

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)

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

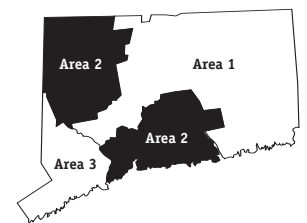
Area 2 (Litchfield, Middlesex and New Haven counties*)

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

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

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

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



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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$136.67	\$190.75	\$290.17	\$570.82
21	\$138.30	\$192.33	\$291.79	\$575.37
22	\$139.94	\$193.88	\$293.41	\$579.94
23	\$141.58	\$195.48	\$295.05	\$584.49
24	\$143.20	\$197.05	\$296.68	\$589.07
25	\$144.82	\$198.64	\$298.30	\$593.64
26	\$146.46	\$200.20	\$299.93	\$598.19
27	\$148.10	\$201.76	\$301.57	\$602.75
28	\$149.71	\$203.36	\$303.21	\$607.33
29	\$151.35	\$204.92	\$304.82	\$611.89
30	\$152.98	\$206.51	\$306.46	\$616.44
31	\$162.10	\$212.21	\$307.48	\$632.03
32	\$171.22	\$217.94	\$308.51	\$647.62
33	\$180.34	\$223.64	\$309.55	\$663.22
34	\$189.45	\$229.37	\$310.56	\$678.80
35	\$193.54	\$231.59	\$314.01	\$683.55
36	\$195.57	\$232.71	\$315.71	\$685.91
37	\$197.63	\$233.81	\$317.44	\$688.29
38	\$199.65	\$234.93	\$319.15	\$690.66
39	\$205.79	\$238.25	\$324.32	\$697.79
40	\$213.96	\$242.71	\$331.17	\$707.25
41	\$222.12	\$247.16	\$338.04	\$716.73
42	\$230.30	\$251.60	\$344.91	\$726.23
43	\$237.56	\$257.50	\$353.51	\$732.79
44	\$244.81	\$263.38	\$362.11	\$739.37
45	\$252.07	\$269.25	\$370.71	\$745.94
46	\$259.33	\$275.13	\$379.32	\$752.51
47	\$266.59	\$281.03	\$387.92	\$759.07
48	\$281.73	\$299.44	\$422.61	\$784.26
49	\$296.88	\$317.86	\$457.26	\$809.47
50	\$312.05	\$336.25	\$491.95	\$834.66
51	\$327.20	\$354.68	\$526.62	\$859.86
52	\$342.33	\$373.10	\$561.30	\$885.06
53	\$364.19	\$392.71	\$595.66	\$922.36
54	\$386.02	\$412.32	\$629.99	\$959.66
55	\$407.88	\$431.95	\$664.36	\$997.00
56	\$429.70	\$451.56	\$698.70	\$1,034.30
57	\$451.56	\$471.18	\$733.06	\$1,071.60
58	\$480.34	\$489.45	\$772.47	\$1,109.96
59	\$509.13	\$507.74	\$811.87	\$1,148.35
60	\$537.90	\$526.01	\$851.26	\$1,186.70
61	\$566.70	\$544.29	\$890.67	\$1,225.08
62	\$595.47	\$562.56	\$930.08	\$1,263.44
63	\$633.44	\$584.40	\$980.07	\$1,308.66
64	\$671.40	\$606.21	\$1,030.07	\$1,353.89



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)

