ombudsman staff has worked with various state and local agencies to build a database of local resources that provide medical services to the uninsured and underinsured populations. Information in the database includes resources for medical, dental, mental health, prescription drug, vision, and other available health care services by county.

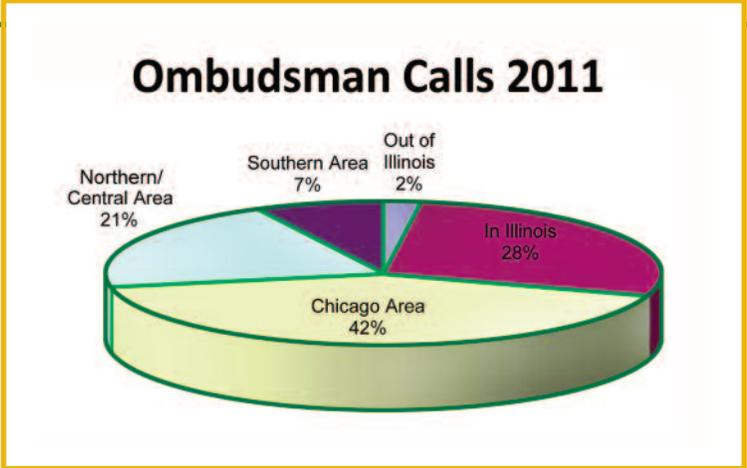
For calendar year 2011, the Ombudsman staff handled 1,204 telephone calls. As in previous years, calls came from the uninsured, concerned advocates, and from organizations providing assistance to the uninsured. These included other state agencies, legislators, insurance agents, radio stations, and families. In 2011, Ombudsman staff was interviewed on Pamela Speaks' radio talk show (WLJX) and ABC Channel 20 TV News. In 2011, an Ombudsman Staff representative spoke for McHenry County Workforce (Woodstock) and the Third Annual African American Women's Conference (Ullin). In addition, Ombudsman staff participated in the Lincoln Community Health Fair, Gateway Community Center Health Fair (Decatur) and Richland Community College Expo for Dislocated Workers (Decatur). As in previous years, Ombudsman staff actively participated on the Rapid Response Team for Dislocated Workers. At meetings organized by the team, members from various agencies answered dislocated workers' questions and provided the most current information about local resources and services. The Ombudsman staff provided: critical information about continuation rights available through the employer group health insurance plan; tips on how to shop for health insurance; information regarding special enrollment rights under HIPAA (e.g., HIPAA allows dislocated workers to enroll on a spouse's employer group health plan, and the Department's contact information was provided in case the dislocated worker needed further assistance).

The right of dislocated workers to continue health insurance coverage through their former employer, whether pursuant to state continuation laws or federal COBRA laws, is a major topic of discussion if the employer group health plan remains in existence. The Ombudsman representative provided detailed information about continuation of coverage to workers and their families, which also included information regarding the ability of qualified beneficiaries to enroll separately under COBRA. The separate enrollment information is valuable at a time of financial hardship – the employee may have a dependent that insurance companies refuse to cover in the individual market due to the dependent's past or present medical condition.

Goals for 2012 include continuing to increase public awareness of the Ombudsman Program, continuing to raise public awareness of changes brought about due to the ACA, establishing new partnerships and strengthening existing relationships with local organizations, and continuing to effectively assist the uninsured population, especially in this time of economic uncertainty.

Table 1 - 2011 Rapid Response Workshops for Dislocated Workers

Company	Location of Workshop(s)	Number of Impacted Employees
AGI North America LLC	Jacksonville	70
American Home Patient	Springfield	40
AmPad	Mattoon	55
Borders Store	Springfield	55
Buske Lines Inc. and Metro Truck and Trailer	Edwardsville	222
City of Springfield	Springfield	9
ConAgra Foods, Inc.	Rossville	183
Department of Rehabilitation	Springfield	12
Department of Agriculture	Springfield	5
Dynegy Midwest Generations Vermillion Power Stations Dist.	Oakwood	55
Electrolux Home Care Products	Bloomington	27
Esselt Corp.	Mattoon	129
Fair Rite	Robinson	15
Innovative Staff Solutions	Mattoon	38
Long Elevator	Springfield	7
Menard Convalescent Center	Petersburg	65
National Guard 183rd Fighter Wing	Springfield	15
Olin Winchester Corp.	Wood River	116
RockTenn	Bloomington	35
ShopKo	Springfield	113
Solix	Mattoon	50
State Journal Register	Springfield	64
St. John's Hospital	Springfield	65
Superior Walls	Springfield	10
Workforce Investment Solutions	Decatur	5





A. MARKET STATUS

1. Health Insurance Market

The Illinois Health Insurance Portability and Accountability Act (HIPAA) of 1997 (P.A. 90-0030) requires that health insurance companies seeking to discontinue the sale of all health insurance products in the individual, small employer, and large employer markets must provide proper notification to the Department and the insureds. Between 1997 and 2004, insurance companies terminated business in Illinois with increasing frequency.

In 2011, several companies provided notice of discontinued sales or terminations within a market.

Guardian Life Insurance Company of America notified the Director in January 2011 that it was discontinuing sale of all products in the individual, small and large group markets. This decision impacted 334 groups, 4,365 group employees and 30 covered lives in the individual market.

American Republic Insurance Company notified the Director in October 2011 of its decision to discontinue sale of all products in the individual and individually underwritten group association and trust markets. This change impacted 2,423 covered lives.

World Insurance Company notified the Director in October 2011 that it was discontinuing sale of all products in the individual and individually underwritten group association and trust markets. This decision impacted 1,261 lives in Illinois.

Ohio State Life Insurance Company notified the Director in December 2011 that it was discontinuing sale of all products in the individual major medical market.

Investors Life Insurance Company of North America notified the Director in December 2011 that it was discontinuing sale of all products in the individual major medical market.

Admiral Life Insurance Company notified the Director in January 2011 that it was discontinuing sale of products in the Medicare supplement market effective October 1, 2011.

Aetna Life Insurance Company provided notice to the Director in September 2011 of Uniform Termination of Coverage in the large and small group markets.

2. Health Insurance Availability

a. Uninsured—National and Illinois

National

In September 2011, the U.S. Census Bureau released 2010 year-end national statistics for the uninsured. According to the report, titled “[Income, Poverty, and Health Insurance Coverage in the United States: 2010](#),” the percentage of people without health insurance coverage in 2010 remained high, though was not statistically different from the rate in 2009 (16.3%). The number of uninsured increased from 49.0 million in 2009 to 49.9 million in 2010.

The report further states that the percentage of people with health insurance in 2010 was not statistically different from 2009, while the number of insureds increased slightly from 255.3 million in 2009 to 256.2 million in 2010. The percentage of people covered by private health insurance decreased in 2010 to 64.0 %, while the number covered by private health insurance was not statistically different from 2009 at 195.9 million. The percentage of people covered by private health insurance, according to the report, has been decreasing since 2001.

The number of people covered by employment-based health insurance decreased to 55.3 % in 2010 from 56.1 % in 2009, with the number of people covered decreasing to 169.3 million from 170.8 million. At the same time, the percentage and number of people covered by government plans increased to 31.0% and 95.0 million in 2010 from 30.6% and 93.2 million in 2009.

In 2010, 9.8 % of children under 18, or 7.3 million, were without health insurance, not statistically different from the 2009 estimates. As explained in the Kaiser Commission issue paper entitled [Changes in Health Insurance Coverage in the Great Recession, 2007-2010](#), children are much less likely than adults to be uninsured because of the availability of Medicaid and the Children’s Health Insurance Program.

Also included in the Kaiser Commission paper, between 2009 and 2010, private coverage for young adults ages 19-25 increased by 1.5% while all other age groups experienced a decline in private coverage. This most likely is due to the provision of the ACA that allows young adults to remain on their parents’ insurance coverage, which was effective September 2010.

Illinois

Based on Deloitte’s September 2011 [Review of the Current Illinois Health Coverage Marketplace: Background Research Report](#), an estimated 52% of the Illinois population is covered by employer-sponsored programs, and 4% purchase insurance in the individual market for a total of 56% of the population covered by private insurance. In addition, 32% are covered by government plans and 12% are uninsured. Compared to the nation as a whole, in Illinois:

-
- fewer of the insured obtain insurance in the private market (64% nationally vs. 56% in Illinois)
 - fewer are covered by employer-sponsored plans (55.3% nationally vs. 52% in Illinois),
 - more are covered by government plans (32% in Illinois vs. 31% nationally)
 - fewer are uninsured (16.3% nationally vs. 12% in Illinois).

In Illinois, the All Kids Health Insurance Program was expanded by law on November 15, 2005. As of July 2011, children may qualify for coverage under various plans based on family income and length of time uninsured. According to the [Illinois Department of Healthcare and Family Services 2010 Annual Report](#), approximately 2.3 million children and their parents were covered by All Kids and FamilyCare plans.

OCHI and the Uninsured Ombudsman received 1,204 requests in 2011 for information regarding resources available to the underinsured and uninsured. Many of those individuals had lost employer-based group health insurance and were unable to afford continuation coverage or coverage available under the HIPAA-CHIP plan.

b. Underinsured

A continued disturbing trend is the growth of the underinsured population. The underinsured are commonly defined as individuals who are exposed to significant financial losses or are unable to obtain needed care because of inadequate health coverage.

According to the Deloitte report, out-of-pocket (OOP) costs related to deductibles, copayments and coinsurance are defined as unaffordable if they are higher than 5% for low income individuals (defined as at or below 200% of the Federal Poverty Level (FPL)) or 10% for higher income individuals. Using the most common plan design for Illinois' individual and small group markets, average OOP costs are estimated to be unaffordable for low income populations in the individual market for both individual and family coverage, and for family coverage in the small group market. When combining both premiums and OOP costs, a single person with income at 200% FPL is estimated to spend 19% of household income for a policy purchased in the individual market, and this percentage increases to 23% for a family of four.

The Department continues to see a trend of complaints from consumers who purchased high deductible or limited benefit policies because of the lower premiums. While some consumers purchase limited benefit plans to supplement another policy, most make the purchase because it is the only policy they are offered or can afford.

Most consumers shop for health insurance based on price, and many of those price-conscious consumers, even after receiving an outline of policy coverage, do not fully understand the policy's benefits. For example, consumers often learn too late that the maximum out-of-pocket limit is only for covered benefits and not for all medical treatments a person might

need. Consumers also may be surprised to learn that a plan imposes a deductible per occurrence, not per calendar year.

Complaints involve issues related to claim payments, including denial of claims, unsatisfactory claim payments and claim payment delays. Related to these complaints may be allegations of misrepresentation of the policy at the time of sale by the agent, association or insurer.

Examples of limits contained in a policy include but are not limited to:

- limit for outpatient lab and x-ray services to a specified amount such as \$1,000.00 per year;
- limit of 1 physician visit per day while hospital confined; and
- ambulance transport limited to \$500.00 maximum benefit per trip.

c. Employees Losing Group Health Coverage

Loss of health insurance benefits can result from many events such as loss of a job, reduction in benefits by an employer, loss of dependent status due to divorce, death of an employee, retirement of the employee, or other circumstances. Federal and state laws require employers to offer employees and dependents who lose coverage the right to continue coverage as a member of the group for specified time periods. The obstacle for most individuals is the cost of the coverage: those who elect to continue coverage must pay the full cost plus an administrative fee, in some instances, out of their own pockets.

OCHI continues to receive calls from employees losing their group health coverage and asking about continuation options. In 2011, OCHI received over 3,500 calls regarding continuation of group health coverage. Approximately one third of these calls were related to COBRA continuation rights.

Employees lose their health insurance coverage for a variety of reasons, including layoffs, business closings, and employer bankruptcy. A complete list of employer closing notifications by month can be viewed at the Department of Commerce and Economic Opportunity (DCEO) website: http://www.ildceo.net/dceo/Bureaus/Workforce_Development/WARN/.

To address this persistent and growing problem, the State created a Rapid Response Team which informs and educates the dislocated workers and retirees about services available to ease their transition. Section 4 of this Report details the Uninsured Ombudsman Program's active membership on this team.

As reported in previous years, many employers no longer offer retiree health insurance coverage and have terminated coverage for current retirees. According to the Kaiser Family Foundation, the percentage of large firms providing workers with retiree health coverage dropped from 66 percent in 1988 to 29 percent in 2009. Health insurance premiums for older Americans are over four times more expensive than they are for young adults, and the deductible these insureds pay is, on average, almost four times that for a typical employer-sponsored insurance plan.

The ACA created a new program called the Early Retiree Reinsurance Program to help address this situation. It provides \$5 billion in financial assistance to employers and unions to help them maintain coverage for early retirees 55 and older who are not yet eligible for Medicare. Those organizations accepted into the program receive reimbursement for medical claims for early retirees and their spouses, surviving spouses and dependents. The savings can be used to reduce employer health benefit costs, provide premium relief to workers and families, or both. Approved applicants receive reinsurance for the claims of high-cost retirees and their families of 80% of the costs from \$15,000 to \$90,000. The program ends in 2014 when Exchanges will be operational. As of May 24, 2011, over 300 Illinois employers participated in the program.

