

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



Revised 12/08

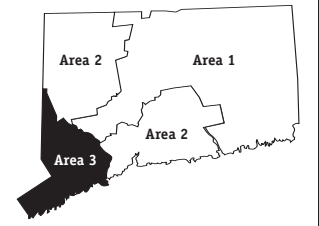
POS Upfront Deductible \$500 Individual/\$1,000 Family w/10/20/35 Rx

(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



\$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$195.73	\$273.12	\$486.13	\$817.38
21	\$198.05	\$275.37	\$488.86	\$823.90
22	\$200.36	\$277.62	\$491.59	\$830.44
23	\$202.72	\$279.88	\$494.29	\$836.99
24	\$205.04	\$282.16	\$497.03	\$843.49
25	\$207.39	\$284.41	\$499.77	\$850.04
26	\$209.72	\$286.66	\$502.47	\$856.58
27	\$212.07	\$288.92	\$505.21	\$863.12
28	\$214.38	\$291.17	\$507.94	\$869.64
29	\$216.74	\$293.41	\$510.64	\$876.18
30	\$219.06	\$295.69	\$513.37	\$882.73
31	\$232.12	\$303.87	\$515.04	\$905.03
32	\$245.18	\$312.08	\$516.73	\$927.37
33	\$258.23	\$320.24	\$518.39	\$949.66
34	\$271.29	\$328.46	\$520.06	\$972.00
35	\$277.14	\$331.64	\$525.64	\$978.79
36	\$280.04	\$333.23	\$528.44	\$982.19
37	\$282.98	\$334.82	\$531.21	\$985.58
38	\$285.90	\$336.43	\$534.02	\$988.98
39	\$294.70	\$341.20	\$542.40	\$999.15
40	\$306.36	\$347.53	\$553.55	\$1,012.75
41	\$318.07	\$353.90	\$564.72	\$1,026.33
42	\$329.77	\$360.28	\$575.88	\$1,039.91
43	\$340.16	\$368.69	\$589.83	\$1,049.33
44	\$350.54	\$377.15	\$603.80	\$1,058.71
45	\$360.94	\$385.56	\$617.78	\$1,068.13
46	\$371.33	\$394.01	\$631.74	\$1,077.52
47	\$381.71	\$402.42	\$645.70	\$1,086.94
48	\$403.42	\$428.77	\$698.85	\$1,123.01
49	\$425.11	\$455.16	\$752.01	\$1,159.10
50	\$446.82	\$481.52	\$805.12	\$1,195.19
51	\$468.49	\$507.90	\$858.28	\$1,231.27
52	\$490.21	\$534.26	\$911.43	\$1,267.36
53	\$521.48	\$562.34	\$967.19	\$1,320.78
54	\$552.75	\$590.43	\$1,022.97	\$1,374.19
55	\$584.05	\$618.50	\$1,078.73	\$1,427.61
56	\$615.33	\$646.60	\$1,134.51	\$1,481.02
57	\$646.60	\$674.68	\$1,190.27	\$1,534.45
58	\$687.80	\$700.85	\$1,254.26	\$1,589.40
59	\$729.01	\$727.03	\$1,318.26	\$1,644.33
60	\$770.25	\$753.18	\$1,382.25	\$1,699.28
61	\$811.46	\$779.37	\$1,446.25	\$1,754.20
62	\$852.67	\$805.55	\$1,510.24	\$1,809.16
63	\$907.04	\$836.77	\$1,591.44	\$1,873.95
64	\$961.37	\$868.04	\$1,672.65	\$1,938.70

\$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$201.65	\$281.39	\$500.85	\$842.15
21	\$204.04	\$283.71	\$503.66	\$848.85
22	\$206.43	\$286.04	\$506.48	\$855.59
23	\$208.87	\$288.36	\$509.26	\$862.34
24	\$211.25	\$290.71	\$512.08	\$869.05
25	\$213.67	\$293.03	\$514.91	\$875.79
26	\$216.07	\$295.35	\$517.69	\$882.53
27	\$218.49	\$297.66	\$520.51	\$889.27
28	\$220.89	\$299.98	\$523.32	\$895.98
29	\$223.32	\$302.30	\$526.11	\$902.73
30	\$225.70	\$304.66	\$528.93	\$909.47
31	\$239.16	\$313.07	\$530.65	\$932.45
32	\$252.60	\$321.53	\$532.39	\$955.46
33	\$266.06	\$329.94	\$534.10	\$978.43
34	\$279.50	\$338.40	\$535.82	\$1,001.45
35	\$285.54	\$341.69	\$541.56	\$1,008.44
36	\$288.52	\$343.33	\$544.45	\$1,011.94
37	\$291.56	\$344.97	\$547.30	\$1,015.43
38	\$294.56	\$346.62	\$550.19	\$1,018.93
39	\$303.62	\$351.54	\$558.83	\$1,029.41
40	\$315.64	\$358.07	\$570.31	\$1,043.43
41	\$327.70	\$364.62	\$581.83	\$1,057.42
42	\$339.76	\$371.20	\$593.32	\$1,071.41
43	\$350.46	\$379.86	\$607.70	\$1,081.12
44	\$361.17	\$388.57	\$622.09	\$1,090.78
45	\$371.87	\$397.23	\$636.50	\$1,100.49
46	\$382.58	\$405.94	\$650.87	\$1,110.16
47	\$393.28	\$414.61	\$665.25	\$1,119.87
48	\$415.64	\$441.76	\$720.02	\$1,157.04
49	\$437.98	\$468.95	\$774.79	\$1,194.22
50	\$460.36	\$496.10	\$829.52	\$1,231.39
51	\$482.69	\$523.29	\$884.28	\$1,268.57
52	\$505.06	\$550.44	\$939.04	\$1,305.75
53	\$537.27	\$579.38	\$996.49	\$1,360.79
54	\$569.50	\$608.32	\$1,053.96	\$1,415.82
55	\$601.74	\$637.24	\$1,111.41	\$1,470.86
56	\$633.96	\$666.18	\$1,168.89	\$1,525.88
57	\$666.18	\$695.11	\$1,226.33	\$1,580.94
58	\$708.63	\$722.09	\$1,292.25	\$1,637.55
59	\$751.09	\$749.06	\$1,358.19	\$1,694.14
60	\$793.58	\$775.99	\$1,424.12	\$1,750.75
61	\$836.04	\$802.97	\$1,490.06	\$1,807.34
62	\$878.49	\$829.94	\$1,555.99	\$1,863.96
63	\$934.51	\$862.13	\$1,639.65	\$1,930.72
64	\$990.49	\$894.33	\$1,723.33	\$1,997.43

\$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$204.56	\$285.46	\$508.08	\$854.30
21	\$206.98	\$287.81	\$510.93	\$861.11
22	\$209.40	\$290.16	\$513.79	\$867.95
23	\$211.88	\$292.52	\$516.62	\$874.79
24	\$214.30	\$294.90	\$519.48	\$881.59
25	\$216.75	\$297.25	\$522.34	\$888.43
26	\$219.19	\$299.60	\$525.16	\$895.27
27	\$221.65	\$301.96	\$528.02	\$902.11
28	\$224.07	\$304.32	\$530.87	\$908.92
29	\$226.53	\$306.67	\$533.70	\$915.76
30	\$228.96	\$309.06	\$536.56	\$922.60
31	\$242.61	\$317.59	\$538.30	\$945.90
32	\$256.25	\$326.17	\$540.07	\$969.25
33	\$269.89	\$334.71	\$541.81	\$992.55
34	\$283.54	\$343.29	\$543.55	\$1,015.90
35	\$289.65	\$346.63	\$549.37	\$1,022.99
36	\$292.69	\$348.28	\$552.31	\$1,026.54
37	\$295.77	\$349.94	\$555.20	\$1,030.09
38	\$298.81	\$351.61	\$558.13	\$1,033.64
39	\$308.00	\$356.61	\$566.90	\$1,044.27
40	\$320.19	\$363.24	\$578.54	\$1,058.49
41	\$332.44	\$369.89	\$590.23	\$1,072.68
42	\$344.66	\$376.55	\$601.89	\$1,086.87
43	\$355.53	\$385.34	\$616.47	\$1,096.72
44	\$366.38	\$394.18	\$631.06	\$1,106.52
45	\$377.23	\$402.97	\$645.69	\$1,116.38
46	\$388.10	\$411.81	\$660.26	\$1,126.18
47	\$398.95	\$420.59	\$674.86	\$1,136.03
48	\$421.64	\$448.14	\$730.41	\$1,173.74
49	\$444.31	\$475.72	\$785.97	\$1,211.45
50	\$466.99	\$503.26	\$841.49	\$1,249.16
51	\$489.65	\$530.84	\$897.05	\$1,286.88
52	\$512.35	\$558.38	\$952.60	\$1,324.60
53	\$545.03	\$587.74	\$1,010.87	\$1,380.44
54	\$577.72	\$617.09	\$1,069.18	\$1,436.25
55	\$610.43	\$646.44	\$1,127.45	\$1,492.09
56	\$643.11	\$675.80	\$1,185.75	\$1,547.91
57	\$675.80	\$705.15	\$1,244.03	\$1,603.76
58	\$718.86	\$732.51	\$1,310.90	\$1,661.18
59	\$761.93	\$759.87	\$1,377.79	\$1,718.60
60	\$805.04	\$787.20	\$1,444.68	\$1,776.02
61	\$848.11	\$814.56	\$1,511.57	\$1,833.43
62	\$891.18	\$841.92	\$1,578.44	\$1,890.87
63	\$948.01	\$874.56	\$1,663.32	\$1,958.59
64	\$1,004.79	\$907.25	\$1,748.20	\$2,026.26

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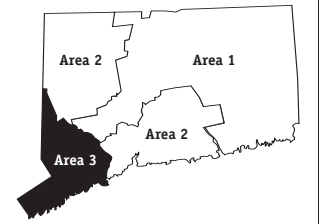
POS Upfront Deductible \$500 Individual/\$1,000 Family w/15/25/40 Rx

(POS-OA-25-35-UFRA)

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\$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$193.72	\$270.32	\$481.14	\$809.01
21	\$196.01	\$272.55	\$483.84	\$815.45
22	\$198.31	\$274.78	\$486.55	\$821.92
23	\$200.64	\$277.01	\$489.22	\$828.41
24	\$202.94	\$279.27	\$491.94	\$834.85
25	\$205.26	\$281.50	\$494.65	\$841.32
26	\$207.57	\$283.73	\$497.32	\$847.81
27	\$209.89	\$285.95	\$500.03	\$854.28
28	\$212.19	\$288.18	\$502.73	\$860.72
29	\$214.52	\$290.40	\$505.40	\$867.21
30	\$216.82	\$292.67	\$508.11	\$873.68
31	\$229.74	\$300.75	\$509.76	\$895.76
32	\$242.67	\$308.88	\$511.43	\$917.86
33	\$255.58	\$316.96	\$513.08	\$939.93
34	\$268.51	\$325.09	\$514.73	\$962.04
35	\$274.30	\$328.24	\$520.24	\$968.75
36	\$277.17	\$329.82	\$523.02	\$972.11
37	\$280.08	\$331.39	\$525.76	\$975.47
38	\$282.97	\$332.98	\$528.54	\$978.83
39	\$291.67	\$337.70	\$536.83	\$988.91
40	\$303.22	\$343.97	\$547.87	\$1,002.37
41	\$314.81	\$350.28	\$558.93	\$1,015.81
42	\$326.39	\$356.59	\$569.97	\$1,029.24
43	\$336.67	\$364.92	\$583.79	\$1,038.57
44	\$346.95	\$373.28	\$597.60	\$1,047.86
45	\$357.23	\$381.60	\$611.45	\$1,057.18
46	\$367.52	\$389.97	\$625.26	\$1,066.47
47	\$377.80	\$398.29	\$639.07	\$1,075.80
48	\$399.29	\$424.38	\$691.68	\$1,111.50
49	\$420.75	\$450.49	\$744.30	\$1,147.23
50	\$442.24	\$476.58	\$796.87	\$1,182.93
51	\$463.68	\$502.70	\$849.49	\$1,218.65
52	\$485.18	\$528.77	\$902.09	\$1,254.36
53	\$516.13	\$556.58	\$957.27	\$1,307.25
54	\$547.08	\$584.38	\$1,012.49	\$1,360.10
55	\$578.07	\$612.16	\$1,067.67	\$1,412.98
56	\$609.02	\$639.96	\$1,122.88	\$1,465.83
57	\$639.96	\$667.76	\$1,178.07	\$1,518.72
58	\$680.75	\$693.67	\$1,241.39	\$1,573.11
59	\$721.54	\$719.58	\$1,304.74	\$1,627.47
60	\$762.35	\$745.46	\$1,368.08	\$1,681.85
61	\$803.13	\$771.38	\$1,431.42	\$1,736.21
62	\$843.93	\$797.28	\$1,494.76	\$1,790.62
63	\$897.74	\$828.19	\$1,575.12	\$1,854.74
64	\$951.51	\$859.15	\$1,655.51	\$1,918.83

\$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$198.66	\$277.21	\$493.41	\$829.64
21	\$201.01	\$279.50	\$496.18	\$836.24
22	\$203.36	\$281.78	\$498.96	\$842.89
23	\$205.76	\$284.07	\$501.70	\$849.53
24	\$208.11	\$286.39	\$504.48	\$856.13
25	\$210.49	\$288.67	\$507.26	\$862.78
26	\$212.86	\$290.96	\$510.00	\$869.42
27	\$215.25	\$293.24	\$512.78	\$876.06
28	\$217.60	\$295.53	\$515.54	\$882.68
29	\$220.00	\$297.81	\$518.29	\$889.31
30	\$222.35	\$300.13	\$521.07	\$895.96
31	\$235.60	\$308.42	\$522.76	\$918.60
32	\$248.85	\$316.75	\$524.48	\$941.27
33	\$262.11	\$325.05	\$526.17	\$963.90
34	\$275.35	\$333.37	\$527.86	\$986.56
35	\$281.29	\$336.61	\$533.52	\$993.46
36	\$284.23	\$338.23	\$536.36	\$996.91
37	\$287.23	\$339.84	\$539.17	\$1,000.35
38	\$290.19	\$341.47	\$542.02	\$1,003.80
39	\$299.11	\$346.31	\$550.52	\$1,014.13
40	\$310.95	\$352.74	\$561.84	\$1,027.94
41	\$322.84	\$359.21	\$573.19	\$1,041.71
42	\$334.71	\$365.68	\$584.51	\$1,055.49
43	\$345.26	\$374.22	\$598.68	\$1,065.06
44	\$355.81	\$382.80	\$612.84	\$1,074.58
45	\$366.34	\$391.34	\$627.04	\$1,084.14
46	\$376.90	\$399.92	\$641.20	\$1,093.66
47	\$387.44	\$408.45	\$655.37	\$1,103.23
48	\$409.47	\$435.20	\$709.32	\$1,139.85
49	\$431.48	\$461.98	\$763.28	\$1,176.48
50	\$453.52	\$488.73	\$817.19	\$1,213.10
51	\$475.51	\$515.51	\$871.15	\$1,249.72
52	\$497.56	\$542.26	\$925.09	\$1,286.35
53	\$529.29	\$570.77	\$981.68	\$1,340.58
54	\$561.04	\$599.28	\$1,038.31	\$1,394.78
55	\$592.80	\$627.78	\$1,094.90	\$1,449.01
56	\$624.55	\$656.28	\$1,151.52	\$1,503.21
57	\$656.28	\$684.79	\$1,208.11	\$1,557.45
58	\$698.11	\$711.36	\$1,273.06	\$1,613.22
59	\$739.94	\$737.93	\$1,338.02	\$1,668.97
60	\$781.79	\$764.47	\$1,402.97	\$1,724.74
61	\$823.62	\$791.04	\$1,467.93	\$1,780.49
62	\$865.45	\$817.62	\$1,532.88	\$1,836.27
63	\$920.63	\$849.31	\$1,615.30	\$1,902.04
64	\$975.78	\$881.05	\$1,697.72	\$1,967.76

