

ConnectiCare® 2009 Rates January – December 2009 Effective Dates



Revised 12/08

HMO HDHP \$1,500 Individual/\$3,000 Family

(HMO-HSA-00-00-HDPI/HDQF)

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*)

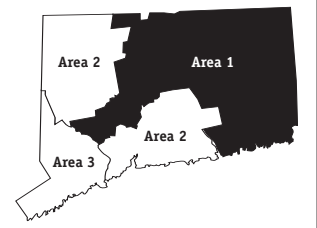
Hartford County: Avon, Berlin, Bloomfield, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Enfield, Farmington, Glastonbury, Granby, Hartford, Hartland, Manchester, Marlborough, New Britain, Newington, Plainville, Rocky Hill, Simsbury, Southington, South Windsor, Suffield, West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

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$139.60	\$234.02	\$339.58	\$622.06
21	\$141.24	\$235.84	\$341.48	\$626.93
22	\$142.92	\$237.66	\$343.36	\$631.79
23	\$144.57	\$239.47	\$345.25	\$636.67
24	\$146.25	\$241.29	\$347.14	\$641.53
25	\$147.89	\$243.10	\$349.04	\$646.40
26	\$149.57	\$244.93	\$350.92	\$651.26
27	\$151.23	\$246.74	\$352.83	\$656.14
28	\$152.90	\$248.56	\$354.73	\$660.99
29	\$154.54	\$250.35	\$356.61	\$665.87
30	\$156.21	\$252.16	\$358.50	\$670.72
31	\$165.51	\$258.04	\$359.55	\$686.66
32	\$174.78	\$263.87	\$360.61	\$702.59
33	\$184.06	\$269.73	\$361.66	\$718.50
34	\$193.33	\$275.56	\$362.72	\$734.44
35	\$197.53	\$277.84	\$366.23	\$739.27
36	\$199.62	\$278.95	\$367.97	\$741.71
37	\$201.71	\$280.08	\$369.71	\$744.12
38	\$203.82	\$281.23	\$371.48	\$746.54
39	\$210.08	\$284.60	\$376.72	\$753.81
40	\$218.45	\$289.15	\$383.76	\$763.47
41	\$226.82	\$293.66	\$390.76	\$773.16
42	\$235.19	\$298.18	\$397.77	\$782.84
43	\$242.59	\$304.20	\$406.55	\$789.54
44	\$249.97	\$310.22	\$415.32	\$796.25
45	\$257.36	\$316.24	\$424.08	\$802.95
46	\$264.75	\$322.25	\$432.85	\$809.68
47	\$272.13	\$328.27	\$441.63	\$816.37
48	\$287.61	\$338.82	\$467.69	\$833.82
49	\$303.06	\$349.34	\$493.76	\$851.32
50	\$318.53	\$359.89	\$519.81	\$868.77
51	\$333.98	\$370.41	\$545.88	\$886.25
52	\$349.47	\$380.96	\$571.96	\$903.71
53	\$371.80	\$401.01	\$606.94	\$941.81
54	\$394.14	\$421.07	\$641.93	\$979.91
55	\$416.50	\$441.11	\$676.92	\$1,018.03
56	\$438.84	\$461.17	\$711.91	\$1,056.12
57	\$461.17	\$481.21	\$746.90	\$1,094.23
58	\$490.56	\$499.85	\$787.08	\$1,133.40
59	\$519.95	\$518.47	\$827.25	\$1,172.60
60	\$549.32	\$537.08	\$867.43	\$1,211.78
61	\$578.72	\$555.71	\$907.61	\$1,250.98
62	\$608.11	\$574.34	\$947.79	\$1,290.15
63	\$646.86	\$596.59	\$998.78	\$1,336.36
64	\$685.62	\$618.80	\$1,049.76	\$1,382.56

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



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(HMO-HSA-00-00-HDQI/HDRF)