OCHI continues to provide information and coverage options to retirees losing coverage. OCHI works with the Senior Health Insurance Program (SHIP) to stay abreast of Medicare changes applicable to the retiree population. OCHI also educates individuals who may be eligible for relief under the federal Trade Adjustment Assistance Reform Act (TAA), including the TAA Extension Act of 2011 effective February 12, 2011. TAA provides tax credits to certain workers and retirees who purchase health insurance after losing employer-sponsored health coverage due to trade-related job losses.

d. Children Under Age 19

The ACA prohibits the imposition of preexisting limitations for children under age 19 effective September 23, 2010. However, there is no requirement that health insurers issue “child only” policies. The already limited market for “child-only” policies closed in Illinois, as well as in many other states, due to the high risk of adverse selection.

The Department drafted an emergency regulation (50 Illinois Administrative Code 5410) to provide insurers with the option to offer “child-only” policies during specified open-enrollment periods and special enrollment periods in order to reduce the prospect of adverse selection by individuals buying coverage only during times of claims and dropping coverage otherwise. The rule, effective March 27, 2011, has opened the door for one major carrier to come back to the Illinois market and another carrier intends to re-enter the market in 2012.

e. IPXP

In Illinois, the federally-funded temporary high risk pool implemented in September, 2010, consistent with the ACA, is known as the Illinois Preexisting Condition Insurance Plan (IPXP). IPXP is an insurance program for uninsured Illinois residents with preexisting conditions to provide coverage until January 1, 2014 when the ACA prohibits insurers from basing coverage or pricing decisions on health status.

To qualify, an applicant must:

- be a U.S. citizen, national or legal resident;
- be uninsured for six months; and
- have a preexisting condition.

In addition to federal funds, IPXP is funded by premiums paid by enrollees.

In 2011 there were two plan designs with different annual deductibles and OOP maximums. Effective January 1, 2012, there are four plan designs, including one lower and one higher deductible plan.

During 2011, OCHI staff responded to 490 phone inquiries about IPXP.

As of the end of 2011, program enrollment stands at 1,982. There also were 394 previous participants who have since disenrolled.

f. Illinois Comprehensive Health Insurance Plan

The Illinois Comprehensive Health Insurance Plan (CHIP) (215 ILCS 105/1 et seq.) operates two pools. The Traditional CHIP (215 ILCS 105/7) pool is designed for individuals who are denied health insurance coverage in the conventional market because of past or present medical conditions. This pool is funded partially through state appropriations and partially through premiums. The coverage provided includes a six-month pre-existing condition limitation.

The HIPAA-CHIP (215 ILCS 105/15) pool is the state's mechanism to protect the portability rights of individuals who have satisfied HIPAA requirements (e.g., prior creditable coverage in a group health plan). Effective June 23, 2003, HIPAA-CHIP was expanded to include the TAA-CHIP program. It became a qualified health plan pursuant to the Trade Act of 2002 for eligible persons, allowing participants to claim the Health Coverage Tax Credit (HCTC) equal to 65% of paid premium. HIPAA-CHIP by statute cannot impose pre-existing condition limitations. This pool is funded partially by health insurance industry assessments and partially by participant premiums.

Federal and state HIPAA laws guarantee access to health coverage for individuals who lose their employer-sponsored group health coverage. Illinois residents who lose group health coverage are eligible for HIPAA-CHIP plan coverage. However, the individual must exhaust all coverage available under federal COBRA or state continuation laws before becoming eligible for HIPAA-CHIP. As discussed previously, federal COBRA and state continuation coverage is unaffordable for many Illinoisans. The high cost of continuation coverage, therefore, acts as a barrier to HIPAA-CHIP eligibility.

On February 1, 2010, CHIP introduced tobacco/non-tobacco rate tables for new enrollees. The in-force CHIP members were phased in to the tobacco/non-tobacco rates in February 2011.

With concern for the affordability of CHIP coverage, particularly compared to IPXP, the Board allocated approximately 65%, or \$2,229,624 of a federal grant to providing rate relief to participants in the HIPAA pool, who by year-end made up approximately 75% of total enrollment. In October 2010, the Board determined the relief should be granted as a premium billing credit of 2.43% to be applied to rates effective January 1, 2011. This followed a June 2010 decision by the Board to reduce the multiplier applied to the market rate for similar individual health insurance to the lower end of the statutorily set range of 125%. Enrollment data for both the Traditional CHIP (Section 7) and HIPAA-CHIP (Section 15) pools can be found in the CHIP Annual Report. Total enrollment at the end of 2010 increased by 12.5% to 18,098, from 16,085 in 2009. The HIPAA pool accounted for most of the increase in applications and enrollment, most likely due to the economic recession and resultant expiration of COBRA coverage. The CHIP Annual Report can be viewed at www.chip.state.il.us.

g. Cost of Health Insurance

The cost of health insurance coverage has impacted everyone, including large groups, small groups and individuals. Rates for all types of health insurance, including comprehensive major medical, limited benefit health plans and long term care insurance have skyrocketed in the past few years. The rising cost of health insurance has contributed to the uninsured and underinsured population in Illinois and throughout the United States.

In Illinois, The Deloitte report estimates that in 2011, annual premiums for single coverage in the individual market averaged \$2,850, while premiums for family coverage averaged \$6,330. In the small group market, these premiums averaged \$5,040 and \$13,250 respectively, reflecting the more comprehensive benefits typically available in small group plans.

The Kaiser Family Foundation/Health Research & Educational Trust's Employer Health Benefits 2011 Summary of Findings surveys nonfederal private and public employers with three or more workers. According to the survey, the national average annual premiums for employer-sponsored health insurance are \$5,429 for single coverage and \$15,073 for family coverage. Compared to 2010, premiums for single coverage increased by 8% and premiums for family coverage are 9% higher. The survey notes that the 9% increase in family premiums is significantly higher than the 3% growth rate in 2010. Since 2001, the survey finds, average premiums for family coverage have increased 113%. As for the dollar amounts that workers contribute, the average annual contributions in 2011 are \$921 for single coverage and \$4,129 for family coverage, neither amount being a statistically significant increase over 2010 values.

According to the Deloitte report's Illinois Health Insurance Survey, 38% of all respondents were not confident at all or not very confident in their ability to pay medical expenses, 44% were somewhat confident and 18% were very confident. The responses were more positive for those respondents that were insured or had higher incomes. Across all respondents:

-
- 28% delayed visiting a doctor or other provider due to cost
 - 15% had serious problems paying or were unable to pay medical bills
 - 15% had to choose between paying for health care/prescriptions and paying for other essentials
 - 60% experienced none of the identified problems

3. Trends

a. Rate Increases

In 2011, OCHI received over 461 calls regarding rate increases for health insurance policies. Closed complaints for 2010 totaled 158. Of these, 85 were for major medical health policies, 52 related to Long Term Care (LTC) policies, 19 were for Medicare Supplements, and 2 were for specified disease policies.*

The rate increases for LTC have become increasingly painful and many seniors have been forced to drop coverage due to unaffordability. The complaints regarding LTC rate increases were sent to 18 carriers, demonstrating that this is an industry- wide trend.

In many instances, consumers are faced with reducing their benefits on their current policy to make the premium more affordable, buying a more affordable policy with limited benefits, or dropping coverage altogether.

**Complaint statistics for 2011 will be released at a later date.*

b. External Review

Effective August 26, 2011, the Health Carrier External Review Act (215 ILCS 134) by Public Act 97-0754 was amended. The amendments expand external review to include denials for pre-existing denials and to rescissions of health coverage in addition to medical necessity and experimental/investigational denials. The new law, in abeyance with the ACA, also requires external review requests be filed directly with the Department of Insurance, who in turn randomly assigns an Independent Review Organization (IRO) which is registered with the state, to conduct the review.

During 2011 OCHI staff received 264 calls inquiring about the State's new external review process. The Department closed 184 external review requests for the period of August 26, 2011 through December 31, 2011. Out of the 184 closed requests, 13 were overturned by the carrier prior to going to external review as a result of receiving additional information; 26 were incomplete requests; 56 were not eligible for external review; and 89 were sent for review. Of the 89 completed reviews, 23 adverse determinations were overturned, 64 adverse determinations were upheld and 2 adverse determinations were partially overturned.

c. Underwriting in the Individual Health Market

In 2011, OCHI received 2,365 phone calls regarding individual health insurance coverage. In addition, 510 calls were received regarding underwriting. In the individual market, an insurer may continue to “underwrite” applicants, using health status as a reason for declining or limiting coverage. The Department receives complaints each year from individuals who are unable to obtain an offer of health insurance due to health status. The options for these individuals are limited, but include seeking coverage through CHIP or IPXP, finding employment that offers health coverage, purchasing a limited plan that does not offer comprehensive coverage, or going without coverage entirely.

d. PPO Plans’ Low Reimbursement for Non-Contracted Providers

PPO plans pay the optimum benefit to the insured when the insured utilizes a preferred provider. The PPO plan allows the insured flexibility to use non-participating providers; however, exercising this flexibility is increasingly very costly to consumers. Many PPOs pay for those services based upon “usual and customary” rates, a methodology that is supposed to reflect the prevailing market rate for a doctor visit or medical service in a given geographic area. Reimbursement amounts based upon usual and customary rates have not kept pace with health care inflation because the databases upon which they are based are not updated as frequently as needed.

Some plans are paying non-participating providers based upon the negotiated rate that would have been paid to a participating provider. Whether usual and customary or negotiated rates are used, both methods significantly decrease the amount paid by an insurer and increases an insured’s out-of-pocket costs because the doctor will bill the insured for the difference. In-network providers are generally prohibited from billing an insured except for applicable copayments, coinsurance or deductibles.

Another fee methodology being used by some insurance companies is payment for non-participating provider claims based on a percentage (e.g., 110%) of the Medicare published rate for the same or similar service. Because Medicare reimbursement rates are relatively low, this methodology can result in very low reimbursement of non-participating provider claims. This again leaves insureds vulnerable to unexpected and costly bills for medical services.

The Department continues to receive complaints regarding the methodologies used by PPO plans to pay non-participating providers. The plans are required by law (215 ILCS 5/356z.3) to prominently disclose in the policy that “limited” benefits are available when using non-participating providers; however, the consumer is genuinely surprised by the low payments made by these plans.

e. Discounted Health Care Plans

There are approximately 200 registered Preferred Provider Program Administrators (PPAs) and Private Label Marketers operating in the State of Illinois. These entities offer a variety of health care service discounts, such as physician, hospital, chiropractic, vision, dental, and prescription drugs.

Many employers view discount health care plans as cost effective alternatives to offering supplemental insurance coverage to their employees. Individuals often see these types of plans as effective alternatives to purchasing costly private coverage. While the majority of discounted health care plans provide legitimate discounts, there are some which market marginal or non-existent provider networks. In such cases, consumers pay for the cost of the discount plan only to suffer additional financial loss when they are denied access to promised reductions in the cost of health care services, supplies and pharmaceuticals. Through increased local and national regulatory efforts, the Department has facilitated a decrease in the number of such discount plans.

Illinois law generally requires discount plans to be registered as a Preferred Provider Program Administrator under the Health Care Reimbursement Act (Article XX1/2 of the Insurance, 215 ILCS 5/370f), although there are some exceptions. Recently, in order to address the number of fraudulent discount plans offered to Illinois consumers, the Department revised Part 2051 of the Illinois Administrative Code (50 Il Adm. Code 2051.320) to hold registered Preferred Provider Program Administrators responsible for providing the Department with a listing of any entity that may be Private Labeling their discount plan and ensuring that those entities act in accordance with the statutes and regulations set forth.

The Department encourages consumers considering this type of coverage to review the listing of registered entities on our website, <http://insurance.illinois.gov/Consumer/consumer.asp>, prior to purchasing any discount health care service program.

f. Consumer Directed Health Plans – Health Savings Accounts

The rising cost of health benefits is causing employers to search for new, lower-premium coverage options that still provide quality health benefits to employees. One such option is the Consumer Directed Health Plan (CDHP), which is a catastrophic insurance plan often combined with a health care spending account such as a Health Reimbursement Arrangement (HRA) or Health Savings Account (HSA).

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA) (P.L. 108-173) added Section 223 to the Internal Revenue Code, which established HSAs as an alternative benefit design. An HSA is a tax-exempt trust established exclusively to pay for qualified medical expenses of an account beneficiary covered under a high-deductible health plan. Employers and employees may contribute to an HSA account.

Money stored in the account may be used to cover permitted first-dollar expenses (e.g., preventive care) and to satisfy the high deductible associated with the catastrophic insurance plan. Any money in the account at the end of the contract year carries over to the next year and is the employee's to keep, even upon retirement. Proponents of CDHPs believe HSAs provide more flexibility and discretion to the consumer over the utilization of health care benefits.

HRA accounts resemble HSAs but there are differences. Under an HRA, an employee is prohibited from contributing to the account by Internal Revenue Service (IRS) rules; only the employer may contribute. Also, an individual with Medicare or other health coverage may enroll in a HRA account but may not enroll in a HSA account. If the individual becomes eligible for Medicare or other health coverage after enrolling in a HSA account, that individual may no longer contribute to the HSA account.

