

ConnectiCare® 2009 Rates January – December 2009 Effective Dates



Revised 12/08

POS Upfront Plan Deductible \$500 Individual/\$1,000 Family

(POS-OA-25-35-UFRA)

All policyholders may be subject to a rate increase at their renewal date.
Rates are calculated as of the Applicant's age as of the effective date.

Area 1 (Hartford, New London, Tolland and Windham counties*)

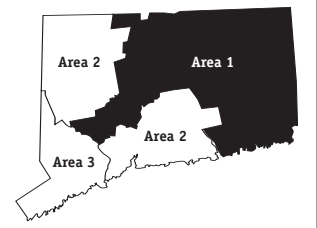
Hartford County: Avon, Berlin, Bloomfield, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Enfield, Farmington, Glastonbury, Granby, Hartford, Hartland, Manchester, Marlborough, New Britain, Newington, Plainville, Rocky Hill, Simsbury, Southington, South Windsor, Suffield, West Hartford, Wethersfield, Windsor, Windsor Locks

New London County: Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Lebanon, Ledyard, Lisbon, Lyme, Montville, New London, North Stonington, Norwich, Old Lyme, Preston, Salem, Sprague, Stonington, Voluntown, Waterford

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*Note: Area 1 also includes these towns from New Haven County: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



10-20-35 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$877.02	\$776.48	\$1,514.31	\$1,729.89
66	\$923.94	\$803.47	\$1,584.44	\$1,785.80
67	\$970.88	\$830.44	\$1,654.54	\$1,841.75
68	\$1,000.01	\$855.35	\$1,704.18	\$1,897.01
69	\$1,029.99	\$881.01	\$1,755.32	\$1,953.90
70+	\$1,060.92	\$907.44	\$1,807.97	\$2,012.54
Medicare Prime	\$388.69	\$388.69	\$956.80	\$1,539.85

10-20-35 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$903.59	\$800.00	\$1,560.19	\$1,782.31
66	\$951.93	\$827.82	\$1,632.45	\$1,839.92
67	\$1,000.31	\$855.60	\$1,704.68	\$1,897.56
68	\$1,030.31	\$881.26	\$1,755.83	\$1,954.48
69	\$1,061.20	\$907.70	\$1,808.50	\$2,013.11
70+	\$1,093.06	\$934.93	\$1,862.75	\$2,073.52
Medicare Prime	\$400.48	\$400.48	\$985.79	\$1,586.50

10-20-35 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$916.65	\$811.56	\$1,582.74	\$1,808.06
66	\$965.68	\$839.78	\$1,656.02	\$1,866.49
67	\$1,014.75	\$867.96	\$1,729.30	\$1,924.97
68	\$1,045.19	\$893.99	\$1,781.18	\$1,982.72
69	\$1,076.53	\$920.81	\$1,834.63	\$2,042.19
70+	\$1,108.84	\$948.44	\$1,889.66	\$2,103.47
Medicare Prime	\$406.26	\$406.26	\$1,000.03	\$1,609.42

15-25-40 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$868.05	\$768.53	\$1,498.82	\$1,712.19
66	\$914.48	\$795.25	\$1,568.21	\$1,767.53
67	\$960.95	\$821.94	\$1,637.61	\$1,822.90
68	\$989.77	\$846.60	\$1,686.75	\$1,877.59
69	\$1,019.45	\$871.99	\$1,737.35	\$1,933.90
70+	\$1,050.06	\$898.15	\$1,789.47	\$1,991.94
Medicare Prime	\$384.71	\$384.71	\$947.01	\$1,524.09

15-25-40 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$890.19	\$788.13	\$1,537.05	\$1,755.88
66	\$937.81	\$815.53	\$1,608.22	\$1,812.62
67	\$985.47	\$842.91	\$1,679.39	\$1,869.40
68	\$1,015.02	\$868.19	\$1,729.77	\$1,925.49
69	\$1,045.46	\$894.24	\$1,781.67	\$1,983.25
70+	\$1,076.84	\$921.07	\$1,835.11	\$2,042.76
Medicare Prime	\$394.53	\$394.53	\$971.17	\$1,562.97

