

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.

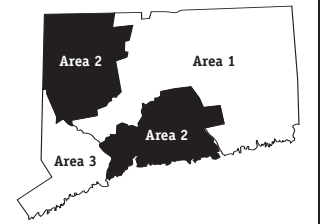
Area 2 (Litchfield, Middlesex and New Haven counties*)

Litchfield County: Barkhamsted, Bethlehem, Bridgewater, Canaan, Colebrook, Cornwall, Goshen, Harwinton, Kent, Litchfield, Morris, New Hartford, New Milford, Norfolk, North Canaan, Plymouth, Roxbury, Salisbury, Sharon, Thomaston, Torrington, Warren, Washington, Watertown, Winchester, Woodbury

Middlesex County: Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Middlefield, Middletown, Old Saybrook, Portland, Westbrook

New Haven County: Ansonia, Bethany, Branford, Derby, East Haven, Guilford, Hamden, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Orange, Seymour, Wallingford, West Haven, Woodbridge

*Note: The following towns are included in Area 1: 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	\$933.99	\$826.91	\$1,612.67	\$1,842.25
66	\$983.95	\$855.65	\$1,687.34	\$1,901.79
67	\$1,033.94	\$884.39	\$1,762.01	\$1,961.36
68	\$1,064.96	\$910.90	\$1,814.87	\$2,020.21
69	\$1,096.90	\$938.23	\$1,869.31	\$2,080.81
70+	\$1,129.81	\$966.37	\$1,925.39	\$2,143.25
Medicare				
Prime	\$413.94	\$413.94	\$1,018.94	\$1,639.86

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$962.30	\$851.97	\$1,661.54	\$1,898.08
66	\$1,013.77	\$881.59	\$1,738.47	\$1,959.43
67	\$1,065.28	\$911.19	\$1,815.40	\$2,020.81
68	\$1,097.23	\$938.51	\$1,869.87	\$2,081.44
69	\$1,130.14	\$966.67	\$1,925.96	\$2,143.87
70+	\$1,164.05	\$995.65	\$1,983.75	\$2,208.20
Medicare				
Prime	\$426.49	\$426.49	\$1,049.82	\$1,689.56

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$976.20	\$864.27	\$1,685.55	\$1,925.51
66	\$1,028.42	\$894.33	\$1,763.59	\$1,987.75
67	\$1,080.67	\$924.36	\$1,841.63	\$2,050.01
68	\$1,113.08	\$952.07	\$1,896.89	\$2,111.51
69	\$1,146.46	\$980.63	\$1,953.79	\$2,174.85
70+	\$1,180.88	\$1,010.05	\$2,012.41	\$2,240.11
Medicare				
Prime	\$432.65	\$432.65	\$1,065.00	\$1,713.96

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$924.43	\$818.44	\$1,596.15	\$1,823.39
66	\$973.87	\$846.90	\$1,670.06	\$1,882.33
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	\$1,085.66	\$928.62	\$1,850.18	\$2,059.51
70+	\$1,118.25	\$956.48	\$1,905.68	\$2,121.31
Medicare				
Prime	\$409.71	\$409.71	\$1,008.51	\$1,623.07

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$948.01	\$839.32	\$1,636.88	\$1,869.90
66	\$998.72	\$868.50	\$1,712.66	\$1,930.34
67	\$1,049.47	\$897.66	\$1,788.46	\$1,990.81
68	\$1,080.94	\$924.58	\$1,842.11	\$2,050.53
69	\$1,113.35	\$952.32	\$1,897.38	\$2,112.05
70+	\$1,146.77	\$980.88	\$1,954.29	\$2,175.43
Medicare				
Prime	\$420.16	\$420.16	\$1,034.24	\$1,664.48

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$959.28	\$849.29	\$1,656.33	\$1,892.12
66	\$1,010.59	\$878.82	\$1,733.02	\$1,953.28
67	\$1,061.93	\$908.33	\$1,809.70	\$2,014.46
68	\$1,093.78	\$935.56	\$1,864.00	\$2,074.90
69	\$1,126.59	\$963.62	\$1,919.92	\$2,137.14
70+	\$1,160.40	\$992.53	\$1,977.52	\$2,201.27
Medicare				
Prime	\$425.15	\$425.15	\$1,046.53	\$1,684.25

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

(POS-OA-25-35-UFGA)