The Mercer 2011 National Survey of Employer-Sponsored Health Plans [National Survey of Employer-Sponsored Health Plans](#) reports 16-20% of employers with less than 500 employees offer a CDHP. The cost of coverage in a CDHP with a health savings account is nearly 20% lower, on average, than the cost of PPO coverage.

The growth of CDHPs has brought with it growth in the underinsured population. Individuals and employees with significant financial resources sometimes prefer the financial flexibility offered by CDHPs; they pay lower premiums to the insurance company in exchange for managing and paying for health care costs prior to satisfying their high deductible. Many Illinoisans, however, enroll in CDHPs not as a result of a sophisticated financial decision but because it is either the only individual market plan they can afford or because it is the only plan sponsored by their employer. These individuals, who may lack the funds to cover the high deductible, often delay or struggle to pay for necessary medical care.

g. Cost Shifting to Employees

As the cost of employer-sponsored group health insurance continues to rise, employers continue to search for lower-cost alternatives. The Kaiser Family Foundation Employer Health Benefits Survey 2011 illustrates that the majority (99%) of employer-based health insurance is now provided through a managed care plan such as a preferred provider organization, health maintenance organization or point of service plan. These plans steer covered members to a provider network; failure to use the network can result in no coverage or limited coverage by the insurance policy.

Costs of health care coverage continue to be shifted to employees through: 1) increased percent-of-premium contribution; 2) increased deductibles and copayments; 3) copayments being calculated as a percent of charges instead of flat dollar amounts; and 4) out of network benefits based on specific definitions contained within the policy which vary tremendously from the actual cost charged to the consumer by the health care provider.

The Kaiser survey reported that in 2011, the average national annual premium for employer-sponsored health insurance increased by 8% for single coverage (to \$5,429) and increased 9% for family coverage (to \$15,770). The report states that the average annual worker contributions are 18% of premium for single coverage and 28% of premium for family coverage, similar to percentages of contribution for 2010. This translates into annual employee contributions of \$921 for single and \$4,129 for family coverage.

According to the same survey, the national average deductible for single coverage was \$675 for PPO coverage, \$911 for HMO coverage and \$1,908 for high deductible health plan coverage. The percentage of covered workers in a plan with a deductible of at least \$1,000 for single coverage increased from 27% to 31% in the past year.

The Department continues to see trends of increasing copayments for services, including office visits, emergency room visits, inpatient hospital visits and prescription drugs. The increased copayments can be attributed to the higher cost of these services as well as employees being held accountable for a portion of the medical services received.

h. Insurer Audits of Paid Claims

For years, insurers have conducted audits of paid claims which many would consider to be a prudent business practice. Where such an audit reveals that a claim was paid in error, the insurer then attempts to recoup payment from either the provider or the insured. The issue here is that either the audits or the repayment requests are not initiated on a timely basis, often years after initial payment of the claim. The result is financial hardship on the insured member, provider, or both.

While the Department continues to receive complaints about these situations, recently enacted Illinois law limits the timeframe for such repayment requests to 18 months.



B. RECOMMENDATIONS TO IMPROVE HEALTH INSURANCE REGULATION

1. Denials of Coverage and Affordability of Coverage in the Individual Market

Illinois law does not prohibit insurance companies from using the age and health status of individuals and their families to deny or rate individual market health coverage. The health status information used to price premiums and support coverage denials is usually found by insurance companies in an individual's health insurance application and/or medical records. Current Illinois law does not prohibit insurance companies from using any past or present medical condition, no matter its severity or how long ago resolved, to support an unaffordable offer of coverage or coverage denial. A 22-year-old woman can be rejected or charged a much higher premium based on asthma; a 34-year old man can be rejected or charged a much higher premium because, ten years ago, he sought treatment from a psychiatrist after the death of his father; a 49-year-old woman can be rejected or charged a much higher premium based on breast cancer that has been in remission for more than a decade; a 54-year old man can be rejected or charged a much higher premium because his doctor noticed early signs of arthritis.

Individuals and families who receive affordable offers of individual market coverage can face unaffordable premium increases upon renewal. State law does place limited restrictions on the methods used to calculate annual premium increases, but it does not restrict the amount of increase. For example, if an insurance company wants to close an unprofitable block of business, it can annually impose dramatic, actuarially-based premium increases on remaining policyholders, causing healthy consumers to choose other products and forcing less healthy or older consumers to pay more for or drop the now unaffordable coverage. Less healthy or older consumers who lose the coverage may be denied conventional market coverage for the rest of their lives. The ACA has placed heightened scrutiny on premium rates through the implementation of both rate review and medical loss ratio disclosure and potential rebates, though it is too soon to realize the full effect of these measures.

CHIP, the high risk pool for those denied coverage by insurers, does not necessarily provide an affordable alternative. For instance, a 55-year-old man who has been denied coverage by an insurance company qualifies for the Traditional (Section 7) CHIP pool. If he lives in Chicago, his monthly CHIP premium for a PPO product with a \$500 annual deductible would be \$962 effective February 1, 2012 (less expensive CHIP premiums are available, but require the imposition of a higher deductible). A 35-year-old woman in Chatham, Illinois would pay less for the same coverage, but would still owe \$411 per month. Premium rates for a comparable deductible IPXP plan are more affordable at \$537 for the 55-year-old and \$241 for the 35-year-old, provided the participant can go uninsured for six months before coverage is effective, which is unlikely.

POSSIBLE REMEDY: Ensuring that all Illinoisans, regardless of present or past medical conditions, have access to affordable individual market coverage is a complex and difficult task. Concerning affordability, legislative reform governing the individual marketplace should focus on reducing “adverse selection” (i.e. encouraging individuals to purchase insurance before they become sick) and spreading risks across larger pools of insured lives.

The ACA requires the Secretary of the U.S. Department of Health and Human Services and the States to establish a premium reporting and review process. It further requires all health insurance issuers to disclose and justify an unreasonable premium increase prior to the use of the increase. Beginning December 1, 2010, the Department began the process of accepting and reviewing new and renewal health rates. Effective November 15, 2011, the Department's rate review web page (<http://insurance.illinois.gov/hirc/rate-filings.asp>) was updated to include the most recent information and to offer consumers the opportunity to submit questions and comments.

Additional provisions of the ACA that will be effective in 2014, specifically the elimination of preexisting condition exclusions for adults, as well as availability of affordable insurance plans through an Illinois Health Insurance Exchange, should further alleviate this situation. As stated previously, the Department is pursuing development of the Exchange in Illinois with federal grant funds, and legislation establishing an Illinois Exchange is under consideration in the General Assembly.

2. Affordability of Coverage in the Small Group Market

State laws governing small group (i.e., small businesses with 2-50 employees) health coverage differ from the state laws governing individual market health coverage in two key respects. First, while individuals can be denied coverage in the individual market, state and federal law requires small group carriers to offer coverage to small businesses. Second, while state law does not regulate premiums for individual market products, it does use rate bands to restrict premium variation for small businesses.

While guarantee issue and premium variation restrictions brought some stability to the small group market, small businesses still struggle to find affordable coverage for their employees. Some small businesses simply cannot afford to provide coverage based on the available offers. The small group health insurance market continues to shrink in Illinois. Currently, Illinois has approximately 44 insurers who are active in the small group health insurance market.

POSSIBLE REMEDY: Reform of Illinois laws governing the small group marketplace should focus on further reducing rate variation between small businesses. The small business tax credits made available starting in 2010 through the ACA, and, ultimately, the availability of more affordable coverage through an Exchange in 2014, should help small businesses obtain coverage that meets their needs.

3. Unaffordable Cost of Long Term Care Insurance

The Department of Insurance reviews and files the rate increases for long term care policies. Under the long-term care regulation (50 Ill. Adm. Code 2012.110), policies issued prior to January 1, 2003 are subject to a 60.0% lifetime loss ratio standard. A loss ratio is the ratio of the claims paid to premium earned. The rule changed for policies issued after January 1, 2003, but rates are still subject to a loss ratio requirement that is stricter than the previous 60% lifetime loss ratio.

In the last 10 years most companies selling long-term care insurance have raised their rates significantly for various reasons. The premiums for long-term care insurance depend on a number of crucial assumptions, but it has become apparent that most companies used assumptions that turned out to be incorrect. The problem was that long-term care insurance was, and still is, a relatively new product, and insurers based their assumptions on the best data available at the time. The actual experience of these policies has turned out to be far different from the assumptions on which premium rates were based originally. This has resulted in the rate increases that have been perpetuating over the last 7-10 years.

Under the long term care regulation, policyholders are afforded some protections by way of offering a nonforfeiture benefit and providing for a contingent benefit. If the policyholder declines the nonforfeiture benefit, the contingent benefit must be included in the policy. If the policyholder chooses to include the nonforfeiture option in the policy, the contingent benefit remains in the policy as well. A nonforfeiture or contingent benefit is triggered and is available for a specified period of time following a substantial increase in premium rates. The contingent benefit triggers vary depending on the type of policy involved and the date of issuance. 50 Ill. Adm. Code 2012.127 provides specific information regarding threshold triggers. Once the rates for a policy reach a certain threshold, the carrier must (1) offer to reduce policy benefits to maintain the premium; and (2) offer to convert the coverage to a paid up status with a shortened benefit period.

Many of the long-term care policies on the market have reached the point where the nonforfeiture or contingent benefit must be offered. The benefit is offered for 120 days after the premium due date. While this offers limited protection, the consumer is generally left with a benefit that will not provide adequate coverage, or nowhere near the coverage they purchased, should a claim arise. Many times, the resulting benefit is equal to the amount the policyholder paid in premiums for the coverage.

The complaint most often heard from consumers is that the policyholder has paid for coverage for years and when they may need it, they can no longer afford the premiums.

POSSIBLE REMEDY: The Department of Insurance currently participates in a National Association of Insurance Commissioners (NAIC) group to evaluate this problem and make recommendations. The Department is considering posting long term care insurance rate filings on its website along with informational pieces to assist consumers in navigating through the process.

4. Notification of HIPAA-CHIP

Currently, when an employer terminates and does not replace its group health plan, or when COBRA or state continuation rights have been exhausted, there is usually no notice sent to the affected individual regarding HIPAA-CHIP (215 ILCS 105/15). This plan provides coverage to individuals who have lost group coverage, exhausted continuation coverage and are uninsurable on the open market due to health conditions. HIPAA-CHIP does not impose a waiting period or pre-existing condition limitation, though an Eligibility and Enrollment Form must be received by the CHIP Board Office within 90 days after the termination of coverage. The 90-day time limit is problematic for individuals who, unaware of HIPAA-CHIP, shop the individual market for coverage only to find that insurance companies deny coverage or offer only unaffordable coverage. Ninety days may have passed by the time these individuals find out about HIPAA-CHIP coverage, making them ineligible. While insurance companies are required to notify individuals about CHIP in any declination of coverage letter, this notice often arrives too late.

POSSIBLE REMEDY: Mandate that insurance companies and employers notify employees of the availability of the HIPAA-CHIP plan when an employer terminates group coverage without replacement coverage. Notice should be provided prior to exhaustion of benefits under federal COBRA or state continuation laws.

5. State Continuation Law – Anticipation of Divorce

The state spousal continuation law (215 ILCS 5/367.2) requires that continuation of group coverage be offered to the spouse of a covered employee upon legal judgment for dissolution of the marriage. In many instances, the covered employee removes the spouse from coverage prior to the legal judgment for dissolution of the marriage. This action prevents the spouse from taking advantage of the right to elect coverage under the state spousal continuation law. Federal COBRA law protects spouses under these circumstances whereas state continuation does not.

POSSIBLE REMEDY: Amend the Illinois Insurance Code to mirror federal COBRA requirements.

6. State Continuation Laws – Lack of Employer Cooperation

The state continuation laws require certain actions by employers to ensure affected individuals are provided health insurance continuation rights. For example, the state continuation law (215 ILCS 5/367e) requires employers to notify employees of health insurance state continuation rights upon termination of employment. The spousal continuation law (215 ILCS 5/367.2) requires that the spouse notify the employer or the insurance company of the request for continuation. The dependent continuation law (215 ILCS 5/367.2-5) requires the dependent or the responsible adult to notify the employer or the insurer of the request for continuation.

Often employers turn to agents or brokers for clarification of the law only to be given incorrect or incomplete information. In some instances, the employer refuses to cooperate. The Department does not possess regulatory authority over the employer and, in some instances, the insurance company refuses to assist by contacting the employer to reaffirm the employer's responsibility to offer continuation. The problem is further exacerbated when an application is made to HIPAA-CHIP and coverage is denied because the employee, spouse, or dependent did not exhaust his or her continuation rights, as required.

POSSIBLE REMEDY: Amend state continuation laws to require insurance companies to notify terminated employees of their continuation rights when the employer is not cooperative or not properly providing notification.

7. Pre-certification of Services

Calls and complaints from consumers regarding pre-certification of services followed by claim denials are steadily increasing. "Pre-certification" provisions require the consumer or health care provider to call the insurance company in advance of a service and receive a certification of coverage. Some plans provide consumers this pre-certification and then deny the claim due to lack of medical necessity, a pre-existing condition limitation, or lack of coverage under the policy. This behavior leaves the consumer liable for payment.