\$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$201.02	\$280.51	\$499.28	\$839.50
21	\$203.40	\$282.82	\$502.08	\$846.19
22	\$205.78	\$285.13	\$504.90	\$852.91
23	\$208.20	\$287.45	\$507.66	\$859.63
24	\$210.59	\$289.79	\$510.48	\$866.32
25	\$213.00	\$292.10	\$513.29	\$873.04
26	\$215.39	\$294.42	\$516.07	\$879.77
27	\$217.81	\$296.73	\$518.88	\$886.48
28	\$220.18	\$299.04	\$521.68	\$893.17
29	\$222.62	\$301.35	\$524.46	\$899.89
30	\$225.00	\$303.70	\$527.27	\$906.62
31	\$238.40	\$312.09	\$528.98	\$929.52
32	\$251.81	\$320.52	\$530.71	\$952.46
33	\$265.22	\$328.91	\$532.43	\$975.36
34	\$278.63	\$337.34	\$534.14	\$998.30
35	\$284.63	\$340.62	\$539.86	\$1,005.27
36	\$287.61	\$342.25	\$542.74	\$1,008.76
37	\$290.65	\$343.88	\$545.58	\$1,012.24
38	\$293.64	\$345.53	\$548.46	\$1,015.74
39	\$302.67	\$350.43	\$557.08	\$1,026.19
40	\$314.65	\$356.94	\$568.52	\$1,040.16
41	\$326.68	\$363.48	\$580.01	\$1,054.10
42	\$338.69	\$370.04	\$591.46	\$1,068.04
43	\$349.36	\$378.67	\$605.79	\$1,077.72
44	\$360.03	\$387.35	\$620.13	\$1,087.36
45	\$370.70	\$395.99	\$634.50	\$1,097.04
46	\$381.37	\$404.67	\$648.83	\$1,106.67
47	\$392.04	\$413.30	\$663.17	\$1,116.35
48	\$414.34	\$440.38	\$717.76	\$1,153.40
49	\$436.61	\$467.47	\$772.36	\$1,190.46
50	\$458.91	\$494.54	\$826.91	\$1,227.52
51	\$481.17	\$521.65	\$881.51	\$1,264.58
52	\$503.47	\$548.71	\$936.09	\$1,301.65
53	\$535.58	\$577.56	\$993.35	\$1,356.52
54	\$567.70	\$606.40	\$1,050.66	\$1,411.37
55	\$599.86	\$635.24	\$1,107.92	\$1,466.24
56	\$631.98	\$664.08	\$1,165.21	\$1,521.09
57	\$664.08	\$692.94	\$1,222.47	\$1,575.97
58	\$706.41	\$719.82	\$1,288.19	\$1,632.41
59	\$748.73	\$746.71	\$1,353.92	\$1,688.81
60	\$791.09	\$773.56	\$1,419.65	\$1,745.25
61	\$833.41	\$800.45	\$1,485.38	\$1,801.67
62	\$875.74	\$827.34	\$1,551.10	\$1,858.12
63	\$931.58	\$859.42	\$1,634.50	\$1,924.66
64	\$987.39	\$891.53	\$1,717.91	\$1,991.16

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Revised 12/08

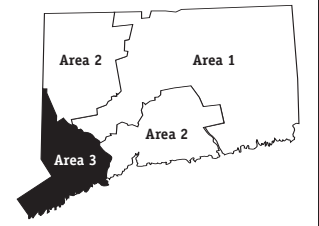
POS Upfront Deductible \$1,000 Individual/\$2,000 Family w/10/20/35 Rx

(POS-OA-25-35-UFGA)

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\$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$173.22	\$241.72	\$430.24	\$723.42
21	\$175.28	\$243.71	\$432.66	\$729.18
22	\$177.32	\$245.70	\$435.08	\$734.97
23	\$179.41	\$247.70	\$437.47	\$740.76
24	\$181.47	\$249.72	\$439.89	\$746.52
25	\$183.55	\$251.70	\$442.31	\$752.32
26	\$185.61	\$253.70	\$444.70	\$758.11
27	\$187.69	\$255.70	\$447.12	\$763.90
28	\$189.74	\$257.69	\$449.55	\$769.66
29	\$191.82	\$259.68	\$451.93	\$775.45
30	\$193.87	\$261.70	\$454.35	\$781.25
31	\$205.44	\$268.94	\$455.83	\$800.98
32	\$216.99	\$276.20	\$457.33	\$820.75
33	\$228.54	\$283.43	\$458.80	\$840.49
34	\$240.09	\$290.70	\$460.27	\$860.25
35	\$245.28	\$293.52	\$465.21	\$866.27
36	\$247.85	\$294.92	\$467.68	\$869.27
37	\$250.45	\$296.34	\$470.14	\$872.27
38	\$253.04	\$297.75	\$472.63	\$875.28
39	\$260.81	\$301.97	\$480.04	\$884.29
40	\$271.14	\$307.58	\$489.91	\$896.33
41	\$281.50	\$313.22	\$499.81	\$908.35
42	\$291.87	\$318.86	\$509.67	\$920.37
43	\$301.06	\$326.31	\$522.03	\$928.70
44	\$310.25	\$333.79	\$534.38	\$937.00
45	\$319.45	\$341.24	\$546.76	\$945.33
46	\$328.64	\$348.71	\$559.11	\$953.65
47	\$337.83	\$356.16	\$571.47	\$961.98
48	\$357.05	\$379.48	\$618.51	\$993.91
49	\$376.23	\$402.83	\$665.56	\$1,025.85
50	\$395.45	\$426.17	\$712.56	\$1,057.79
51	\$414.64	\$449.52	\$759.60	\$1,089.72
52	\$433.85	\$472.84	\$806.66	\$1,121.66
53	\$461.53	\$497.69	\$856.00	\$1,168.95
54	\$489.20	\$522.55	\$905.37	\$1,216.20
55	\$516.91	\$547.40	\$954.72	\$1,263.50
56	\$544.59	\$572.26	\$1,004.09	\$1,310.76
57	\$572.26	\$597.12	\$1,053.44	\$1,358.05
58	\$608.72	\$620.28	\$1,110.08	\$1,406.69
59	\$645.20	\$643.45	\$1,166.72	\$1,455.29
60	\$681.70	\$666.60	\$1,223.34	\$1,503.93
61	\$718.18	\$689.77	\$1,279.98	\$1,552.53
62	\$754.65	\$712.94	\$1,336.62	\$1,601.17
63	\$802.77	\$740.58	\$1,408.49	\$1,658.51
64	\$850.85	\$768.25	\$1,480.36	\$1,715.83

\$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$179.15	\$249.99	\$444.97	\$748.18
21	\$181.27	\$252.06	\$447.47	\$754.14
22	\$183.40	\$254.12	\$449.97	\$760.12
23	\$185.56	\$256.18	\$452.44	\$766.12
24	\$187.67	\$258.27	\$454.94	\$772.08
25	\$189.83	\$260.33	\$457.46	\$778.07
26	\$191.96	\$262.39	\$459.92	\$784.06
27	\$194.12	\$264.45	\$462.42	\$790.05
28	\$196.24	\$266.50	\$464.93	\$796.00
29	\$198.39	\$268.57	\$467.40	\$801.99
30	\$200.51	\$270.67	\$469.90	\$807.99
31	\$212.47	\$278.14	\$471.43	\$828.40
32	\$224.41	\$285.65	\$472.99	\$848.84
33	\$236.37	\$293.13	\$474.50	\$869.26
34	\$248.31	\$300.64	\$476.03	\$889.70
35	\$253.68	\$303.56	\$481.13	\$895.92
36	\$256.33	\$305.02	\$483.69	\$899.02
37	\$259.03	\$306.48	\$486.23	\$902.13
38	\$261.70	\$307.94	\$488.80	\$905.23
39	\$269.74	\$312.32	\$496.47	\$914.55
40	\$280.43	\$318.12	\$506.68	\$927.00
41	\$291.13	\$323.94	\$516.92	\$939.44
42	\$301.85	\$329.77	\$527.11	\$951.87
43	\$311.36	\$337.48	\$539.90	\$960.49
44	\$320.88	\$345.21	\$552.67	\$969.07
45	\$330.38	\$352.92	\$565.48	\$977.69
46	\$339.89	\$360.65	\$578.25	\$986.29
47	\$349.40	\$368.35	\$591.02	\$994.91
48	\$369.27	\$392.47	\$639.68	\$1,027.94
49	\$389.11	\$416.62	\$688.34	\$1,060.97
50	\$408.99	\$440.75	\$736.96	\$1,093.99
51	\$428.83	\$464.91	\$785.61	\$1,127.02
52	\$448.70	\$489.03	\$834.27	\$1,160.05
53	\$477.32	\$514.73	\$885.30	\$1,208.96
54	\$505.94	\$540.44	\$936.37	\$1,257.83
55	\$534.60	\$566.14	\$987.40	\$1,306.75
56	\$563.23	\$591.85	\$1,038.46	\$1,355.62
57	\$591.85	\$617.56	\$1,089.50	\$1,404.53
58	\$629.56	\$641.52	\$1,148.07	\$1,454.83
59	\$667.29	\$665.48	\$1,206.65	\$1,505.10
60	\$705.03	\$689.40	\$1,265.21	\$1,555.40
61	\$742.76	\$713.37	\$1,323.79	\$1,605.67
62	\$780.47	\$737.33	\$1,382.37	\$1,655.97
63	\$830.24	\$765.93	\$1,456.70	\$1,715.28
64	\$879.97	\$794.54	\$1,531.03	\$1,774.55

\$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$182.06	\$254.06	\$452.19	\$760.34
21	\$184.21	\$256.15	\$454.74	\$766.39
22	\$186.37	\$258.24	\$457.28	\$772.48
23	\$188.57	\$260.35	\$459.80	\$778.56
24	\$190.73	\$262.46	\$462.34	\$784.62
25	\$192.92	\$264.55	\$464.89	\$790.71
26	\$195.07	\$266.65	\$467.39	\$796.79
27	\$197.27	\$268.75	\$469.93	\$802.88
28	\$199.43	\$270.84	\$472.48	\$808.94
29	\$201.61	\$272.94	\$474.99	\$815.02
30	\$203.77	\$275.06	\$477.54	\$821.12
31	\$215.92	\$282.66	\$479.08	\$841.85
32	\$228.06	\$290.29	\$480.67	\$862.64
33	\$240.20	\$297.89	\$482.22	\$883.38
34	\$252.35	\$305.53	\$483.77	\$904.15
35	\$257.79	\$308.50	\$488.95	\$910.47
36	\$260.50	\$309.97	\$491.55	\$913.63
37	\$263.24	\$311.46	\$494.13	\$916.78
38	\$265.94	\$312.94	\$496.74	\$919.94
39	\$274.12	\$317.38	\$504.54	\$929.41
40	\$284.98	\$323.29	\$514.91	\$942.07
41	\$295.87	\$329.21	\$525.31	\$954.70
42	\$306.76	\$335.12	\$535.68	\$967.33
43	\$316.43	\$342.96	\$548.66	\$976.09
44	\$326.09	\$350.82	\$561.65	\$984.81
45	\$335.75	\$358.66	\$574.67	\$993.58
46	\$345.41	\$366.51	\$587.64	\$1,002.31
47	\$355.07	\$374.33	\$600.63	\$1,011.07
48	\$375.27	\$398.85	\$650.08	\$1,044.64
49	\$395.43	\$423.39	\$699.52	\$1,078.20
50	\$415.62	\$447.91	\$748.93	\$1,111.77
51	\$435.80	\$472.46	\$798.37	\$1,145.33
52	\$455.99	\$496.97	\$847.83	\$1,178.90
53	\$485.08	\$523.08	\$899.68	\$1,228.60
54	\$514.17	\$549.21	\$951.58	\$1,278.27
55	\$543.29	\$575.34	\$1,003.44	\$1,327.98
56	\$572.38	\$601.47	\$1,055.33	\$1,377.65
57	\$601.47	\$627.59	\$1,107.20	\$1,427.35
58	\$639.79	\$651.94	\$1,166.72	\$1,478.46
59	\$678.13	\$676.29	\$1,226.25	\$1,529.56
60	\$716.49	\$700.61	\$1,285.77	\$1,580.67
61	\$754.83	\$724.97	\$1,345.30	\$1,631.76
62	\$793.15	\$749.31	\$1,404.82	\$1,682.88
63	\$843.74	\$778.37	\$1,480.37	\$1,743.15
64	\$894.27	\$807.46	\$1,555.91	\$1,803.39

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



Revised 12/08

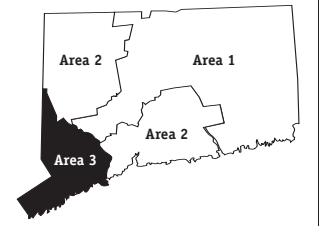
POS Upfront Deductible \$1,000 Individual/\$2,000 Family w/15/25/40 Rx

(POS-OA-25-35-UFGA)

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



\$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$171.22	\$238.92	\$425.25	\$715.04
21	\$173.24	\$240.90	\$427.64	\$720.73
22	\$175.28	\$242.86	\$430.05	\$726.45
23	\$177.33	\$244.83	\$432.40	\$732.18
24	\$179.37	\$246.83	\$434.80	\$737.88
25	\$181.42	\$248.79	\$437.19	\$743.60
26	\$183.46	\$250.77	\$439.55	\$749.33
27	\$185.52	\$252.74	\$441.94	\$755.05
28	\$187.55	\$254.71	\$444.34	\$760.74
29	\$189.60	\$256.67	\$446.70	\$766.47
30	\$191.63	\$258.68	\$449.09	\$772.20
31	\$203.05	\$265.82	\$450.54	\$791.70
32	\$214.47	\$273.00	\$452.03	\$811.25
33	\$225.89	\$280.14	\$453.49	\$830.76
34	\$237.31	\$287.33	\$454.94	\$850.29
35	\$242.44	\$290.12	\$459.82	\$856.23
36	\$244.98	\$291.51	\$462.27	\$859.20
37	\$247.55	\$292.91	\$464.69	\$862.17
38	\$250.11	\$294.30	\$467.16	\$865.13
39	\$257.79	\$298.47	\$474.47	\$874.05
40	\$268.00	\$304.02	\$484.23	\$885.94
41	\$278.24	\$309.60	\$494.02	\$897.82
42	\$288.49	\$315.17	\$503.77	\$909.70
43	\$297.57	\$322.53	\$515.98	\$917.94
44	\$306.66	\$329.92	\$528.18	\$926.15
45	\$315.75	\$337.28	\$540.43	\$934.38
46	\$324.83	\$344.68	\$552.64	\$942.61
47	\$333.92	\$352.03	\$564.84	\$950.84
48	\$352.92	\$375.08	\$611.35	\$982.40
49	\$371.88	\$398.17	\$657.84	\$1,013.97
50	\$390.87	\$421.23	\$704.31	\$1,045.54
51	\$409.83	\$444.32	\$750.81	\$1,077.10
52	\$428.82	\$467.36	\$797.31	\$1,108.66
53	\$456.18	\$491.93	\$846.09	\$1,155.41
54	\$483.53	\$516.50	\$894.89	\$1,202.12
55	\$510.92	\$541.06	\$943.66	\$1,248.87
56	\$538.28	\$565.63	\$992.46	\$1,295.57
57	\$565.63	\$590.20	\$1,041.23	\$1,342.31
58	\$601.68	\$613.10	\$1,097.21	\$1,390.39
59	\$637.73	\$636.00	\$1,153.20	\$1,438.43
60	\$673.80	\$658.87	\$1,209.17	\$1,486.50
61	\$709.85	\$681.78	\$1,265.15	\$1,534.54
62	\$745.90	\$704.67	\$1,321.14	\$1,582.63
63	\$793.47	\$732.00	\$1,392.17	\$1,639.30
64	\$840.99	\$759.36	\$1,463.22	\$1,695.96

