

HMO HDHP \$5,000/\$10,000 Deductible - A

HMO-HSA-5000I-10000F-IND-A

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*)

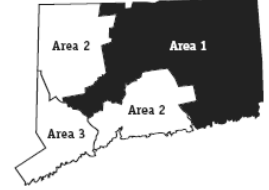
Hartford County: Avon, Berlin, Bloomfield, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Enfield, Farmington, Glastonbury, Granby, Hartford, Hartland, Manchester, Marlborough, New Britain, Newington, Plainville, Rocky Hill, Simsbury, Southington, South Windsor, Suffield, West 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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*Note: Area 1 also includes these towns from New Haven County: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



After deductible, Unlimited RX

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$114.84	\$114.84	\$279.33	\$511.69
15-20	\$114.84	\$192.50	\$279.33	\$511.69
21	\$116.19	\$193.99	\$280.90	\$515.70
22	\$117.56	\$195.48	\$282.44	\$519.70
23	\$118.93	\$196.98	\$284.00	\$523.72
24	\$120.30	\$198.48	\$285.56	\$527.70
25	\$121.66	\$199.98	\$287.10	\$531.73
26	\$123.03	\$201.48	\$288.66	\$535.72
27	\$124.39	\$202.97	\$290.23	\$539.73
28	\$125.77	\$204.47	\$291.79	\$543.73
29	\$127.12	\$205.93	\$293.34	\$547.74
30	\$128.51	\$207.43	\$294.90	\$551.73
31	\$136.14	\$212.25	\$295.77	\$564.82
32	\$143.77	\$217.06	\$296.63	\$577.93
33	\$151.40	\$221.87	\$297.50	\$591.03
34	\$159.03	\$226.67	\$298.36	\$604.14
35	\$162.48	\$228.54	\$301.25	\$608.11
36	\$164.21	\$229.47	\$302.69	\$610.12
37	\$165.92	\$230.39	\$304.12	\$612.11
38	\$167.65	\$231.34	\$305.58	\$614.10
39	\$172.81	\$234.11	\$309.88	\$620.08
40	\$179.69	\$237.84	\$315.67	\$628.02
41	\$186.58	\$241.56	\$321.44	\$635.99
42	\$193.47	\$245.28	\$327.20	\$643.96
43	\$199.54	\$250.24	\$334.42	\$649.47
44	\$205.63	\$255.18	\$341.64	\$654.99
45	\$211.69	\$260.14	\$348.84	\$660.51
46	\$217.78	\$265.08	\$356.06	\$666.03
47	\$223.87	\$270.03	\$363.28	\$671.53
48	\$236.59	\$278.71	\$384.72	\$685.89
49	\$249.30	\$287.36	\$406.17	\$700.27
50	\$262.03	\$296.04	\$427.59	\$714.64
51	\$274.73	\$304.70	\$449.04	\$729.03
52	\$287.46	\$313.36	\$470.48	\$743.39
53	\$305.83	\$329.85	\$499.27	\$774.72
54	\$324.21	\$346.37	\$528.04	\$806.07
55	\$342.61	\$362.85	\$556.82	\$837.42
56	\$360.99	\$379.36	\$585.61	\$868.75
57	\$379.36	\$395.85	\$614.38	\$900.10
58	\$403.54	\$411.17	\$647.44	\$932.32
59	\$427.70	\$426.49	\$680.49	\$964.57
60	\$451.87	\$441.79	\$713.54	\$996.79
61	\$476.05	\$457.12	\$746.60	\$1029.03
62	\$500.22	\$472.45	\$779.64	\$1061.26
63	\$532.09	\$490.74	\$821.59	\$1099.27
64	\$563.99	\$509.02	\$863.52	\$1137.28

For help or questions call 1866-508-0618

Rates subject to Department of Insurance approval. Actual monthly premiums are based on the approved effective date of the policy. Rates and benefits are subject to change based on any state or federal mandate or other regulatory requirements that are imposed at any time after the policy is effective and which materially affect the existing rates.

POS HDHP \$1,500/\$3,000 Deductible - A

POS-HSA-30-45-1500I-3000F-IND-A

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 Rates are calculated as of the Applicant's age as of the effective date.