POSSIBLE REMEDY: Enact legislation that requires insurance companies to review the insured's benefits and individual membership file before pre-certifying benefits. In addition, insurance companies should be required to specifically advise individuals if pre-certified benefits may be limited or not be reimbursed due to: 1) a pre-existing condition limitation; 2) lack of medical necessity; 3) non-payment of premiums at time of service; 4) an exclusionary rider; and 5) benefit limitation (dollar or number of encounters).

The Department has received an increasing number of calls and complaints from consumers who call insurance companies to pre-certify services and are not advised of important benefit limitations. For example, consumers are not told that their provider is not a PPO provider and/or that the policy pays limited benefits when consumers choose non-preferred providers. For example, the plan may tell the consumer it pays 80% of non-preferred provider charges, but the plan does not disclose that the 80% benefit is based on a very low reimbursement rate (sometimes it is 80% of what a preferred provider charges the plan). The consumer believes the 80% benefit is based on billed charges or usual and customary fees.

POSSIBLE REMEDY: Require insurance companies to inform the consumer or health care provider of the preferred or non-preferred status of the provider when a consumer calls to pre-certify services. Require the insurer to verbally advise the caller of benefit limitations that must be disclosed pursuant to 215 ILCS 5/356z.2. Also, require insurance companies to explain to callers the ramifications of seeking services outside the PPO network so the caller is well informed about the financial consequences of visiting preferred and non-preferred providers.

8. Disclosure of Products Being Sold to Consumers

Consumers looking for affordable individual market major medical health insurance policies are unknowingly purchasing limited benefit policies such as a Basic Hospital/Medical-Surgical Expense or a catastrophic plan. Most consumers do not understand or carefully review the policies and information provided to them at the time of the sale, and often become confused or upset when claims are processed and they are left with a large medical bill. Consumers complain that they were misinformed or misled by the agent who sold them the product.

POSSIBLE REMEDY: Require that information be provided by the agent or insurer about OCHI at the time of the proposed sale of any individual health insurance product, including products sold through trusts or association groups. The disclosure should contain OCHI's toll-free telephone number and a statement encouraging the consumer to call OCHI with questions before or after purchasing any health insurance policy.



GOVERNMENT ACTIONS

1. Federal

a. Affordable Care Act--General

The health care reform legislation signed by President Obama on March 23, 2010 (known as the Affordable Care Act, or “ACA”) is focused on improving the performance, transparency and accountability of health insurers and health insurance products in Illinois. The national health care reforms modify existing federal law and enhance consumer protections for those insured through a self-insured plan, and will significantly change the insurance marketplace in Illinois. Many of the reforms do not take effect until January 2014, and several new protections were implemented when plans renewed after September 23, 2010. The following provisions went into effect in late 2010 and during 2011.

Review of Insurance Rates: Beginning December 1, 2010 the Department of Insurance, in conjunction with the U.S. Department of Health and Human Services, began reviewing “unreasonable” premium increases before the increases are implemented. The Rate Increase Disclosure and Review Final Rule was published on May 19, 2011 (http://cciio.cms.gov/resources/files/rate_increase_final_rule.pdf). Illinois Rate Increases Averaging 10% or More were posted on the federal health care reform web site starting September 1, 2011 (http://companyprofiles.healthcare.gov/states/IL/rate_reviews?search_method=rate_reviews). The Department has made its Health Policy Rate Filing Report available at <http://insurance.illinois.gov/hirc/rate-filings.asp>.

Medical Loss Ratio: Health insurance companies are required to report detailed information about the percentage of premium dollars spent on health care, known as a “medical loss ratio” (MLR). Those insurers whose spending on benefits and quality improvement activities do not meet a specific threshold (85% for large group plans, 80% for individual and small group plans), must provide rebates to their participants in 2012. The MLR Requirements Final Rule (<http://www.gpo.gov/fdsys/pkg/FR-2011-12-07/pdf/2011-31289.pdf>) was published on December 7, 2011 by the Department of Health and Human Services, and an MLR Rebate Interim Rule was published on the same date (<http://www.gpo.gov/fdsys/pkg/FR-2011-12-07/pdf/2011-31291.pdf>).

Improvements in Medicare Benefits: Effective January 1, 2011, enhanced prescription drug discounts became effective for those covered by a Medicare Prescription Drug Plan. Seniors who reached the coverage gap received a 50% discount when buying Medicare Part D covered brand-name prescription drugs. Seniors will receive additional savings on brand-

name and generic drugs until the coverage gap closes in 2020. Also effective on January 1, 2011, seniors on Medicare were eligible for certain free preventive services, including annual wellness visits, screenings and personalized prevention plans.

Grants Under ACA:

Health Insurance Exchanges: The ACA authorized State Planning and Establishment Grants to help states establish health insurance Exchanges. Illinois received a grant award in the amount of \$5,128,000 to develop and maintain an Illinois-based Exchange. The activities funded over the next year include: (1) Complete the State's efforts to conduct comprehensive background research on the current health insurance coverage marketplace, projections for the future of health insurance coverage, and the impact of establishing a health insurance marketplace in Illinois; (2) Design the information infrastructure required by businesses and consumers of the Exchange; (3) Hire the necessary staff to plan and coordinate with consultants to create the initial design features of an Exchange, and (4) Educate the public on an Illinois Exchange and engage stakeholders in the design of Exchange operations.

The ACA provides for many reforms that will be implemented over the next several years. For more information on this law, please visit the Department's website at <http://www.insurance.illinois.gov/hirc/>.

2. State - Public Acts

(Full text of the Public Acts may be viewed at www.ilga.gov.)

a. P.A. 97-0574 Health Carrier External Review

P.A. 097-0574 amends the Health Carrier External Review Act. It provides that requests for external reviews must be filed with the Director. Previously, external review requests were filed with and assigned by the carrier. Under the new law, the Director of Insurance assigns a registered independent review organization, on a rotating basis, to review the requests after eligibility has been confirmed by the carrier. The effective date is August 26, 2011.

b. P.A. 97-0207 Insurance Producer Disclosure

P.A. 097-0207 restores a section previously removed which requires an insurance producer, limited insurance representative or temporary insurance producer to identify themselves with their name and license number on an individual or group life and health application and to sign the application. The law was effective July 28, 2011.

c. P.A. 97-0091 Qualified Clinical Cancer Trials

P.A. 097-0091 provides that a group accident and health insurance policy cannot exclude coverage for routine patient care for an insured who is participating in a qualified clinical cancer trial if the policy covers the care rendered. If the plan is a PPO, the insured must use a preferred

provider. A qualified clinical cancer trial may not refuse to pay for routine patient care of a participant based on insurance status. The law does not apply to short term travel, disability income, long term care, accident only, or limited or specified disease policy. The effective date is January 1, 2012.

d. P.A. 97-0556 Recoupment Time Limit

P. A. 097-0556 provides that no recoupment or offset may be requested or withheld from future payments 18 months or more after the original payment is made, except in cases where a court, government administrative agency, tribunal or independent third-party arbitrator makes a formal finding of fraud or material misrepresentation. The law is effective January 1, 2012.

e. P.A. 97-0437 Mental Health Parity

P.A. 097-0437 amends the insurance and HMO acts. The new law adds substance use disorder as required coverage under the mental health laws. The law adds parity provisions (previously in place under federal law) which prohibit more restrictive requirements, treatment limitations, annual limits and lifetime limits for mental illness or substance use disorders than those applied to substantially all other hospital and medical benefits covered under a policy. The law applies to employer based group insurance policies and to individual and group HMO contracts. The effective date is August 18, 2011.

f. P.A. 97-0198 Cancer Drug Clinical Trial

P.A. 097-0198 provides that accident and health insurance policies that provide coverage for prescribed orally-administered cancer medications and intravenously administered or injected cancer medications ensure that the applicable financial requirements and treatment limitations are no more restrictive for the orally-administered medications than those applied to intravenously administered or injected cancer medications covered by the policy. Compliance cannot be achieved by increasing any financial requirements or restrictions. The law is effective January 1, 2012.

g. P.A. 97-0281 Diabetes Self-Management Training and Education

P.A. 097-0281 amends 215 ILCS 5/356w and expands the definition of diabetes self-management training to include services that allow a patient to maintain A1c levels within the range of nationally recognized standards of care. The law is effective January 1, 2012.

h. P.A. 97-0282 Detection and Proactive Management of Cardiovascular Disease

P.A. 097-0282 amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Illinois Insurance Code, the Health Maintenance Organization Act, the Voluntary Health Services Plans Act, and the Public Aid Code to require an insurer to develop and implement a process to communicate with adult enrollees annually on the importance and value of early detection and proactive management of cardiovascular disease. This provision does not apply to short term travel, disability income, long term care, accident only, or limited or specified disease policies. The effective date is August 9, 2011.

i. P.A. 97-0343 Discrimination Prohibited for Victims of Abuse

P. A. 097-0343 amends the State Employees Act, Municipal Code, Counties Code, HMO Act, School Act and Voluntary Act to prohibit discrimination against an individual on the basis that he or she has been abused. The law is effective January 1, 2012.

j. P.A. 97-0592 Tobacco Use Cessation

P. A. 097-0592 requires every insurer that amends, delivers, issues, or renews group accident and health policies providing coverage for hospital or medical treatment or services on an expense-incurred basis to offer, for an additional premium and subject to the insurer's standard of insurability, optional coverage or optional reimbursement of up to \$500 annually for a tobacco use cessation program for enrollees 18 and older, subject to other plan provisions. The effective date is January 1, 2012.

k. P.A. 97-0142 Health Benefits Exchange

P.A. 097-0142 states intent for Illinois to have a health insurance exchange as outlined in the ACA and establishes a legislative study committee to study the law and issue its findings. The law is effective July 14, 2011.

l. P. A. 97-0527 Producer Misrepresentation

P.A. 097-0527 prohibits insurance producers from using misleading senior-specific certifications or professional designations in solicitation, sale or purchase of a life insurance or annuity product. The effective date is August 23, 2011.

m. P. A. 97-0608 Dissolution of Marriage Life Insurance Equitable Judgment

P. A. 097-0608 amends the Illinois Marriage and Dissolution Act to require any judgment of the dissolution or declaration of invalidity of marriage to determine equitable allocation of ownership, death benefits and obligation for premium payments. The law is effective January 1, 2012.

3. Other State Actions - Department Regulations

a. 50 Illinois Administrative Code 5410 Mandatory Child Only Open Enrollment Period for Individual Market Carriers

50 Ill. Adm. Code 5410 was adopted to facilitate the implementation of certain provisions of the ACA. The ACA provides that group and individual health insurance coverage may not impose preexisting condition exclusions for children under age 19 for policy years beginning on or after September 23, 2010. This rule sets a standard open enrollment period during which insurers will accept applications for the issuance of child-only (under-19) policies on the individual market. This rule also provides for certain "qualifying events", and requires that insurers accept applications within 30 days of these events. This rule also provides for disincentives and protections against lapses in coverage, risk dumping and potential subscriber gaming. Effective March 28, 2011.

b. 50 Illinois Administrative Code 2030 Standard Health Applications

50 Ill. Adm. Code 2030 was adopted to implement 215 ILCS 5/359b of the Illinois Insurance Code that, in part, provides for creation of a standard health application to be used by all carriers offering health benefits in the small group market and individual health insurance coverage in the individual market. Effective January 21, 2011.

4. Other State Actions – Company Bulletins

a. Company Bulletin #2011-01 (Issued January 26, 2011)

Company Bulletin 2011-01 requires all carriers providing a group or individual policy of major medical insurance to provide the Department with a semi-annual statement detailing premium revenues, claims and other costs. The Department will make all semi-annual statements publicly available on the Department's web site in a form useful for consumers, as required by 215 ILCS 5/359c. A follow-up memorandum was issued on March 9, 2011 and an addendum was issued on June 27, 2011.

b. Company Bulletin #2011-02 (Issued February 1, 2011)

Company Bulletin 2011-02 pursuant to Section 2794 of the Public Health Service Act and Section 1003 of the Federal Patient Protection and Affordable Care Act (PPACA), this bulletin addressed the premium reporting and review process for health insurers. Clarified affected rate filings and providing a web portal through which electronic filings and actuarial memoranda may be electronically reported.

c. Company Bulletin #2011-04 (Issued March 30, 2011)

Company Bulletin 2011-04 updates the annual benefit required by the Autism Mandate for 2011 by 3.4% to \$38,527 effective January 1, 2011.

d. Company Bulletin #2011-06 (Issued May 26, 2011)

Company Bulletin 2011-06 provides guidance to Illinois-licensed insurance companies regarding compliance with the Religious Freedom Protection and Civil Union Act (750 ILCS 75/1 et al.) effective June 1, 2011, which requires that parties to a civil union and a marriage are provided identical benefits, protections, financial security, processes and systems, and that companies should inform insureds and potential insureds about compliance with the Act. Further clarification on timing of informing insureds was provided via Company Bulletin 2011-12.

e. Company Bulletin #2011-07 (Issued June 2, 2011)

Company Bulletin 2011-07 pursuant to Public Act 096-1523, informs insurers, health plans, and nonparticipating facility-based physicians and providers on the process to initiate binding arbitration to determine payment for covered services when attempts to negotiate reimbursement fail.

f. Company Bulletin #2011-10 (Issued August 26, 2011)

Company Bulletin 2011-10 outlines changes to Illinois' Health Carrier External Review Act (HB 0224). These changes include an expanded definition of "adverse determination;" process for requests to be sent to the Department rather than to the health carrier; a mandate that the Department randomly assign Independent Review Organizations (IROs) for reviews; updated external review notice requirements; ability for covered persons to elect an "authorized representative;" revised timelines for appeal; and enhanced record retention requirements for IROs.