15-25-40 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$900.75	\$797.49	\$1,555.29	\$1,776.70
66	\$948.94	\$825.21	\$1,627.31	\$1,834.13
67	\$997.15	\$852.91	\$1,699.31	\$1,891.58
68	\$1,027.06	\$878.49	\$1,750.29	\$1,948.33
69	\$1,057.86	\$904.84	\$1,802.81	\$2,006.77
70+	\$1,089.62	\$931.99	\$1,856.89	\$2,066.99
Medicare Prime	\$399.22	\$399.22	\$982.69	\$1,581.52

ConnectiCare® 2009 Rates *January – December 2009 Effective Dates*



Revised 12/08

POS Upfront Plan Deductible \$1,000 Individual/\$2,000 Family

(POS-0A-25-35-UFSA)

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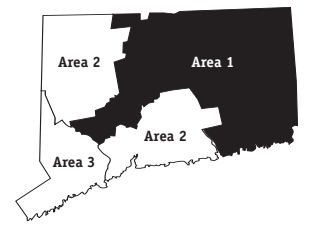
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10-20-35 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$776.20	\$687.23	\$1,340.24	\$1,531.04
66	\$817.74	\$711.11	\$1,402.30	\$1,580.53
67	\$859.28	\$734.98	\$1,464.36	\$1,630.05
68	\$885.06	\$757.03	\$1,508.28	\$1,678.95
69	\$911.60	\$779.74	\$1,553.54	\$1,729.30
70+	\$938.96	\$803.12	\$1,600.14	\$1,781.20
Medicare Prime	\$344.02	\$344.02	\$846.82	\$1,362.84

10-20-35 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$802.78	\$710.75	\$1,386.13	\$1,583.46
66	\$845.73	\$735.46	\$1,450.31	\$1,634.65
67	\$888.70	\$760.14	\$1,514.49	\$1,685.85
68	\$915.36	\$782.94	\$1,559.93	\$1,736.43
69	\$942.81	\$806.43	\$1,606.72	\$1,788.51
70+	\$971.10	\$830.62	\$1,654.92	\$1,842.18
Medicare Prime	\$355.81	\$355.81	\$875.81	\$1,409.50

10-20-35 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$815.84	\$722.31	\$1,408.67	\$1,609.21
66	\$859.48	\$747.42	\$1,473.88	\$1,661.22
67	\$903.15	\$772.50	\$1,539.11	\$1,713.26
68	\$930.24	\$795.67	\$1,585.28	\$1,764.66
69	\$958.14	\$819.54	\$1,632.84	\$1,817.59
70+	\$986.89	\$844.12	\$1,681.83	\$1,872.13
Medicare Prime	\$361.59	\$361.59	\$890.05	\$1,432.42

15-25-40 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$767.24	\$679.28	\$1,324.75	\$1,513.34
66	\$808.28	\$702.89	\$1,386.08	\$1,562.26
67	\$849.34	\$726.48	\$1,447.42	\$1,611.20
68	\$874.82	\$748.27	\$1,490.85	\$1,659.53
69	\$901.06	\$770.72	\$1,535.57	\$1,709.30
70+	\$928.10	\$793.83	\$1,581.64	\$1,760.60
Medicare Prime	\$340.04	\$340.04	\$837.03	\$1,347.08

15-25-40 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$789.37	\$698.88	\$1,362.98	\$1,557.03
66	\$831.61	\$723.18	\$1,426.09	\$1,607.35
67	\$873.86	\$747.45	\$1,489.20	\$1,657.70
68	\$900.07	\$769.87	\$1,533.87	\$1,707.43
69	\$927.06	\$792.97	\$1,579.89	\$1,758.65
70+	\$954.89	\$816.75	\$1,627.29	\$1,811.42
Medicare Prime	\$349.86	\$349.86	\$861.18	\$1,385.96

