

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



Revised 12/08

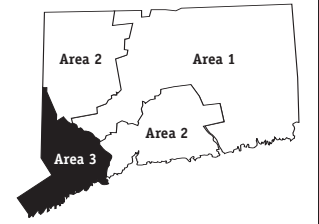
POS Upfront Plan Deductible \$500 Individual/\$1,000 Family

(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 3 (Fairfield County)

Fairfield County: Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Shelton, Sherman, Stamford, Stratford, Redding, Ridgefield, Trumbull, Weston, Westport, Wilton



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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,015.74	\$899.29	\$1,753.82	\$2,003.49
66	\$1,070.07	\$930.54	\$1,835.03	\$2,068.25
67	\$1,124.44	\$961.79	\$1,916.23	\$2,133.05
68	\$1,158.17	\$990.63	\$1,973.72	\$2,197.04
69	\$1,192.90	\$1,020.35	\$2,032.93	\$2,262.94
70+	\$1,228.71	\$1,050.95	\$2,093.91	\$2,330.84
Medicare Prime	\$450.18	\$450.18	\$1,108.13	\$1,783.39

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,046.50	\$926.52	\$1,806.95	\$2,064.18
66	\$1,102.48	\$958.74	\$1,890.62	\$2,130.90
67	\$1,158.50	\$990.92	\$1,974.28	\$2,197.66
68	\$1,193.25	\$1,020.64	\$2,033.51	\$2,263.58
69	\$1,229.03	\$1,051.26	\$2,094.51	\$2,331.49
70+	\$1,265.93	\$1,082.79	\$2,157.34	\$2,401.46
Medicare Prime	\$463.82	\$463.82	\$1,141.70	\$1,837.41

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,061.61	\$939.90	\$1,833.04	\$2,093.98
66	\$1,118.39	\$972.58	\$1,917.90	\$2,161.67
67	\$1,175.23	\$1,005.23	\$2,002.78	\$2,229.38
68	\$1,210.47	\$1,035.37	\$2,062.86	\$2,296.26
69	\$1,246.78	\$1,066.43	\$2,124.74	\$2,365.14
70+	\$1,284.20	\$1,098.41	\$2,188.48	\$2,436.11
Medicare Prime	\$470.51	\$470.51	\$1,158.18	\$1,863.94

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,005.32	\$890.07	\$1,735.85	\$1,982.95
66	\$1,059.09	\$921.01	\$1,816.21	\$2,047.05
67	\$1,112.92	\$951.93	\$1,896.59	\$2,111.18
68	\$1,146.29	\$980.47	\$1,953.49	\$2,174.51
69	\$1,180.67	\$1,009.88	\$2,012.08	\$2,239.75
70+	\$1,216.11	\$1,040.17	\$2,072.45	\$2,306.95
Medicare Prime	\$445.57	\$445.57	\$1,096.77	\$1,765.11

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,030.96	\$912.76	\$1,780.11	\$2,033.52
66	\$1,086.11	\$944.50	\$1,862.53	\$2,099.25
67	\$1,141.29	\$976.20	\$1,944.95	\$2,165.02
68	\$1,175.52	\$1,005.48	\$2,003.30	\$2,229.96
69	\$1,210.78	\$1,035.64	\$2,063.40	\$2,296.85
70+	\$1,247.12	\$1,066.71	\$2,125.29	\$2,365.78
Medicare Prime	\$456.93	\$456.93	\$1,124.73	\$1,810.12

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,043.22	\$923.61	\$1,801.28	\$2,057.71
66	\$1,099.02	\$955.73	\$1,884.68	\$2,124.21
67	\$1,154.87	\$987.82	\$1,968.08	\$2,190.76
68	\$1,189.51	\$1,017.44	\$2,027.12	\$2,256.48
69	\$1,225.17	\$1,047.96	\$2,087.94	\$2,324.17
70+	\$1,261.95	\$1,079.39	\$2,150.56	\$2,393.91
Medicare Prime	\$462.36	\$462.36	\$1,138.12	\$1,831.64