Exhibits

1 – OCHI Calls by County 2011 [Exhibit 1-1]

County	Zip Code	Post Office Name	Calls	Population	Calls
Adams	62301	Quincy	21	67221	0.595
	62305	Quincy	10		
	62306	Quincy	1		
	62325	Coatsburg	1		
	62347	Liberty	1		
	62349	Loraine	1		
	62351	Mendon	2		
	62365	Plainville	1		
	62376	Ursa	2		
Total	Adams		40		
Alexander	62914	Cairo	4	8635	1.042
	62957	Mc Clure	2		
	62988	Tamms	3		
Total	Alexander		9		
Bond	62086	Sorento	2	18055	1.551
	62246	Greenville	18		
	62262	Mulberry Grove	3		
	62275	Pocahontas	4		
	62284	Smithboro	1		
Total	Bond		28		
Boone	61008	Belvidere	15	52617	0.475
	61011	Caledonia	5		
	61038	Garden Prairie	1		
	61065	Poplar Grove	4		
Total	Boone		25		
Brown	62353	Mount Sterling	5	6701	0.746
Total	Brown		5		
Bureau	61312	Arlington	1	35257	0.964
	61315	Bureau	2		
	61317	Cherry	1		
	61320	Dalzell	1		
	61323	Dover	3		
	61328	Kasbeer	1		
	61345	Neponset	1		
	61349	Ohio	2		
	61356	Princeton	8		
	61361	Sheffield	1		
	61362	Spring Valley	11		
	61368	Tiskilwa	1		
	61376	Walnut	1		
Total	Bureau		34		
Calhoun	62006	Batchtown	2	5177	0.966
	62047	Hardin	1		
	62070	Mozier	2		
Total	Calhoun		5		
County	Zip Code	Post Office Name	Calls	Population	Calls
Carroll	61014	Chadwick	2		
	61046	Lanark	1		
	61051	Milledgeville	2		

1 – OCHI Calls by County 2011 (Exhibit 1-2)

County	Zip Code	Post Office Name	Calls	Population	Calls
Carol (continued)	61053	Mount Carroll	2		
	61074	Savanna	2		
	61285	Thomson	5		
Total Carroll			14	16035	0.873
Cass	62611	Arenzville	1		
	62618	Beardstown	4		
	62622	Bluff Springs	1		
	62627	Chandlerville	1		
	62691	Virginia	6		
Total Cass			13	13766	0.944
Champaign	61801	Urbana	19		
	61802	Urbana	14		
	61803	Urbana	2		
	61816	Broadlands	1		
	61820	Champaign	28		
	61821	Champaign	20		
	61822	Champaign	12		
	61840	Dewey	1		
	61843	Fisher	2		
	61845	Foosland	1		
	61847	Gifford	1		
	61851	Ivesdale	1		
	61853	Mahomet	11		
	61863	Pesotum	1		
	61866	Rantoul	5		
	61873	Saint Joseph	2		
	61874	Savoy	5		
	61875	Seymour	1		
	61877	Sidney	3		
	61878	Thomasboro	1		
61880	Tolono	1			
Total Champaign			132	201081	0.656
Christian	62510	Assumption	4		
	62531	Edinburg	3		
	62540	Kincaid	7		
	62546	Morrisonville	4		
	62550	Moweaqua	4		
	62555	Owaneco	1		
	62557	Pana	19		
	62567	Stonington	6		
	62568	Taylorville	15		
	62570	Tovey	1		
	Total Christian			64	35063
Clark	62420	Casey	2		
	62441	Marshall	4		
Total Clark			6	16987	0.353
Clay	62824	Clay City	3		
	62839	Flora	2		
	62858	Louisville	5		
	62899	Xenia	2		
Total Clay			12	14028	0.855
Clinton	62215	Albers	1		
	62216	Aviston	4		
	62218	Bartelso	4		
	62230	Breese	10		
	62231	Carlyle	7		
	62245	Germantown	4		
	62250	Hoffman	2		

1 – OCHI Calls by County 2011 (Exhibit 1-3)

County	Zip Code	Post Office Name	Calls	Population	Calls
Clinton (continued)	62252	Huey	1		
	62253	Keyesport	3		
	62265	New Baden	2		
	62266	New Memphis	1		
	62293	Trenton	1		
Total Clinton			40	36633	1.092
Coles	61912	Ashmore 1			
	61920	Charleston 6			
	61938	Mattoon 11			
Total Coles			18	50949	0.353
Cook	60004	Arlington Heights	67		
	60005	Arlington Heights	49		
	60006	Arlington Heights	12		
	60007	Elk Grove Village	49		
	60009	Elk Grove Village	14		
	60008	Rolling Meadows	36		
	60016	Des Plaines	51		
	60017	Des Plaines	1		
	60018	Des Plaines	24		
	60019	Des Plaines	1		
	60022	Glencoe	13		
	60025	Glenview	53		
	60026	Glenview Nas	22		
	60029	Golf	1		
	60067	Palatine	56		
	60074	Palatine	39		
	60078	Palatine	1		
	60094	Palatine	1		
	60043	Kenilworth	2		
	60053	Morton Grove	23		
	60056	Mount Prospect	44		
	60062	Northbrook	79		
	60065	Northbrook	1		
	60068	Park Ridge	64		
	60070	Prospect Heights	13		
	60076	Skokie	41		
	60077	Skokie	34		
	60090	Wheeling	40		
	60091	Wilmette	44		
	60093	Winnetka	14		
	60104	Bellwood	22		
	60107	Streamwood	24		
	60130	Forest Park	5		
	60131	Franklin Park	12		
	60133	Hanover Park	31		
	60153	Maywood	25		
	60154	Westchester	25		
	60155	Broadview	8		
	60159	Schaumburg	3		
	60173	Schaumburg	34		
60192	Schaumburg	10			
60193	Schaumburg	36			
60194	Schaumburg	17			
60195	Schaumburg	7			
60196	Schaumburg	1			
60160	Melrose Park	16			
60161	Melrose Park	3			
60164	Melrose Park	14			
60162	Hillside	18			
60163	Berkeley	4			
60169	Hoffman Estates	29			
60179	Hoffman Estates	1			
60171	River Grove	4			

1 – OCHI Calls by County 2011 (Exhibit 1-4)

County	Zip Code	Post Office Name	Calls	Population	Calls
Cook	60176	Schiller Park	6		
	60201	Evanston	49		
	60202	Evanston	37		
	60203	Evanston	3		
	60204	Evanston	3		
	60209	Evanston	1		
	60301	Oak Park	4		
	60302	Oak Park	40		
	60303	Oak Park	1		
	60304	Oak Park	23		
	60305	River Forest	19		
	60402	Berwyn	31		
	60406	Blue Island	14		
	60409	Calumet City	36		
	60411	Chicago Heights	35		
	60415	Chicago Ridge	15		
	60419	Dolton	23		
	60422	Flossmoor	8		
	60425	Glenwood	7		
	60426	Harvey	12		
	60428	Markham	6		
	60429	Hazel Crest	18		
	60430	Homewood	24		
	60438	Lansing	24		
	60439	Lemont	28		
	60443	Matteson	16		
	60445	Midlothian	15		
	60452	Oak Forest	31		
	60453	Oak Lawn	42		
	60454	Oak Lawn	2		
	60455	Bridgeview	6		
	60456	Hometown	4		
	60457	Hickory Hills	12		
	60458	Justice	13		
	60459	Burbank	13		
	60461	Olympia Fields	7		
	60462	Orland Park	50		
	60467	Orland Park	41		
	60463	Palos Heights	14		
	60465	Palos Hills	20		
	60464	Palos Park	16		
	60466	Park Forest	19		
	60469	Posen	7		
	60471	Richton Park	16		
	60472	Robbins	7		
	60473	South Holland	20		
	60475	Steger	10		
	60476	Thornton	4		
	60477	Tinley Park	49		
	60483	Tinley Park	1		
	60487	Tinley Park	19		
	60478	Country Club Hills	24		
	60480	Willow Springs	4		
	60482	Worth	10		
	60499	Bedford Park	1		
	60501	Summit Argo	13		
	60513	Brookfield	20		
	60525	La Grange	51		
	60526	La Grange Park	9		
	60534	Lyons	4		
60546	Riverside	17			
60558	Western Springs	13			
60601	Chicago	101			
60602	Chicago	41			

1 – OCHI Calls by County 2011 (Exhibit 1-5)

County	Zip Code	Post Office Name	Calls	Population	Calls
Cook	60603	Chicago	38		
	60604	Chicago	28		
	60605	Chicago	35		
	60606	Chicago	81		
	60607	Chicago	28		
	60608	Chicago	34		
	60609	Chicago	27		
	60610	Chicago	38		
	60611	Chicago	61		
	60612	Chicago	25		
	60613	Chicago	47		
	60614	Chicago	67		
	60615	Chicago	38		
	60616	Chicago	39		
	60617	Chicago	42		
	60618	Chicago	61		
	60619	Chicago	45		
	60620	Chicago	46		
	60621	Chicago	20		
	60622	Chicago	41		
	60623	Chicago	21		
	60624	Chicago	22		
	60625	Chicago	49		
	60626	Chicago	33		
	60628	Chicago	43		
	60629	Chicago	41		
	60630	Chicago	36		
	60631	Chicago	28		
	60632	Chicago	22		
	60633	Chicago	11		
	60634	Chicago	33		
	60636	Chicago	24		
	60637	Chicago	31		
	60638	Chicago	34		
	60639	Chicago	26		
	60640	Chicago	76		
	60641	Chicago	41		
	60643	Chicago	43		
	60644	Chicago	21		
	60645	Chicago	44		
	60646	Chicago	33		
	60647	Chicago	39		
	60649	Chicago	28		
	60651	Chicago	20		
	60652	Chicago	20		
	60653	Chicago	20		
	60654	Chicago	43		
	60655	Chicago	23		
	60656	Chicago	26		
	60657	Chicago	74		
60658	Chicago	2			
60659	Chicago	25			
60660	Chicago	33			
60661	Chicago	21			
60663	Chicago	4			
60664	Chicago	1			
60666	Amf Ohare	6			
60668	Chicago	1			
60673	Chicago	2			
60674	Chicago	1			
60677	Chicago	1			
60680	Chicago	3			
60688	Chicago	2			
60690	Chicago	4			

1 – OCHI Calls by County 2011 (Exhibit 1-6)

County	Zip Code	Post Office Name	Calls	Population	Calls	
Cook (continued)	60693	Chicago	1			
	60701	Chicago	4			
	60706	Rosemont	26			
	60707	Elmwood Park	23			
	60712	Lincolnwood	21			
	60714	Niles	33			
	60803	Alsip	17			
	60804	Cicero	18			
	60805	Evergreen Park	15			
	60627	Riverdale	1			
	60827	Riverdale	13			
Total Cook			4591	5194675	0.884	
Crawford	62427	Flat Rock	3			
	62433	Hutsonville	1			
	62449	Oblong	1			
	62451	Palestine	3			
	62454	Robinson	7			
Total Crawford			15	19825	0.757	
Cumberland	62428	Greenup	4			
	62447	Neoga	3			
	62468	Toledo	3			
Total Cumberland			10	11000	0.909	
DeKalb	60112	Cortland	4			
	60115	De Kalb	27			
	60135	Genoa	5			
	60145	Kingston	3			
	60146	Kirkland	4			
	60150	Malta	1			
	60178	Sycamore	49			
	60520	Hinckley	5			
	60548	Sandwich	12			
	60550	Shabbona	1			
	60552	Somonauk	4			
	60556	Waterman	3			
	Total DeKalb			118	105160	1.122
	DeWitt	61727	Clinton	15		
61735		Dewitt	1			
61749		Kenney	2			
61842		Farmer City	11			
61882		Weldon	2			
Total DeWitt			31	16768	1.849	
Douglas	61910	Arcola	5			
	61911	Arthur	4			
	61913	Atwood	1			
	61919	Camargo	1			
	61930	Hindsboro	1			
	61953	Tuscola	5			
	61956	Villa Grove	3			
Total Douglas			20	19791	1.011	
DuPage	60101	Addison	33			
	60103	Bartlett	35			
	60106	Bensenville	17			
	60108	Bloomington	25			
	60116	Carol Stream	1			
	60122	Carol Stream	2			
	60125	Carol Stream	1			
	60128	Carol Stream	1			
	60132	Carol Stream	1			

1 – OCHI Calls by County 2011 (Exhibit 1-7)