15-25-40 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$799.94	\$708.23	\$1,381.22	\$1,577.85
66	\$842.74	\$732.85	\$1,445.17	\$1,628.85
67	\$885.55	\$757.45	\$1,509.12	\$1,679.88
68	\$912.11	\$780.17	\$1,554.39	\$1,730.27
69	\$939.47	\$803.57	\$1,601.03	\$1,782.17
70+	\$967.66	\$827.67	\$1,649.06	\$1,835.65
Medicare Prime	\$354.54	\$354.54	\$872.70	\$1,404.51

ConnectiCare® 2009 Rates *January – December 2009 Effective Dates*



Revised 12/08

POS Upfront Plan Deductible \$2,000 Individual/\$4,000 Family

(POS-OA-25-35-UFTA)

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Area 1 (Hartford, New London, Tolland and Windham counties*)

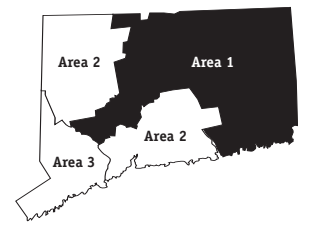
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10-20-35 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$657.18	\$581.84	\$1,134.72	\$1,296.25
66	\$692.34	\$602.07	\$1,187.27	\$1,338.16
67	\$727.51	\$622.28	\$1,239.81	\$1,380.08
68	\$749.34	\$640.94	\$1,277.00	\$1,421.49
69	\$771.81	\$660.16	\$1,315.31	\$1,464.12
70+	\$794.98	\$679.97	\$1,354.77	\$1,508.06
Medicare Prime	\$291.26	\$291.26	\$716.97	\$1,153.85

10-20-35 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$683.76	\$605.36	\$1,180.60	\$1,348.67
66	\$720.33	\$626.41	\$1,235.28	\$1,392.27
67	\$756.94	\$647.44	\$1,289.94	\$1,435.89
68	\$779.64	\$666.85	\$1,328.64	\$1,478.96
69	\$803.01	\$686.86	\$1,368.49	\$1,523.33
70+	\$827.12	\$707.46	\$1,409.55	\$1,569.04
Medicare Prime	\$303.04	\$303.04	\$745.95	\$1,200.51

10-20-35 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$696.81	\$616.93	\$1,203.15	\$1,374.42
66	\$734.08	\$638.37	\$1,258.85	\$1,418.85
67	\$771.38	\$659.80	\$1,314.56	\$1,463.30
68	\$794.52	\$679.58	\$1,353.99	\$1,507.20
69	\$818.34	\$699.97	\$1,394.62	\$1,552.41
70+	\$842.91	\$720.97	\$1,436.46	\$1,598.99
Medicare Prime	\$308.82	\$308.82	\$760.19	\$1,223.43

15-25-40 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$648.21	\$573.89	\$1,119.23	\$1,278.55
66	\$682.88	\$593.84	\$1,171.04	\$1,319.89
67	\$717.58	\$613.78	\$1,222.87	\$1,361.23
68	\$739.10	\$632.18	\$1,259.56	\$1,402.07
69	\$761.26	\$651.15	\$1,297.34	\$1,444.12
70+	\$784.12	\$670.68	\$1,336.26	\$1,487.46
Medicare Prime	\$287.28	\$287.28	\$707.18	\$1,138.10

15-25-40 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$670.35	\$593.50	\$1,157.46	\$1,322.24
66	\$706.21	\$614.13	\$1,211.05	\$1,364.98
67	\$742.10	\$634.75	\$1,264.65	\$1,407.74
68	\$764.36	\$653.78	\$1,302.59	\$1,449.96
69	\$787.27	\$673.39	\$1,341.66	\$1,493.47
70+	\$810.91	\$693.60	\$1,381.91	\$1,538.28
Medicare Prime	\$297.10	\$297.10	\$731.33	\$1,176.98