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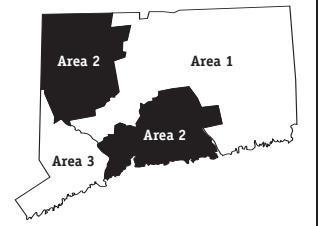
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New Haven County: Ansonia, Bethany, Branford, Derby, East Haven, Guilford, Hamden, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Orange, Seymour, Wallingford, West Haven, Woodbridge

*Note: The following towns are included in Area 1: 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	\$826.64	\$731.86	\$1,427.31	\$1,630.50
66	\$870.85	\$757.30	\$1,493.39	\$1,683.20
67	\$915.09	\$782.73	\$1,559.48	\$1,735.92
68	\$942.54	\$806.20	\$1,606.27	\$1,788.01
69	\$970.82	\$830.38	\$1,654.44	\$1,841.64
70+	\$999.95	\$855.30	\$1,704.08	\$1,896.90
Medicare Prime	\$366.36	\$366.36	\$901.82	\$1,451.37

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$854.94	\$756.92	\$1,476.17	\$1,686.33
66	\$900.67	\$783.24	\$1,544.53	\$1,740.83
67	\$946.43	\$809.53	\$1,612.88	\$1,795.37
68	\$974.82	\$833.81	\$1,661.27	\$1,849.23
69	\$1,004.06	\$858.82	\$1,711.09	\$1,904.69
70+	\$1,034.19	\$884.58	\$1,762.43	\$1,961.85
Medicare Prime	\$378.91	\$378.91	\$932.70	\$1,501.07

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$868.84	\$769.22	\$1,500.18	\$1,713.76
66	\$915.32	\$795.98	\$1,569.65	\$1,769.15
67	\$961.82	\$822.70	\$1,639.10	\$1,824.56
68	\$990.67	\$847.37	\$1,688.28	\$1,879.31
69	\$1,020.39	\$872.78	\$1,738.92	\$1,935.67
70+	\$1,051.01	\$898.97	\$1,791.09	\$1,993.76
Medicare Prime	\$385.07	\$385.07	\$947.88	\$1,525.48

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$817.07	\$723.39	\$1,410.79	\$1,611.64
66	\$860.77	\$748.55	\$1,476.11	\$1,663.74
67	\$904.51	\$773.67	\$1,541.45	\$1,715.85
68	\$931.64	\$796.88	\$1,587.68	\$1,767.33
69	\$959.58	\$820.77	\$1,635.31	\$1,820.34
70+	\$988.39	\$845.40	\$1,684.37	\$1,874.96
Medicare Prime	\$362.13	\$362.13	\$891.39	\$1,434.59

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$840.65	\$744.26	\$1,451.51	\$1,658.16
66	\$885.62	\$770.15	\$1,518.72	\$1,711.75
67	\$930.62	\$796.00	\$1,585.93	\$1,765.36
68	\$958.52	\$819.88	\$1,633.51	\$1,818.33
69	\$987.28	\$844.47	\$1,682.51	\$1,872.88
70+	\$1,016.91	\$869.80	\$1,732.98	\$1,929.08
Medicare Prime	\$372.58	\$372.58	\$917.12	\$1,475.99

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$851.92	\$754.24	\$1,470.96	\$1,680.38
66	\$897.49	\$780.47	\$1,539.07	\$1,734.69
67	\$943.08	\$806.67	\$1,607.18	\$1,789.02
68	\$971.37	\$830.86	\$1,655.40	\$1,842.70
69	\$1,000.51	\$855.78	\$1,705.05	\$1,897.96
70+	\$1,030.53	\$881.46	\$1,756.20	\$1,954.92
Medicare Prime	\$377.57	\$377.57	\$929.41	\$1,495.77

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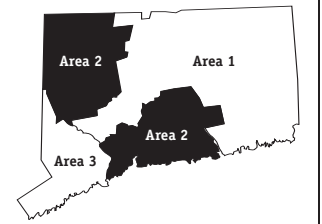
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10-20-35 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$699.90	\$619.64	\$1,208.47	\$1,380.51
66	\$737.32	\$641.19	\$1,264.42	\$1,425.12
67	\$774.79	\$662.72	\$1,320.38	\$1,469.76
68	\$798.04	\$682.59	\$1,359.99	\$1,513.86
69	\$821.96	\$703.06	\$1,400.78	\$1,559.28
70+	\$846.64	\$724.16	\$1,442.81	\$1,606.06
Medicare Prime	\$310.19	\$310.19	\$763.55	\$1,228.83