County	Zip Code	Post Office Name	Calls	Population	Calls
DuPage (continued)	60188	Carol Stream	34		
	60126	Elmhurst	50		
	60137	Glen Ellyn	36		
	60138	Glen Ellyn	2		
	60139	Glendale Heights	14		
	60143	Itasca	21		
	60148	Lombard	52		
	60157	Medinah	7		
	60172	Roselle	33		
	60181	Villa Park	25		
	60184	Wayne	3		
	60185	West Chicago	19		
	60186	West Chicago	1		
	60187	Wheaton	42		
	60189	Wheaton	22		
	60190	Winfield	7		
	60191	Wood Dale	17		
	60502	Aurora	23		
	60503	Aurora	20		
	60504	Aurora	37		
	60572	Aurora	2		
	60598	Aurora	1		
	60514	Clarendon Hills	7		
	60515	Downers Grove	47		
	60516	Downers Grove	31		
	60517	Woodridge	32		
	60521	Hinsdale	27		
	60522	Hinsdale	4		
	60570	Hinsdale	3		
	60523	Oak Brook	34		
	60527	Burr Ridge	33		
	60532	Lisle	45		
	60540	Naperville	56		
60563	Naperville	38			
60565	Naperville	39			
60566	Naperville	1			
60567	Naperville	2			
60555	Warrenville	21			
60559	Westmont	24			
60561	Darien	29			
60597	Fox Valley	1			
Total DuPage			1058	916924	1.154
Edgar	61944	Paris	11		
Total Edgar			11	19183	0.573
Edwards	62476	West Salem	5		
	62806	Albion	3		
Total Edwards			8	6617	1.209
Effingham	62401	Effingham	28		
	62411	Altamont	3		
	62414	Beecher City	1		
	62424	Dieterich	2		
	62443	Mason	2		
	62461	Shumway	1		
	62467	Teutopolis	1		
Total Effingham			38	34429	1.104
Fayette	62247	Hagarstown	1		
	62418	Brownstown	2		
	62471	Vandalia	5		
	62838	Farina	2		
	62880	Saint Peter	1		

1 – OCHI Calls by County 2011 (Exhibit 1-8)

County	Zip Code	Post Office Name	Calls	Population	Calls
Fayette (continued)	62885	Shobonier	7		
	Total Fayette		18	21774	0.827
Ford	60936	Gibson City	5		
	60946	Kempton	2		
	60957	Paxton	3		
	60959	Piper City	2		
	60962	Roberts	1		
Total Ford		13	14211	0.915	
Franklin	62812	Benton	16		
	62819	Buckner	2		
	62822	Christopher	3		
	62856	Logan	1		
	62865	Mulkeytown	1		
	62884	Sesser	1		
	62890	Thompsonville	2		
	62896	West Frankfort	17		
	62983	Royalton	2		
Total Franklin		45	39862	1.129	
Fulton	61415	Avon	3		
	61427	Cuba	3		
	61432	Fairview	3		
	61441	Ipava	2		
	61501	Astoria	5		
	61520	Canton	11		
	61531	Farmington	3		
	61542	Lewistown	2		
	61563	Saint David	1		
	Total Fulton		33	37378	0.883
Gallatin	62934	Equality	1		
	62979	Ridgway	2		
Total Gallatin		3	6159	0.487	
Greene	62016	Carrollton	10		
	62054	Kane	2		
	62078	Patterson	1		
	62082	Roodhouse	2		
	62092	White Hall	2		
	62098	Wrights	2		
Total Greene		19	14255	1.333	
Grundy	60407	Braceville	2		
	60416	Coal City	3		
	60424	Gardner	1		
	60444	Mazon	4		
	60450	Morris	21		
Total Grundy		37	45828	0.807	
Hamilton	62817	Broughton	2		
	62859	Mc Leansboro	13		
Total Hamilton		15	8335	1.800	
Hancock	61450	La Harpe	2		
	62316	Bowen	4		
	62321	Carthage	8		
	62334	Elvaston	1		
	62341	Hamilton	4		
	62354	Nauvoo	1		
62367	Plymouth	1			

1 – OCHI Calls by County 2011 (Exhibit 1-9)

County	Zip Code	Post Office Name	Calls	Population	Calls
DuPage (continued)	62373	Sutter	2		
	62379	Warsaw 3			
	62380	West Point 1			
Total Hancock			27	19091	1.414
Hardin	62931	Elizabethtown	4		
	Total Hardin			4	4585
Henderson	61469	Oquawka	5		
	Total Henderson			5	7819
Henry	61233	Andover	1		
	61235	Atkinson	2		
	61238	Cambridge	2		
	61241	Colona	2		
	61254	Geneseo	12		
	61262	Lynn Center	1		
	61273	Orion	5		
	61413	Alpha	1		
	61434	Galva	3		
	61443	Kewanee	8		
	61490	Woodhull	1		
Total Henry			38	50339	0.755
Iroquois	60911	Ashkum	2		
	60922	Chebanse	2		
	60924	Cissna Park	1		
	60927	Clifton	2		
	60928	Crescent City	1		
	60930	Danforth	1		
	60931	Donovan	1		
	60938	Gilman	2		
	60948	Loda	2		
	60953	Milford	2		
	60955	Onarga	1		
	60966	Sheldon	2		
	60968	Thawville	1		
	60970	Watseka	7		
Total Iroquois			27	30598	0.882
Jackson	62901	Carbondale	21		
	62903	Carbondale	1		
	62907	Ava	4		
	62916	Campbell Hill	1		
	62924	De Soto	2		
	62932	Elkville	3		
	62940	Gorham	1		
	62966	Murphysboro	17		
	62975	Pomona	1		
	Total Jackson			51	57778
Jasper	62448	Newton	6		
	62459	Sainte Marie	1		
	62479	Wheeler	1		
	62480	Willow Hill	1		
Total Jasper			9	9880	0.911
Jefferson	62810	Belle Rive	3		
	62814	Bluford	2		
	62816	Bonnie	2		
	62864	Mount Vernon	29		
	62889	Texico	1		
	62894	Waltonville	1		
	62898	Woodlawn	2		
Total Jefferson			40	40523	0.987

1 – OCHI Calls by County 2011 (Exhibit 1-10)

County	Zip Code	Post Office Name	Calls	Population	Calls
Jersey	62031	Fieldon	1		
	62037	Grafton	1		
	62052	Jerseyville	10		
	62063	Medora	1		
Total Jersey			13	22628	3.633
Jo Daviess	61001	Apple River	1		
	61025	East Dubuque	7		
	61028	Elizabeth	5		
	61036	Galena	11		
	61041	Hanover	2		
	61075	Scales Mound	1		
Total Jo Daviess			27	22594	1.195
Johnson	62908	Belknap	1		
	62909	Boles	1		
	62912	Buncombe	1		
	62939	Goreville	2		
	62985	Simpson	2		
	62991	Tunnel Hill	5		
	62995	Vienna	2		
Total Johnson			14	13360	1.048
Kane	60109	Burlington	1		
	60110	Carpentersville	12		
	60118	Dundee	7		
	60119	Elburn	7		
	60120	Elgin	35		
	60121	Elgin	5		
	60123	Elgin	24		
	60124	Elgin	22		
	60134	Geneva	39		
	60136	Gilberts	5		
	60140	Hampshire	10		
	60144	Kaneville	1		
	60151	Maple Park	4		
	60174	Saint Charles	34		
	60175	Saint Charles	29		
	60177	South Elgin	14		
	60182	Virgil	2		
	60505	Aurora	24		
	60506	Aurora	35		
	60507	Aurora	3		
	60510	Batavia	28		
	60511	Big Rock	4		
	60539	Mooseheart	3		
60542	North Aurora	12			
60554	Sugar Grove	16			
Total Kane			376	515269	0.730
Kankakee	60901	Kankakee	31		
	60910	Aroma Park	1		
	60913	Bonfield	4		
	60914	Bourbonnais	18		
	60915	Bradley	12		
	60917	Buckingham	1		
	60940	Grant Park	3		
	60941	Herscher	1		
	60950	Manteno	13		
	60954	Momence	3		
	60964	Saint Anne	3		
Total Kankakee			90	113449	0.793

1 – OCHI Calls by County 2011 (Exhibit 1-11)

County	Zip Code	Post Office Name	Calls	Population	Calls
Kendall	60512	Bristol	6		
	60536	Millbrook	2		
	60537	Millington	2		
	60538	Montgomery	17		
	60541	Newark	7		
	60543	Oswego	32		
	60545	Plano	2		
	60560	Yorkville	23		
Total Kendall			91	114736	0.793
Knox	61401	Galesburg	48		
	61410	Abingdon	1		
	61428	Dahinda	3		
	61430	East Galesburg	1		
	61448	Knoxville	1		
	61472	Rio	2		
	61488	Wataga	1		
	61489	Williamsfield	1		
Total Knox			58	52906	1.096
LaSalle	60470	Ransom	1		
	60518	Earlville	3		
	60531	Leland	3		
	60551	Sheridan	6		
	60557	Wedron	3		
	61301	La Salle	6		
	61316	Cedar Point	1		
	61321	Dana	1		
	61341	Marseilles	9		
	61342	Mendota	2		
	61348	Oglesby	3		
	61350	Ottawa	22		
	61354	Peru	15		
	61358	Rutland	1		
	61360	Seneca	1		
	61364	Streator	14		
Total LaSalle			91	113924	0.799
Lake	60002	Antioch	22		
	60010	Barrington	59		
	60011	Barrington	22		
	60015	Deerfield	49		
	60020	Fox Lake	15		
	60030	Grayslake	38		
	60031	Gurnee	33		
	60035	Highland Park	60		
	60036	Grayslake	1		
	60040	Highwood	3		
	60041	Ingleside	9		
	60042	Island Lake	6		
	60044	Lake Bluff	13		
	60045	Lake Forest	19		
	60046	Lake Villa	27		
	60047	Lake Zurich	45		
	60048	Libertyville	28		
	60060	Mundelein	32		
	60061	Vernon Hills	26		
	60064	North Chicago	6		
	60069	Lincolnshire	8		
	60073	Round Lake	27		
	60085	Waukegan	30		
	60087	Waukegan	17		
60083	Wadsworth	6			
60084	Wauconda	12			

1 – OCHI Calls by County 2011 (Exhibit 1-12)

County	Zip Code	Post Office Name	Calls	Population	Calls
Lake (continued)	60089	Buffalo Grove	68		
	60096	Winthrop Harbor	13		
	60099	Zion	19		
Total Lake			713	703462	1.014
Lawrence	62415	Birds	1		
	62417	Bridgeport	4		
	62439	Lawrenceville	10		
	62460	Saint Francisville	1		
Total Lawrence			16	15887	1.007
Lee	61006	Ashton	4		
	61021	Dixon	22		
	61031	Franklin Grove	1		
	61042	Harmon	1		
	61310	Amboy	4		
	61318	Compton	1		
Total Lee 33 35701 0.924					
Livingston	60420	Dwight	2		
	60929	Cullom	1		
	61311	Ancona	1		
	61319	Cornell	1		
	61739	Fairbury	8		
	61741	Forrest	2		
	61764	Pontiac	12		
	61769	Saunemin	2		
	61775	Strawn	1		
Total Livingston			30	38658	0.776
Logan	61723	Atlanta	1		
	62512	Beason	1		
	62543	Latham	2		
	62548	Mount Pulaski	4		
	62643	Hartsburg	1		
	62656	Lincoln	21		
	62671	New Holland	1		
Total Logan			31	30302	1.023
Macon	61756	Maroa	3		
	62513	Blue Mound	3		
	62521	Decatur	50		
	62522	Decatur	16		
	62523	Decatur	5		
	62524	Decatur	1		
	62525	Decatur	3		
	62526	Decatur	43		
	62535	Forsyth	5		
	62537	Harristown	1		
	62544	Macon	5		
	62549	Mt Zion	8		
	62552	Oakley	1		
	62554	Oreana	1		
62573	Warrensburg	2			
Total Macon			147	110768	1.327
Macoupin	62009	Benld	1		
	62012	Brighton	9		
	62014	Bunker Hill	7		
	62023	Eagarville	1		
	62069	Mount Olive	6		
	62079	Piasa	4		
	62088	Staunton	8		
	62093	Wilsonville	1		

1 – OCHI Calls by County 2011 (Exhibit 1-13)

County	Zip Code	Post Office Name	Calls	Population	Calls
Macoupin (continued)	62626	Carlinville	9		
	62640	Girard	6		
	62667	Modesto	2		
	62674	Palmyra	1		
	62685	Shipman	3		
	62690	Virden	3		
Total Macoupin			61	48841	1.249
Madison	62001	Alhambra	6		
	62002	Alton	51		
	62010	Bethalto	2		
	62018	Cottage Hills	1		
	62024	East Alton	8		
	62025	Edwardsville	29		
	62026	Edwardsville	2		
	62034	Glen Carbon	13		
	62035	Godfrey	19		
	62040	Granite City	27		
	62046	Hamel	1		
	62048	Hartford	1		
	62058	Livingston	1		
	62060	Madison	4		
	62061	Marine	1		
	62062	Maryville	10		
	62067	Moro	3		
	62074	New Douglas	4		
	62084	Roxana	3		
	62087	South Roxana	1		
	62090	Venice	3		
	62095	Wood River	8		
	62097	Worden	3		
	62234	Collinsville	39		
62249	Highland	20			
62281	Saint Jacob	5			
62294	Troy	9			
Total Madison			274	269282	1.018
Marion	62801	Centralia	16		
	62849	Iuka	4		
	62853	Kell	1		
	62870	Odin	1		
	62881	Salem	6		
	62893	Walnut Hill	1		
Total Marion			29	40088	0.723
Marshall	61540	Lacon	2		
	61565	Sparland	2		
Total Marshall			4	13003	0.308
Mason	61532	Forest City	1		
	61546	Manito	5		
	61567	Topeka	1		
	62633	Easton	1		
	62644	Havana	6		
	62664	Mason City	3		
62682	San Jose	1			
Total Mason			18	15503	1.161
Massac	62910	Brookport	7		
	62960	Metropolis	15		
Total Massac			22	15135	1.454
McDonough	61411	Adair	2		
	61422	Bushnell	7		

