



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

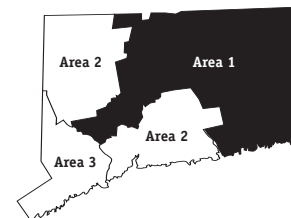
Hartford County: Avon, Berlin, Bloomfield, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Enfield, Farmington, Glastonbury, Granby, Hartford, Hartland, Manchester, Marlborough, New Britain, Newington, Plainville, Rocky Hill, Simsbury, Southington, South Windsor, Suffield, West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

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

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

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



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

| Age | Individual Male | Individual Female | Individual +1 Dependent | Family |
|------|-----------------|-------------------|-------------------------|------------|
| 0-20 | \$128.33 | \$179.11 | \$272.46 | \$536.00 |
| 21 | \$129.86 | \$180.59 | \$273.97 | \$540.26 |
| 22 | \$131.40 | \$182.06 | \$275.51 | \$544.55 |
| 23 | \$132.94 | \$183.55 | \$277.05 | \$548.83 |
| 24 | \$134.45 | \$185.03 | \$278.59 | \$553.13 |
| 25 | \$135.99 | \$186.51 | \$280.10 | \$557.41 |
| 26 | \$137.53 | \$187.98 | \$281.64 | \$561.70 |
| 27 | \$139.06 | \$189.46 | \$283.18 | \$565.97 |
| 28 | \$140.57 | \$190.95 | \$284.71 | \$570.28 |
| 29 | \$142.11 | \$192.42 | \$286.22 | \$574.55 |
| 30 | \$143.64 | \$193.90 | \$287.76 | \$578.83 |
| 31 | \$152.21 | \$199.26 | \$288.72 | \$593.48 |
| 32 | \$160.76 | \$204.64 | \$289.69 | \$608.11 |
| 33 | \$169.33 | \$210.00 | \$290.66 | \$622.75 |
| 34 | \$177.89 | \$215.38 | \$291.62 | \$637.39 |
| 35 | \$181.73 | \$217.47 | \$294.85 | \$641.85 |
| 36 | \$183.64 | \$218.51 | \$296.45 | \$644.06 |
| 37 | \$185.57 | \$219.55 | \$298.08 | \$646.31 |
| 38 | \$187.48 | \$220.60 | \$299.67 | \$648.52 |
| 39 | \$193.23 | \$223.72 | \$304.53 | \$655.22 |
| 40 | \$200.92 | \$227.91 | \$310.95 | \$664.10 |
| 41 | \$208.57 | \$232.07 | \$317.41 | \$673.01 |
| 42 | \$216.25 | \$236.25 | \$323.87 | \$681.92 |
| 43 | \$223.05 | \$241.78 | \$331.94 | \$688.09 |
| 44 | \$229.88 | \$247.31 | \$340.02 | \$694.26 |
| 45 | \$236.68 | \$252.81 | \$348.10 | \$700.43 |
| 46 | \$243.51 | \$258.35 | \$356.17 | \$706.59 |
| 47 | \$250.31 | \$263.89 | \$364.25 | \$712.75 |
| 48 | \$264.54 | \$281.18 | \$396.82 | \$736.42 |
| 49 | \$278.76 | \$298.46 | \$429.36 | \$760.08 |
| 50 | \$293.01 | \$315.74 | \$461.94 | \$783.74 |
| 51 | \$307.23 | \$333.04 | \$494.49 | \$807.40 |
| 52 | \$321.46 | \$350.33 | \$527.05 | \$831.06 |
| 53 | \$341.97 | \$368.74 | \$559.32 | \$866.09 |
| 54 | \$362.47 | \$387.17 | \$591.56 | \$901.12 |
| 55 | \$382.99 | \$405.60 | \$623.83 | \$936.17 |
| 56 | \$403.49 | \$424.01 | \$656.07 | \$971.20 |
| 57 | \$424.01 | \$442.42 | \$688.34 | \$1,006.23 |
| 58 | \$451.02 | \$459.59 | \$725.34 | \$1,042.24 |
| 59 | \$478.07 | \$476.75 | \$762.34 | \$1,078.28 |
| 60 | \$505.09 | \$493.92 | \$799.32 | \$1,114.30 |
| 61 | \$532.13 | \$511.07 | \$836.33 | \$1,150.34 |
| 62 | \$559.15 | \$528.24 | \$873.32 | \$1,186.35 |
| 63 | \$594.79 | \$548.74 | \$920.28 | \$1,228.82 |
| 64 | \$630.43 | \$569.22 | \$967.23 | \$1,271.29 |