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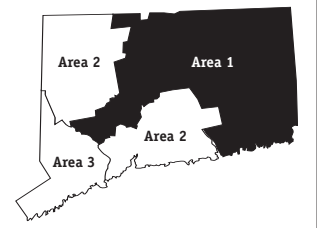
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15/25/40 Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$114.68	\$192.25	\$278.98	\$511.04
21	\$116.04	\$193.75	\$280.53	\$515.05
22	\$117.41	\$195.25	\$282.09	\$519.03
23	\$118.77	\$196.73	\$283.64	\$523.04
24	\$120.14	\$198.23	\$285.19	\$527.04
25	\$121.51	\$199.73	\$286.75	\$531.04
26	\$122.88	\$201.22	\$288.30	\$535.03
27	\$124.23	\$202.71	\$289.87	\$539.04
28	\$125.61	\$204.20	\$291.42	\$543.03
29	\$126.96	\$205.68	\$292.97	\$547.04
30	\$128.35	\$207.17	\$294.52	\$551.03
31	\$135.96	\$211.98	\$295.39	\$564.11
32	\$143.58	\$216.77	\$296.24	\$577.20
33	\$151.22	\$221.59	\$297.12	\$590.28
34	\$158.83	\$226.38	\$297.98	\$603.38
35	\$162.27	\$228.25	\$300.88	\$607.34
36	\$164.00	\$229.18	\$302.31	\$609.34
37	\$165.72	\$230.10	\$303.74	\$611.33
38	\$167.44	\$231.03	\$305.20	\$613.31
39	\$172.59	\$233.80	\$309.50	\$619.29
40	\$179.46	\$237.55	\$315.27	\$627.22
41	\$186.34	\$241.26	\$321.03	\$635.19
42	\$193.21	\$244.97	\$326.78	\$643.14
43	\$199.29	\$249.92	\$333.99	\$648.64
44	\$205.36	\$254.85	\$341.21	\$654.16
45	\$211.43	\$259.81	\$348.40	\$659.66
46	\$217.51	\$264.74	\$355.61	\$665.18
47	\$223.58	\$269.69	\$362.82	\$670.69
48	\$236.29	\$278.35	\$384.23	\$685.03
49	\$248.98	\$287.00	\$405.66	\$699.39
50	\$261.69	\$295.66	\$427.04	\$713.73
51	\$274.38	\$304.32	\$448.47	\$728.10
52	\$287.10	\$312.97	\$469.88	\$742.44
53	\$305.46	\$329.45	\$498.63	\$773.73
54	\$323.80	\$345.92	\$527.37	\$805.03
55	\$342.17	\$362.39	\$556.12	\$836.36
56	\$360.52	\$378.87	\$584.87	\$867.65
57	\$378.87	\$395.33	\$613.61	\$898.95
58	\$403.02	\$410.65	\$646.62	\$931.14
59	\$427.17	\$425.95	\$679.62	\$963.34
60	\$451.30	\$441.23	\$712.63	\$995.52
61	\$475.44	\$456.55	\$745.64	\$1,027.73
62	\$499.59	\$471.85	\$778.65	\$1,059.91
63	\$531.42	\$490.12	\$820.54	\$1,097.86
64	\$563.27	\$508.38	\$862.43	\$1,135.84

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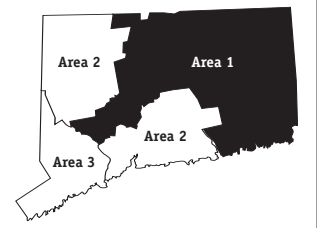
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Unlimited

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$90.85	\$152.30	\$220.99	\$404.82
21	\$91.92	\$153.48	\$222.23	\$408.00
22	\$93.01	\$154.67	\$223.46	\$411.16
23	\$94.09	\$155.85	\$224.68	\$414.32
24	\$95.18	\$157.03	\$225.91	\$417.49
25	\$96.24	\$158.21	\$227.14	\$420.66
26	\$97.33	\$159.39	\$228.37	\$423.83
27	\$98.41	\$160.57	\$229.61	\$427.00
28	\$99.50	\$161.76	\$230.85	\$430.16
29	\$100.58	\$162.93	\$232.08	\$433.33
30	\$101.67	\$164.10	\$233.30	\$436.49
31	\$107.70	\$167.92	\$233.98	\$446.86
32	\$113.74	\$171.72	\$234.68	\$457.22
33	\$119.78	\$175.53	\$235.36	\$467.59
34	\$125.82	\$179.33	\$236.05	\$477.95
35	\$128.54	\$180.80	\$238.33	\$481.10
36	\$129.91	\$181.54	\$239.47	\$482.68
37	\$131.27	\$182.27	\$240.60	\$484.25
38	\$132.63	\$183.01	\$241.75	\$485.83
39	\$136.71	\$185.21	\$245.17	\$490.55
40	\$142.16	\$188.17	\$249.74	\$496.84
41	\$147.60	\$191.11	\$254.30	\$503.16
42	\$153.06	\$194.06	\$258.86	\$509.46
43	\$157.86	\$197.97	\$264.57	\$513.82
44	\$162.68	\$201.88	\$270.29	\$518.19
45	\$167.48	\$205.80	\$275.98	\$522.54
46	\$172.30	\$209.71	\$281.69	\$526.92
47	\$177.11	\$213.63	\$287.41	\$531.28
48	\$187.17	\$220.49	\$304.37	\$542.64
49	\$197.23	\$227.34	\$321.34	\$554.02
50	\$207.30	\$234.21	\$338.29	\$565.37
51	\$217.35	\$241.06	\$355.25	\$576.75
52	\$227.43	\$247.92	\$372.21	\$588.12
53	\$241.95	\$260.96	\$394.98	\$612.91
54	\$256.50	\$274.03	\$417.75	\$637.71
55	\$271.04	\$287.06	\$440.53	\$662.51
56	\$285.59	\$300.12	\$463.29	\$687.31
57	\$300.12	\$313.16	\$486.07	\$712.10
58	\$319.25	\$325.28	\$512.20	\$737.60
59	\$338.37	\$337.40	\$538.36	\$763.10
60	\$357.49	\$349.53	\$564.51	\$788.60
61	\$376.62	\$361.65	\$590.65	\$814.11
62	\$395.75	\$373.77	\$616.80	\$839.60
63	\$420.96	\$388.24	\$649.98	\$869.67
64	\$446.19	\$402.70	\$683.17	\$899.75

For information on Medicare Prime and 65+ rates, go to the producer section of www.connecticare.com. HMO coverage is underwritten by ConnectiCare, Inc. Rates are currently pending approval from the Department of Insurance.