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$728.20	\$644.70	\$1,257.33	\$1,436.34
66	\$767.15	\$667.12	\$1,315.55	\$1,482.76
67	\$806.13	\$689.52	\$1,373.77	\$1,529.21
68	\$830.31	\$710.20	\$1,414.99	\$1,575.08
69	\$855.21	\$731.50	\$1,457.44	\$1,622.33
70+	\$880.88	\$753.45	\$1,501.16	\$1,671.01
Medicare Prime	\$322.74	\$322.74	\$794.43	\$1,278.53

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$742.11	\$657.01	\$1,281.34	\$1,463.77
66	\$781.79	\$679.87	\$1,340.67	\$1,511.07
67	\$821.52	\$702.69	\$1,400.00	\$1,558.40
68	\$846.16	\$723.76	\$1,442.00	\$1,605.16
69	\$871.53	\$745.47	\$1,485.26	\$1,653.31
70+	\$897.70	\$767.84	\$1,529.82	\$1,702.92
Medicare Prime	\$328.90	\$328.90	\$809.61	\$1,302.94

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$690.33	\$611.18	\$1,191.95	\$1,361.65
66	\$727.25	\$632.44	\$1,247.14	\$1,405.66
67	\$764.20	\$653.66	\$1,302.34	\$1,449.69
68	\$787.13	\$673.26	\$1,341.40	\$1,493.18
69	\$810.73	\$693.46	\$1,381.65	\$1,537.97
70+	\$835.07	\$714.27	\$1,423.09	\$1,584.12
Medicare Prime	\$305.95	\$305.95	\$753.12	\$1,212.05

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$713.91	\$632.05	\$1,232.67	\$1,408.16
66	\$752.09	\$654.04	\$1,289.74	\$1,453.67
67	\$790.31	\$675.99	\$1,346.83	\$1,499.21
68	\$814.02	\$696.26	\$1,387.23	\$1,544.18
69	\$838.42	\$717.15	\$1,428.85	\$1,590.51
70+	\$863.59	\$738.67	\$1,471.70	\$1,638.24
Medicare Prime	\$316.41	\$316.41	\$778.85	\$1,253.46

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$725.18	\$642.03	\$1,252.12	\$1,430.38
66	\$763.96	\$664.36	\$1,310.10	\$1,476.61
67	\$802.78	\$686.66	\$1,368.07	\$1,522.86
68	\$826.86	\$707.25	\$1,409.12	\$1,568.55
69	\$851.65	\$728.46	\$1,451.39	\$1,615.60
70+	\$877.22	\$750.32	\$1,494.93	\$1,664.08
Medicare Prime	\$321.39	\$321.39	\$791.14	\$1,273.23

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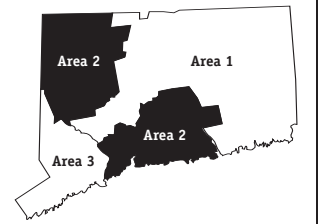
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10-20-35 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$984.48	\$871.60	\$1,699.84	\$1,941.82
66	\$1,037.13	\$901.90	\$1,778.53	\$2,004.58
67	\$1,089.82	\$932.18	\$1,857.24	\$2,067.38
68	\$1,122.51	\$960.13	\$1,912.96	\$2,129.40
69	\$1,156.18	\$988.94	\$1,970.34	\$2,193.28
70+	\$1,190.88	\$1,018.61	\$2,029.46	\$2,259.08
Medicare Prime	\$436.32	\$436.32	\$1,074.02	\$1,728.49

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,012.78	\$896.66	\$1,748.70	\$1,997.65
66	\$1,066.95	\$927.84	\$1,829.67	\$2,062.22
67	\$1,121.16	\$958.98	\$1,910.64	\$2,126.83
68	\$1,154.79	\$987.75	\$1,967.96	\$2,190.63
69	\$1,189.42	\$1,017.37	\$2,026.99	\$2,256.34
70+	\$1,225.12	\$1,047.89	\$2,087.81	\$2,324.04
Medicare Prime	\$448.87	\$448.87	\$1,104.90	\$1,778.19

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,026.69	\$908.97	\$1,772.71	\$2,025.08
66	\$1,081.60	\$940.58	\$1,854.79	\$2,090.53
67	\$1,136.55	\$972.15	\$1,936.87	\$2,156.02
68	\$1,170.64	\$1,001.30	\$1,994.97	\$2,220.70
69	\$1,205.75	\$1,031.34	\$2,054.82	\$2,287.32
70+	\$1,241.94	\$1,062.28	\$2,116.47	\$2,355.95
Medicare Prime	\$455.02	\$455.02	\$1,120.07	\$1,802.60