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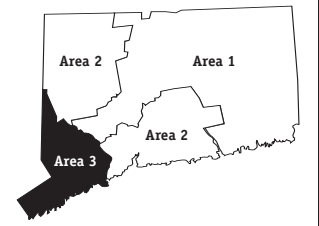
POS Upfront Plan Deductible \$1,000 Individual/\$2,000 Family

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

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$898.97	\$795.90	\$1,552.19	\$1,773.17
66	\$947.05	\$823.57	\$1,624.07	\$1,830.48
67	\$995.17	\$851.22	\$1,695.94	\$1,887.83
68	\$1,025.03	\$876.74	\$1,746.82	\$1,944.47
69	\$1,055.77	\$903.04	\$1,799.22	\$2,002.79
70+	\$1,087.46	\$930.14	\$1,853.19	\$2,062.88
Medicare Prime	\$398.42	\$398.42	\$980.74	\$1,578.37

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$929.74	\$823.13	\$1,605.32	\$1,833.86
66	\$979.47	\$851.77	\$1,679.65	\$1,893.13
67	\$1,029.23	\$880.35	\$1,753.98	\$1,952.44
68	\$1,060.11	\$906.76	\$1,806.61	\$2,011.01
69	\$1,091.90	\$933.95	\$1,860.80	\$2,071.34
70+	\$1,124.68	\$961.97	\$1,916.62	\$2,133.50
Medicare Prime	\$412.06	\$412.06	\$1,014.31	\$1,632.40

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$944.84	\$836.51	\$1,631.41	\$1,863.66
66	\$995.38	\$865.61	\$1,706.94	\$1,923.90
67	\$1,045.95	\$894.66	\$1,782.48	\$1,984.16
68	\$1,077.33	\$921.49	\$1,835.96	\$2,043.69
69	\$1,109.65	\$949.13	\$1,891.03	\$2,104.99
70+	\$1,142.95	\$977.60	\$1,947.76	\$2,168.15
Medicare Prime	\$418.76	\$418.76	\$1,030.79	\$1,658.92

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$888.56	\$786.68	\$1,534.22	\$1,752.63
66	\$936.08	\$814.04	\$1,605.25	\$1,809.28
67	\$983.64	\$841.35	\$1,676.30	\$1,865.95
68	\$1,013.15	\$866.59	\$1,726.59	\$1,921.94
69	\$1,043.54	\$892.58	\$1,778.37	\$1,979.59
70+	\$1,074.86	\$919.36	\$1,831.73	\$2,038.99
Medicare Prime	\$393.81	\$393.81	\$969.38	\$1,560.09

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$914.20	\$809.37	\$1,578.48	\$1,803.20
66	\$963.09	\$837.53	\$1,651.57	\$1,861.48
67	\$1,012.02	\$865.63	\$1,724.65	\$1,919.80
68	\$1,042.38	\$891.59	\$1,776.40	\$1,977.39
69	\$1,073.65	\$918.34	\$1,829.69	\$2,036.70
70+	\$1,105.87	\$945.89	\$1,884.57	\$2,097.82
Medicare Prime	\$405.17	\$405.17	\$997.34	\$1,605.10

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$926.45	\$820.22	\$1,599.65	\$1,827.39
66	\$976.01	\$848.75	\$1,673.72	\$1,886.44
67	\$1,025.60	\$877.24	\$1,747.79	\$1,945.54
68	\$1,056.37	\$903.55	\$1,800.22	\$2,003.91
69	\$1,088.04	\$930.66	\$1,854.23	\$2,064.02
70+	\$1,120.70	\$958.58	\$1,909.84	\$2,125.95
Medicare Prime	\$410.61	\$410.61	\$1,010.73	\$1,626.63