\$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$176.15	\$245.81	\$437.53	\$735.67
21	\$178.24	\$247.85	\$439.99	\$741.53
22	\$180.33	\$249.86	\$442.45	\$747.42
23	\$182.45	\$251.90	\$444.88	\$753.30
24	\$184.54	\$253.95	\$447.34	\$759.17
25	\$186.66	\$255.97	\$449.80	\$765.06
26	\$188.75	\$258.01	\$452.23	\$770.95
27	\$190.87	\$260.03	\$454.70	\$776.83
28	\$192.96	\$262.06	\$457.15	\$782.70
29	\$195.07	\$264.08	\$459.58	\$788.58
30	\$197.16	\$266.14	\$462.05	\$794.48
31	\$208.92	\$273.49	\$463.54	\$814.54
32	\$220.66	\$280.88	\$465.08	\$834.66
33	\$232.42	\$288.23	\$466.57	\$854.73
34	\$244.15	\$295.61	\$468.07	\$874.82
35	\$249.44	\$298.48	\$473.09	\$880.94
36	\$252.04	\$299.92	\$475.60	\$883.99
37	\$254.70	\$301.35	\$478.10	\$887.04
38	\$257.32	\$302.79	\$480.63	\$890.10
39	\$265.23	\$307.08	\$488.16	\$899.27
40	\$275.74	\$312.79	\$498.21	\$911.51
41	\$286.27	\$318.52	\$508.27	\$923.73
42	\$296.80	\$324.25	\$518.30	\$935.95
43	\$306.16	\$331.84	\$530.87	\$944.43
44	\$315.51	\$339.44	\$543.43	\$952.87
45	\$324.85	\$347.02	\$556.02	\$961.34
46	\$334.21	\$354.63	\$568.58	\$969.79
47	\$343.56	\$362.19	\$581.14	\$978.27
48	\$363.09	\$385.90	\$628.99	\$1,010.75
49	\$382.61	\$409.66	\$676.82	\$1,043.23
50	\$402.15	\$433.38	\$724.63	\$1,075.70
51	\$421.66	\$457.13	\$772.47	\$1,108.17
52	\$441.20	\$480.84	\$820.32	\$1,140.65
53	\$469.34	\$506.12	\$870.49	\$1,188.74
54	\$497.49	\$531.40	\$920.71	\$1,236.79
55	\$525.66	\$556.67	\$970.89	\$1,284.90
56	\$553.81	\$581.95	\$1,021.10	\$1,332.95
57	\$581.95	\$607.24	\$1,071.28	\$1,381.04
58	\$619.03	\$630.79	\$1,128.88	\$1,430.50
59	\$656.13	\$654.35	\$1,186.47	\$1,479.93
60	\$693.24	\$677.88	\$1,244.06	\$1,529.39
61	\$730.34	\$701.45	\$1,301.66	\$1,578.82
62	\$767.42	\$725.01	\$1,359.26	\$1,628.29
63	\$816.36	\$753.12	\$1,432.35	\$1,686.60
64	\$865.25	\$781.26	\$1,505.42	\$1,744.89

\$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$178.51	\$249.11	\$443.39	\$745.54
21	\$180.63	\$251.17	\$445.88	\$751.47
22	\$182.75	\$253.21	\$448.39	\$757.44
23	\$184.90	\$255.28	\$450.84	\$763.41
24	\$187.01	\$257.35	\$453.34	\$769.35
25	\$189.16	\$259.40	\$455.84	\$775.32
26	\$191.28	\$261.47	\$458.30	\$781.29
27	\$193.43	\$263.52	\$460.79	\$787.26
28	\$195.54	\$265.57	\$463.29	\$793.19
29	\$197.69	\$267.62	\$465.75	\$799.16
30	\$199.81	\$269.71	\$468.24	\$805.14
31	\$211.71	\$277.16	\$469.76	\$825.47
32	\$223.61	\$284.64	\$471.31	\$845.84
33	\$235.53	\$292.09	\$472.83	\$866.19
34	\$247.43	\$299.58	\$474.35	\$886.55
35	\$252.77	\$302.49	\$479.43	\$892.75
36	\$255.42	\$303.94	\$481.98	\$895.85
37	\$258.12	\$305.39	\$484.51	\$898.94
38	\$260.77	\$306.85	\$487.07	\$902.04
39	\$268.78	\$311.21	\$494.72	\$911.33
40	\$279.43	\$316.99	\$504.89	\$923.74
41	\$290.11	\$322.80	\$515.09	\$936.11
42	\$300.78	\$328.61	\$525.25	\$948.50
43	\$310.26	\$336.28	\$537.98	\$957.09
44	\$319.74	\$343.99	\$550.72	\$965.65
45	\$329.21	\$351.67	\$563.48	\$974.24
46	\$338.69	\$359.38	\$576.21	\$982.80
47	\$348.16	\$367.04	\$588.94	\$991.39
48	\$367.97	\$391.08	\$637.42	\$1,024.31
49	\$387.74	\$415.15	\$685.90	\$1,057.21
50	\$407.54	\$439.20	\$734.35	\$1,090.13
51	\$427.32	\$463.27	\$782.83	\$1,123.03
52	\$447.11	\$487.30	\$831.32	\$1,155.95
53	\$475.63	\$512.91	\$882.17	\$1,204.68
54	\$504.15	\$538.52	\$933.06	\$1,253.38
55	\$532.71	\$564.13	\$983.91	\$1,302.13
56	\$561.24	\$589.75	\$1,034.79	\$1,350.83
57	\$589.75	\$615.38	\$1,085.64	\$1,399.56
58	\$627.34	\$639.25	\$1,144.01	\$1,449.69
59	\$664.93	\$663.12	\$1,202.38	\$1,499.78
60	\$702.54	\$686.97	\$1,260.74	\$1,549.90
61	\$740.13	\$710.85	\$1,319.11	\$1,600.00
62	\$777.71	\$734.73	\$1,377.49	\$1,650.13
63	\$827.31	\$763.23	\$1,451.55	\$1,709.22
64	\$876.87	\$791.75	\$1,525.62	\$1,768.29

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



Revised 12/08

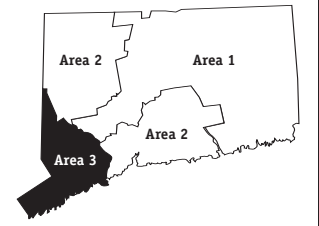
POS Upfront Deductible \$2,000 Individual/\$4,000 Family w/10/20/35 Rx

(POS-OA-25-35-UFTA)

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



\$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$146.67	\$204.66	\$364.27	\$612.50
21	\$148.41	\$206.34	\$366.32	\$617.38
22	\$150.14	\$208.03	\$368.38	\$622.29
23	\$151.90	\$209.72	\$370.39	\$627.19
24	\$153.64	\$211.43	\$372.45	\$632.06
25	\$155.41	\$213.12	\$374.49	\$636.97
26	\$157.15	\$214.80	\$376.52	\$641.87
27	\$158.91	\$216.50	\$378.57	\$646.78
28	\$160.64	\$218.18	\$380.62	\$651.65
29	\$162.41	\$219.87	\$382.65	\$656.56
30	\$164.15	\$221.58	\$384.69	\$661.47
31	\$173.93	\$227.70	\$385.94	\$678.17
32	\$183.73	\$233.85	\$387.22	\$694.91
33	\$193.50	\$239.98	\$388.45	\$711.62
34	\$203.29	\$246.13	\$389.70	\$728.37
35	\$207.67	\$248.51	\$393.88	\$733.46
36	\$209.85	\$249.71	\$395.98	\$735.99
37	\$212.05	\$250.90	\$398.06	\$738.53
38	\$214.24	\$252.10	\$400.16	\$741.08
39	\$220.82	\$255.67	\$406.44	\$748.70
40	\$229.57	\$260.42	\$414.80	\$758.90
41	\$238.34	\$265.20	\$423.18	\$769.08
42	\$247.11	\$269.97	\$431.53	\$779.26
43	\$254.90	\$276.27	\$441.98	\$786.31
44	\$262.68	\$282.62	\$452.45	\$793.33
45	\$270.47	\$288.92	\$462.92	\$800.40
46	\$278.25	\$295.25	\$473.38	\$807.43
47	\$286.04	\$301.56	\$483.85	\$814.49
48	\$302.30	\$321.30	\$523.68	\$841.53
49	\$318.55	\$341.07	\$563.51	\$868.57
50	\$334.82	\$360.82	\$603.31	\$895.60
51	\$351.06	\$380.59	\$643.15	\$922.64
52	\$367.33	\$400.35	\$682.97	\$949.68
53	\$390.77	\$421.38	\$724.75	\$989.72
54	\$414.20	\$442.43	\$766.55	\$1,029.74
55	\$437.66	\$463.47	\$808.34	\$1,069.77
56	\$461.09	\$484.53	\$850.14	\$1,109.79
57	\$484.53	\$505.57	\$891.92	\$1,149.83
58	\$515.40	\$525.18	\$939.88	\$1,191.01
59	\$546.28	\$544.80	\$987.83	\$1,232.16
60	\$577.18	\$564.40	\$1,035.78	\$1,273.34
61	\$608.06	\$584.01	\$1,083.74	\$1,314.49
62	\$638.95	\$603.63	\$1,131.68	\$1,355.68
63	\$679.68	\$627.03	\$1,192.54	\$1,404.23
64	\$720.40	\$650.46	\$1,253.38	\$1,452.75

\$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$152.59	\$212.94	\$379.00	\$637.26
21	\$154.40	\$214.69	\$381.13	\$642.34
22	\$156.21	\$216.45	\$383.27	\$647.44
23	\$158.05	\$218.20	\$385.36	\$652.54
24	\$159.85	\$219.98	\$387.50	\$657.62
25	\$161.69	\$221.74	\$389.64	\$662.72
26	\$163.50	\$223.49	\$391.74	\$667.83
27	\$165.33	\$225.24	\$393.87	\$672.93
28	\$167.15	\$226.99	\$396.00	\$678.00
29	\$168.99	\$228.75	\$398.12	\$683.10
30	\$170.79	\$230.54	\$400.24	\$688.20
31	\$180.97	\$236.91	\$401.55	\$705.59
32	\$191.15	\$243.30	\$402.87	\$723.00
33	\$201.32	\$249.68	\$404.15	\$740.40
34	\$211.50	\$256.07	\$405.46	\$757.81
35	\$216.07	\$258.55	\$409.80	\$763.10
36	\$218.33	\$259.81	\$411.99	\$765.74
37	\$220.63	\$261.05	\$414.15	\$768.39
38	\$222.90	\$262.29	\$416.34	\$771.03
39	\$229.75	\$266.02	\$422.87	\$778.97
40	\$238.85	\$270.95	\$431.56	\$789.58
41	\$247.98	\$275.92	\$440.28	\$800.17
42	\$257.10	\$280.89	\$448.98	\$810.76
43	\$265.20	\$287.44	\$459.86	\$818.10
44	\$273.30	\$294.04	\$470.74	\$825.40
45	\$281.40	\$300.59	\$481.64	\$832.75
46	\$289.50	\$307.19	\$492.52	\$840.07
47	\$297.61	\$313.74	\$503.40	\$847.42
48	\$314.52	\$334.29	\$544.85	\$875.55
49	\$331.43	\$354.86	\$586.29	\$903.68
50	\$348.36	\$375.41	\$627.70	\$931.81
51	\$365.26	\$395.98	\$669.15	\$959.94
52	\$382.18	\$416.53	\$710.59	\$988.07
53	\$406.56	\$438.42	\$754.06	\$1,029.73
54	\$430.94	\$460.32	\$797.55	\$1,071.37
55	\$455.35	\$482.21	\$841.02	\$1,113.02
56	\$479.73	\$504.11	\$884.51	\$1,154.66
57	\$504.11	\$526.01	\$927.98	\$1,196.32
58	\$536.23	\$546.41	\$977.87	\$1,239.16
59	\$568.37	\$566.83	\$1,027.76	\$1,281.97
60	\$600.51	\$587.21	\$1,077.65	\$1,324.81
61	\$632.64	\$607.61	\$1,127.54	\$1,367.63
62	\$664.77	\$628.03	\$1,177.44	\$1,410.48
63	\$707.16	\$652.39	\$1,240.75	\$1,461.00
64	\$749.52	\$676.75	\$1,304.06	\$1,511.48