15-25-40 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$680.92	\$602.85	\$1,175.69	\$1,343.06
66	\$717.33	\$623.81	\$1,230.14	\$1,386.48
67	\$753.78	\$644.74	\$1,284.57	\$1,429.91
68	\$776.40	\$664.08	\$1,323.10	\$1,472.80
69	\$799.67	\$684.00	\$1,362.80	\$1,516.99
70+	\$823.68	\$704.52	\$1,403.68	\$1,562.51
Medicare Prime	\$301.78	\$301.78	\$742.85	\$1,195.52

ConnectiCare® 2009 Rates January – December 2009 Effective Dates



Revised 12/08

POS \$25/\$35 Hospital Copay \$500

(POS-0A-25-35-AJLA)

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Area 1 (Hartford, New London, Tolland and Windham counties*)

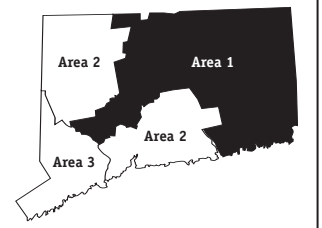
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10-20-35 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$924.43	\$818.44	\$1,596.16	\$1,823.39
66	\$973.88	\$846.90	\$1,670.07	\$1,882.32
67	\$1,023.36	\$875.33	\$1,743.97	\$1,941.29
68	\$1,054.06	\$901.58	\$1,796.29	\$1,999.53
69	\$1,085.67	\$928.62	\$1,850.19	\$2,059.51
70+	\$1,118.25	\$956.48	\$1,905.68	\$2,121.31
Medicare				
Prime	\$409.70	\$409.70	\$1,008.52	\$1,623.07

10-20-35 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$951.00	\$841.96	\$1,642.05	\$1,875.81
66	\$1,001.87	\$871.25	\$1,718.08	\$1,936.44
67	\$1,052.78	\$900.49	\$1,794.11	\$1,997.10
68	\$1,084.36	\$927.49	\$1,847.93	\$2,057.01
69	\$1,116.88	\$955.32	\$1,903.37	\$2,118.72
70+	\$1,150.39	\$983.97	\$1,960.46	\$2,182.29
Medicare				
Prime	\$421.49	\$421.49	\$1,037.51	\$1,669.73

10-20-35 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$964.06	\$853.53	\$1,664.59	\$1,901.56
66	\$1,015.62	\$883.21	\$1,741.65	\$1,963.01
67	\$1,067.23	\$912.84	\$1,818.73	\$2,024.51
68	\$1,099.24	\$940.22	\$1,873.28	\$2,085.24
69	\$1,132.20	\$968.43	\$1,929.50	\$2,147.80
70+	\$1,166.18	\$997.48	\$1,987.37	\$2,212.24
Medicare				
Prime	\$427.27	\$427.27	\$1,051.75	\$1,692.65

15-25-40 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$915.46	\$810.49	\$1,580.67	\$1,805.69
66	\$964.43	\$838.68	\$1,653.84	\$1,864.05
67	\$1,013.42	\$866.83	\$1,727.03	\$1,922.44
68	\$1,043.82	\$892.82	\$1,778.85	\$1,980.11
69	\$1,075.12	\$919.60	\$1,832.22	\$2,039.51
70+	\$1,107.39	\$947.19	\$1,887.18	\$2,100.71
Medicare				
Prime	\$405.72	\$405.72	\$998.73	\$1,607.32

15-25-40 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$937.60	\$830.10	\$1,618.90	\$1,849.37
66	\$987.76	\$858.96	\$1,693.85	\$1,909.14
67	\$1,037.94	\$887.80	\$1,768.81	\$1,968.95
68	\$1,069.07	\$914.42	\$1,821.87	\$2,028.01
69	\$1,101.13	\$941.85	\$1,876.54	\$2,088.85
70+	\$1,134.18	\$970.11	\$1,932.82	\$2,151.53
Medicare				
Prime	\$415.54	\$415.54	\$1,022.88	\$1,646.20