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

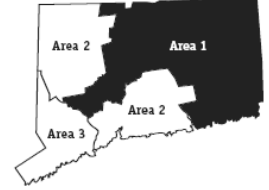
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Tolland County: Andover, Bolton, Columbia, Coventry, Ellington, Hebron, Mansfield, Somers, Stafford, Tolland, Union, Vernon, Willington

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.



20% after Deductible, Unlimited max

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$162.02	\$162.02	\$343.99	\$676.70
15-20	\$162.02	\$226.14	\$343.99	\$676.70
21	\$163.96	\$228.00	\$345.90	\$682.11
22	\$165.90	\$229.85	\$347.85	\$687.52
23	\$167.84	\$231.74	\$349.78	\$692.92
24	\$169.75	\$233.59	\$351.73	\$698.35
25	\$171.68	\$235.48	\$353.63	\$703.76
26	\$173.63	\$237.33	\$355.57	\$709.16
27	\$175.57	\$239.20	\$357.52	\$714.55
28	\$177.49	\$241.07	\$359.45	\$719.99
29	\$179.42	\$242.94	\$361.37	\$725.39
30	\$181.36	\$244.81	\$363.30	\$730.79
31	\$192.17	\$251.58	\$364.53	\$749.27
32	\$202.98	\$258.37	\$365.75	\$767.76
33	\$213.78	\$265.13	\$366.96	\$786.25
34	\$224.59	\$271.92	\$368.18	\$804.73
35	\$229.44	\$274.55	\$372.25	\$810.35
36	\$231.85	\$275.88	\$374.28	\$813.15
37	\$234.28	\$277.18	\$376.34	\$815.98
38	\$236.69	\$278.51	\$378.35	\$818.78
39	\$243.96	\$282.45	\$384.48	\$827.23
40	\$253.66	\$287.75	\$392.59	\$838.44
41	\$263.33	\$293.00	\$400.74	\$849.70
42	\$273.03	\$298.27	\$408.89	\$860.95
43	\$281.61	\$305.25	\$419.08	\$868.73
44	\$290.23	\$312.23	\$429.28	\$876.53
45	\$298.82	\$319.19	\$439.47	\$884.32
46	\$307.44	\$326.17	\$449.68	\$892.09
47	\$316.03	\$333.16	\$459.88	\$899.88
48	\$333.98	\$354.99	\$501.00	\$929.75
49	\$351.95	\$376.82	\$542.10	\$959.62
50	\$369.92	\$398.64	\$583.22	\$989.50
51	\$387.88	\$420.47	\$624.31	\$1019.37
52	\$405.84	\$442.31	\$665.42	\$1049.24
53	\$431.75	\$465.55	\$706.17	\$1093.47
54	\$457.63	\$488.80	\$746.87	\$1137.69
55	\$483.54	\$512.07	\$787.60	\$1181.94
56	\$509.41	\$535.33	\$828.31	\$1226.17
57	\$535.33	\$558.58	\$869.05	\$1270.39
58	\$569.45	\$580.25	\$915.76	\$1315.87
59	\$603.58	\$601.91	\$962.48	\$1361.36
60	\$637.69	\$623.58	\$1009.17	\$1406.84
61	\$671.83	\$645.26	\$1055.89	\$1452.34
62	\$705.94	\$666.92	\$1102.62	\$1497.81
63	\$750.94	\$692.81	\$1161.88	\$1551.43
64	\$795.94	\$718.67	\$1221.16	\$1605.05

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POS HDHP \$1,500/\$3,000 Deductible - B

POS-HSA-30-45-1500I-3000F-IND-B

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*)

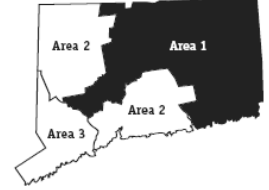
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Windham County: Ashford, Brooklyn, Canterbury, Chaplin, Eastford, Hampton, Killingly, Plainfield, Pomfret, Putnam, Scotland, Sterling, Thompson, Windham, Woodstock