\$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$155.50	\$217.00	\$386.23	\$649.41
21	\$157.34	\$218.78	\$388.40	\$654.60
22	\$159.19	\$220.57	\$390.58	\$659.80
23	\$161.06	\$222.36	\$392.72	\$664.99
24	\$162.90	\$224.17	\$394.90	\$670.16
25	\$164.77	\$225.96	\$397.07	\$675.36
26	\$166.62	\$227.75	\$399.21	\$680.56
27	\$168.49	\$229.55	\$401.38	\$685.76
28	\$170.33	\$231.33	\$403.55	\$690.93
29	\$172.20	\$233.12	\$405.71	\$696.13
30	\$174.05	\$234.94	\$407.88	\$701.33
31	\$184.42	\$241.42	\$409.20	\$719.04
32	\$194.80	\$247.94	\$410.55	\$736.79
33	\$205.16	\$254.44	\$411.87	\$754.51
34	\$215.54	\$260.96	\$413.19	\$772.26
35	\$220.18	\$263.49	\$417.62	\$777.66
36	\$222.50	\$264.76	\$419.85	\$780.35
37	\$224.83	\$266.03	\$422.05	\$783.04
38	\$227.15	\$267.29	\$424.27	\$785.74
39	\$234.13	\$271.08	\$430.94	\$793.83
40	\$243.40	\$276.12	\$439.80	\$804.64
41	\$252.71	\$281.19	\$448.68	\$815.43
42	\$262.01	\$286.24	\$457.55	\$826.22
43	\$270.27	\$292.93	\$468.62	\$833.70
44	\$278.51	\$299.64	\$479.72	\$841.15
45	\$286.77	\$306.33	\$490.83	\$848.64
46	\$295.02	\$313.05	\$501.91	\$856.09
47	\$303.28	\$319.73	\$513.01	\$863.58
48	\$320.52	\$340.67	\$555.25	\$892.25
49	\$337.75	\$361.63	\$597.48	\$920.92
50	\$354.99	\$382.56	\$639.67	\$949.58
51	\$372.22	\$403.53	\$681.91	\$978.25
52	\$389.47	\$424.47	\$724.14	\$1,006.92
53	\$414.32	\$446.78	\$768.44	\$1,049.37
54	\$439.17	\$469.09	\$812.76	\$1,091.81
55	\$464.04	\$491.41	\$857.06	\$1,134.25
56	\$488.88	\$513.73	\$901.37	\$1,176.68
57	\$513.73	\$536.04	\$945.68	\$1,219.13
58	\$546.46	\$556.83	\$996.52	\$1,262.79
59	\$579.21	\$577.64	\$1,047.36	\$1,306.43
60	\$611.97	\$598.41	\$1,098.21	\$1,350.09
61	\$644.71	\$619.21	\$1,149.06	\$1,393.72
62	\$677.46	\$640.01	\$1,199.89	\$1,437.39
63	\$720.65	\$664.82	\$1,264.42	\$1,488.87
64	\$763.82	\$689.67	\$1,328.94	\$1,540.32

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



Revised 12/08

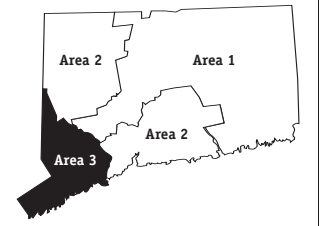
POS Upfront Deductible \$2,000 Individual/\$4,000 Family w/15/25/40 Rx

(POS-OA-25-35-UFTA)

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



\$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$144.66	\$201.86	\$359.29	\$604.12
21	\$146.37	\$203.52	\$361.30	\$608.94
22	\$148.09	\$205.19	\$363.34	\$613.77
23	\$149.82	\$206.85	\$365.32	\$618.61
24	\$151.54	\$208.54	\$367.36	\$623.42
25	\$153.28	\$210.21	\$369.37	\$628.25
26	\$155.00	\$211.87	\$371.37	\$633.10
27	\$156.73	\$213.54	\$373.39	\$637.93
28	\$158.45	\$215.20	\$375.41	\$642.74
29	\$160.19	\$216.86	\$377.41	\$647.58
30	\$161.91	\$218.55	\$379.43	\$652.42
31	\$171.55	\$224.59	\$380.66	\$668.90
32	\$181.21	\$230.65	\$381.91	\$685.40
33	\$190.85	\$236.69	\$383.13	\$701.89
34	\$200.51	\$242.76	\$384.37	\$718.40
35	\$204.83	\$245.11	\$388.49	\$723.42
36	\$206.98	\$246.30	\$390.56	\$725.91
37	\$209.15	\$247.47	\$392.61	\$728.43
38	\$211.31	\$248.65	\$394.69	\$730.93
39	\$217.80	\$252.17	\$400.88	\$738.46
40	\$226.42	\$256.86	\$409.12	\$748.52
41	\$235.08	\$261.58	\$417.38	\$758.55
42	\$243.74	\$266.28	\$425.63	\$768.59
43	\$251.41	\$272.50	\$435.94	\$775.55
44	\$259.08	\$278.75	\$446.25	\$782.48
45	\$266.77	\$284.96	\$456.59	\$789.45
46	\$274.44	\$291.22	\$466.91	\$796.39
47	\$282.13	\$297.42	\$477.22	\$803.35
48	\$298.17	\$316.91	\$516.52	\$830.02
49	\$314.20	\$336.41	\$555.80	\$856.69
50	\$330.24	\$355.89	\$595.05	\$883.35
51	\$346.26	\$375.39	\$634.35	\$910.02
52	\$362.30	\$394.86	\$673.63	\$936.68
53	\$385.42	\$415.62	\$714.84	\$976.18
54	\$408.53	\$436.38	\$756.07	\$1,015.65
55	\$431.67	\$457.13	\$797.28	\$1,055.13
56	\$454.78	\$477.89	\$838.50	\$1,094.61
57	\$477.89	\$498.65	\$879.72	\$1,134.10
58	\$508.36	\$517.99	\$927.01	\$1,174.72
59	\$538.81	\$537.35	\$974.31	\$1,215.31
60	\$569.28	\$556.67	\$1,021.61	\$1,255.92
61	\$599.74	\$576.02	\$1,068.91	\$1,296.51
62	\$630.21	\$595.37	\$1,116.20	\$1,337.14
63	\$670.38	\$618.45	\$1,176.22	\$1,385.02
64	\$710.53	\$641.57	\$1,236.24	\$1,432.89

\$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$149.60	\$208.75	\$371.56	\$624.75
21	\$151.37	\$210.47	\$373.65	\$629.73
22	\$153.14	\$212.19	\$375.75	\$634.74
23	\$154.94	\$213.91	\$377.80	\$639.73
24	\$156.71	\$215.66	\$379.90	\$644.70
25	\$158.51	\$217.38	\$381.98	\$649.71
26	\$160.30	\$219.10	\$384.05	\$654.72
27	\$162.09	\$220.82	\$386.15	\$659.72
28	\$163.86	\$222.54	\$388.22	\$664.69
29	\$165.67	\$224.26	\$390.30	\$669.69
30	\$167.44	\$226.02	\$392.39	\$674.70
31	\$177.41	\$232.25	\$393.66	\$691.74
32	\$187.40	\$238.52	\$394.96	\$708.81
33	\$197.37	\$244.78	\$396.22	\$725.86
34	\$207.35	\$251.04	\$397.50	\$742.93
35	\$211.83	\$253.48	\$401.76	\$748.12
36	\$214.05	\$254.71	\$403.90	\$750.71
37	\$216.30	\$255.92	\$406.02	\$753.30
38	\$218.52	\$257.14	\$408.16	\$755.90
39	\$225.24	\$260.78	\$414.56	\$763.68
40	\$234.16	\$265.63	\$423.09	\$774.09
41	\$243.11	\$270.50	\$431.64	\$784.46
42	\$252.05	\$275.37	\$440.16	\$794.84
43	\$260.00	\$281.80	\$450.83	\$802.04
44	\$267.94	\$288.26	\$461.50	\$809.20
45	\$275.88	\$294.70	\$472.18	\$816.41
46	\$283.82	\$301.16	\$482.85	\$823.57
47	\$291.77	\$307.58	\$493.52	\$830.78
48	\$308.35	\$327.73	\$534.16	\$858.36
49	\$324.93	\$347.90	\$574.78	\$885.94
50	\$341.52	\$368.04	\$615.38	\$913.52
51	\$358.09	\$388.20	\$656.01	\$941.09
52	\$374.68	\$408.35	\$696.63	\$968.67
53	\$398.59	\$429.81	\$739.25	\$1,009.52
54	\$422.48	\$451.28	\$781.89	\$1,050.33
55	\$446.41	\$472.74	\$824.51	\$1,091.17
56	\$470.31	\$494.22	\$867.15	\$1,131.98
57	\$494.22	\$515.68	\$909.76	\$1,172.82
58	\$525.71	\$535.68	\$958.68	\$1,214.83
59	\$557.21	\$555.70	\$1,007.58	\$1,256.80
60	\$588.72	\$575.68	\$1,056.50	\$1,298.81
61	\$620.22	\$595.68	\$1,105.41	\$1,340.78
62	\$651.73	\$615.70	\$1,154.32	\$1,382.80
63	\$693.27	\$639.57	\$1,216.40	\$1,432.32
64	\$734.80	\$663.47	\$1,278.45	\$1,481.81

\$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$151.96	\$212.05	\$377.42	\$634.62
21	\$153.76	\$213.79	\$379.54	\$639.67
22	\$155.56	\$215.54	\$381.68	\$644.75
23	\$157.38	\$217.29	\$383.77	\$649.83
24	\$159.19	\$219.06	\$385.90	\$654.89
25	\$161.02	\$220.81	\$388.02	\$659.97
26	\$162.82	\$222.56	\$390.12	\$665.06
27	\$164.65	\$224.32	\$392.24	\$670.14
28	\$166.44	\$226.06	\$394.36	\$675.19
29	\$168.28	\$227.81	\$396.47	\$680.26
30	\$170.09	\$229.59	\$398.59	\$685.35
31	\$180.21	\$235.93	\$399.88	\$702.66
32	\$190.35	\$242.29	\$401.19	\$720.00
33	\$200.49	\$248.64	\$402.48	\$737.32
34	\$210.63	\$255.01	\$403.78	\$754.67
35	\$215.17	\$257.49	\$408.10	\$759.94
36	\$217.42	\$258.73	\$410.28	\$762.56
37	\$219.71	\$259.96	\$412.43	\$765.20
38	\$221.97	\$261.20	\$414.61	\$767.84
39	\$228.79	\$264.91	\$421.12	\$775.75
40	\$237.85	\$269.82	\$429.77	\$786.31
41	\$246.95	\$274.78	\$438.46	\$796.84
42	\$256.03	\$279.73	\$447.11	\$807.39
43	\$264.10	\$286.25	\$457.94	\$814.70
44	\$272.16	\$292.81	\$468.78	\$821.98
45	\$280.23	\$299.35	\$479.64	\$829.30
46	\$288.30	\$305.91	\$490.48	\$836.58
47	\$296.37	\$312.44	\$501.31	\$843.90
48	\$313.22	\$332.91	\$542.60	\$871.92
49	\$330.06	\$353.38	\$583.86	\$899.93
50	\$346.91	\$373.85	\$625.10	\$927.94
51	\$363.75	\$394.34	\$666.37	\$955.95
52	\$380.59	\$414.80	\$707.63	\$983.97
53	\$404.88	\$436.60	\$750.92	\$1,025.46
54	\$429.15	\$458.40	\$794.24	\$1,066.92
55	\$453.47	\$480.20	\$837.53	\$1,108.40
56	\$477.74	\$502.02	\$880.83	\$1,149.86
57	\$502.02	\$523.83	\$924.12	\$1,191.35
58	\$534.02	\$544.14	\$973.81	\$1,234.02
59	\$566.01	\$564.48	\$1,023.49	\$1,276.65
60	\$598.03	\$584.77	\$1,073.18	\$1,319.32
61	\$630.02	\$605.09	\$1,122.87	\$1,361.96
62	\$662.02	\$625.42	\$1,172.55	\$1,404.64
63	\$704.22	\$649.68	\$1,235.60	\$1,454.94
64	\$746.41	\$673.95	\$1,298.65	\$1,505.21

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



Revised 12/08

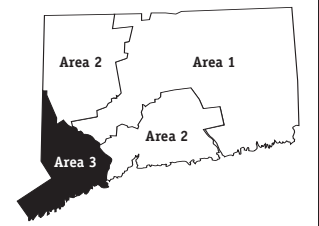
POS 25/35 Hospital Copay \$500 w/10/20/35 Rx

(POS-OA-25-35-AJLA)

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



\$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$206.30	\$287.88	\$512.39	\$861.55
21	\$208.74	\$290.25	\$515.28	\$868.41
22	\$211.19	\$292.62	\$518.16	\$875.31
23	\$213.67	\$294.99	\$521.00	\$882.21
24	\$216.11	\$297.40	\$523.88	\$889.06
25	\$218.60	\$299.78	\$526.77	\$895.96
26	\$221.05	\$302.15	\$529.62	\$902.86
27	\$223.53	\$304.52	\$532.50	\$909.76
28	\$225.96	\$306.89	\$535.39	\$916.62
29	\$228.45	\$309.26	\$538.23	\$923.52
30	\$230.90	\$311.66	\$541.11	\$930.42
31	\$244.66	\$320.29	\$542.87	\$953.92
32	\$258.42	\$328.95	\$544.65	\$977.47
33	\$272.17	\$337.55	\$546.40	\$1,000.98
34	\$285.94	\$346.21	\$548.15	\$1,024.52
35	\$292.11	\$349.56	\$554.04	\$1,031.67
36	\$295.18	\$351.24	\$556.99	\$1,035.26
37	\$298.27	\$352.92	\$559.91	\$1,038.83
38	\$301.34	\$354.61	\$562.87	\$1,042.41
39	\$310.62	\$359.63	\$571.70	\$1,053.13
40	\$322.92	\$366.31	\$583.45	\$1,067.48
41	\$335.25	\$373.03	\$595.24	\$1,081.79
42	\$347.59	\$379.75	\$606.99	\$1,096.10
43	\$358.53	\$388.61	\$621.70	\$1,106.03
44	\$369.49	\$397.53	\$636.42	\$1,115.91
45	\$380.44	\$406.39	\$651.16	\$1,125.84
46	\$391.39	\$415.30	\$665.87	\$1,135.74
47	\$402.33	\$424.17	\$680.58	\$1,145.67
48	\$425.22	\$451.94	\$736.61	\$1,183.69
49	\$448.07	\$479.76	\$792.64	\$1,221.73
50	\$470.96	\$507.53	\$848.62	\$1,259.77
51	\$493.80	\$535.34	\$904.65	\$1,297.79
52	\$516.69	\$563.12	\$960.67	\$1,335.83
53	\$549.66	\$592.72	\$1,019.44	\$1,392.15
54	\$582.62	\$622.33	\$1,078.24	\$1,448.43
55	\$615.61	\$651.93	\$1,137.01	\$1,504.75
56	\$648.57	\$681.54	\$1,195.81	\$1,561.04
57	\$681.54	\$711.12	\$1,254.58	\$1,617.35
58	\$724.96	\$738.73	\$1,322.04	\$1,675.28
59	\$768.40	\$766.32	\$1,389.49	\$1,733.17
60	\$811.87	\$793.88	\$1,456.93	\$1,791.09
61	\$855.31	\$821.48	\$1,524.39	\$1,848.98
62	\$898.75	\$849.07	\$1,591.84	\$1,906.91
63	\$956.05	\$881.98	\$1,677.43	\$1,975.20
64	\$1,013.31	\$914.94	\$1,763.02	\$2,043.45

