



Revised 12/08

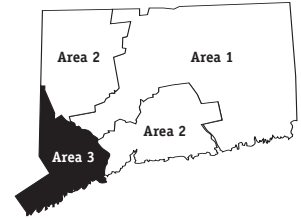
POS High Deductible Health Plan \$1,500 Individual/\$ 3,000 Family w/\$15-25-40 Rx after Ded.

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

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

Area 3 (Fairfield County)

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



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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$148.63	\$207.44	\$315.55	\$620.76
21	\$150.41	\$209.14	\$317.30	\$625.71
22	\$152.18	\$210.85	\$319.08	\$630.67
23	\$153.96	\$212.58	\$320.87	\$635.62
24	\$155.72	\$214.28	\$322.65	\$640.61
25	\$157.50	\$216.01	\$324.40	\$645.57
26	\$159.28	\$217.71	\$326.18	\$650.52
27	\$161.06	\$219.42	\$327.95	\$655.48
28	\$162.81	\$221.14	\$329.73	\$660.47
29	\$164.59	\$222.84	\$331.49	\$665.42
30	\$166.37	\$224.58	\$333.27	\$670.37
31	\$176.28	\$230.78	\$334.39	\$687.33
32	\$186.19	\$237.01	\$335.50	\$704.28
33	\$196.11	\$243.22	\$336.62	\$721.23
34	\$206.03	\$249.44	\$337.74	\$738.20
35	\$210.47	\$251.85	\$341.48	\$743.35
36	\$212.68	\$253.07	\$343.34	\$745.92
37	\$214.92	\$254.27	\$345.21	\$748.51
38	\$217.13	\$255.48	\$347.07	\$751.08
39	\$223.79	\$259.10	\$352.68	\$758.83
40	\$232.69	\$263.96	\$360.13	\$769.13
41	\$241.56	\$268.78	\$367.60	\$779.45
42	\$250.45	\$273.61	\$375.08	\$789.77
43	\$258.33	\$280.02	\$384.44	\$796.91
44	\$266.24	\$286.42	\$393.79	\$804.05
45	\$274.12	\$292.80	\$403.15	\$811.20
46	\$282.03	\$299.22	\$412.50	\$818.33
47	\$289.90	\$305.62	\$421.85	\$825.49
48	\$306.37	\$325.65	\$459.57	\$852.89
49	\$322.84	\$345.68	\$497.27	\$880.28
50	\$339.35	\$365.68	\$534.99	\$907.68
51	\$355.82	\$385.71	\$572.69	\$935.09
52	\$372.29	\$405.74	\$610.41	\$962.49
53	\$396.05	\$427.06	\$647.78	\$1,003.06
54	\$419.80	\$448.39	\$685.12	\$1,043.62
55	\$443.56	\$469.75	\$722.48	\$1,084.22
56	\$467.30	\$491.07	\$759.83	\$1,124.78
57	\$491.07	\$512.40	\$797.19	\$1,165.36
58	\$522.36	\$532.27	\$840.04	\$1,207.07
59	\$553.68	\$552.15	\$882.90	\$1,248.81
60	\$584.97	\$572.03	\$925.74	\$1,290.52
61	\$616.28	\$591.91	\$968.59	\$1,332.25
62	\$647.58	\$611.79	\$1,011.45	\$1,373.97
63	\$688.85	\$635.52	\$1,065.82	\$1,423.17
64	\$730.14	\$659.25	\$1,120.19	\$1,472.34



Revised 12/08

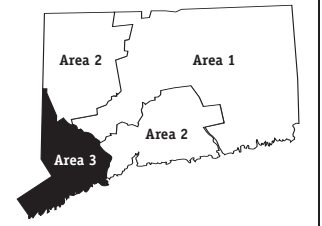
POS High Deductible Health Plan \$3,000 Individual/\$6,000 Family w/\$15-25-40 Rx after Ded.

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

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

Area 3 (Fairfield County)