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$974.91	\$863.13	\$1,683.32	\$1,922.96
66	\$1,027.05	\$893.15	\$1,761.25	\$1,985.12
67	\$1,079.24	\$923.12	\$1,839.21	\$2,047.31
68	\$1,111.61	\$950.81	\$1,894.37	\$2,108.72
69	\$1,144.95	\$979.33	\$1,951.21	\$2,171.98
70+	\$1,179.32	\$1,008.71	\$2,009.74	\$2,237.15
Medicare Prime	\$432.08	\$432.08	\$1,063.58	\$1,711.70

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$998.49	\$884.01	\$1,724.04	\$1,969.48
66	\$1,051.90	\$914.75	\$1,803.86	\$2,033.13
67	\$1,105.34	\$945.46	\$1,883.69	\$2,096.82
68	\$1,138.49	\$973.81	\$1,940.19	\$2,159.73
69	\$1,172.64	\$1,003.02	\$1,998.41	\$2,224.52
70+	\$1,207.84	\$1,033.11	\$2,058.35	\$2,291.27
Medicare Prime	\$442.53	\$442.53	\$1,089.31	\$1,753.11

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,009.76	\$893.98	\$1,743.49	\$1,991.69
66	\$1,063.77	\$925.07	\$1,824.21	\$2,056.07
67	\$1,117.81	\$956.12	\$1,904.94	\$2,120.48
68	\$1,151.34	\$984.79	\$1,962.09	\$2,184.09
69	\$1,185.87	\$1,014.33	\$2,020.95	\$2,249.61
70+	\$1,221.47	\$1,044.76	\$2,081.58	\$2,317.11
Medicare Prime	\$447.52	\$447.52	\$1,101.61	\$1,772.89

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Revised 12/08

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

(POS-OA-30-45-DJMA)

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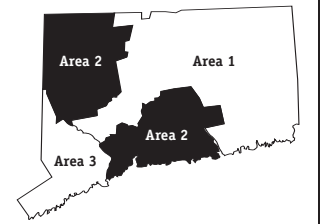
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10-20-35 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$875.53	\$775.16	\$1,511.74	\$1,726.94
66	\$922.36	\$802.10	\$1,581.73	\$1,782.76
67	\$969.23	\$829.03	\$1,651.73	\$1,838.61
68	\$998.30	\$853.88	\$1,701.27	\$1,893.77
69	\$1,028.24	\$879.50	\$1,752.32	\$1,950.58
70+	\$1,059.10	\$905.88	\$1,804.89	\$2,009.10
Medicare				
Prime	\$388.03	\$388.03	\$955.17	\$1,537.22

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$903.84	\$800.21	\$1,560.60	\$1,782.77
66	\$952.18	\$828.03	\$1,632.87	\$1,840.40
67	\$1,000.57	\$855.83	\$1,705.12	\$1,898.06
68	\$1,030.58	\$881.50	\$1,756.27	\$1,954.99
69	\$1,061.49	\$907.94	\$1,808.97	\$2,013.63
70+	\$1,093.34	\$935.17	\$1,863.24	\$2,074.06
Medicare				
Prime	\$400.58	\$400.58	\$986.05	\$1,586.92

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$917.74	\$812.52	\$1,584.61	\$1,810.20
66	\$966.83	\$840.77	\$1,657.98	\$1,868.71
67	\$1,015.96	\$869.00	\$1,731.35	\$1,927.25
68	\$1,046.42	\$895.05	\$1,783.29	\$1,985.07
69	\$1,077.81	\$921.90	\$1,836.79	\$2,044.61
70+	\$1,110.17	\$949.56	\$1,891.90	\$2,105.96
Medicare				
Prime	\$406.74	\$406.74	\$1,001.22	\$1,611.33

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$865.96	\$766.69	\$1,495.22	\$1,708.08
66	\$912.29	\$793.34	\$1,564.45	\$1,763.30
67	\$958.65	\$819.97	\$1,633.69	\$1,818.53
68	\$987.40	\$844.56	\$1,682.69	\$1,873.09
69	\$1,017.01	\$869.89	\$1,733.18	\$1,929.27
70+	\$1,047.54	\$895.99	\$1,785.17	\$1,987.17
Medicare				
Prime	\$383.80	\$383.80	\$944.73	\$1,520.44

