

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



Revised 12/08

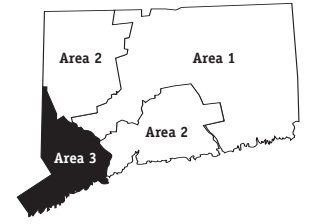
POS High Deductible Health Plan \$1,500 Individual/\$ 3,000 Family w/\$15/25/40 Rx after Ded.

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

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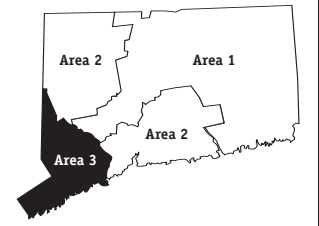
POS High Deductible Health Plan \$3,000 Individual/\$6,000 Family w/\$15/25/40 Rx after Ded.

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

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Unlimited

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

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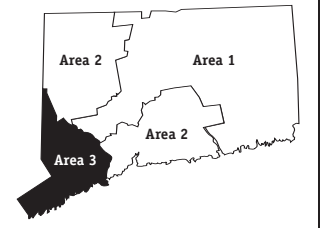
POS High Deductible Health Plan \$5,000 Individual/\$10,000 Family w/No Member Cost after Ded.

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

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Unlimited

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