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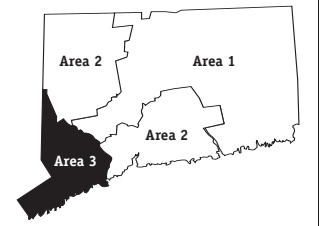
POS Upfront Plan Deductible \$2,000 Individual/\$4,000 Family

(POS-OA-25-35-UFTA)

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$761.14	\$673.87	\$1,314.21	\$1,501.30
66	\$801.85	\$697.30	\$1,375.06	\$1,549.83
67	\$842.59	\$720.71	\$1,435.92	\$1,598.38
68	\$867.87	\$742.32	\$1,478.99	\$1,646.34
69	\$893.89	\$764.59	\$1,523.36	\$1,695.72
70+	\$920.72	\$787.52	\$1,569.06	\$1,746.60
Medicare Prime	\$337.33	\$337.33	\$830.37	\$1,336.38

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$791.91	\$701.11	\$1,367.34	\$1,561.99
66	\$834.27	\$725.50	\$1,430.65	\$1,612.48
67	\$876.65	\$749.84	\$1,493.96	\$1,662.99
68	\$902.95	\$772.34	\$1,538.78	\$1,712.89
69	\$930.03	\$795.50	\$1,584.95	\$1,764.26
70+	\$957.94	\$819.36	\$1,632.49	\$1,817.21
Medicare Prime	\$350.97	\$350.97	\$863.94	\$1,390.40

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$807.01	\$714.48	\$1,393.42	\$1,591.80
66	\$850.18	\$739.34	\$1,457.93	\$1,643.25
67	\$893.37	\$764.15	\$1,522.46	\$1,694.72
68	\$920.17	\$787.06	\$1,568.13	\$1,745.57
69	\$947.78	\$810.68	\$1,615.18	\$1,797.91
70+	\$976.21	\$834.98	\$1,663.62	\$1,851.87
Medicare Prime	\$357.67	\$357.67	\$880.42	\$1,416.93

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$750.73	\$664.65	\$1,296.23	\$1,480.76
66	\$790.88	\$687.77	\$1,356.24	\$1,528.63
67	\$831.06	\$710.85	\$1,416.27	\$1,576.51
68	\$855.99	\$732.16	\$1,458.76	\$1,623.82
69	\$881.67	\$754.13	\$1,502.51	\$1,672.52
70+	\$908.12	\$776.74	\$1,547.59	\$1,722.71
Medicare Prime	\$332.72	\$332.72	\$819.01	\$1,318.10

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$776.37	\$687.35	\$1,340.50	\$1,531.33
66	\$817.89	\$711.26	\$1,402.56	\$1,580.82
67	\$859.44	\$735.12	\$1,464.63	\$1,630.35
68	\$885.22	\$757.17	\$1,508.57	\$1,679.27
69	\$911.78	\$779.89	\$1,553.83	\$1,729.63
70+	\$939.13	\$803.28	\$1,600.44	\$1,781.54
Medicare Prime	\$344.08	\$344.08	\$846.97	\$1,363.10

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$788.62	\$698.20	\$1,361.67	\$1,555.52
66	\$830.81	\$722.48	\$1,424.71	\$1,605.79
67	\$873.02	\$746.74	\$1,487.77	\$1,656.09
68	\$899.21	\$769.13	\$1,532.40	\$1,705.78
69	\$926.17	\$792.20	\$1,578.37	\$1,756.95
70+	\$953.96	\$815.96	\$1,625.71	\$1,809.67
Medicare Prime	\$349.52	\$349.52	\$860.36	\$1,384.63

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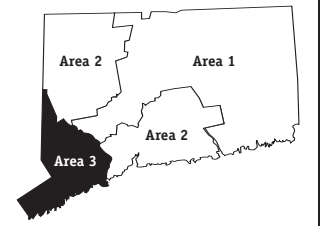
POS \$25/\$35 Hospital Copay \$500