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$889.55	\$787.56	\$1,535.94	\$1,754.60
66	\$937.13	\$814.94	\$1,607.05	\$1,811.31
67	\$984.75	\$842.30	\$1,678.18	\$1,868.05
68	\$1,014.28	\$867.56	\$1,728.51	\$1,924.09
69	\$1,044.70	\$893.59	\$1,780.39	\$1,981.81
70+	\$1,076.06	\$920.39	\$1,833.78	\$2,041.28
Medicare				
Prime	\$394.25	\$394.25	\$970.46	\$1,561.84

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$900.81	\$797.54	\$1,555.39	\$1,776.81
66	\$949.00	\$825.26	\$1,627.41	\$1,834.25
67	\$997.22	\$852.97	\$1,699.42	\$1,891.70
68	\$1,027.12	\$878.54	\$1,750.40	\$1,948.46
69	\$1,057.93	\$904.90	\$1,802.92	\$2,006.90
70+	\$1,089.69	\$932.04	\$1,857.01	\$2,067.12
Medicare				
Prime	\$399.24	\$399.24	\$982.76	\$1,581.62



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.

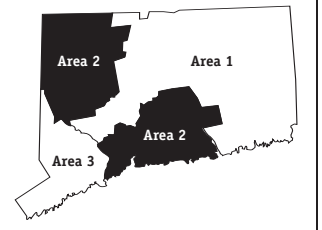
Area 2 (Litchfield, Middlesex and New Haven counties*)

Litchfield County: Barkhamsted, Bethlehem, Bridgewater, Canaan, Colebrook, Cornwall, Goshen, Harwinton, Kent, Litchfield, Morris, New Hartford, New Milford, Norfolk, North Canaan, Plymouth, Roxbury, Salisbury, Sharon, Thomaston, Torrington, Warren, Washington, Watertown, Winchester, Woodbury

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*Note: The following towns are included in Area 1: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$861.39	\$762.64	\$1,487.32	\$1,699.05
66	\$907.47	\$789.15	\$1,556.18	\$1,753.97
67	\$953.58	\$815.64	\$1,625.05	\$1,808.92
68	\$982.18	\$840.10	\$1,673.80	\$1,863.19
69	\$1,011.63	\$865.30	\$1,724.02	\$1,919.07
70+	\$1,041.99	\$891.26	\$1,775.74	\$1,976.66
Medicare				
Prime	\$381.77	\$381.77	\$939.75	\$1,512.40

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



Revised 12/08

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

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

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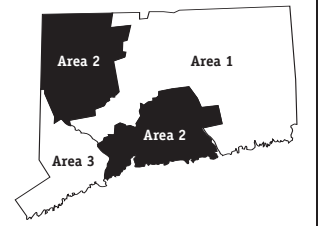
Area 2 (Litchfield, Middlesex and New Haven counties*)

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*Note: The following towns are included in Area 1: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$754.04	\$667.58	\$1,301.95	\$1,487.31
66	\$794.37	\$690.80	\$1,362.24	\$1,535.38
67	\$834.73	\$713.98	\$1,422.52	\$1,583.47
68	\$859.77	\$735.40	\$1,465.20	\$1,630.98
69	\$885.56	\$757.46	\$1,509.15	\$1,679.90
70+	\$912.13	\$780.18	\$1,554.42	\$1,730.31
Medicare				
Prime	\$334.19	\$334.19	\$822.63	\$1,323.91

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



Revised 12/08

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

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

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Rates are calculated as of the Applicant's age as of the effective date.

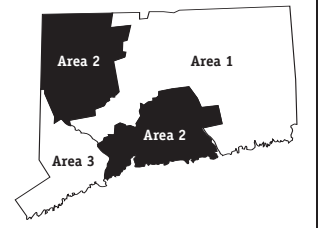
Area 2 (Litchfield, Middlesex and New Haven counties*)

Litchfield County: Barkhamsted, Bethlehem, Bridgewater, Canaan, Colebrook, Cornwall, Goshen, Harwinton, Kent, Litchfield, Morris, New Hartford, New Milford, Norfolk, North Canaan, Plymouth, Roxbury, Salisbury, Sharon, Thomaston, Torrington, Warren, Washington, Watertown, Winchester, Woodbury

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*Note: The following towns are included in Area 1: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$627.30	\$555.37	\$1,083.11	\$1,237.31
66	\$660.84	\$574.69	\$1,133.26	\$1,277.30
67	\$694.42	\$593.97	\$1,183.42	\$1,317.31
68	\$715.26	\$611.79	\$1,218.92	\$1,356.83
69	\$736.70	\$630.14	\$1,255.49	\$1,397.54
70+	\$758.82	\$649.05	\$1,293.15	\$1,439.47
Medicare				
Prime	\$278.02	\$278.02	\$684.36	\$1,101.37

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



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.