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



20% after Deductible, Unlimited max

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$156.34	\$156.34	\$331.94	\$652.99
15-20	\$156.34	\$218.21	\$331.94	\$652.99
21	\$158.21	\$220.01	\$333.78	\$658.20
22	\$160.08	\$221.80	\$335.65	\$663.43
23	\$161.95	\$223.61	\$337.53	\$668.64
24	\$163.81	\$225.40	\$339.40	\$673.88
25	\$165.67	\$227.23	\$341.24	\$679.09
26	\$167.54	\$229.02	\$343.11	\$684.31
27	\$169.41	\$230.81	\$344.99	\$689.52
28	\$171.27	\$232.62	\$346.86	\$694.76
29	\$173.14	\$234.42	\$348.71	\$699.97
30	\$175.01	\$236.23	\$350.58	\$705.18
31	\$185.44	\$242.77	\$351.76	\$723.02
32	\$195.87	\$249.31	\$352.94	\$740.86
33	\$206.29	\$255.84	\$354.11	\$758.70
34	\$216.72	\$262.39	\$355.28	\$776.53
35	\$221.39	\$264.94	\$359.21	\$781.95
36	\$223.73	\$266.21	\$361.16	\$784.65
37	\$226.08	\$267.47	\$363.14	\$787.39
38	\$228.40	\$268.75	\$365.09	\$790.09
39	\$235.41	\$272.56	\$371.00	\$798.24
40	\$244.77	\$277.66	\$378.83	\$809.07
41	\$254.10	\$282.74	\$386.70	\$819.92
42	\$263.46	\$287.82	\$394.55	\$830.78
43	\$271.75	\$294.55	\$404.40	\$838.29
44	\$280.06	\$301.29	\$414.24	\$845.81
45	\$288.36	\$308.00	\$424.07	\$853.32
46	\$296.67	\$314.74	\$433.91	\$860.83
47	\$304.96	\$321.49	\$443.76	\$868.35
48	\$322.28	\$342.55	\$483.44	\$897.17
49	\$339.61	\$363.62	\$523.09	\$925.99
50	\$356.97	\$384.67	\$562.78	\$954.82
51	\$374.29	\$405.74	\$602.42	\$983.64
52	\$391.62	\$426.81	\$642.11	\$1012.47
53	\$416.62	\$449.24	\$681.41	\$1055.15
54	\$441.59	\$471.67	\$720.69	\$1097.82
55	\$466.60	\$494.13	\$760.01	\$1140.52
56	\$491.56	\$516.57	\$799.28	\$1183.20
57	\$516.57	\$539.00	\$838.60	\$1225.87
58	\$549.49	\$559.92	\$883.66	\$1269.75
59	\$582.43	\$580.82	\$928.75	\$1313.66
60	\$615.35	\$601.73	\$973.80	\$1357.54
61	\$648.29	\$622.65	\$1018.89	\$1401.45
62	\$681.20	\$643.55	\$1063.97	\$1445.32
63	\$724.63	\$668.53	\$1121.17	\$1497.07
64	\$768.05	\$693.48	\$1178.36	\$1548.80

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POS HDHP \$2,000/\$4,000 Deductible - A

POS-HSA-2000I-4000F-20-IND-A

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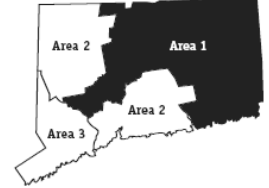
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20% after Deductible, Unlimited max