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

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,070.62	\$947.88	\$1,848.58	\$2,111.75
66	\$1,127.89	\$980.82	\$1,934.18	\$2,180.00
67	\$1,185.19	\$1,013.75	\$2,019.77	\$2,248.30
68	\$1,220.74	\$1,044.15	\$2,080.36	\$2,315.75
69	\$1,257.35	\$1,075.47	\$2,142.77	\$2,385.20
70+	\$1,295.09	\$1,107.74	\$2,207.04	\$2,456.77
Medicare				
Prime	\$474.49	\$474.49	\$1,168.00	\$1,879.75

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,101.38	\$975.11	\$1,901.71	\$2,172.44
66	\$1,160.31	\$1,009.02	\$1,989.76	\$2,242.65
67	\$1,219.26	\$1,042.88	\$2,077.81	\$2,312.91
68	\$1,255.83	\$1,074.17	\$2,140.14	\$2,382.29
69	\$1,293.49	\$1,106.38	\$2,204.36	\$2,453.75
70+	\$1,332.32	\$1,139.57	\$2,270.47	\$2,527.39
Medicare				
Prime	\$488.13	\$488.13	\$1,201.57	\$1,933.77

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,116.49	\$988.49	\$1,927.80	\$2,202.24
66	\$1,176.21	\$1,022.86	\$2,017.05	\$2,273.41
67	\$1,235.98	\$1,057.19	\$2,106.31	\$2,344.63
68	\$1,273.05	\$1,088.90	\$2,169.50	\$2,414.97
69	\$1,311.24	\$1,121.56	\$2,234.59	\$2,487.40
70+	\$1,350.59	\$1,155.20	\$2,301.61	\$2,562.05
Medicare				
Prime	\$494.83	\$494.83	\$1,218.05	\$1,960.30

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,060.20	\$938.66	\$1,830.61	\$2,091.21
66	\$1,116.92	\$971.29	\$1,915.36	\$2,158.80
67	\$1,173.67	\$1,003.89	\$2,000.12	\$2,226.42
68	\$1,208.87	\$1,034.00	\$2,060.12	\$2,293.22
69	\$1,245.13	\$1,065.01	\$2,121.92	\$2,362.01
70+	\$1,282.49	\$1,096.96	\$2,185.58	\$2,432.89
Medicare				
Prime	\$469.88	\$469.88	\$1,156.64	\$1,861.47

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,085.84	\$961.35	\$1,874.87	\$2,141.77
66	\$1,143.93	\$994.78	\$1,961.68	\$2,210.99
67	\$1,202.05	\$1,028.16	\$2,048.48	\$2,280.26
68	\$1,238.10	\$1,059.00	\$2,109.93	\$2,348.67
69	\$1,275.24	\$1,090.77	\$2,173.24	\$2,419.11
70+	\$1,313.51	\$1,123.49	\$2,238.42	\$2,491.71
Medicare				
Prime	\$481.24	\$481.24	\$1,184.60	\$1,906.47

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$1,098.10	\$972.20	\$1,896.04	\$2,165.96
66	\$1,156.84	\$1,006.01	\$1,983.83	\$2,235.96
67	\$1,215.62	\$1,039.78	\$2,071.61	\$2,306.01
68	\$1,252.08	\$1,070.96	\$2,133.76	\$2,375.19
69	\$1,289.63	\$1,103.08	\$2,197.78	\$2,446.43
70+	\$1,328.34	\$1,136.17	\$2,263.69	\$2,519.85
Medicare				
Prime	\$486.68	\$486.68	\$1,197.98	\$1,928.00

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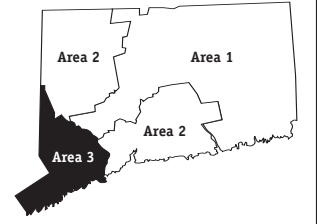
POS \$30/\$45 Hospital Deductible \$2,000 Indiv./\$4,000 Fam.