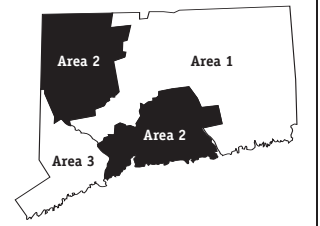
Area 2 (Litchfield, Middlesex and New Haven counties*)

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Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$911.88	\$807.33	\$1,574.48	\$1,798.63
66	\$960.65	\$835.40	\$1,647.38	\$1,856.76
67	\$1,009.46	\$863.44	\$1,720.28	\$1,914.93
68	\$1,039.74	\$889.33	\$1,771.89	\$1,972.38
69	\$1,070.92	\$916.01	\$1,825.05	\$2,031.54
70+	\$1,103.06	\$943.49	\$1,879.80	\$2,092.50
Medicare				
Prime	\$404.14	\$404.14	\$994.82	\$1,601.03

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.

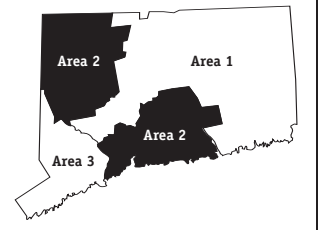
Area 2 (Litchfield, Middlesex and New Haven counties*)

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Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$802.93	\$710.88	\$1,386.38	\$1,583.75
66	\$845.88	\$735.59	\$1,450.58	\$1,634.94
67	\$888.87	\$760.28	\$1,514.77	\$1,686.16
68	\$915.52	\$783.08	\$1,560.20	\$1,736.74
69	\$942.98	\$806.58	\$1,607.02	\$1,788.83
70+	\$971.29	\$830.77	\$1,655.23	\$1,842.51
Medicare				
Prime	\$355.86	\$355.86	\$875.97	\$1,409.76

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 Rx after Ded.

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

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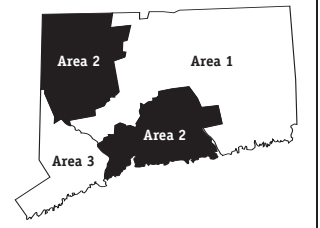
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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$722.72	\$639.88	\$1,100.42	\$1,425.55
66	\$761.39	\$662.11	\$1,151.36	\$1,471.62
67	\$800.06	\$684.36	\$1,202.30	\$1,517.70
68	\$824.07	\$704.88	\$1,238.38	\$1,563.25
69	\$848.79	\$726.03	\$1,275.53	\$1,610.14
70+	\$874.25	\$747.81	\$1,313.78	\$1,658.42
Medicare				
Prime	\$309.60	\$309.60	\$762.08	\$1,226.47

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 Rx after Ded.

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

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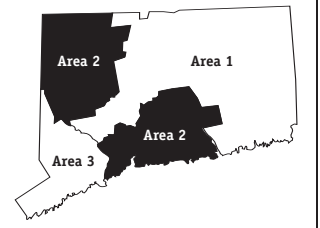
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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$593.71	\$525.66	\$903.99	\$1,171.08
66	\$625.49	\$543.92	\$945.84	\$1,208.94
67	\$657.25	\$562.19	\$987.68	\$1,246.80
68	\$676.98	\$579.05	\$1,017.33	\$1,284.20
69	\$697.28	\$596.43	\$1,047.85	\$1,322.73
70+	\$718.19	\$614.33	\$1,079.27	\$1,362.40
Medicare				
Prime	\$254.33	\$254.33	\$626.05	\$1,007.55

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)

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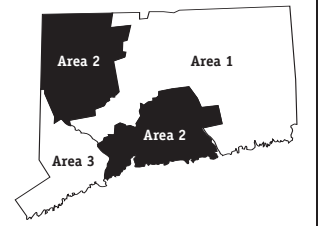
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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$477.45	\$422.73	\$726.97	\$941.76
66	\$503.00	\$437.41	\$760.63	\$972.20
67	\$528.55	\$452.10	\$794.28	\$1,002.65
68	\$544.41	\$465.67	\$818.12	\$1,032.73
69	\$560.73	\$479.63	\$842.66	\$1,063.70
70+	\$577.56	\$494.03	\$867.93	\$1,095.62
Medicare				
Prime	\$204.53	\$204.53	\$503.45	\$810.25