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$144.15	\$144.15	\$306.04	\$602.06
15-20	\$144.15	\$201.20	\$306.04	\$602.06
21	\$145.87	\$202.84	\$307.75	\$606.86
22	\$147.59	\$204.49	\$309.47	\$611.66
23	\$149.32	\$206.18	\$311.20	\$616.47
24	\$151.02	\$207.83	\$312.93	\$621.30
25	\$152.75	\$209.51	\$314.63	\$626.12
26	\$154.47	\$211.16	\$316.35	\$630.92
27	\$156.20	\$212.80	\$318.07	\$635.73
28	\$157.90	\$214.48	\$319.80	\$640.56
29	\$159.62	\$216.13	\$321.50	\$645.36
30	\$161.35	\$217.81	\$323.23	\$650.18
31	\$170.97	\$223.83	\$324.32	\$666.62
32	\$180.58	\$229.86	\$325.39	\$683.06
33	\$190.20	\$235.88	\$326.47	\$699.51
34	\$199.82	\$241.91	\$327.56	\$715.95
35	\$204.12	\$244.26	\$331.19	\$720.96
36	\$206.28	\$245.45	\$332.99	\$723.44
37	\$208.44	\$246.61	\$334.81	\$725.95
38	\$210.59	\$247.79	\$336.61	\$728.45
39	\$217.05	\$251.29	\$342.07	\$735.97
40	\$225.67	\$256.00	\$349.28	\$745.94
41	\$234.28	\$260.67	\$356.54	\$755.96
42	\$242.90	\$265.36	\$363.78	\$765.97
43	\$250.55	\$271.57	\$372.85	\$772.90
44	\$258.22	\$277.78	\$381.92	\$779.83
45	\$265.85	\$283.97	\$391.00	\$786.75
46	\$273.53	\$290.19	\$400.07	\$793.68
47	\$281.17	\$296.41	\$409.14	\$800.60
48	\$297.15	\$315.83	\$445.73	\$827.19
49	\$313.11	\$335.26	\$482.29	\$853.76
50	\$329.11	\$354.66	\$518.87	\$880.34
51	\$345.09	\$374.09	\$555.43	\$906.91
52	\$361.07	\$393.52	\$592.02	\$933.49
53	\$384.12	\$414.20	\$628.25	\$972.83
54	\$407.15	\$434.87	\$664.47	\$1012.18
55	\$430.20	\$455.58	\$700.70	\$1051.55
56	\$453.22	\$476.26	\$736.94	\$1090.89
57	\$476.26	\$496.96	\$773.17	\$1130.24
58	\$506.62	\$516.23	\$814.73	\$1170.70
59	\$536.99	\$535.51	\$856.30	\$1211.19
60	\$567.34	\$554.80	\$897.83	\$1251.63
61	\$597.71	\$574.07	\$939.41	\$1292.11
62	\$628.06	\$593.35	\$980.97	\$1332.57
63	\$668.09	\$616.38	\$1033.70	\$1380.26
64	\$708.13	\$639.38	\$1086.43	\$1427.97

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POS HDHP \$3,000/\$6,000 Deductible - A

POS-HSA-30-45-3000I-6000F-IND-A

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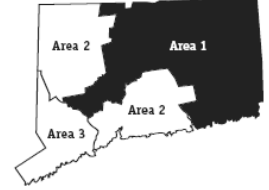
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20% after Deductible, Unlimited max

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$131.73	\$131.73	\$279.68	\$550.21
15-20	\$131.73	\$183.87	\$279.68	\$550.21
21	\$133.30	\$185.38	\$281.24	\$554.60
22	\$134.88	\$186.89	\$282.82	\$558.99
23	\$136.46	\$188.42	\$284.40	\$563.39
24	\$138.02	\$189.93	\$285.97	\$567.81
25	\$139.59	\$191.46	\$287.53	\$572.19
26	\$141.17	\$192.98	\$289.11	\$576.59
27	\$142.75	\$194.48	\$290.69	\$580.98
28	\$144.30	\$196.01	\$292.25	\$585.39
29	\$145.87	\$197.53	\$293.81	\$589.79
30	\$147.45	\$199.05	\$295.39	\$594.19
31	\$156.25	\$204.55	\$296.39	\$609.21
32	\$165.04	\$210.08	\$297.37	\$624.23
33	\$173.82	\$215.57	\$298.36	\$639.27
34	\$182.61	\$221.09	\$299.36	\$654.29
35	\$186.55	\$223.23	\$302.67	\$658.87
36	\$188.51	\$224.32	\$304.32	\$661.14
37	\$190.49	\$225.37	\$305.98	\$663.44
38	\$192.46	\$226.45	\$307.62	\$665.71
39	\$198.36	\$229.65	\$312.60	\$672.59
40	\$206.24	\$233.95	\$319.21	\$681.71
41	\$214.11	\$238.24	\$325.83	\$690.86
42	\$221.99	\$242.51	\$332.45	\$700.00
43	\$228.98	\$248.19	\$340.74	\$706.33
44	\$235.98	\$253.87	\$349.03	\$712.66
45	\$242.96	\$259.52	\$357.32	\$718.99
46	\$249.97	\$265.20	\$365.62	\$725.32
47	\$256.96	\$270.88	\$373.90	\$731.65
48	\$271.55	\$288.63	\$407.34	\$755.95
49	\$286.16	\$306.38	\$440.75	\$780.24
50	\$300.77	\$324.11	\$474.19	\$804.53
51	\$315.38	\$341.87	\$507.60	\$828.81
52	\$329.97	\$359.62	\$541.04	\$853.10
53	\$351.04	\$378.52	\$574.16	\$889.06
54	\$372.08	\$397.43	\$607.25	\$925.02
55	\$393.15	\$416.35	\$640.37	\$961.00
56	\$414.19	\$435.26	\$673.47	\$996.95
57	\$435.26	\$454.17	\$706.59	\$1032.91
58	\$462.99	\$471.79	\$744.57	\$1069.88
59	\$490.75	\$489.40	\$782.56	\$1106.88
60	\$518.48	\$507.02	\$820.52	\$1143.85
61	\$546.24	\$524.63	\$858.50	\$1180.84
62	\$573.97	\$542.25	\$896.49	\$1217.81
63	\$610.56	\$563.30	\$944.68	\$1261.40
64	\$647.15	\$584.32	\$992.88	\$1305.00

