



Revised 12/08

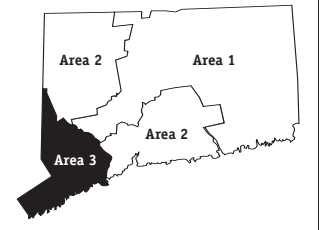
**POS High Deductible Health Plan \$1,500 Individual/\$3,000 Family
w/\$15-25-40 Rx after Ded.**

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

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



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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$771.39	\$682.98	\$1,174.53	\$1,521.56
66	\$812.67	\$706.70	\$1,228.91	\$1,570.74
67	\$853.95	\$730.44	\$1,283.28	\$1,619.93
68	\$879.57	\$752.35	\$1,321.79	\$1,668.53
69	\$905.96	\$774.92	\$1,361.44	\$1,718.58
70+	\$933.13	\$798.19	\$1,402.27	\$1,770.13
Medicare				
Prime	\$330.44	\$330.44	\$813.41	\$1,309.08

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



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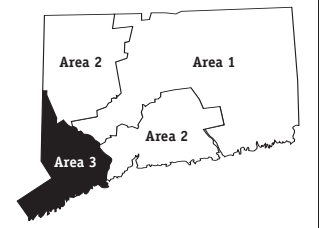
POS High Deductible Health Plan \$3,000 Individual/\$6,000 Family w/\$15-25-40 Rx after Ded.

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

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$632.79	\$560.27	\$963.51	\$1,248.17
66	\$666.67	\$579.74	\$1,008.11	\$1,288.53
67	\$700.53	\$599.21	\$1,052.71	\$1,328.88
68	\$721.54	\$617.18	\$1,084.31	\$1,368.74
69	\$743.19	\$635.69	\$1,116.83	\$1,409.81
70+	\$765.48	\$654.78	\$1,150.32	\$1,452.09
Medicare				
Prime	\$271.07	\$271.07	\$667.27	\$1,073.87

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



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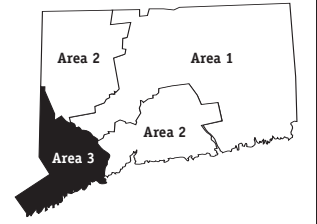
POS High Deductible Health Plan \$5,000 Individual/\$10,000 Family w/No Member Cost after Ded.

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

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Area 3 (Fairfield County)

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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
65	\$506.91	\$448.82	\$771.84	\$999.88
66	\$534.05	\$464.40	\$807.56	\$1,032.20
67	\$561.17	\$480.00	\$843.31	\$1,064.53
68	\$578.01	\$494.40	\$868.61	\$1,096.47
69	\$595.35	\$509.24	\$894.67	\$1,129.35
70+	\$613.21	\$524.52	\$921.50	\$1,163.24
Medicare Prime	\$217.15	\$217.15	\$534.53	\$860.26