\$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$212.22	\$296.15	\$527.11	\$886.31
21	\$214.74	\$298.60	\$530.09	\$893.36
22	\$217.26	\$301.04	\$533.05	\$900.46
23	\$219.82	\$303.47	\$535.97	\$907.56
24	\$222.32	\$305.95	\$538.93	\$914.62
25	\$224.88	\$308.40	\$541.91	\$921.71
26	\$227.40	\$310.84	\$544.83	\$928.81
27	\$229.95	\$313.26	\$547.80	\$935.91
28	\$232.47	\$315.70	\$550.77	\$942.96
29	\$235.02	\$318.15	\$553.70	\$950.07
30	\$237.54	\$320.63	\$556.66	\$957.16
31	\$251.69	\$329.49	\$558.47	\$981.34
32	\$265.84	\$338.39	\$560.31	\$1,005.56
33	\$280.00	\$347.25	\$562.11	\$1,029.75
34	\$294.16	\$356.15	\$563.91	\$1,053.96
35	\$300.51	\$359.60	\$569.95	\$1,061.32
36	\$303.65	\$361.33	\$573.00	\$1,065.01
37	\$306.85	\$363.06	\$576.00	\$1,068.68
38	\$310.01	\$364.79	\$579.04	\$1,072.37
39	\$319.54	\$369.97	\$588.13	\$1,083.40
40	\$332.20	\$376.84	\$600.21	\$1,098.16
41	\$344.89	\$383.75	\$612.35	\$1,112.89
42	\$357.58	\$390.66	\$624.44	\$1,127.60
43	\$368.83	\$399.78	\$639.57	\$1,137.81
44	\$380.11	\$408.95	\$654.71	\$1,147.98
45	\$391.37	\$418.07	\$669.87	\$1,158.20
46	\$402.64	\$427.24	\$685.01	\$1,168.38
47	\$413.90	\$436.36	\$700.13	\$1,178.60
48	\$437.45	\$464.93	\$757.78	\$1,217.72
49	\$460.95	\$493.55	\$815.42	\$1,256.84
50	\$484.50	\$522.12	\$873.02	\$1,295.97
51	\$508.00	\$550.73	\$930.66	\$1,335.09
52	\$531.54	\$579.31	\$988.29	\$1,374.22
53	\$565.46	\$609.76	\$1,048.74	\$1,432.16
54	\$599.36	\$640.21	\$1,109.23	\$1,490.06
55	\$633.30	\$670.67	\$1,169.69	\$1,548.00
56	\$667.21	\$701.12	\$1,230.18	\$1,605.90
57	\$701.12	\$731.56	\$1,290.64	\$1,663.84
58	\$745.79	\$759.96	\$1,360.03	\$1,723.42
59	\$790.48	\$788.35	\$1,429.41	\$1,782.98
60	\$835.20	\$816.69	\$1,498.80	\$1,842.56
61	\$879.89	\$845.08	\$1,568.19	\$1,902.12
62	\$924.57	\$873.47	\$1,637.59	\$1,961.71
63	\$983.52	\$907.34	\$1,725.64	\$2,031.96
64	\$1,042.43	\$941.23	\$1,813.70	\$2,102.18

\$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$215.13	\$300.21	\$534.34	\$898.46
21	\$217.68	\$302.69	\$537.35	\$905.62
22	\$220.23	\$305.16	\$540.36	\$912.81
23	\$222.83	\$307.63	\$543.33	\$920.01
24	\$225.37	\$310.15	\$546.33	\$927.16
25	\$227.96	\$312.62	\$549.34	\$934.35
26	\$230.51	\$315.09	\$552.31	\$941.55
27	\$233.11	\$317.57	\$555.31	\$948.74
28	\$235.65	\$320.04	\$558.32	\$955.90
29	\$238.24	\$322.51	\$561.29	\$963.09
30	\$240.79	\$325.03	\$564.30	\$970.29
31	\$255.15	\$334.01	\$566.13	\$994.80
32	\$269.50	\$343.03	\$567.99	\$1,019.35
33	\$283.84	\$352.01	\$569.82	\$1,043.87
34	\$298.20	\$361.04	\$571.64	\$1,068.42
35	\$304.62	\$364.54	\$577.77	\$1,075.88
36	\$307.83	\$366.29	\$580.85	\$1,079.61
37	\$311.05	\$368.04	\$583.90	\$1,083.34
38	\$314.25	\$369.79	\$586.98	\$1,087.07
39	\$323.92	\$375.04	\$596.20	\$1,098.26
40	\$336.75	\$382.02	\$608.45	\$1,113.22
41	\$349.62	\$389.02	\$620.74	\$1,128.14
42	\$362.48	\$396.01	\$633.01	\$1,143.06
43	\$373.90	\$405.26	\$648.34	\$1,153.41
44	\$385.32	\$414.55	\$663.68	\$1,163.73
45	\$396.73	\$423.81	\$679.06	\$1,174.09
46	\$408.16	\$433.10	\$694.40	\$1,184.40
47	\$419.57	\$442.34	\$709.74	\$1,194.76
48	\$443.44	\$471.31	\$768.17	\$1,234.42
49	\$467.27	\$500.32	\$826.61	\$1,274.08
50	\$491.13	\$529.27	\$884.99	\$1,313.74
51	\$514.96	\$558.28	\$943.42	\$1,353.40
52	\$538.83	\$587.25	\$1,001.84	\$1,393.07
53	\$573.21	\$618.12	\$1,063.12	\$1,451.81
54	\$607.58	\$648.99	\$1,124.45	\$1,510.49
55	\$641.99	\$679.87	\$1,185.73	\$1,569.23
56	\$676.36	\$710.74	\$1,247.04	\$1,627.93
57	\$710.74	\$741.60	\$1,308.34	\$1,686.66
58	\$756.02	\$770.38	\$1,378.68	\$1,747.05
59	\$801.32	\$799.16	\$1,449.02	\$1,807.44
60	\$846.66	\$827.90	\$1,519.36	\$1,867.84
61	\$891.96	\$856.67	\$1,589.71	\$1,928.20
62	\$937.25	\$885.45	\$1,660.04	\$1,988.62
63	\$997.02	\$919.78	\$1,749.30	\$2,059.83
64	\$1,056.73	\$954.15	\$1,838.57	\$2,131.01

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



Revised 12/08

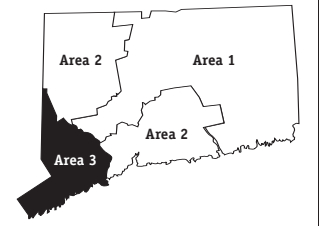
POS 25/35 Hospital Copay \$500 w/15/25/40 Rx

(POS-OA-25-35-AJLA)

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



\$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$204.30	\$285.08	\$507.40	\$853.17
21	\$206.71	\$287.43	\$510.26	\$859.96
22	\$209.14	\$289.78	\$513.12	\$866.79
23	\$211.59	\$292.12	\$515.93	\$873.63
24	\$214.02	\$294.51	\$518.79	\$880.42
25	\$216.47	\$296.87	\$521.65	\$887.25
26	\$218.90	\$299.22	\$524.47	\$894.09
27	\$221.35	\$301.56	\$527.32	\$900.92
28	\$223.78	\$303.91	\$530.18	\$907.70
29	\$226.23	\$306.25	\$533.00	\$914.54
30	\$228.66	\$308.64	\$535.85	\$921.37
31	\$242.28	\$317.17	\$537.59	\$944.65
32	\$255.91	\$325.74	\$539.35	\$967.96
33	\$269.53	\$334.26	\$541.09	\$991.25
34	\$283.17	\$342.84	\$542.82	\$1,014.55
35	\$289.27	\$346.16	\$548.64	\$1,021.64
36	\$292.31	\$347.83	\$551.57	\$1,025.18
37	\$295.37	\$349.49	\$554.46	\$1,028.72
38	\$298.41	\$351.16	\$557.39	\$1,032.26
39	\$307.59	\$356.13	\$566.14	\$1,042.89
40	\$319.78	\$362.75	\$577.77	\$1,057.10
41	\$331.99	\$369.40	\$589.45	\$1,071.27
42	\$344.21	\$376.05	\$601.09	\$1,085.44
43	\$355.04	\$384.83	\$615.65	\$1,095.27
44	\$365.89	\$393.66	\$630.22	\$1,105.06
45	\$376.73	\$402.43	\$644.82	\$1,114.89
46	\$387.58	\$411.27	\$659.40	\$1,124.69
47	\$398.42	\$420.04	\$673.95	\$1,134.52
48	\$421.09	\$447.54	\$729.45	\$1,172.18
49	\$443.72	\$475.09	\$784.93	\$1,209.85
50	\$466.38	\$502.60	\$840.37	\$1,247.51
51	\$489.00	\$530.14	\$895.86	\$1,285.17
52	\$511.66	\$557.64	\$951.33	\$1,322.83
53	\$544.32	\$586.96	\$1,009.53	\$1,378.62
54	\$576.95	\$616.27	\$1,067.76	\$1,434.34
55	\$609.63	\$645.59	\$1,125.95	\$1,490.12
56	\$642.26	\$674.90	\$1,184.17	\$1,545.85
57	\$674.90	\$704.20	\$1,242.37	\$1,601.62
58	\$717.91	\$731.54	\$1,309.17	\$1,658.98
59	\$760.93	\$758.87	\$1,375.97	\$1,716.32
60	\$803.97	\$786.16	\$1,442.76	\$1,773.67
61	\$846.98	\$813.49	\$1,509.56	\$1,830.99
62	\$890.00	\$840.80	\$1,576.36	\$1,888.37
63	\$946.75	\$873.40	\$1,661.11	\$1,955.98
64	\$1,003.45	\$906.05	\$1,745.88	\$2,023.58

\$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$209.23	\$291.97	\$519.67	\$873.80
21	\$211.70	\$294.38	\$522.61	\$880.75
22	\$214.19	\$296.78	\$525.53	\$887.76
23	\$216.71	\$299.19	\$528.41	\$894.75
24	\$219.19	\$301.64	\$531.33	\$901.70
25	\$221.70	\$304.04	\$534.26	\$908.70
26	\$224.19	\$306.45	\$537.15	\$915.70
27	\$226.71	\$308.84	\$540.07	\$922.70
28	\$229.18	\$311.26	\$542.99	\$929.66
29	\$231.70	\$313.66	\$545.88	\$936.65
30	\$234.19	\$316.10	\$548.80	\$943.65
31	\$248.14	\$324.83	\$550.59	\$967.49
32	\$262.10	\$333.62	\$552.40	\$991.37
33	\$276.05	\$342.35	\$554.18	\$1,015.22
34	\$290.01	\$351.12	\$555.95	\$1,039.08
35	\$296.26	\$354.52	\$561.91	\$1,046.34
36	\$299.37	\$356.23	\$564.91	\$1,049.97
37	\$302.51	\$357.93	\$567.87	\$1,053.60
38	\$305.63	\$359.64	\$570.87	\$1,057.23
39	\$315.03	\$364.74	\$579.83	\$1,068.11
40	\$327.51	\$371.52	\$591.75	\$1,082.67
41	\$340.02	\$378.33	\$603.70	\$1,097.17
42	\$352.53	\$385.14	\$615.62	\$1,111.68
43	\$363.63	\$394.14	\$630.54	\$1,121.75
44	\$374.75	\$403.18	\$645.47	\$1,131.78
45	\$385.84	\$412.17	\$660.42	\$1,141.85
46	\$396.96	\$421.21	\$675.34	\$1,151.88
47	\$408.06	\$430.20	\$690.25	\$1,161.95
48	\$431.27	\$458.36	\$747.08	\$1,200.53
49	\$454.44	\$486.59	\$803.91	\$1,239.10
50	\$477.66	\$514.75	\$860.69	\$1,277.68
51	\$500.82	\$542.95	\$917.52	\$1,316.24
52	\$524.04	\$571.12	\$974.33	\$1,354.82
53	\$557.48	\$601.15	\$1,033.93	\$1,411.95
54	\$590.90	\$631.18	\$1,093.58	\$1,469.02
55	\$624.37	\$661.20	\$1,153.18	\$1,526.15
56	\$657.79	\$691.23	\$1,212.81	\$1,583.23
57	\$691.23	\$721.24	\$1,272.42	\$1,640.35
58	\$735.27	\$749.23	\$1,340.83	\$1,699.09
59	\$779.33	\$777.22	\$1,409.24	\$1,757.81
60	\$823.41	\$805.17	\$1,477.65	\$1,816.56
61	\$867.47	\$833.15	\$1,546.07	\$1,875.27
62	\$911.52	\$861.14	\$1,614.47	\$1,934.03
63	\$969.64	\$894.52	\$1,701.28	\$2,003.28
64	\$1,027.72	\$927.95	\$1,788.09	\$2,072.51

\$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$211.59	\$295.27	\$525.54	\$883.66
21	\$214.10	\$297.70	\$528.50	\$890.70
22	\$216.61	\$300.13	\$531.46	\$897.77
23	\$219.16	\$302.56	\$534.37	\$904.85
24	\$221.66	\$305.04	\$537.33	\$911.89
25	\$224.20	\$307.47	\$540.30	\$918.96
26	\$226.72	\$309.91	\$543.22	\$926.05
27	\$229.27	\$312.34	\$546.17	\$933.12
28	\$231.77	\$314.77	\$549.13	\$940.15
29	\$234.32	\$317.20	\$552.05	\$947.23
30	\$236.83	\$319.67	\$555.00	\$954.31
31	\$250.94	\$328.51	\$556.80	\$978.41
32	\$265.05	\$337.38	\$558.63	\$1,002.55
33	\$279.17	\$346.21	\$560.44	\$1,026.68
34	\$293.28	\$355.09	\$562.23	\$1,050.82
35	\$299.60	\$358.53	\$568.25	\$1,058.16
36	\$302.75	\$360.25	\$571.29	\$1,061.83
37	\$305.93	\$361.97	\$574.28	\$1,065.50
38	\$309.08	\$363.70	\$577.31	\$1,069.17
39	\$318.59	\$368.87	\$586.38	\$1,080.17
40	\$331.21	\$375.72	\$598.42	\$1,094.89
41	\$343.86	\$382.61	\$610.52	\$1,109.56
42	\$356.51	\$389.50	\$622.58	\$1,124.23
43	\$367.74	\$398.59	\$637.66	\$1,134.41
44	\$378.97	\$407.73	\$652.75	\$1,144.56
45	\$390.20	\$416.82	\$667.88	\$1,154.75
46	\$401.44	\$425.96	\$682.97	\$1,164.89
47	\$412.66	\$435.05	\$698.05	\$1,175.07
48	\$436.14	\$463.54	\$755.52	\$1,214.09
49	\$459.57	\$492.07	\$812.99	\$1,253.09
50	\$483.05	\$520.56	\$870.41	\$1,292.10
51	\$506.48	\$549.09	\$927.88	\$1,331.10
52	\$529.95	\$577.58	\$985.33	\$1,370.12
53	\$563.77	\$607.94	\$1,045.61	\$1,427.89
54	\$597.57	\$638.30	\$1,105.92	\$1,485.61
55	\$631.42	\$668.66	\$1,166.20	\$1,543.38
56	\$665.22	\$699.02	\$1,226.50	\$1,601.11
57	\$699.02	\$729.38	\$1,286.78	\$1,658.87
58	\$743.57	\$757.69	\$1,355.97	\$1,718.28
59	\$788.12	\$785.99	\$1,425.15	\$1,777.66
60	\$832.71	\$814.26	\$1,494.33	\$1,837.07
61	\$877.26	\$842.55	\$1,563.52	\$1,896.45
62	\$921.81	\$870.86	\$1,632.70	\$1,955.87
63	\$980.59	\$904.63	\$1,720.49	\$2,025.90
64	\$1,039.33	\$938.43	\$1,808.28	\$2,095.91

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



Revised 12/08

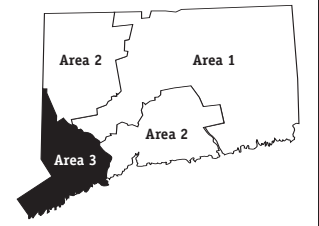
POS 30/45 Hosp. Ded. \$2,000 Individual/\$4,000 Family w/10/20/35 Rx