1 – OCHI Calls by County 2011 (Exhibit 1-12)

County	Zip Code	Post Office Name	Calls	Population	Calls
McDonough	61438	Good Hope	1		
	61455	Macomb	10		
	62326	Colchester	4		
	62374	Tennessee	1		
Total McDonough			25	31823	0.786
McHenry	60001	Alden	5		
	60012	Crystal Lake	51		
	60014	Crystal Lake	49		
	60039	Crystal Lake	2		
	60013	Cary	27		
	60021	Fox River Grove	5		
	60033	Harvard	11		
	60034	Hebron	7		
	60050	Mc Henry	31		
	60051	Mc Henry	23		
	60071	Richmond	8		
	60072	Ringwood	1		
	60080	Solon Mills	2		
	60081	Spring Grove	10		
	60097	Wonder Lake	11		
	60098	Woodstock	41		
	60102	Algonquin	28		
	60142	Huntley	29		
	60152	Marengo	13		
60156	Lake in the Hills	33			
60180	Union	3			
Total McDonough			390	308760	1.263
McLean	61701	Bloomington	31		
	61702	Bloomington	2		
	61704	Bloomington	35		
	61709	Bloomington	1		
	61720	Anchor	3		
	61722	Arrowsmith	2		
	61725	Carlock	5		
	61726	Chenoa	2		
	61728	Colfax	1		
	61732	Danvers	4		
	61736	Downs	2		
	61737	Ellsworth	1		
	61744	Gridley	2		
	61745	Heyworth	2		
	61748	Hudson	2		
	61752	Le Roy	5		
	61753	Lexington	6		
	61754	Mc Lean	1		
	61761	Normal	29		
61776	Towanda	1			
Total McLean			137	169572	0.808
Menard	62613	Athens	2		
	62642	Greenview	1		
	62673	Oakford	2		
	62675	Petersburg	8		
Total Menard			13	12588	1.033
Mercer	61231	Aledo	2		
	61260	Joy	1		
	61263	Matherville	1		
	61272	New Boston	1		
	61281	Sherrard	3		
	61412	Alexis	2		
61466	North Henderson	2			

1 – OCHI Calls by County 2011 (Exhibit 1-13)

County	Zip Code	Post Office Name	Calls	Population	Calls
Mercer (continued)	61476	Seaton	1		
	Total Mercer		13	16786	0.774
Monroe	62236	Columbia	11		
	62244	Fults	3		
	62256	Maeystown	1		
	62279	Renault	1		
	62295	Valmeyer	2		
	62298	Waterloo	21		
Total Monroe		39	31876	1.223	
Montgomery	62015	Butler	3		
	62017	Coffeen	1		
	62019	Donnellson	1		
	62032	Fillmore	1		
	62049	Hillsboro	10		
	62051	Irving	1		
	62056	Litchfield	10		
	62075	Nokomis	2		
	62076	Ohlman	1		
	62089	Taylor Springs	2		
	62091	Walshville	1		
	62572	Waggoner	1		
	Total Montgomery		34	30367	1.120
Morgan	62601	Alexander	1		
	62650	Jacksonville	24		
	62668	Murrayville	2		
	62692	Waverly	2		
Total Morgan		29	35666	0.813	
Moultrie	61914	Bethany	3		
	61937	Lovington	1		
	61951	Sullivan	5		
Total Moultrie		9	14383	0.626	
Ogle	60113	Creston	2		
	61010	Byron	9		
	61020	Davis Junction	4		
	61030	Forreston	2		
	61047	Leaf River	2		
	61052	Monroe Center	2		
	61054	Mount Morris	2		
	61061	Oregon	3		
	61064	Polo	6		
	61068	Rochelle	8		
61084	Stillman Valley	4			
Total Ogle		44	54826	0.803	
Peoria	61517	Brimfield	6		
	61523	Chillicothe	6		
	61525	Dunlap	3		
	61528	Edwards	2		
	61529	Elmwood	2		
	61536	Hanna City	3		
	61547	Mapleton	3		
	61559	Princeville	3		
	61569	Trivoli	2		
	61602	Peoria	9		
	61603	Peoria	8		
	61604	Peoria	25		
	61605	Peoria	2		
61606	Peoria	4			

1 – OCHI Calls by County 2011 (Exhibit 1-12)

County	Zip Code	Post Office Name	Calls	Population	Calls
Peoria (continued)	61607	Peoria	12		
	61612	Peoria	1		
	61614	Peoria	47		
	61615	Peoria	36		
	61625	Peoria	1		
	61634	Peoria	1		
	61636	Peoria	1		
	61637	Peoria	1		
	61639	Peoria	1		
	61643	Peoria	1		
	61652	Peoria	1		
	61616	Peoria Heights	6		
Total Peoria			187	186494	1.003
Perry	62238	Cutler	1		
	62274	Pinckneyville	3		
	62832	Du Quoin	10		
	62888	Tamaroa	3		
	62997	Willisville	2		
Total Perry			19	22865	0.831
Piatt	61813	Bement	6		
	61818	Cerro Gordo	2		
	61830	Cisco	1		
	61856	Monticello	9		
	61884	White Heath	1		
Total Piatt			19	16688	1.139
Pike	62312	Barry	4		
	62340	Griggsville	5		
	62343	Hull	2		
	62355	Nebo	1		
	62356	New Canton	1		
	62363	Pittsfield	4		
	62366	Pleasant Hill	1		
Total Pike			18	15840	1.136
Pope	62938	Golconda	6		
Total Pope			6	4184	1.434
Pulaski	62941	Grand Chain	6		
	62956	Karnak	1		
	62970	Olmsted	1		
	62976	Pulaski	2		
	62992	Ullin	1		
Total Pulaski			11	6726	1.635
Putnam	61326	Granville	1		
	61335	Mc Nabb	1		
	61560	Putnam	1		
Total Putnam			3	6005	0.500
Randolph	62233	Chester	10		
	62237	Coulterville	4		
	62241	Ellis Grove	2		
	62242	Evansville	1		
	62261	Modoc	1		
	62272	Percy	2		
	62277	Prairie Du Rocher	1		
	62278	Red Bud	8		
	62280	Rockwood	1		
	62286	Sparta	7		
	62288	Steeleville	4		
	62292	Tilden	42		
Total Randolph			42	33028	1.272

1 – OCHI Calls by County 2011 (Exhibit 1-13)

County	Zip Code	Post Office Name	Calls	Population	Calls
Richland	62419	Calhoun	1		
	62421	Claremont	2		
	62450	Olney	7		
	62452	Parkersburg	1		
	62868	Noble	1		
Total Richland			12	15724	0.763
Rock Island	61201	Rock Island	20		
	61204	Rock Island	5		
	61232	Andalusia	2		
	61237	Buffalo Prairie	2		
	61239	Carbon Cliff	1		
	61240	Coal Valley	6		
	61242	Cordova	2		
	61244	East Moline	14		
	61256	Hampton	3		
	61257	Hillsdale	1		
	61259	Illinois City	1		
	61264	Milan	8		
	61265	Moline	48		
	61275	Port Byron	2		
	61278	Rapids City	1		
61282	Silvis	10			
Total Rock Island			126	147546	0.854
St. Clair	62059	Lovejoy	2		
	62201	East Saint Louis	2		
	62202	East Saint Louis	2		
	62203	East Saint Louis	11		
	62204	East Saint Louis	5		
	62205	East Saint Louis	13		
	62206	East Saint Louis	9		
	62207	East Saint Louis	13		
	62208	Fairview Heights	26		
	62220	Belleville	10		
	62221	Belleville	18		
	62222	Belleville	9		
	62223	Belleville	21		
	62226	Belleville	37		
	62258	Mascoutah	5		
	62225	Scott Air Force Base	3		
	62232	Caseyville	7		
	62239	Dupo	6		
	62240	East Carondelet	3		
	62243	Freeburg	4		
	62254	Lebanon	6		
	62255	Lenzburg	1		
	62257	Marissa	4		
	62260	Millstadt	3		
	62264	New Athens	7		
	62269	O Fallon	34		
	62282	Saint Libory	1		
62285	Smithton	4			
62289	Summerfield	1			
Total St. Clair			267	270056	0.989
Saline	62917	Carrier Mills	1		
	62930	Eldorado	5		
	62935	Galatia	1		
	62946	Harrisburg	15		
	62977	Raleigh	3		
	62987	Stonefort	1		
Total Saline			26	26062	0.998

1 – OCHI Calls by County 2011 (Exhibit 1-12)

County	Zip Code	Post Office Name	Calls	Population	Calls
Sangamon	62520	Dawson	3		
	62530	Divernon	1		
	62545	Mechanicsburg	2		
	62558	Pawnee	2		
	62561	Riverton	5		
	62563	Rochester	9		
	62615	Auburn	9		
	62629	Chatham	6		
	62661	Loami	2		
	62662	Lowder	1		
	62670	New Berlin	1		
	62684	Sherman	4		
	62689	Thayer	2		
	62693	Williamsville	5		
	62701	Springfield	14		
	62702	Springfield	74		
	62703	Springfield	55		
	62704	Springfield	181		
	62705	Springfield	9		
	62706	Springfield	5		
	62707	Springfield	7		
	62708	Springfield	2		
	62711	Springfield	30		
	62712	Springfield	10		
	62715	Springfield	1		
	62722	Springfield	1		
	62746	Springfield	1		
	62761	Springfield	6		
	62764	Springfield	1		
62767	Springfield	9			
62769	Springfield	3			
62791	Springfield	2			
62794	Springfield	2			
Total Sangamon			465	197465	2.355
Schuyler	61452	Littleton	3		
	62624	Browning	1		
	62639	Frederick	2		
	62681	Rushville	5		
Total Schuyler			11	6984	1.575
Scott	62610	Alsey	1		
	62694	Winchester	3		
Total Scott			4	5377	0.744
Shelby	61957	Windsor	1		
	62422	Cowden	1		
	62431	Herrick	2		
	62438	Lakewood	1		
	62462	Sigel	1		
	62463	Stewardson	2		
	62553	Oconee	2		
	62565	Shelbyville	10		
	62571	Tower Hill	1		
Total Shelby			21	22172	0.947
Stark	61449	La Fayette	1		
	61483	Toulon	1		
	61491	Wyoming	2		
Total Stark			4	6233	0.642
Stephenson	61019	Davis	5		
	61032	Freeport	24		
	61039	German Valley	2		

1 – OCHI Calls by County 2011 (Exhibit 1-13)

County	Zip Code	Post Office Name	Calls	Population	Calls
Stephenson (continued)	61044	Kent	1		
	61048	Lena	1		
	61062	Pearl City	1		
	61067	Ridott	1		
	61089	Winslow	2		
Total Stephenson			37	47388	0.781
Tazewell	61535	Groveland	1		
	61550	Morton	13		
	61554	Pekin	35		
	61558	Pekin	2		
	61564	South Pekin	2		
	61568	Tremont	4		
	61571	Washington	17		
	61610	Creve Coeur	2		
	61611	East Peoria	17		
	61721	Armington	2		
	61747	Hopedale	1		
	61755	Mackinaw	3		
	61759	Minier	2		
Total Tazewell			101	135394	0.746
Union	62905	Alto Pass	1		
	62906	Anna	3		
	62920	Cobden	2		
	62926	Dongola	1		
	62952	Jonesboro	4		
Total Union			11	18261	0.602
Vermilion	60932	East Lynn	1		
	60942	Hoopeston	6		
	60963	Rossville	1		
	61811	Alvin	2		
	61812	Armstrong	1		
	61817	Catlin	1		
	61831	Collison	1		
	61832	Danville	26		
	61834	Danville	4		
	61833	Tilton	2		
	61846	Georgetown	2		
	61858	Oakwood	4		
	61876	Sidell	4		
61883	Westville	5			
Total Vermilion			60	81941	0.732
Wabash	62811	Bellmont	1		
	62863	Mount Carmel	10		
Total Wabash			11	12457	0.883
Warren	61423	Cameron	1		
	61447	Kirkwood	1		
	61462	Monmouth	9		
	61473	Roseville	3		
Total Warren			14	17480	0.801
Washington	62214	Addieville	4		
	62263	Nashville	14		
	62268	Oakdale	3		
	62271	Okawville	1		
	62803	Hoyleton	1		
	62808	Ashley	1		
Total Washington			24	14927	1.608