15-25-40 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$948.16	\$839.45	\$1,637.14	\$1,870.20
66	\$998.88	\$868.64	\$1,712.94	\$1,930.65
67	\$1,049.63	\$897.79	\$1,788.73	\$1,991.12
68	\$1,081.11	\$924.72	\$1,842.39	\$2,050.85
69	\$1,113.54	\$952.46	\$1,897.68	\$2,112.38
70+	\$1,146.95	\$981.03	\$1,954.60	\$2,175.77
Medicare				
Prime	\$420.22	\$420.22	\$1,034.40	\$1,664.74

ConnectiCare® 2009 Rates *January – December 2009 Effective Dates*



Revised 12/08

POS \$30/\$45 Hospital Deductible \$2,000 Indiv./\$4,000 Fam.

(POS-OA-30-45-DJMA)

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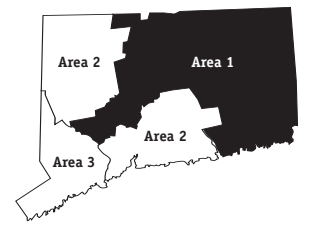
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10-20-35 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$822.12	\$727.87	\$1,419.50	\$1,621.59
66	\$866.10	\$753.17	\$1,485.23	\$1,674.00
67	\$910.10	\$778.45	\$1,550.96	\$1,726.44
68	\$937.40	\$801.80	\$1,597.49	\$1,778.24
69	\$965.52	\$825.84	\$1,645.41	\$1,831.57
70+	\$994.49	\$850.63	\$1,694.77	\$1,886.53
Medicare				
Prime	\$364.36	\$364.36	\$896.90	\$1,443.44

10-20-35 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$848.69	\$751.39	\$1,465.38	\$1,674.01
66	\$894.09	\$777.52	\$1,533.24	\$1,728.11
67	\$939.52	\$803.61	\$1,601.10	\$1,782.25
68	\$967.70	\$827.72	\$1,649.13	\$1,835.72
69	\$996.72	\$852.54	\$1,698.60	\$1,890.78
70+	\$1,026.64	\$878.12	\$1,749.55	\$1,947.51
Medicare				
Prime	\$376.14	\$376.14	\$925.88	\$1,490.10

10-20-35 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$861.75	\$762.95	\$1,487.93	\$1,699.76
66	\$907.84	\$789.48	\$1,556.81	\$1,754.69
67	\$953.96	\$815.97	\$1,625.72	\$1,809.66
68	\$982.59	\$840.45	\$1,674.48	\$1,863.95
69	\$1,012.05	\$865.65	\$1,724.72	\$1,919.86
70+	\$1,042.42	\$891.62	\$1,776.46	\$1,977.47
Medicare				
Prime	\$381.92	\$381.92	\$940.12	\$1,513.02

15-25-40 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$813.15	\$719.92	\$1,404.01	\$1,603.89
66	\$856.64	\$744.95	\$1,469.01	\$1,655.73
67	\$900.16	\$769.95	\$1,534.03	\$1,707.59
68	\$927.17	\$793.05	\$1,580.05	\$1,758.82
69	\$954.97	\$816.82	\$1,627.45	\$1,811.57
70+	\$983.63	\$841.33	\$1,676.26	\$1,865.93
Medicare				
Prime	\$360.38	\$360.38	\$887.10	\$1,427.68

15-25-40 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$835.29	\$739.52	\$1,442.24	\$1,647.57
66	\$879.97	\$765.23	\$1,509.02	\$1,700.81
67	\$924.68	\$790.92	\$1,575.81	\$1,754.10
68	\$952.42	\$814.65	\$1,623.07	\$1,806.72
69	\$980.98	\$839.07	\$1,671.77	\$1,860.92
70+	\$1,010.42	\$864.25	\$1,721.91	\$1,916.75
Medicare				
Prime	\$370.20	\$370.20	\$911.26	\$1,466.56