(POS-OA-30-45-DJMA)

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



\$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$183.47	\$256.02	\$455.68	\$766.21
21	\$185.65	\$258.13	\$458.25	\$772.32
22	\$187.82	\$260.23	\$460.82	\$778.45
23	\$190.03	\$262.35	\$463.35	\$784.59
24	\$192.20	\$264.49	\$465.91	\$790.68
25	\$194.41	\$266.60	\$468.48	\$796.81
26	\$196.59	\$268.71	\$471.01	\$802.95
27	\$198.80	\$270.83	\$473.58	\$809.09
28	\$200.96	\$272.94	\$476.14	\$815.20
29	\$203.17	\$275.04	\$478.67	\$821.32
30	\$205.34	\$277.18	\$481.23	\$827.46
31	\$217.59	\$284.84	\$482.80	\$848.37
32	\$229.83	\$292.54	\$484.39	\$869.30
33	\$242.06	\$300.20	\$485.93	\$890.21
34	\$254.30	\$307.90	\$487.50	\$911.15
35	\$259.79	\$310.88	\$492.73	\$917.52
36	\$262.51	\$312.37	\$495.36	\$920.69
37	\$265.27	\$313.86	\$497.94	\$923.88
38	\$268.00	\$315.36	\$500.58	\$927.05
39	\$276.24	\$319.84	\$508.44	\$936.59
40	\$287.19	\$325.77	\$518.89	\$949.35
41	\$298.15	\$331.75	\$529.37	\$962.08
42	\$309.13	\$337.73	\$539.82	\$974.81
43	\$318.86	\$345.61	\$552.91	\$983.63
44	\$328.60	\$353.54	\$565.99	\$992.43
45	\$338.34	\$361.42	\$579.10	\$1,001.26
46	\$348.08	\$369.33	\$592.18	\$1,010.06
47	\$357.81	\$377.23	\$605.27	\$1,018.89
48	\$378.17	\$401.93	\$655.09	\$1,052.70
49	\$398.49	\$426.67	\$704.93	\$1,086.53
50	\$418.85	\$451.37	\$754.72	\$1,120.37
51	\$439.17	\$476.10	\$804.54	\$1,154.18
52	\$459.52	\$500.81	\$854.37	\$1,188.01
53	\$488.83	\$527.13	\$906.64	\$1,238.10
54	\$518.15	\$553.47	\$958.93	\$1,288.15
55	\$547.49	\$579.79	\$1,011.20	\$1,338.24
56	\$576.80	\$606.12	\$1,063.48	\$1,388.30
57	\$606.12	\$632.44	\$1,115.75	\$1,438.38
58	\$644.73	\$656.98	\$1,175.74	\$1,489.90
59	\$683.37	\$681.52	\$1,235.73	\$1,541.37
60	\$722.03	\$706.03	\$1,295.70	\$1,592.90
61	\$760.66	\$730.57	\$1,355.70	\$1,644.38
62	\$799.29	\$755.11	\$1,415.69	\$1,695.89
63	\$850.25	\$784.39	\$1,491.81	\$1,756.63
64	\$901.18	\$813.70	\$1,567.93	\$1,817.32

\$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$189.39	\$264.30	\$470.41	\$790.97
21	\$191.64	\$266.47	\$473.06	\$797.27
22	\$193.89	\$268.65	\$475.71	\$803.60
23	\$196.17	\$270.83	\$478.32	\$809.94
24	\$198.41	\$273.04	\$480.97	\$816.23
25	\$200.69	\$275.22	\$483.62	\$822.56
26	\$202.94	\$277.40	\$486.23	\$828.91
27	\$205.22	\$279.57	\$488.88	\$835.24
28	\$207.46	\$281.75	\$491.52	\$841.54
29	\$209.74	\$283.93	\$494.14	\$847.87
30	\$211.98	\$286.15	\$496.78	\$854.20
31	\$224.62	\$294.05	\$498.40	\$875.79
32	\$237.25	\$301.98	\$500.04	\$897.39
33	\$249.88	\$309.90	\$501.64	\$918.98
34	\$262.51	\$317.84	\$503.26	\$940.59
35	\$268.18	\$320.93	\$508.65	\$947.17
36	\$270.99	\$322.46	\$511.37	\$950.44
37	\$273.85	\$324.01	\$514.04	\$953.73
38	\$276.66	\$325.55	\$516.75	\$957.01
39	\$285.17	\$330.18	\$524.87	\$966.86
40	\$296.47	\$336.31	\$535.65	\$980.03
41	\$307.79	\$342.46	\$546.48	\$993.17
42	\$319.11	\$348.64	\$557.26	\$1,006.31
43	\$329.16	\$356.77	\$570.78	\$1,015.42
44	\$339.23	\$364.96	\$584.28	\$1,024.50
45	\$349.27	\$373.10	\$597.82	\$1,033.62
46	\$359.33	\$381.27	\$611.32	\$1,042.70
47	\$369.38	\$389.41	\$624.82	\$1,051.82
48	\$390.39	\$414.92	\$676.26	\$1,086.73
49	\$411.37	\$440.46	\$727.70	\$1,121.65
50	\$432.39	\$465.95	\$779.11	\$1,156.57
51	\$453.36	\$491.49	\$830.54	\$1,191.48
52	\$474.37	\$517.00	\$881.98	\$1,226.40
53	\$504.63	\$544.17	\$935.94	\$1,278.11
54	\$534.89	\$571.35	\$989.92	\$1,329.78
55	\$565.18	\$598.52	\$1,043.88	\$1,381.49
56	\$595.44	\$625.70	\$1,097.85	\$1,433.16
57	\$625.70	\$652.88	\$1,151.81	\$1,484.87
58	\$665.57	\$678.21	\$1,213.73	\$1,538.05
59	\$705.46	\$703.54	\$1,275.65	\$1,591.19
60	\$745.35	\$728.83	\$1,337.58	\$1,644.37
61	\$785.24	\$754.18	\$1,399.51	\$1,697.52
62	\$825.11	\$779.51	\$1,461.45	\$1,750.69
63	\$877.72	\$809.74	\$1,540.02	\$1,813.39
64	\$930.30	\$839.99	\$1,618.61	\$1,876.05

\$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$192.31	\$268.36	\$477.64	\$803.12
21	\$194.59	\$270.56	\$480.33	\$809.53
22	\$196.87	\$272.77	\$483.02	\$815.96
23	\$199.19	\$274.99	\$485.68	\$822.39
24	\$201.47	\$277.23	\$488.37	\$828.77
25	\$203.78	\$279.44	\$491.05	\$835.21
26	\$206.06	\$281.66	\$493.70	\$841.64
27	\$208.38	\$283.88	\$496.39	\$848.07
28	\$210.65	\$286.09	\$499.07	\$854.47
29	\$212.96	\$288.30	\$501.73	\$860.90
30	\$215.24	\$290.54	\$504.42	\$867.33
31	\$228.07	\$298.56	\$506.06	\$889.24
32	\$240.91	\$306.63	\$507.73	\$911.19
33	\$253.72	\$314.67	\$509.35	\$933.10
34	\$266.55	\$322.73	\$510.99	\$955.04
35	\$272.30	\$325.86	\$516.47	\$961.72
36	\$275.17	\$327.42	\$519.23	\$965.05
37	\$278.06	\$328.99	\$521.93	\$968.39
38	\$280.91	\$330.54	\$524.69	\$971.72
39	\$289.55	\$335.25	\$532.94	\$981.72
40	\$301.02	\$341.48	\$543.89	\$995.09
41	\$312.52	\$347.74	\$554.88	\$1,008.43
42	\$324.02	\$353.99	\$565.83	\$1,021.77
43	\$334.23	\$362.26	\$579.54	\$1,031.02
44	\$344.44	\$370.56	\$593.26	\$1,040.24
45	\$354.64	\$378.84	\$607.01	\$1,049.51
46	\$364.85	\$387.13	\$620.71	\$1,058.72
47	\$375.05	\$395.40	\$634.43	\$1,067.98
48	\$396.39	\$421.30	\$686.66	\$1,103.43
49	\$417.69	\$447.23	\$738.89	\$1,138.88
50	\$439.02	\$473.11	\$791.08	\$1,174.34
51	\$460.33	\$499.04	\$843.31	\$1,209.79
52	\$481.66	\$524.94	\$895.54	\$1,245.25
53	\$512.39	\$552.53	\$950.32	\$1,297.75
54	\$543.11	\$580.12	\$1,005.14	\$1,350.22
55	\$573.87	\$607.73	\$1,059.92	\$1,402.72
56	\$604.59	\$635.32	\$1,114.72	\$1,455.19
57	\$635.32	\$662.91	\$1,169.51	\$1,507.68
58	\$675.80	\$688.63	\$1,232.38	\$1,561.68
59	\$716.30	\$714.35	\$1,295.26	\$1,615.64
60	\$756.81	\$740.04	\$1,358.14	\$1,669.64
61	\$797.31	\$765.77	\$1,421.03	\$1,723.60
62	\$837.79	\$791.49	\$1,483.90	\$1,777.60
63	\$891.22	\$822.18	\$1,563.68	\$1,841.26
64	\$944.60	\$852.91	\$1,643.48	\$1,904.89

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



Revised 12/08

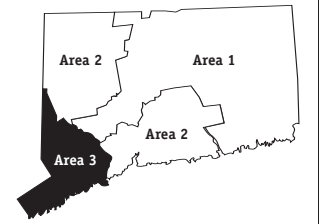
POS 30/45 Hosp. Ded. \$2,000 Individual/\$4,000 Family w/15/25/40 Rx

(POS-OA-30-45-DJMA)

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



\$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$181.47	\$253.22	\$450.70	\$757.83
21	\$183.61	\$255.31	\$453.23	\$763.87
22	\$185.77	\$257.39	\$455.79	\$769.93
23	\$187.95	\$259.48	\$458.28	\$776.01
24	\$190.11	\$261.60	\$460.82	\$782.04
25	\$192.28	\$263.68	\$463.36	\$788.10
26	\$194.44	\$265.78	\$465.86	\$794.18
27	\$196.62	\$267.87	\$468.40	\$800.24
28	\$198.77	\$269.95	\$470.93	\$806.28
29	\$200.95	\$272.03	\$473.44	\$812.35
30	\$203.10	\$274.16	\$475.97	\$818.41
31	\$215.21	\$281.73	\$477.52	\$839.09
32	\$227.32	\$289.33	\$479.08	\$859.80
33	\$239.41	\$296.92	\$480.62	\$880.48
34	\$251.52	\$304.53	\$482.17	\$901.18
35	\$256.95	\$307.48	\$487.34	\$907.48
36	\$259.64	\$308.96	\$489.94	\$910.62
37	\$262.37	\$310.43	\$492.50	\$913.77
38	\$265.07	\$311.91	\$495.10	\$916.91
39	\$273.22	\$316.34	\$502.87	\$926.35
40	\$284.04	\$322.21	\$513.21	\$938.97
41	\$294.89	\$328.12	\$523.58	\$951.55
42	\$305.75	\$334.04	\$533.91	\$964.14
43	\$315.37	\$341.83	\$546.86	\$972.88
44	\$325.01	\$349.67	\$559.80	\$981.58
45	\$334.64	\$357.47	\$572.77	\$990.31
46	\$344.27	\$365.30	\$585.71	\$999.01
47	\$353.90	\$373.10	\$598.65	\$1,007.75
48	\$374.04	\$397.54	\$647.93	\$1,041.19
49	\$394.14	\$422.01	\$697.21	\$1,074.66
50	\$414.27	\$446.43	\$746.46	\$1,108.11
51	\$434.36	\$470.90	\$795.75	\$1,141.56
52	\$454.49	\$495.33	\$845.03	\$1,175.01
53	\$483.49	\$521.37	\$896.72	\$1,224.56
54	\$512.48	\$547.41	\$948.45	\$1,274.07
55	\$541.51	\$573.45	\$1,000.14	\$1,323.60
56	\$570.49	\$599.48	\$1,051.85	\$1,373.11
57	\$599.48	\$625.52	\$1,103.54	\$1,422.65
58	\$637.69	\$649.79	\$1,162.87	\$1,473.61
59	\$675.90	\$674.07	\$1,222.21	\$1,524.52
60	\$714.13	\$698.30	\$1,281.54	\$1,575.47
61	\$752.34	\$722.59	\$1,340.88	\$1,626.39
62	\$790.54	\$746.85	\$1,400.21	\$1,677.34
63	\$840.95	\$775.81	\$1,475.49	\$1,737.41
64	\$891.32	\$804.80	\$1,550.79	\$1,797.46

\$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$186.40	\$260.11	\$462.97	\$778.46
21	\$188.61	\$262.26	\$465.58	\$784.66
22	\$190.82	\$264.40	\$468.19	\$790.90
23	\$193.07	\$266.54	\$470.76	\$797.13
24	\$195.28	\$268.72	\$473.36	\$803.32
25	\$197.52	\$270.86	\$475.97	\$809.56
26	\$199.74	\$273.02	\$478.54	\$815.80
27	\$201.97	\$275.16	\$481.15	\$822.03
28	\$204.17	\$277.30	\$483.75	\$828.23
29	\$206.42	\$279.44	\$486.32	\$834.45
30	\$208.63	\$281.62	\$488.93	\$840.69
31	\$221.07	\$289.39	\$490.51	\$861.93
32	\$233.51	\$297.21	\$492.13	\$883.21
33	\$245.93	\$305.01	\$493.71	\$904.45
34	\$258.36	\$312.81	\$495.30	\$925.71
35	\$263.94	\$315.85	\$500.61	\$932.18
36	\$266.71	\$317.36	\$503.28	\$935.41
37	\$269.52	\$318.88	\$505.90	\$938.65
38	\$272.28	\$320.40	\$508.58	\$941.87
39	\$280.66	\$324.95	\$516.56	\$951.57
40	\$291.78	\$330.98	\$527.19	\$964.54
41	\$302.92	\$337.05	\$537.84	\$977.46
42	\$314.07	\$343.12	\$548.45	\$990.39
43	\$323.96	\$351.13	\$561.75	\$999.36
44	\$333.86	\$359.19	\$575.04	\$1,008.30
45	\$343.75	\$367.21	\$588.37	\$1,017.27
46	\$353.65	\$375.25	\$601.65	\$1,026.20
47	\$363.54	\$383.26	\$614.94	\$1,035.18
48	\$384.21	\$408.36	\$665.57	\$1,069.54
49	\$404.87	\$433.50	\$716.19	\$1,103.91
50	\$425.55	\$458.59	\$766.79	\$1,138.28
51	\$446.19	\$483.72	\$817.40	\$1,172.63
52	\$466.87	\$508.81	\$868.03	\$1,207.00
53	\$496.65	\$535.56	\$921.13	\$1,257.89
54	\$526.43	\$562.31	\$974.27	\$1,308.74
55	\$556.24	\$589.06	\$1,027.37	\$1,359.63
56	\$586.03	\$615.81	\$1,080.49	\$1,410.48
57	\$615.81	\$642.55	\$1,133.59	\$1,461.37
58	\$655.04	\$667.48	\$1,194.53	\$1,513.72
59	\$694.30	\$692.42	\$1,255.48	\$1,566.02
60	\$733.57	\$717.31	\$1,316.43	\$1,618.36
61	\$772.82	\$742.25	\$1,377.38	\$1,670.67
62	\$812.06	\$767.19	\$1,438.33	\$1,723.00
63	\$863.84	\$796.93	\$1,515.66	\$1,784.71
64	\$915.58	\$826.71	\$1,593.00	\$1,846.38