(POS-OA-30-45-DJMA)

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$952.14	\$842.98	\$1,644.02	\$1,878.06
66	\$1,003.07	\$872.29	\$1,720.14	\$1,938.77
67	\$1,054.04	\$901.58	\$1,796.26	\$1,999.50
68	\$1,085.66	\$928.61	\$1,850.15	\$2,059.49
69	\$1,118.22	\$956.46	\$1,905.66	\$2,121.26
70+	\$1,151.79	\$985.16	\$1,962.82	\$2,184.92
Medicare Prime	\$421.98	\$421.98	\$1,038.76	\$1,671.74

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$982.91	\$870.22	\$1,697.15	\$1,938.75
66	\$1,035.49	\$900.48	\$1,775.73	\$2,001.41
67	\$1,088.10	\$930.71	\$1,854.31	\$2,064.11
68	\$1,120.74	\$958.63	\$1,909.93	\$2,126.04
69	\$1,154.35	\$987.37	\$1,967.25	\$2,189.81
70+	\$1,189.01	\$1,017.00	\$2,026.25	\$2,255.53
Medicare Prime	\$435.62	\$435.62	\$1,072.33	\$1,725.76

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$998.02	\$883.59	\$1,723.24	\$1,968.55
66	\$1,051.40	\$914.32	\$1,803.01	\$2,032.18
67	\$1,104.82	\$945.02	\$1,882.81	\$2,095.84
68	\$1,137.96	\$973.35	\$1,939.29	\$2,158.72
69	\$1,172.10	\$1,002.54	\$1,997.48	\$2,223.46
70+	\$1,207.28	\$1,032.62	\$2,057.38	\$2,290.19
Medicare Prime	\$442.32	\$442.32	\$1,088.80	\$1,752.29

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$941.73	\$833.76	\$1,626.05	\$1,857.52
66	\$992.10	\$862.75	\$1,701.32	\$1,917.57
67	\$1,042.51	\$891.71	\$1,776.62	\$1,977.63
68	\$1,073.78	\$918.45	\$1,829.91	\$2,036.97
69	\$1,105.99	\$946.00	\$1,884.81	\$2,098.07
70+	\$1,139.19	\$974.38	\$1,941.35	\$2,161.03
Medicare Prime	\$417.37	\$417.37	\$1,027.40	\$1,653.46

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$967.37	\$856.46	\$1,670.31	\$1,908.08
66	\$1,019.11	\$886.24	\$1,747.64	\$1,969.76
67	\$1,070.89	\$915.99	\$1,824.98	\$2,031.47
68	\$1,103.01	\$943.46	\$1,879.73	\$2,092.42
69	\$1,136.10	\$971.76	\$1,936.13	\$2,155.18
70+	\$1,170.20	\$1,000.92	\$1,994.20	\$2,219.86
Medicare Prime	\$428.73	\$428.73	\$1,055.36	\$1,698.46

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$979.62	\$867.31	\$1,691.48	\$1,932.27
66	\$1,032.03	\$897.47	\$1,769.79	\$1,994.73
67	\$1,084.47	\$927.60	\$1,848.11	\$2,057.21
68	\$1,117.00	\$955.42	\$1,903.55	\$2,118.93
69	\$1,150.49	\$984.07	\$1,960.67	\$2,182.49
70+	\$1,185.03	\$1,013.60	\$2,019.47	\$2,247.99
Medicare Prime	\$434.17	\$434.17	\$1,068.74	\$1,719.99



Revised 12/08

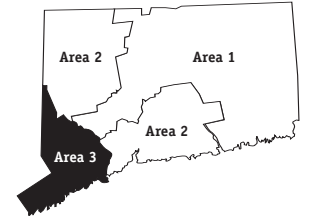
POS Upfront Plan Deductible \$500 Individual/\$1,000 Family (No Rx)