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/HDFWF)

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

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

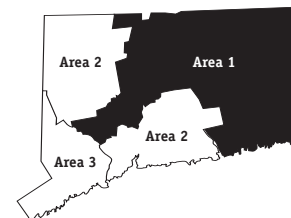
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New London County: Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Lebanon, Ledyard, Lisbon, Lyme, Montville, New London, North Stonington, Norwich, Old Lyme, Preston, Salem, Sprague, Stonington, Voluntown, Waterford

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



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

| Age | Individual Male | Individual Female | Individual +1 Dependent | Family |
|------|-----------------|-------------------|-------------------------|------------|
| 0-20 | \$105.28 | \$146.94 | \$223.52 | \$439.72 |
| 21 | \$106.53 | \$148.15 | \$224.77 | \$443.24 |
| 22 | \$107.80 | \$149.36 | \$226.03 | \$446.75 |
| 23 | \$109.06 | \$150.59 | \$227.29 | \$450.26 |
| 24 | \$110.31 | \$151.80 | \$228.55 | \$453.79 |
| 25 | \$111.56 | \$153.01 | \$229.79 | \$457.29 |
| 26 | \$112.82 | \$154.22 | \$231.05 | \$460.80 |
| 27 | \$114.09 | \$155.42 | \$232.32 | \$464.33 |
| 28 | \$115.33 | \$156.65 | \$233.58 | \$467.85 |
| 29 | \$116.59 | \$157.86 | \$234.81 | \$471.37 |
| 30 | \$117.85 | \$159.08 | \$236.07 | \$474.87 |
| 31 | \$124.88 | \$163.48 | \$236.88 | \$486.88 |
| 32 | \$131.90 | \$167.89 | \$237.66 | \$498.89 |
| 33 | \$138.92 | \$172.28 | \$238.45 | \$510.90 |
| 34 | \$145.93 | \$176.69 | \$239.25 | \$522.91 |
| 35 | \$149.09 | \$178.40 | \$241.89 | \$526.57 |
| 36 | \$150.66 | \$179.27 | \$243.21 | \$528.39 |
| 37 | \$152.24 | \$180.11 | \$244.54 | \$530.22 |
| 38 | \$153.81 | \$180.99 | \$245.85 | \$532.05 |
| 39 | \$158.52 | \$183.54 | \$249.83 | \$537.54 |
| 40 | \$164.82 | \$186.97 | \$255.10 | \$544.82 |
| 41 | \$171.11 | \$190.39 | \$260.41 | \$552.13 |
| 42 | \$177.41 | \$193.81 | \$265.69 | \$559.44 |
| 43 | \$182.99 | \$198.35 | \$272.33 | \$564.51 |
| 44 | \$188.60 | \$202.89 | \$278.95 | \$569.57 |
| 45 | \$194.18 | \$207.41 | \$285.58 | \$574.63 |
| 46 | \$199.78 | \$211.95 | \$292.19 | \$579.68 |
| 47 | \$205.35 | \$216.48 | \$298.83 | \$584.74 |
| 48 | \$217.02 | \$230.68 | \$325.55 | \$604.16 |
| 49 | \$228.69 | \$244.87 | \$352.25 | \$623.56 |
| 50 | \$240.38 | \$259.03 | \$378.97 | \$642.98 |
| 51 | \$252.05 | \$273.23 | \$405.67 | \$662.39 |
| 52 | \$263.72 | \$287.42 | \$432.40 | \$681.79 |
| 53 | \$280.55 | \$302.52 | \$458.86 | \$710.53 |
| 54 | \$297.36 | \$317.63 | \$485.31 | \$739.28 |
| 55 | \$314.20 | \$332.75 | \$511.79 | \$768.02 |
| 56 | \$331.02 | \$347.86 | \$538.24 | \$796.76 |
| 57 | \$347.86 | \$362.96 | \$564.70 | \$825.51 |
| 58 | \$370.02 | \$377.05 | \$595.06 | \$855.05 |
| 59 | \$392.21 | \$391.12 | \$625.42 | \$884.62 |
| 60 | \$414.37 | \$405.21 | \$655.77 | \$914.17 |
| 61 | \$436.55 | \$419.29 | \$686.12 | \$943.74 |
| 62 | \$458.72 | \$433.37 | \$716.48 | \$973.27 |
| 63 | \$487.97 | \$450.19 | \$754.99 | \$1,008.12 |
| 64 | \$517.20 | \$466.98 | \$793.51 | \$1,042.96 |