\$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$188.76	\$263.41	\$468.83	\$788.33
21	\$191.00	\$265.58	\$471.47	\$794.61
22	\$193.24	\$267.75	\$474.13	\$800.92
23	\$195.51	\$269.92	\$476.72	\$807.24
24	\$197.75	\$272.12	\$479.37	\$813.51
25	\$200.02	\$274.29	\$482.00	\$819.82
26	\$202.26	\$276.48	\$484.61	\$826.14
27	\$204.54	\$278.65	\$487.25	\$832.45
28	\$206.76	\$280.81	\$489.88	\$838.73
29	\$209.04	\$282.98	\$492.49	\$845.03
30	\$211.28	\$285.19	\$495.12	\$851.35
31	\$223.87	\$293.07	\$496.73	\$872.85
32	\$236.46	\$300.98	\$498.36	\$894.39
33	\$249.05	\$308.87	\$499.97	\$915.91
34	\$261.64	\$316.78	\$501.58	\$937.45
35	\$267.28	\$319.86	\$506.95	\$944.00
36	\$270.09	\$321.38	\$509.66	\$947.27
37	\$272.94	\$322.92	\$512.32	\$950.54
38	\$275.74	\$324.46	\$515.02	\$953.81
39	\$284.21	\$329.07	\$523.11	\$963.63
40	\$295.47	\$335.18	\$533.86	\$976.76
41	\$306.76	\$341.32	\$544.66	\$989.84
42	\$318.05	\$347.48	\$555.40	\$1,002.94
43	\$328.06	\$355.58	\$568.87	\$1,012.02
44	\$338.09	\$363.74	\$582.33	\$1,021.08
45	\$348.10	\$371.86	\$595.83	\$1,030.17
46	\$358.13	\$380.00	\$609.28	\$1,039.21
47	\$368.14	\$388.11	\$622.74	\$1,048.30
48	\$389.09	\$413.54	\$674.01	\$1,083.09
49	\$409.99	\$438.98	\$725.27	\$1,117.89
50	\$430.94	\$464.40	\$776.51	\$1,152.70
51	\$451.85	\$489.85	\$827.77	\$1,187.49
52	\$472.78	\$515.27	\$879.03	\$1,222.30
53	\$502.94	\$542.35	\$932.80	\$1,273.83
54	\$533.10	\$569.44	\$986.62	\$1,325.33
55	\$563.30	\$596.52	\$1,040.39	\$1,376.87
56	\$593.46	\$623.60	\$1,094.18	\$1,428.37
57	\$623.60	\$650.70	\$1,147.95	\$1,479.90
58	\$663.35	\$675.94	\$1,209.67	\$1,532.91
59	\$703.09	\$701.19	\$1,271.39	\$1,585.86
60	\$742.87	\$726.40	\$1,333.11	\$1,638.87
61	\$782.62	\$751.65	\$1,394.84	\$1,691.85
62	\$822.35	\$776.91	\$1,456.56	\$1,744.84
63	\$874.79	\$807.03	\$1,534.87	\$1,807.34
64	\$927.20	\$837.19	\$1,613.19	\$1,869.78



Revised 12/08

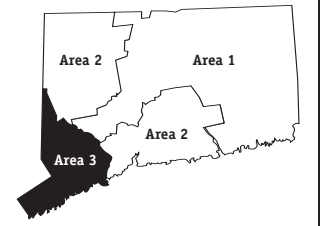
POS Upfront Deductible \$500 Individual/\$1,000 Family w/ No Rx

(POS-OA-25-35-UFRA w/ No 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
0-20	\$180.51	\$251.89	\$448.34	\$753.84
21	\$182.65	\$253.96	\$450.85	\$759.85
22	\$184.78	\$256.04	\$453.37	\$765.88
23	\$186.96	\$258.12	\$455.87	\$771.92
24	\$189.10	\$260.22	\$458.39	\$777.92
25	\$191.27	\$262.30	\$460.92	\$783.96
26	\$193.41	\$264.38	\$463.41	\$789.99
27	\$195.58	\$266.45	\$465.93	\$796.03
28	\$197.72	\$268.53	\$468.45	\$802.04
29	\$199.90	\$270.61	\$470.94	\$808.07
30	\$202.04	\$272.71	\$473.47	\$814.11
31	\$214.08	\$280.24	\$475.00	\$834.68
32	\$226.12	\$287.82	\$476.56	\$855.28
33	\$238.16	\$295.35	\$478.10	\$875.84
34	\$250.20	\$302.92	\$479.63	\$896.44
35	\$255.59	\$305.86	\$484.77	\$902.70
36	\$258.27	\$307.33	\$487.36	\$905.83
37	\$260.99	\$308.79	\$489.91	\$908.96
38	\$263.67	\$310.27	\$492.50	\$912.09
39	\$271.79	\$314.68	\$500.23	\$921.48
40	\$282.54	\$320.52	\$510.51	\$934.03
41	\$293.34	\$326.39	\$520.82	\$946.54
42	\$304.13	\$332.27	\$531.11	\$959.06
43	\$313.72	\$340.03	\$543.98	\$967.76
44	\$323.30	\$347.83	\$556.85	\$976.41
45	\$332.88	\$355.58	\$569.76	\$985.10
46	\$342.46	\$363.38	\$582.63	\$993.75
47	\$352.04	\$371.13	\$595.50	\$1,002.44
48	\$372.06	\$395.44	\$644.52	\$1,035.72
49	\$392.06	\$419.78	\$693.55	\$1,069.00
50	\$412.08	\$444.08	\$742.53	\$1,102.27
51	\$432.07	\$468.42	\$791.56	\$1,135.55
52	\$452.10	\$492.72	\$840.58	\$1,168.83
53	\$480.94	\$518.63	\$892.00	\$1,218.11
54	\$509.78	\$544.53	\$943.45	\$1,267.36
55	\$538.65	\$570.42	\$994.87	\$1,316.63
56	\$567.49	\$596.33	\$1,046.32	\$1,365.88
57	\$596.33	\$622.23	\$1,097.74	\$1,415.17
58	\$634.33	\$646.37	\$1,156.75	\$1,465.84
59	\$672.34	\$670.51	\$1,215.78	\$1,516.50
60	\$710.37	\$694.63	\$1,274.80	\$1,567.18
61	\$748.38	\$718.78	\$1,333.82	\$1,617.83
62	\$786.38	\$742.92	\$1,392.83	\$1,668.52
63	\$836.53	\$771.73	\$1,467.73	\$1,728.27
64	\$886.64	\$800.56	\$1,542.63	\$1,787.99



Revised 12/08

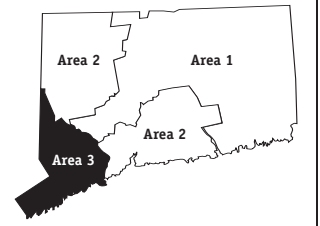
POS Upfront Deductible \$1,000 Individual/\$2,000 Family w/ No Rx

(POS-OA-25-35-UFGA w/ No 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
0-20	\$158.01	\$220.49	\$392.45	\$659.88
21	\$159.88	\$222.31	\$394.66	\$665.13
22	\$161.75	\$224.12	\$396.87	\$670.41
23	\$163.65	\$225.94	\$399.04	\$675.69
24	\$165.53	\$227.79	\$401.25	\$680.96
25	\$167.43	\$229.60	\$403.46	\$686.24
26	\$169.30	\$231.42	\$405.64	\$691.52
27	\$171.21	\$233.24	\$407.85	\$696.80
28	\$173.08	\$235.05	\$410.06	\$702.06
29	\$174.97	\$236.88	\$412.23	\$707.34
30	\$176.84	\$238.72	\$414.44	\$712.63
31	\$187.39	\$245.31	\$415.79	\$730.63
32	\$197.92	\$251.94	\$417.16	\$748.66
33	\$208.47	\$258.53	\$418.50	\$766.67
34	\$219.00	\$265.16	\$419.85	\$784.69
35	\$223.74	\$267.74	\$424.35	\$790.18
36	\$226.08	\$269.02	\$426.61	\$792.92
37	\$228.46	\$270.31	\$428.84	\$795.65
38	\$230.81	\$271.59	\$431.11	\$798.39
39	\$237.90	\$275.45	\$437.87	\$806.62
40	\$247.33	\$280.57	\$446.88	\$817.60
41	\$256.77	\$285.71	\$455.91	\$828.56
42	\$266.23	\$290.85	\$464.91	\$839.52
43	\$274.62	\$297.65	\$476.17	\$847.12
44	\$283.00	\$304.47	\$487.44	\$854.70
45	\$291.39	\$311.27	\$498.74	\$862.30
46	\$299.78	\$318.09	\$510.01	\$869.88
47	\$308.16	\$324.88	\$521.27	\$877.49
48	\$325.69	\$346.15	\$564.18	\$906.62
49	\$343.19	\$367.45	\$607.09	\$935.75
50	\$360.71	\$388.73	\$649.97	\$964.88
51	\$378.22	\$410.04	\$692.89	\$994.01
52	\$395.75	\$431.31	\$735.81	\$1,023.13
53	\$420.99	\$453.97	\$780.81	\$1,066.27
54	\$446.23	\$476.65	\$825.85	\$1,109.37
55	\$471.50	\$499.32	\$870.86	\$1,152.52
56	\$496.75	\$521.99	\$915.90	\$1,195.62
57	\$521.99	\$544.67	\$960.91	\$1,238.76
58	\$555.26	\$565.80	\$1,012.57	\$1,283.12
59	\$588.53	\$586.93	\$1,064.23	\$1,327.46
60	\$621.82	\$608.04	\$1,115.89	\$1,371.83
61	\$655.09	\$629.18	\$1,167.55	\$1,416.16
62	\$688.36	\$650.31	\$1,219.22	\$1,460.53
63	\$732.25	\$675.53	\$1,284.77	\$1,512.83
64	\$776.11	\$700.77	\$1,350.33	\$1,565.12



Revised 12/08

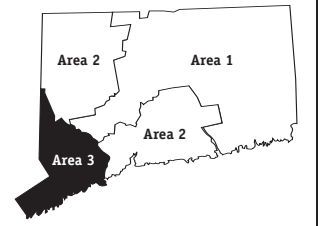
POS Upfront Deductible \$2,000 Individual/\$4,000 Family w/ No Rx

(POS-0A-25-35-UFTA w/ No 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
0-20	\$131.45	\$183.43	\$326.48	\$548.96
21	\$133.01	\$184.94	\$328.32	\$553.33
22	\$134.56	\$186.45	\$330.16	\$557.73
23	\$136.14	\$187.96	\$331.97	\$562.12
24	\$137.70	\$189.50	\$333.81	\$566.49
25	\$139.29	\$191.01	\$335.64	\$570.89
26	\$140.84	\$192.52	\$337.46	\$575.29
27	\$142.42	\$194.04	\$339.30	\$579.68
28	\$143.98	\$195.54	\$341.13	\$584.05
29	\$145.57	\$197.06	\$342.95	\$588.45
30	\$147.12	\$198.60	\$344.78	\$592.84
31	\$155.89	\$204.08	\$345.90	\$607.82
32	\$164.66	\$209.59	\$347.04	\$622.82
33	\$173.42	\$215.08	\$348.15	\$637.80
34	\$182.20	\$220.59	\$349.27	\$652.80
35	\$186.13	\$222.73	\$353.02	\$657.36
36	\$188.08	\$223.81	\$354.90	\$659.63
37	\$190.06	\$224.88	\$356.76	\$661.91
38	\$192.01	\$225.94	\$358.65	\$664.19
39	\$197.91	\$229.15	\$364.27	\$671.03
40	\$205.75	\$233.40	\$371.77	\$680.17
41	\$213.62	\$237.69	\$379.28	\$689.29
42	\$221.48	\$241.96	\$386.77	\$698.41
43	\$228.46	\$247.61	\$396.13	\$704.73
44	\$235.43	\$253.29	\$405.51	\$711.03
45	\$242.41	\$258.94	\$414.90	\$717.36
46	\$249.38	\$264.62	\$424.27	\$723.66
47	\$256.37	\$270.27	\$433.65	\$729.99
48	\$270.94	\$287.97	\$469.35	\$754.23
49	\$285.51	\$305.69	\$505.05	\$778.46
50	\$300.08	\$323.39	\$540.72	\$802.69
51	\$314.65	\$341.11	\$576.43	\$826.92
52	\$329.22	\$358.81	\$612.12	\$851.16
53	\$350.23	\$377.67	\$649.57	\$887.04
54	\$371.23	\$396.53	\$687.03	\$922.91
55	\$392.25	\$415.39	\$724.48	\$958.79
56	\$413.25	\$434.26	\$761.94	\$994.66
57	\$434.26	\$453.12	\$799.39	\$1,030.54
58	\$461.93	\$470.70	\$842.37	\$1,067.45
59	\$489.61	\$488.28	\$885.34	\$1,104.34
60	\$517.30	\$505.84	\$928.33	\$1,141.24
61	\$544.98	\$523.42	\$971.31	\$1,178.13
62	\$572.66	\$541.01	\$1,014.28	\$1,215.04
63	\$609.17	\$561.98	\$1,068.82	\$1,258.55
64	\$645.66	\$582.98	\$1,123.36	\$1,302.05