(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 3 (Fairfield County)

Fairfield County: Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Shelton, Sherman, Stamford, Stratford, Redding, Ridgefield, Trumbull, Weston, Westport, Wilton



Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$936.77	\$829.37	\$1,617.49	\$1,847.75
66	\$986.88	\$858.21	\$1,692.38	\$1,907.47
67	\$1,037.03	\$887.02	\$1,767.27	\$1,967.23
68	\$1,068.13	\$913.62	\$1,820.28	\$2,026.24
69	\$1,100.16	\$941.03	\$1,874.89	\$2,087.02
70+	\$1,133.19	\$969.25	\$1,931.13	\$2,149.65
Medicare				
Prime	\$415.19	\$415.19	\$1,021.98	\$1,644.75

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



Revised 12/08

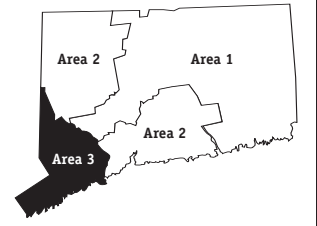
POS Upfront Plan Deductible \$1,000 Individual/\$2,000 Family (No Rx)

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

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Area 3 (Fairfield County)

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Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$820.01	\$725.98	\$1,415.86	\$1,617.42
66	\$863.87	\$751.24	\$1,481.41	\$1,669.70
67	\$907.76	\$776.45	\$1,546.97	\$1,722.01
68	\$934.99	\$799.74	\$1,593.38	\$1,773.67
69	\$963.03	\$823.73	\$1,641.18	\$1,826.87
70+	\$991.94	\$848.44	\$1,690.41	\$1,881.69
Medicare				
Prime	\$363.43	\$363.43	\$894.60	\$1,439.74

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



Revised 12/08

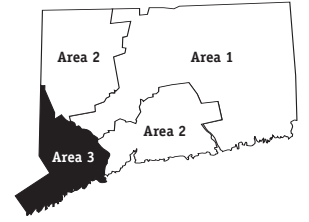
POS Upfront Plan Deductible \$2,000 Individual/\$4,000 Family (No Rx)

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

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Area 3 (Fairfield County)

Fairfield County: Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Shelton, Sherman, Stamford, Stratford, Redding, Ridgefield, Trumbull, Weston, Westport, Wilton



Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$682.18	\$603.96	\$1,177.87	\$1,345.56
66	\$718.67	\$624.97	\$1,232.41	\$1,389.05
67	\$755.18	\$645.94	\$1,286.95	\$1,432.56
68	\$777.83	\$665.31	\$1,325.56	\$1,475.54
69	\$801.16	\$685.27	\$1,365.32	\$1,519.80
70+	\$825.20	\$705.82	\$1,406.28	\$1,565.40
Medicare				
Prime	\$302.34	\$302.34	\$744.22	\$1,197.74

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



Revised 12/08

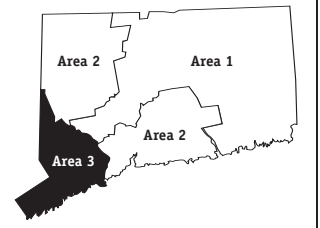
POS \$25/\$35 Hospital Copay \$500 (No Rx)

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

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Area 3 (Fairfield County)

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Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$991.65	\$877.96	\$1,712.24	\$1,956.00
66	\$1,044.70	\$908.49	\$1,791.52	\$2,019.22
67	\$1,097.78	\$938.98	\$1,870.80	\$2,082.47
68	\$1,130.71	\$967.15	\$1,926.92	\$2,144.95
69	\$1,164.62	\$996.15	\$1,984.73	\$2,209.28
70+	\$1,199.57	\$1,026.04	\$2,044.26	\$2,275.58
Medicare				
Prime	\$439.50	\$439.50	\$1,081.85	\$1,741.11