15-25-40 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$845.85	\$748.88	\$1,460.48	\$1,668.40
66	\$891.09	\$774.91	\$1,528.10	\$1,722.32
67	\$936.37	\$800.92	\$1,595.73	\$1,776.27
68	\$964.46	\$824.95	\$1,643.59	\$1,829.56
69	\$993.38	\$849.68	\$1,692.91	\$1,884.44
70+	\$1,023.20	\$875.18	\$1,743.68	\$1,940.99
Medicare				
Prime	\$374.88	\$374.88	\$922.78	\$1,485.11



Revised 12/08

POS Upfront Plan Deductible \$500 Individual/\$1,000 Family (No Rx)

(POS-OA-25-35-UFRA w/o Rx)

All policyholders may be subject to a rate increase at their renewal date.
Rates are calculated as of the Applicant's age as of the effective date.

Area 1 (Hartford, New London, Tolland and Windham counties*)

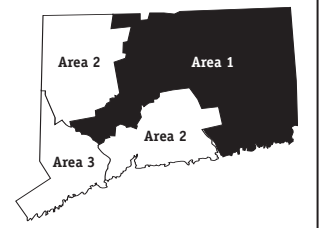
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*Note: Area 1 also includes these towns from New Haven County: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$808.86	\$716.12	\$1,396.61	\$1,595.44
66	\$852.12	\$741.02	\$1,461.28	\$1,647.00
67	\$895.42	\$765.89	\$1,525.94	\$1,698.60
68	\$922.28	\$788.87	\$1,571.73	\$1,749.56
69	\$949.93	\$812.53	\$1,618.88	\$1,802.04
70+	\$978.45	\$836.91	\$1,667.44	\$1,856.11
Medicare				
Prime	\$358.48	\$358.48	\$882.43	\$1,420.16



Revised 12/08

POS Upfront Plan Deductible \$1,000 Individual/\$2,000 Family (No Rx)

(POS-0A-25-35-UFSA w/o Rx)

All policyholders may be subject to a rate increase at their renewal date.
Rates are calculated as of the Applicant's age as of the effective date.

Area 1 (Hartford, New London, Tolland and Windham counties*)

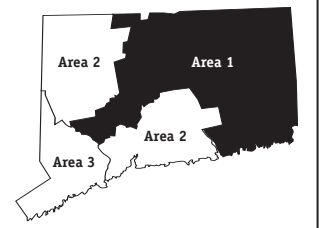
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Tolland County: Andover, Bolton, Columbia, Coventry, Ellington, Hebron, Mansfield, Somers, Stafford, Tolland, Union, Vernon, Willington

Windham County: Ashford, Brooklyn, Canterbury, Chaplin, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Windham, Woodstock

*Note: Area 1 also includes these towns from New Haven County: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$708.04	\$626.87	\$1,222.54	\$1,396.59
66	\$745.92	\$648.66	\$1,279.15	\$1,441.73
67	\$783.82	\$670.43	\$1,335.76	\$1,486.89
68	\$807.33	\$690.54	\$1,375.83	\$1,531.50
69	\$831.54	\$711.26	\$1,417.10	\$1,577.44
70+	\$856.50	\$732.59	\$1,459.61	\$1,624.77
Medicare				
Prime	\$313.81	\$313.81	\$772.45	\$1,243.16



Revised 12/08

POS Upfront Plan Deductible \$2,000 Individual/\$4,000 Family (No Rx)

(POS-0A-25-35-UFTA w/o Rx)

All policyholders may be subject to a rate increase at their renewal date.
Rates are calculated as of the Applicant's age as of the effective date.