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



Revised 12/08

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

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

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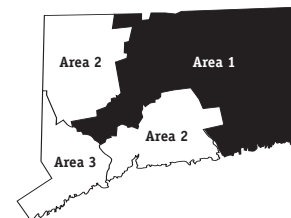
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15-25-40 and \$3,000 Rx Benefit Max

| Age | Individual Male | Individual Female | Individual +1 Dependent | Family |
|------|-----------------|-------------------|-------------------------|----------|
| 0-20 | \$84.34 | \$117.70 | \$179.04 | \$352.22 |
| 21 | \$85.34 | \$118.68 | \$180.04 | \$355.03 |
| 22 | \$86.35 | \$119.63 | \$181.05 | \$357.85 |
| 23 | \$87.36 | \$120.62 | \$182.06 | \$360.66 |
| 24 | \$88.36 | \$121.58 | \$183.07 | \$363.49 |
| 25 | \$89.36 | \$122.56 | \$184.06 | \$366.30 |
| 26 | \$90.37 | \$123.54 | \$185.08 | \$369.12 |
| 27 | \$91.38 | \$124.50 | \$186.09 | \$371.93 |
| 28 | \$92.38 | \$125.49 | \$187.09 | \$374.76 |
| 29 | \$93.38 | \$126.44 | \$188.09 | \$377.57 |
| 30 | \$94.39 | \$127.43 | \$189.10 | \$380.38 |
| 31 | \$100.02 | \$130.95 | \$189.74 | \$389.99 |
| 32 | \$105.65 | \$134.47 | \$190.37 | \$399.62 |
| 33 | \$111.28 | \$137.99 | \$191.00 | \$409.23 |
| 34 | \$116.91 | \$141.54 | \$191.64 | \$418.86 |
| 35 | \$119.42 | \$142.90 | \$193.76 | \$421.79 |
| 36 | \$120.68 | \$143.59 | \$194.82 | \$423.25 |
| 37 | \$121.94 | \$144.27 | \$195.88 | \$424.72 |
| 38 | \$123.20 | \$144.97 | \$196.93 | \$426.17 |
| 39 | \$126.98 | \$147.01 | \$200.11 | \$430.56 |
| 40 | \$132.03 | \$149.76 | \$204.35 | \$436.41 |
| 41 | \$137.07 | \$152.51 | \$208.59 | \$442.27 |
| 42 | \$142.11 | \$155.25 | \$212.82 | \$448.12 |
| 43 | \$146.59 | \$158.88 | \$218.14 | \$452.17 |
| 44 | \$151.06 | \$162.51 | \$223.44 | \$456.23 |
| 45 | \$155.54 | \$166.14 | \$228.75 | \$460.28 |
| 46 | \$160.02 | \$169.77 | \$234.06 | \$464.34 |
| 47 | \$164.50 | \$173.40 | \$239.36 | \$468.39 |
| 48 | \$173.84 | \$184.77 | \$260.77 | \$483.93 |
| 49 | \$183.19 | \$196.14 | \$282.16 | \$499.48 |
| 50 | \$192.54 | \$207.49 | \$303.56 | \$515.03 |
| 51 | \$201.89 | \$218.86 | \$324.96 | \$530.58 |
| 52 | \$211.24 | \$230.22 | \$346.35 | \$546.13 |
| 53 | \$224.72 | \$242.32 | \$367.55 | \$569.15 |
| 54 | \$238.19 | \$254.41 | \$388.74 | \$592.16 |
| 55 | \$251.68 | \$266.53 | \$409.94 | \$615.20 |
| 56 | \$265.15 | \$278.64 | \$431.13 | \$638.22 |
| 57 | \$278.64 | \$290.74 | \$452.34 | \$661.23 |
| 58 | \$296.40 | \$302.02 | \$476.65 | \$684.91 |
| 59 | \$314.16 | \$313.30 | \$500.97 | \$708.58 |
| 60 | \$331.92 | \$324.58 | \$525.27 | \$732.25 |
| 61 | \$349.69 | \$335.86 | \$549.60 | \$755.94 |
| 62 | \$367.44 | \$347.13 | \$573.90 | \$779.60 |
| 63 | \$390.86 | \$360.60 | \$604.75 | \$807.51 |
| 64 | \$414.29 | \$374.07 | \$635.60 | \$835.43 |