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



Revised 12/08

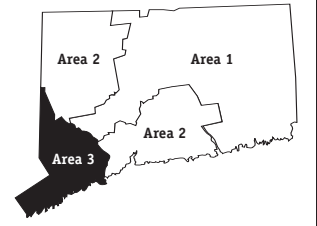
POS \$30/\$45 Hospital Deductible \$2,000 Indiv./\$4,000 Fam. (No Rx)

(POS-OA-30-45-DJMA w/o Rx)

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Area 3 (Fairfield County)

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Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$873.18	\$773.07	\$1,507.68	\$1,722.31
66	\$919.89	\$799.95	\$1,577.49	\$1,777.98
67	\$966.63	\$826.81	\$1,647.30	\$1,833.68
68	\$995.62	\$851.60	\$1,696.71	\$1,888.69
69	\$1,025.49	\$877.14	\$1,747.62	\$1,945.34
70+	\$1,056.26	\$903.46	\$1,800.04	\$2,003.73
Medicare				
Prime	\$386.99	\$386.99	\$952.61	\$1,533.10

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



Revised 12/08

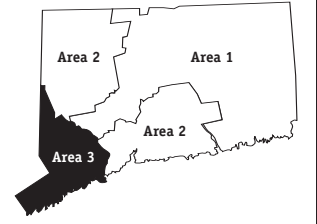
POS High Deductible Health Plan \$1,500 Individual/\$3,000 Family w/\$15/25/40 Rx after Ded.

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

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Area 3 (Fairfield County)

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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$785.92	\$695.86	\$1,196.67	\$1,550.23
66	\$827.98	\$720.02	\$1,252.06	\$1,600.35
67	\$870.05	\$744.20	\$1,307.46	\$1,650.46
68	\$896.14	\$766.52	\$1,346.70	\$1,699.97
69	\$923.03	\$789.53	\$1,387.09	\$1,750.96
70+	\$950.71	\$813.23	\$1,428.69	\$1,803.49
Medicare				
Prime	\$336.67	\$336.67	\$828.74	\$1,333.75

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



Revised 12/08

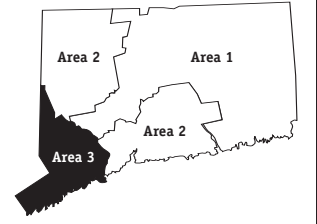
POS High Deductible Health Plan \$3,000 Individual/\$6,000 Family w/\$15/25/40 Rx after Ded.

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

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Area 3 (Fairfield County)

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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$645.63	\$571.63	\$983.05	\$1,273.50
66	\$680.18	\$591.49	\$1,028.56	\$1,314.67
67	\$714.74	\$611.36	\$1,074.08	\$1,355.84
68	\$736.17	\$629.70	\$1,106.30	\$1,396.51
69	\$758.27	\$648.59	\$1,139.49	\$1,438.40
70+	\$781.01	\$668.06	\$1,173.65	\$1,481.56
Medicare				
Prime	\$276.58	\$276.58	\$680.80	\$1,095.65

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



Revised 12/08

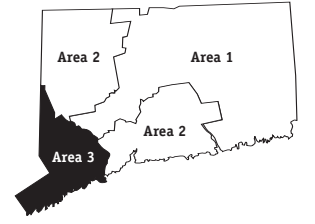
POS High Deductible Health Plan \$5,000 Individual/\$10,000 Family w/No Member Cost after Ded.

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

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Area 3 (Fairfield County)

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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$519.24	\$459.73	\$790.60	\$1,024.18
66	\$547.02	\$475.68	\$827.20	\$1,057.29
67	\$574.81	\$491.67	\$863.81	\$1,090.40
68	\$592.05	\$506.42	\$889.72	\$1,123.12
69	\$609.81	\$521.62	\$916.41	\$1,156.80
70+	\$628.11	\$537.27	\$943.90	\$1,191.51
Medicare Prime	\$222.43	\$222.43	\$547.52	\$881.17