Area 1 (Hartford, New London, Tolland and Windham counties*)

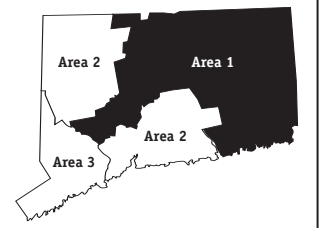
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Tolland County: Andover, Bolton, Columbia, Coventry, Ellington, Hebron, Mansfield, Somers, Stafford, Tolland, Union, Vernon, Willington

Windham County: Ashford, Brooklyn, Canterbury, Chaplin, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Windham, Woodstock

*Note: Area 1 also includes these towns from New Haven County: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$589.02	\$521.49	\$1,017.02	\$1,161.80
66	\$620.52	\$539.61	\$1,064.11	\$1,199.36
67	\$652.05	\$557.73	\$1,111.21	\$1,236.93
68	\$671.61	\$574.45	\$1,144.54	\$1,274.04
69	\$691.75	\$591.68	\$1,178.87	\$1,312.25
70+	\$712.52	\$609.44	\$1,214.24	\$1,351.63
Medicare				
Prime	\$261.05	\$261.05	\$642.60	\$1,034.17



Revised 12/08

POS \$25/\$35 Hospital Copay \$500 (No Rx)

(POS-0A-25-35-AJLA w/o Rx)

All policyholders may be subject to a rate increase at their renewal date.
Rates are calculated as of the Applicant's age as of the effective date.

Area 1 (Hartford, New London, Tolland and Windham counties*)

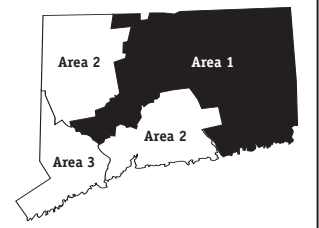
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New London County: Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Lebanon, Ledyard, Lisbon, Lyme, Montville, New London, North Stonington, Norwich, Old Lyme, Preston, Salem, Sprague, Stonington, Voluntown, Waterford

Tolland County: Andover, Bolton, Columbia, Coventry, Ellington, Hebron, Mansfield, Somers, Stafford, Tolland, Union, Vernon, Willington

Windham County: Ashford, Brooklyn, Canterbury, Chaplin, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Windham, Woodstock

*Note: Area 1 also includes these towns from New Haven County: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$856.26	\$758.09	\$1,478.46	\$1,688.94
66	\$902.07	\$784.45	\$1,546.91	\$1,743.52
67	\$947.90	\$810.78	\$1,615.37	\$1,798.14
68	\$976.33	\$835.09	\$1,663.83	\$1,852.08
69	\$1,005.61	\$860.14	\$1,713.75	\$1,907.64
70+	\$1,035.79	\$885.94	\$1,765.15	\$1,964.89
Medicare				
Prime	\$379.49	\$379.49	\$934.15	\$1,503.39

ConnectiCare® 2009 Rates *January – December 2009 Effective Dates*



Revised 12/08

POS \$30/\$45 Hospital Deductible \$2,000 Indiv./\$4,000 Fam. (No Rx)

(POS-0A-30-45-DJMA w/o Rx)

All policyholders may be subject to a rate increase at their renewal date.
Rates are calculated as of the Applicant's age as of the effective date.

Area 1 (Hartford, New London, Tolland and Windham counties*)

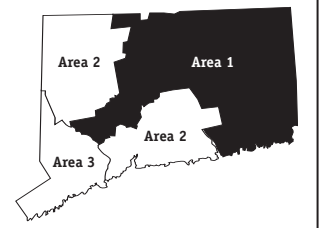
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*Note: Area 1 also includes these towns from New Haven County: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$753.95	\$667.51	\$1,301.80	\$1,487.13
66	\$794.28	\$690.72	\$1,362.08	\$1,535.20
67	\$834.64	\$713.90	\$1,422.36	\$1,583.29
68	\$859.67	\$735.32	\$1,465.03	\$1,630.79
69	\$885.46	\$757.36	\$1,508.98	\$1,679.70
70+	\$912.03	\$780.09	\$1,554.24	\$1,730.11
Medicare				
Prime	\$334.15	\$334.15	\$822.52	\$1,323.76

ConnectiCare® 2009 Rates *January – December 2009 Effective Dates*



Revised 12/08

POS High Deductible Health Plan \$1,500 Individual/\$3,000 Family w/\$15/25/40 after Ded.