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



Revised 12/08

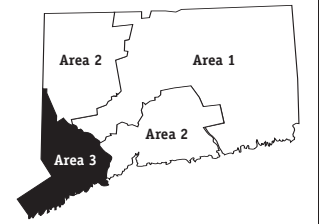
POS 25/35 Hospital Copay \$500 w/ No Rx

(POS-OA-25-35-AJLA w/ No 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
0-20	\$191.08	\$266.65	\$474.60	\$798.01
21	\$193.34	\$268.84	\$477.27	\$804.36
22	\$195.61	\$271.04	\$479.94	\$810.75
23	\$197.91	\$273.23	\$482.58	\$817.14
24	\$200.17	\$275.47	\$485.24	\$823.49
25	\$202.47	\$277.67	\$487.92	\$829.88
26	\$204.74	\$279.87	\$490.55	\$836.27
27	\$207.04	\$282.06	\$493.22	\$842.67
28	\$209.30	\$284.25	\$495.90	\$849.02
29	\$211.60	\$286.45	\$498.53	\$855.41
30	\$213.87	\$288.68	\$501.20	\$861.80
31	\$226.62	\$296.66	\$502.83	\$883.57
32	\$239.36	\$304.68	\$504.48	\$905.37
33	\$252.10	\$312.65	\$506.11	\$927.16
34	\$264.85	\$320.67	\$507.73	\$948.96
35	\$270.56	\$323.78	\$513.17	\$955.58
36	\$273.40	\$325.33	\$515.91	\$958.90
37	\$276.27	\$326.89	\$518.62	\$962.21
38	\$279.11	\$328.45	\$521.35	\$965.53
39	\$287.70	\$333.11	\$529.54	\$975.46
40	\$299.10	\$339.30	\$540.42	\$988.75
41	\$310.52	\$345.52	\$551.34	\$1,002.01
42	\$321.95	\$351.74	\$562.23	\$1,015.26
43	\$332.09	\$359.95	\$575.85	\$1,024.45
44	\$342.24	\$368.20	\$589.48	\$1,033.61
45	\$352.38	\$376.42	\$603.13	\$1,042.81
46	\$362.52	\$384.67	\$616.76	\$1,051.97
47	\$372.66	\$392.89	\$630.38	\$1,061.17
48	\$393.86	\$418.61	\$682.28	\$1,096.40
49	\$415.02	\$444.38	\$734.18	\$1,131.62
50	\$436.22	\$470.10	\$786.04	\$1,166.85
51	\$457.38	\$495.86	\$837.93	\$1,202.08
52	\$478.59	\$521.59	\$889.82	\$1,237.30
53	\$509.12	\$549.01	\$944.25	\$1,289.48
54	\$539.64	\$576.43	\$998.72	\$1,341.60
55	\$570.21	\$603.85	\$1,053.15	\$1,393.77
56	\$600.73	\$631.27	\$1,107.61	\$1,445.90
57	\$631.27	\$658.68	\$1,162.05	\$1,498.07
58	\$671.49	\$684.24	\$1,224.53	\$1,551.72
59	\$711.73	\$709.80	\$1,287.00	\$1,605.34
60	\$751.99	\$735.33	\$1,349.48	\$1,658.99
61	\$792.22	\$760.89	\$1,411.96	\$1,712.61
62	\$832.46	\$786.44	\$1,474.43	\$1,766.27
63	\$885.54	\$816.94	\$1,553.71	\$1,829.52
64	\$938.58	\$847.46	\$1,633.00	\$1,892.74

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



Revised 12/08

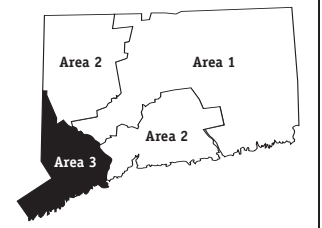
POS 30/45 Hosp. Ded. \$2,000/\$4,000 w/ No Rx

(POS-OA-30-45-DJMA w/ No Rx)

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

Area 3 (Fairfield County)

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Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$168.25	\$234.79	\$417.89	\$702.67
21	\$170.25	\$236.72	\$420.24	\$708.26
22	\$172.24	\$238.66	\$422.61	\$713.89
23	\$174.27	\$240.59	\$424.93	\$719.52
24	\$176.26	\$242.55	\$427.28	\$725.11
25	\$178.29	\$244.49	\$429.63	\$730.74
26	\$180.28	\$246.43	\$431.95	\$736.37
27	\$182.31	\$248.37	\$434.30	\$741.99
28	\$184.30	\$250.30	\$436.65	\$747.59
29	\$186.32	\$252.23	\$438.97	\$753.21
30	\$188.32	\$254.20	\$441.32	\$758.84
31	\$199.54	\$261.22	\$442.76	\$778.02
32	\$210.77	\$268.27	\$444.21	\$797.21
33	\$221.98	\$275.31	\$445.64	\$816.39
34	\$233.21	\$282.36	\$447.07	\$835.58
35	\$238.24	\$285.10	\$451.87	\$841.42
36	\$240.74	\$286.46	\$454.28	\$844.34
37	\$243.28	\$287.84	\$456.65	\$847.26
38	\$245.77	\$289.20	\$459.06	\$850.17
39	\$253.33	\$293.31	\$466.27	\$858.92
40	\$263.37	\$298.76	\$475.86	\$870.63
41	\$273.42	\$304.23	\$485.48	\$882.29
42	\$283.49	\$309.72	\$495.05	\$893.96
43	\$292.42	\$316.95	\$507.05	\$902.06
44	\$301.35	\$324.21	\$519.05	\$910.13
45	\$310.28	\$331.45	\$531.08	\$918.23
46	\$319.22	\$338.71	\$543.07	\$926.29
47	\$328.14	\$345.94	\$555.07	\$934.39
48	\$346.81	\$368.60	\$600.76	\$965.40
49	\$365.45	\$391.29	\$646.46	\$996.43
50	\$384.11	\$413.93	\$692.13	\$1,027.45
51	\$402.75	\$436.62	\$737.82	\$1,058.46
52	\$421.41	\$459.28	\$783.52	\$1,089.49
53	\$448.30	\$483.42	\$831.45	\$1,135.42
54	\$475.18	\$507.56	\$879.41	\$1,181.32
55	\$502.09	\$531.70	\$927.34	\$1,227.26
56	\$528.97	\$555.85	\$975.29	\$1,273.16
57	\$555.85	\$579.99	\$1,023.22	\$1,319.09
58	\$591.27	\$602.49	\$1,078.23	\$1,366.34
59	\$626.70	\$625.00	\$1,133.24	\$1,413.55
60	\$662.15	\$647.47	\$1,188.25	\$1,460.79
61	\$697.58	\$669.98	\$1,243.28	\$1,508.01
62	\$733.00	\$692.49	\$1,298.29	\$1,555.25
63	\$779.74	\$719.34	\$1,368.09	\$1,610.95
64	\$826.44	\$746.22	\$1,437.90	\$1,666.62

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



Revised 12/08

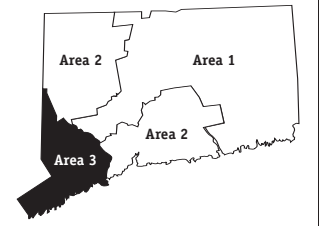
POS High Deductible Health Plan \$1,500 Individual/\$ 3,000 Family w/\$15/25/40 Rx after Ded.

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

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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



Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$151.43	\$211.35	\$321.50	\$632.46
21	\$153.24	\$213.09	\$323.28	\$637.50
22	\$155.04	\$214.83	\$325.10	\$642.55
23	\$156.87	\$216.58	\$326.91	\$647.60
24	\$158.65	\$218.31	\$328.72	\$652.68
25	\$160.47	\$220.08	\$330.51	\$657.73
26	\$162.28	\$221.81	\$332.33	\$662.78
27	\$164.09	\$223.55	\$334.13	\$667.84
28	\$165.87	\$225.31	\$335.95	\$672.91
29	\$167.68	\$227.04	\$337.74	\$677.96
30	\$169.51	\$228.81	\$339.55	\$683.00
31	\$179.60	\$235.13	\$340.69	\$700.28
32	\$189.70	\$241.48	\$341.83	\$717.56
33	\$199.81	\$247.80	\$342.96	\$734.83
34	\$209.90	\$254.14	\$344.10	\$752.10
35	\$214.43	\$256.60	\$347.91	\$757.36
36	\$216.69	\$257.84	\$349.81	\$759.98
37	\$218.97	\$259.06	\$351.72	\$762.62
38	\$221.22	\$260.30	\$353.62	\$765.23
39	\$228.00	\$263.98	\$359.33	\$773.13
40	\$237.08	\$268.93	\$366.92	\$783.62
41	\$246.12	\$273.85	\$374.53	\$794.14
42	\$255.18	\$278.76	\$382.15	\$804.65
43	\$263.21	\$285.29	\$391.68	\$811.93
44	\$271.26	\$291.82	\$401.21	\$819.21
45	\$279.29	\$298.32	\$410.74	\$826.48
46	\$287.34	\$304.85	\$420.27	\$833.76
47	\$295.37	\$311.37	\$429.80	\$841.04
48	\$312.14	\$331.79	\$468.23	\$868.96
49	\$328.93	\$352.19	\$506.65	\$896.88
50	\$345.74	\$372.57	\$545.07	\$924.78
51	\$362.52	\$392.98	\$583.48	\$952.71
52	\$379.30	\$413.38	\$621.91	\$980.63
53	\$403.52	\$435.11	\$659.98	\$1,021.96
54	\$427.71	\$456.83	\$698.03	\$1,063.29
55	\$451.92	\$478.60	\$736.09	\$1,104.65
56	\$476.11	\$500.33	\$774.14	\$1,145.98
57	\$500.33	\$522.06	\$812.21	\$1,187.33
58	\$532.20	\$542.31	\$855.88	\$1,229.81
59	\$564.11	\$562.56	\$899.54	\$1,272.35
60	\$595.99	\$582.81	\$943.18	\$1,314.85
61	\$627.90	\$603.06	\$986.85	\$1,357.36
62	\$659.79	\$623.32	\$1,030.51	\$1,399.87
63	\$701.83	\$647.50	\$1,085.90	\$1,449.98
64	\$743.90	\$671.66	\$1,141.30	\$1,500.08

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



Revised 12/08

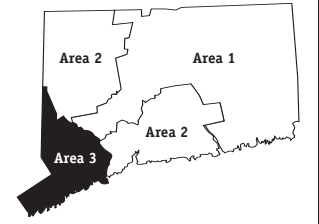
POS High Deductible Health Plan \$3,000 Individual/\$6,000 Family w/\$15/25/40 Rx after Ded.

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

All policyholders may be subject to a rate increase at their renewal date.
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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



Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$124.40	\$173.62	\$264.11	\$519.55
21	\$125.88	\$175.05	\$265.58	\$523.70
22	\$127.38	\$176.48	\$267.06	\$527.86
23	\$128.87	\$177.92	\$268.55	\$532.00
24	\$130.33	\$179.35	\$270.05	\$536.17
25	\$131.82	\$180.79	\$271.51	\$540.33
26	\$133.31	\$182.22	\$273.00	\$544.47
27	\$134.80	\$183.65	\$274.48	\$548.62
28	\$136.26	\$185.09	\$275.98	\$552.79
29	\$137.75	\$186.52	\$277.46	\$556.94
30	\$139.25	\$187.96	\$278.94	\$561.09
31	\$147.54	\$193.15	\$279.88	\$575.28
32	\$155.85	\$198.36	\$280.80	\$589.47
33	\$164.13	\$203.55	\$281.74	\$603.66
34	\$172.43	\$208.76	\$282.68	\$617.84
35	\$176.15	\$210.80	\$285.81	\$622.17
36	\$178.01	\$211.82	\$287.36	\$624.31
37	\$179.88	\$212.81	\$288.94	\$626.48
38	\$181.73	\$213.83	\$290.48	\$628.63
39	\$187.30	\$216.85	\$295.20	\$635.12
40	\$194.75	\$220.93	\$301.42	\$643.75
41	\$202.18	\$224.96	\$307.67	\$652.38
42	\$209.62	\$229.01	\$313.93	\$661.02
43	\$216.21	\$234.36	\$321.76	\$666.99
44	\$222.83	\$239.73	\$329.60	\$672.97
45	\$229.43	\$245.07	\$337.41	\$678.95
46	\$236.05	\$250.42	\$345.25	\$684.93
47	\$242.65	\$255.80	\$353.08	\$690.90
48	\$256.43	\$272.55	\$384.65	\$713.83
49	\$270.21	\$289.32	\$416.20	\$736.77
50	\$284.02	\$306.07	\$447.77	\$759.70
51	\$297.81	\$322.82	\$479.33	\$782.64
52	\$311.59	\$339.59	\$510.89	\$805.58
53	\$331.48	\$357.44	\$542.17	\$839.53
54	\$351.36	\$375.29	\$573.42	\$873.49
55	\$371.26	\$393.16	\$604.69	\$907.47
56	\$391.12	\$411.01	\$635.95	\$941.42
57	\$411.01	\$428.87	\$667.23	\$975.37
58	\$437.20	\$445.50	\$703.09	\$1,010.29
59	\$463.41	\$462.14	\$738.96	\$1,045.22
60	\$489.61	\$478.77	\$774.82	\$1,080.13
61	\$515.82	\$495.41	\$810.69	\$1,115.07
62	\$542.01	\$512.04	\$846.55	\$1,149.97
63	\$576.55	\$531.92	\$892.06	\$1,191.15
64	\$611.10	\$551.77	\$937.57	\$1,232.31

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



Revised 12/08

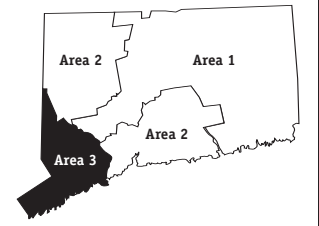
POS High Deductible Health Plan \$5,000 Individual/\$10,000 Family w/No Member Cost after Ded.

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

All policyholders may be subject to a rate increase at their renewal date.
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Area 3 (Fairfield County)

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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$100.04	\$139.63	\$212.40	\$417.84
21	\$101.24	\$140.78	\$213.59	\$421.18
22	\$102.43	\$141.93	\$214.78	\$424.52
23	\$103.63	\$143.09	\$215.98	\$427.85
24	\$104.81	\$144.23	\$217.18	\$431.21
25	\$106.02	\$145.40	\$218.36	\$434.54
26	\$107.22	\$146.55	\$219.56	\$437.88
27	\$108.41	\$147.69	\$220.75	\$441.22
28	\$109.59	\$148.85	\$221.94	\$444.57
29	\$110.79	\$150.00	\$223.13	\$447.91
30	\$111.98	\$151.17	\$224.33	\$451.24
31	\$118.66	\$155.34	\$225.09	\$462.66
32	\$125.32	\$159.53	\$225.83	\$474.07
33	\$132.00	\$163.70	\$226.60	\$485.49
34	\$138.68	\$167.90	\$227.34	\$496.89
35	\$141.67	\$169.53	\$229.85	\$500.36
36	\$143.17	\$170.35	\$231.10	\$502.09
37	\$144.67	\$171.15	\$232.37	\$503.84
38	\$146.15	\$171.97	\$233.62	\$505.57
39	\$150.64	\$174.40	\$237.39	\$510.78
40	\$156.62	\$177.67	\$242.41	\$517.71
41	\$162.60	\$180.92	\$247.44	\$524.66
42	\$168.58	\$184.17	\$252.47	\$531.60
43	\$173.88	\$188.49	\$258.77	\$536.41
44	\$179.22	\$192.79	\$265.07	\$541.22
45	\$184.52	\$197.09	\$271.37	\$546.04
46	\$189.83	\$201.39	\$277.67	\$550.84
47	\$195.13	\$205.72	\$283.95	\$555.64
48	\$206.23	\$219.20	\$309.34	\$574.09
49	\$217.31	\$232.68	\$334.73	\$592.54
50	\$228.42	\$246.15	\$360.11	\$610.98
51	\$239.50	\$259.62	\$385.49	\$629.42
52	\$250.60	\$273.11	\$410.88	\$647.87
53	\$266.59	\$287.46	\$436.03	\$675.18
54	\$282.58	\$301.81	\$461.16	\$702.49
55	\$298.56	\$316.19	\$486.32	\$729.81
56	\$314.54	\$330.54	\$511.45	\$757.11
57	\$330.54	\$344.91	\$536.61	\$784.43
58	\$351.60	\$358.28	\$565.46	\$812.51
59	\$372.69	\$371.66	\$594.29	\$840.60
60	\$393.75	\$385.04	\$623.13	\$868.67
61	\$414.83	\$398.42	\$651.98	\$896.76
62	\$435.89	\$411.81	\$680.82	\$924.84
63	\$463.67	\$427.79	\$717.42	\$957.95
64	\$491.47	\$443.75	\$754.03	\$991.06