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



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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$121.92	\$170.17	\$258.86	\$509.22
21	\$123.38	\$171.57	\$260.30	\$513.29
22	\$124.84	\$172.97	\$261.75	\$517.35
23	\$126.30	\$174.38	\$263.22	\$521.42
24	\$127.74	\$175.79	\$264.67	\$525.52
25	\$129.20	\$177.20	\$266.11	\$529.58
26	\$130.66	\$178.60	\$267.57	\$533.64
27	\$132.12	\$180.00	\$269.03	\$537.71
28	\$133.56	\$181.41	\$270.48	\$541.80
29	\$135.01	\$182.81	\$271.94	\$545.86
30	\$136.48	\$184.22	\$273.39	\$549.93
31	\$144.61	\$189.31	\$274.31	\$563.84
32	\$152.74	\$194.42	\$275.22	\$577.74
33	\$160.87	\$199.51	\$276.14	\$591.65
34	\$169.01	\$204.62	\$277.06	\$605.57
35	\$172.65	\$206.61	\$280.13	\$609.80
36	\$174.46	\$207.60	\$281.65	\$611.90
37	\$176.31	\$208.58	\$283.19	\$614.03
38	\$178.12	\$209.59	\$284.71	\$616.13
39	\$183.58	\$212.54	\$289.32	\$622.49
40	\$190.88	\$216.53	\$295.43	\$630.94
41	\$198.16	\$220.49	\$301.56	\$639.41
42	\$205.46	\$224.46	\$307.69	\$647.88
43	\$211.92	\$229.71	\$315.37	\$653.73
44	\$218.40	\$234.96	\$323.04	\$659.59
45	\$224.87	\$240.19	\$330.71	\$665.46
46	\$231.35	\$245.45	\$338.38	\$671.31
47	\$237.82	\$250.71	\$346.06	\$677.17
48	\$251.33	\$267.13	\$377.00	\$699.64
49	\$264.83	\$283.56	\$407.93	\$722.13
50	\$278.37	\$299.98	\$438.87	\$744.60
51	\$291.89	\$316.41	\$469.79	\$767.07
52	\$305.39	\$332.83	\$500.73	\$789.57
53	\$324.90	\$350.33	\$531.39	\$822.84
54	\$344.38	\$367.83	\$562.03	\$856.12
55	\$363.87	\$385.34	\$592.67	\$889.42
56	\$383.35	\$402.84	\$623.31	\$922.71
57	\$402.84	\$420.34	\$653.96	\$955.98
58	\$428.51	\$436.64	\$689.12	\$990.20
59	\$454.20	\$452.95	\$724.27	\$1,024.44
60	\$479.87	\$469.25	\$759.41	\$1,058.66
61	\$505.56	\$485.56	\$794.56	\$1,092.90
62	\$531.23	\$501.86	\$829.72	\$1,127.11
63	\$565.09	\$521.33	\$874.32	\$1,167.46
64	\$598.96	\$540.79	\$918.93	\$1,207.81

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



Revised 12/08

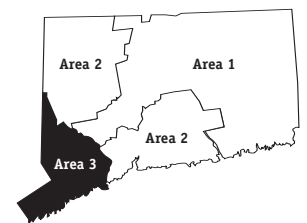
POS High Deductible Health Plan \$5,000 Individual/\$10,000 Family w/No Member Cost after Ded.

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

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

Area 3 (Fairfield County)

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



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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$97.67	\$136.32	\$207.36	\$407.93
21	\$98.84	\$137.45	\$208.52	\$411.19
22	\$100.00	\$138.56	\$209.68	\$414.44
23	\$101.17	\$139.69	\$210.86	\$417.70
24	\$102.33	\$140.81	\$212.03	\$420.98
25	\$103.50	\$141.95	\$213.18	\$424.23
26	\$104.67	\$143.07	\$214.35	\$427.49
27	\$105.83	\$144.19	\$215.51	\$430.75
28	\$106.99	\$145.32	\$216.68	\$434.02
29	\$108.16	\$146.44	\$217.83	\$437.27
30	\$109.32	\$147.58	\$219.00	\$440.53
31	\$115.84	\$151.65	\$219.75	\$451.67
32	\$122.35	\$155.75	\$220.48	\$462.82
33	\$128.87	\$159.82	\$221.21	\$473.96
34	\$135.38	\$163.92	\$221.94	\$485.10
35	\$138.31	\$165.51	\$224.40	\$488.49
36	\$139.77	\$166.31	\$225.63	\$490.18
37	\$141.24	\$167.08	\$226.85	\$491.88
38	\$142.69	\$167.89	\$228.08	\$493.57
39	\$147.06	\$170.26	\$231.77	\$498.66
40	\$152.91	\$173.46	\$236.66	\$505.43
41	\$158.74	\$176.63	\$241.57	\$512.21
42	\$164.58	\$179.80	\$246.48	\$518.99
43	\$169.76	\$184.01	\$252.63	\$523.68
44	\$174.96	\$188.22	\$258.78	\$528.39
45	\$180.14	\$192.42	\$264.93	\$533.08
46	\$185.32	\$196.62	\$271.07	\$537.77
47	\$190.50	\$200.83	\$277.21	\$542.45
48	\$201.33	\$213.99	\$302.01	\$560.47
49	\$212.16	\$227.16	\$326.78	\$578.47
50	\$223.00	\$240.31	\$351.56	\$596.49
51	\$233.82	\$253.47	\$376.35	\$614.48
52	\$244.64	\$266.63	\$401.13	\$632.50
53	\$260.26	\$280.64	\$425.68	\$659.16
54	\$275.87	\$294.66	\$450.22	\$685.82
55	\$291.48	\$308.69	\$474.78	\$712.50
56	\$307.08	\$322.70	\$499.32	\$739.15
57	\$322.70	\$336.72	\$523.88	\$765.81
58	\$343.27	\$349.78	\$552.03	\$793.22
59	\$363.85	\$362.84	\$580.19	\$820.65
60	\$384.41	\$375.91	\$608.35	\$848.06
61	\$404.99	\$388.97	\$636.51	\$875.49
62	\$425.55	\$402.04	\$664.66	\$902.90
63	\$452.67	\$417.64	\$700.41	\$935.22
64	\$479.81	\$433.22	\$736.13	\$967.54