(POS-HSA-00-00-HDOI/HDUF)

All policyholders may be subject to a rate increase at their renewal date.
Rates are calculated as of the Applicant's age as of the effective date.

Area 1 (Hartford, New London, Tolland and Windham counties*)

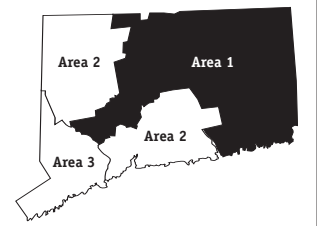
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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$678.63	\$600.84	\$1,033.28	\$1,338.56
66	\$714.93	\$621.71	\$1,081.11	\$1,381.84
67	\$751.25	\$642.60	\$1,128.95	\$1,425.11
68	\$773.79	\$661.86	\$1,162.83	\$1,467.87
69	\$797.00	\$681.73	\$1,197.70	\$1,511.89
70+	\$820.91	\$702.19	\$1,233.63	\$1,557.24
Medicare				
Prime	\$290.71	\$290.71	\$715.58	\$1,151.64

ConnectiCare® 2009 Rates *January – December 2009 Effective Dates*



Revised 12/08

POS High Deductible Health Plan \$3,000 Individual/\$6,000 Family w/\$15/25/40 after Ded.

(POS-HSA-00-00-HDVI/HDWF)

All policyholders may be subject to a rate increase at their renewal date.
Rates are calculated as of the Applicant's age as of the effective date.

Area 1 (Hartford, New London, Tolland and Windham counties*)

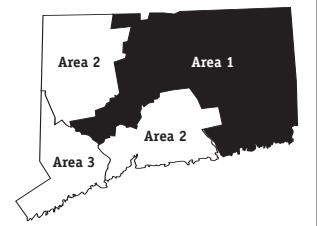
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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$557.50	\$493.61	\$848.87	\$1,099.67
66	\$587.34	\$510.75	\$888.16	\$1,135.22
67	\$617.17	\$527.91	\$927.46	\$1,170.77
68	\$635.68	\$543.75	\$955.30	\$1,205.89
69	\$654.76	\$560.06	\$983.95	\$1,242.07
70+	\$674.40	\$576.87	\$1,013.46	\$1,279.33
Medicare				
Prime	\$238.83	\$238.83	\$587.88	\$946.11

ConnectiCare® 2009 Rates *January – December 2009 Effective Dates*



Revised 12/08

POS High Deductible Health Plan \$5,000 Individual/\$10,000 Family w/No Member Cost after Ded.

(POS-HSA-00-00-HDXI/HDYF)

All policyholders may be subject to a rate increase at their renewal date.
Rates are calculated as of the Applicant's age as of the effective date.

Area 1 (Hartford, New London, Tolland and Windham counties*)

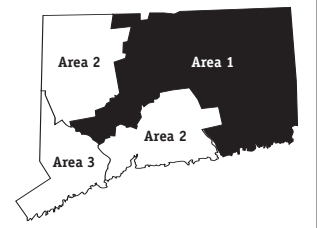
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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$448.32	\$396.94	\$682.62	\$884.30
66	\$472.31	\$410.72	\$714.21	\$912.89
67	\$496.30	\$424.52	\$745.82	\$941.47
68	\$511.20	\$437.25	\$768.20	\$969.71
69	\$526.52	\$450.37	\$791.25	\$998.80
70+	\$542.32	\$463.89	\$814.97	\$1,028.76
Medicare				
Prime	\$192.05	\$192.05	\$472.73	\$760.80