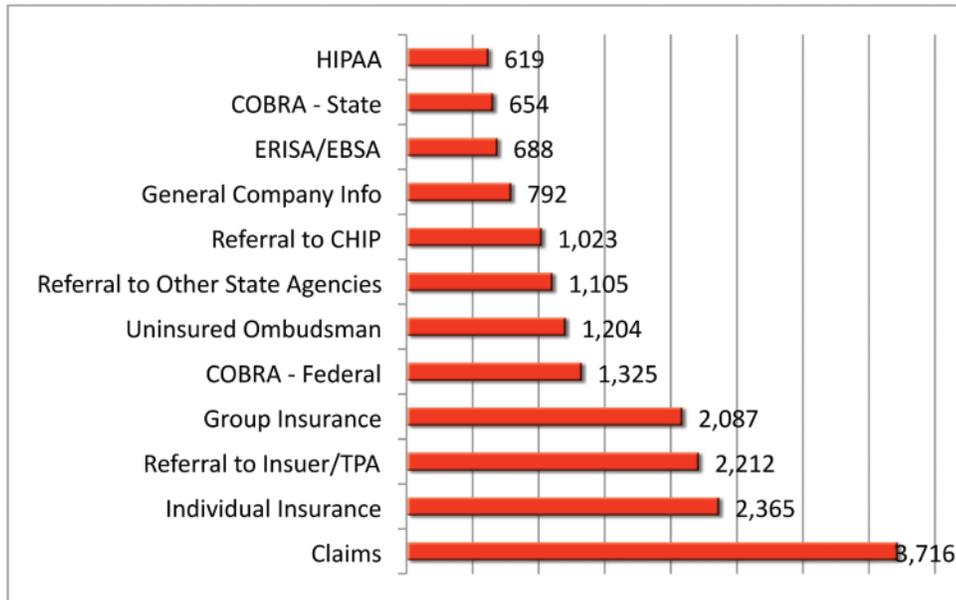
1 – OCHI Calls by County 2011 (Exhibit 1-12)

County	Zip Code	Post Office Name	Calls	Population	Calls	
Wayne	62446	Mount Erie	2			
	62823	Cisne	1			
	62837	Fairfield	8			
	62851	Keenes	1			
	62878	Rinard	1			
	62895	Wayne City	2			
Total Wayne			15	16602	0.904	
White	62821	Carmi	2			
	62827	Crossville	1			
	62844	Grayville	3			
	62861	Maunie	1			
	62869	Norris City	1			
	Total White			8	15078	0.531
Whiteside	61071	Rock Falls	5			
	61081	Sterling	16			
	61250	Erie	1			
	61252	Fulton	1			
	61261	Lyndon	1			
	61270	Morrison	5			
	61277	Prophetstown	2			
	Total Whiteside			31	59880	0.518
Will	60401	Beecher	7			
	60403	Crest Hill	13			
	60404	Shorewood	10			
	60408	Braidwood	2			
	60410	Channahon	9			
	60417	Crete	8			
	60421	Elwood	3			
	60423	Frankfort	29			
	60431	Joliet	12			
	60432	Joliet	12			
	60433	Joliet	8			
	60434	Joliet	4			
	60435	Joliet	45			
	60436	Joliet	19			
	60440	Bolingbrook	50			
	60490	Bolingbrook	13			
	60441	Lockport	23			
	60442	Manhattan	10			
	60446	Romeoville	26			
	60448	Mokena	14			
	60449	Monee	4			
	60451	New Lenox	24			
	60468	Peotone	8			
	60481	Wilmington	11			
	60491	Homer Glen	22			
	60544	Plainfield	25			
	60564	Naperville	42			
	60585	Plainfield	15			
	60586	Plainfield	38			
	Total Will			506	677560	0.747
	Williamson	62918	Carterville	9		
		62921	Colp	1		
62922		Creal Springs	2			
62933		Energy	1			
62948		Herrin	6			
62949		Hurst	1			
62951		Johnston City	7			
62959		Marion	28			
62974		Pittsburg	6			
Total Williamson			61	63740	0.957	

1 – OCHI Calls by County 2011 (Exhibit 1-13)

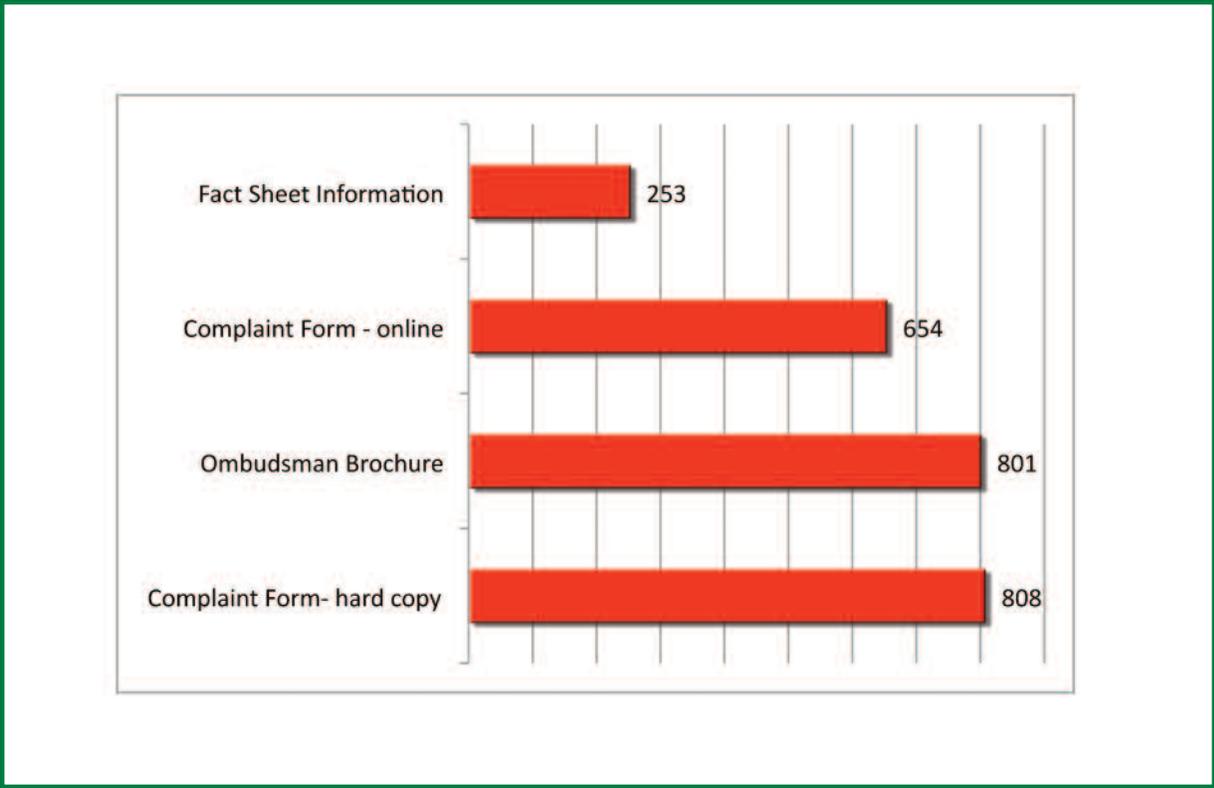
County	Zip Code	Post Office Name	Calls	Population	Calls
Winnebago	61016	Cherry Valley	2		
	61024	Durand	1		
	61063	Pecatonica	4		
	61072	Rockton	8		
	61073	Roscoe	14		
	61875	Seward	1		
	61080	South Beloit	9		
	61088	Winnebago	4		
	61101	Rockford	15		
	61102	Rockford	14		
	61103	Rockford	20		
	61104	Rockford	9		
	61105	Rockford	1		
	61107	Rockford	46		
	61108	Rockford	41		
	61109	Rockford	27		
	61110	Rockford	3		
	61114	Rockford	19		
	61132	Rockford	1		
	61111	Loves Park	11		
61115	Machesney Park	21			
Total Winnebago			271	295266	0.918
Woodford	61530	Eureka	7		
	61548	Metamora	12		
	61729	Congerville	1		
	61738	El Paso	3		
	61742	Goodfield	2		
Total Woodford			25	37904	0.660
	99999	In Illinois	4901		
	88888	Out of Illinois	2697		
	55555	Pending HMO Complaints	1		

2 – Calls Received by OCHI 2011 (Top 12 Categories) (Exhibit 2-1)

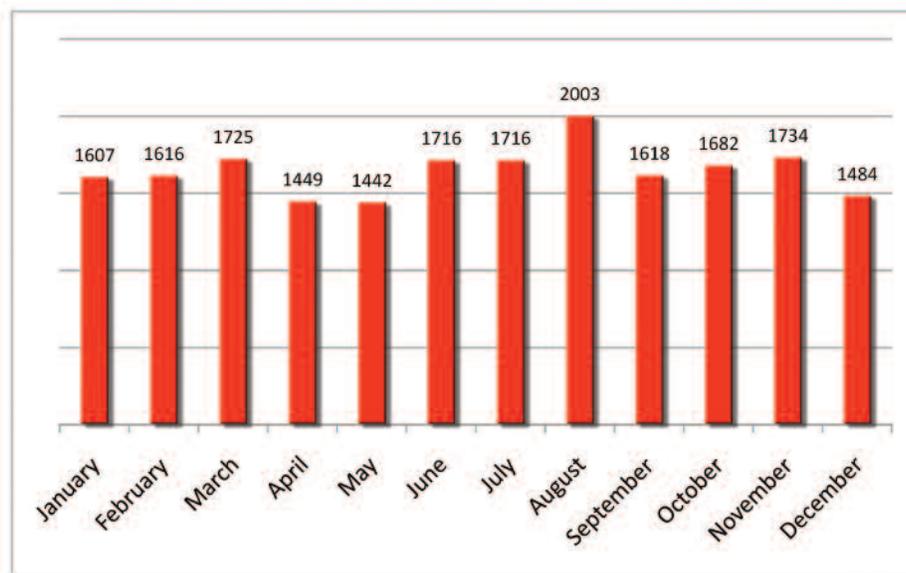


3 – Materials Sent To Consumers by OCHI 2011 (Top 12 Categories)

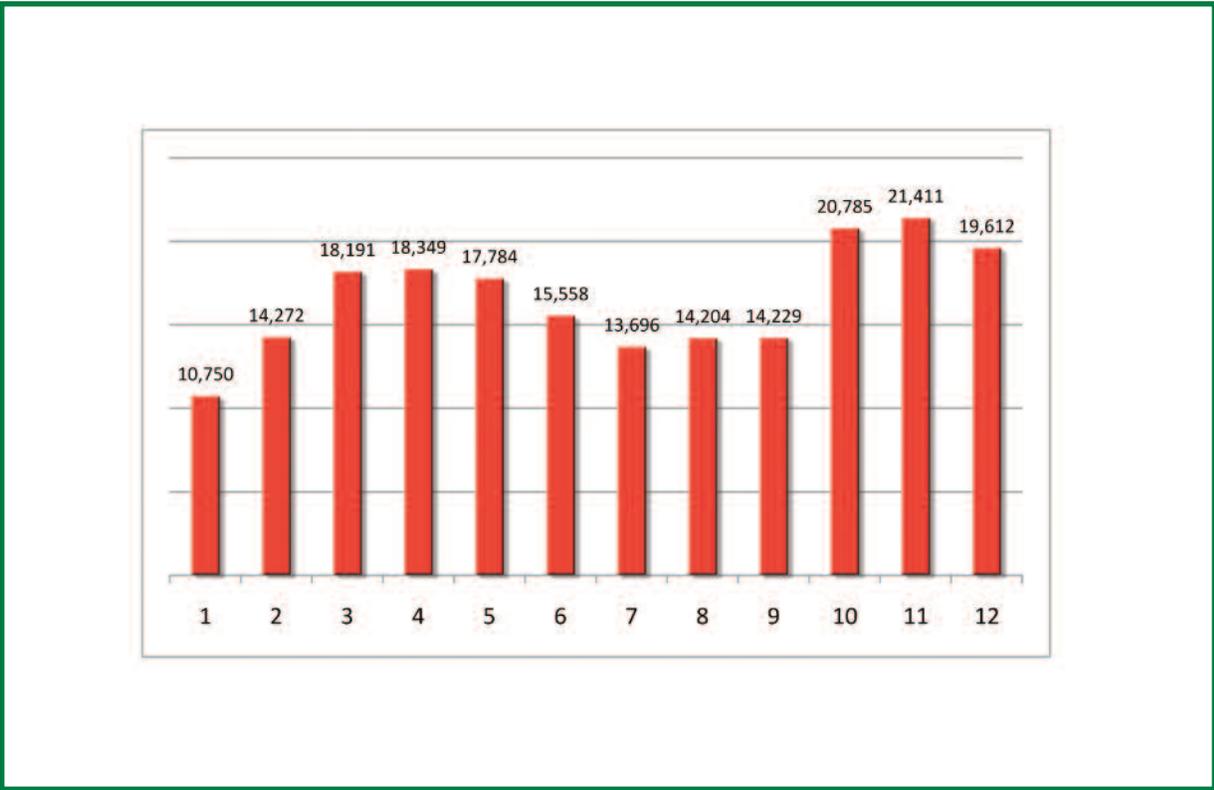
(Exhibit 3-1)



4 – Calls Received by OCHI Per Month (Exhibit 4-1)



5 – OCHI Calls by Year (Exhibit 5-1)





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