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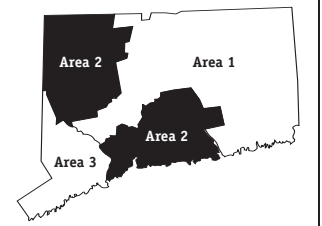
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*Note: The following towns are included in Area 1: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$112.11	\$156.49	\$238.05	\$468.27
21	\$113.46	\$157.77	\$239.36	\$472.01
22	\$114.80	\$159.05	\$240.70	\$475.75
23	\$116.14	\$160.37	\$242.05	\$479.49
24	\$117.47	\$161.65	\$243.39	\$483.25
25	\$118.81	\$162.95	\$244.71	\$486.99
26	\$120.14	\$164.23	\$246.05	\$490.72
27	\$121.49	\$165.52	\$247.39	\$494.46
28	\$122.82	\$166.83	\$248.73	\$498.22
29	\$124.16	\$168.11	\$250.07	\$501.96
30	\$125.51	\$169.40	\$251.41	\$505.70
31	\$132.98	\$174.09	\$252.24	\$518.49
32	\$140.46	\$178.79	\$253.09	\$531.28
33	\$147.93	\$183.46	\$253.93	\$544.07
34	\$155.42	\$188.16	\$254.78	\$556.87
35	\$158.77	\$189.98	\$257.60	\$560.75
36	\$160.44	\$190.90	\$259.00	\$562.69
37	\$162.13	\$191.81	\$260.42	\$564.64
38	\$163.79	\$192.73	\$261.81	\$566.59
39	\$168.81	\$195.45	\$266.06	\$572.43
40	\$175.53	\$199.11	\$271.66	\$580.19
41	\$182.22	\$202.76	\$277.30	\$587.98
42	\$188.93	\$206.40	\$282.95	\$595.77
43	\$194.87	\$211.24	\$290.00	\$601.15
44	\$200.84	\$216.06	\$297.06	\$606.54
45	\$206.79	\$220.88	\$304.11	\$611.93
46	\$212.74	\$225.71	\$311.17	\$617.32
47	\$218.69	\$230.54	\$318.23	\$622.71
48	\$231.12	\$245.65	\$346.69	\$643.38
49	\$243.54	\$260.76	\$375.12	\$664.05
50	\$255.99	\$275.85	\$403.57	\$684.72
51	\$268.41	\$290.96	\$432.01	\$705.39
52	\$280.83	\$306.07	\$460.47	\$726.06
53	\$298.77	\$322.17	\$488.66	\$756.67
54	\$316.68	\$338.25	\$516.82	\$787.27
55	\$334.61	\$354.35	\$545.01	\$817.89
56	\$352.52	\$370.44	\$573.18	\$848.50
57	\$370.44	\$386.52	\$601.36	\$879.09
58	\$394.05	\$401.53	\$633.70	\$910.56
59	\$417.67	\$416.52	\$666.03	\$942.05
60	\$441.27	\$431.51	\$698.33	\$973.52
61	\$464.91	\$446.51	\$730.66	\$1,005.00
62	\$488.51	\$461.50	\$762.99	\$1,036.47
63	\$519.64	\$479.42	\$804.01	\$1,073.57
64	\$550.78	\$497.30	\$845.03	\$1,110.68



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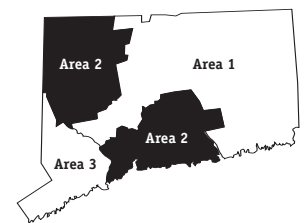
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15-25-40 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$89.81	\$125.35	\$190.68	\$375.10
21	\$90.88	\$126.38	\$191.74	\$378.11
22	\$91.96	\$127.41	\$192.81	\$381.09
23	\$93.03	\$128.46	\$193.89	\$384.09
24	\$94.10	\$129.49	\$194.97	\$387.10
25	\$95.17	\$130.53	\$196.03	\$390.10
26	\$96.25	\$131.55	\$197.10	\$393.09
27	\$97.32	\$132.59	\$198.18	\$396.09
28	\$98.38	\$133.64	\$199.25	\$399.10
29	\$99.46	\$134.67	\$200.31	\$402.10
30	\$100.53	\$135.70	\$201.38	\$405.10
31	\$106.52	\$139.45	\$202.06	\$415.34
32	\$112.51	\$143.22	\$202.74	\$425.59
33	\$118.50	\$146.96	\$203.42	\$435.83
34	\$124.50	\$150.73	\$204.08	\$446.08
35	\$127.19	\$152.19	\$206.34	\$449.19
36	\$128.52	\$152.93	\$207.46	\$450.74
37	\$129.86	\$153.65	\$208.60	\$452.31
38	\$131.21	\$154.38	\$209.72	\$453.85
39	\$135.23	\$156.57	\$213.12	\$458.54
40	\$140.61	\$159.49	\$217.62	\$464.76
41	\$145.96	\$162.41	\$222.14	\$471.00
42	\$151.34	\$165.33	\$226.66	\$477.23
43	\$156.10	\$169.20	\$232.31	\$481.55
44	\$160.89	\$173.07	\$237.95	\$485.86
45	\$165.65	\$176.94	\$243.60	\$490.18
46	\$170.42	\$180.80	\$249.26	\$494.50
47	\$175.19	\$184.67	\$254.91	\$498.82
48	\$185.14	\$196.78	\$277.71	\$515.37
49	\$195.09	\$208.89	\$300.48	\$531.94
50	\$205.06	\$220.97	\$323.28	\$548.49
51	\$215.01	\$233.07	\$346.06	\$565.05
52	\$224.97	\$245.17	\$368.85	\$581.61
53	\$239.33	\$258.07	\$391.43	\$606.12
54	\$253.67	\$270.95	\$414.00	\$630.63
55	\$268.03	\$283.86	\$436.57	\$655.17
56	\$282.37	\$296.74	\$459.13	\$679.68
57	\$296.74	\$309.62	\$481.72	\$704.19
58	\$315.65	\$321.64	\$507.61	\$729.39
59	\$334.58	\$333.65	\$533.52	\$754.63
60	\$353.49	\$345.67	\$559.40	\$779.83
61	\$372.41	\$357.67	\$585.29	\$805.05
62	\$391.32	\$369.68	\$611.19	\$830.26
63	\$416.25	\$384.03	\$644.05	\$859.98
64	\$441.20	\$398.36	\$676.90	\$889.70