For help or questions call 1866-508-0618

Rates subject to Department of Insurance approval. Actual monthly premiums are based on the approved effective date of the policy. Rates and benefits are subject to change based on any state or federal mandate or other regulatory requirements that are imposed at any time after the policy is effective and which materially affect the existing rates.

POS HDHP \$3,000/\$6,000 Deductible - B

POS-HSA-30-45-3000I-6000F-IND-B

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*)

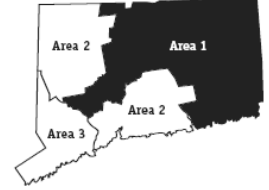
Hartford County: Avon, Berlin, Bloomfield, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Enfield, Farmington, Glastonbury, Granby, Hartford, Hartland, Manchester, Marlborough, New Britain, Newington, Plainville, Rocky Hill, Simsbury, Southington, South Windsor, Suffield, West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

Tolland County: Andover, Bolton, Columbia, Coventry, Ellington, Hebron, Mansfield, Somers, Stafford, Tolland, Union, Vernon, Willington

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.



20% after Deductible, Unlimited max

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$127.16	\$127.16	\$269.96	\$531.08
15-20	\$127.16	\$177.48	\$269.96	\$531.08
21	\$128.67	\$178.94	\$271.47	\$535.32
22	\$130.20	\$180.39	\$272.99	\$539.56
23	\$131.72	\$181.86	\$274.51	\$543.81
24	\$133.22	\$183.33	\$276.03	\$548.07
25	\$134.75	\$184.80	\$277.54	\$552.31
26	\$136.26	\$186.27	\$279.06	\$556.55
27	\$137.79	\$187.73	\$280.58	\$560.78
28	\$139.29	\$189.19	\$282.10	\$565.05
29	\$140.80	\$190.66	\$283.60	\$569.29
30	\$142.33	\$192.13	\$285.12	\$573.54
31	\$150.82	\$197.44	\$286.09	\$588.04
32	\$159.30	\$202.77	\$287.04	\$602.54
33	\$167.78	\$208.08	\$287.99	\$617.05
34	\$176.25	\$213.40	\$288.96	\$631.55
35	\$180.07	\$215.47	\$292.15	\$635.97
36	\$181.95	\$216.52	\$293.74	\$638.17
37	\$183.87	\$217.54	\$295.35	\$640.39
38	\$185.77	\$218.59	\$296.94	\$642.58
39	\$191.46	\$221.67	\$301.74	\$649.22
40	\$199.06	\$225.82	\$308.11	\$658.03
41	\$206.67	\$229.95	\$314.51	\$666.85
42	\$214.28	\$234.09	\$320.90	\$675.67
43	\$221.02	\$239.56	\$328.91	\$681.79
44	\$227.78	\$245.05	\$336.90	\$687.90
45	\$234.51	\$250.50	\$344.91	\$694.01
46	\$241.28	\$255.98	\$352.92	\$700.12
47	\$248.02	\$261.47	\$360.92	\$706.23
48	\$262.12	\$278.60	\$393.18	\$729.67
49	\$276.21	\$295.74	\$425.44	\$753.12
50	\$290.32	\$312.84	\$457.70	\$776.57
51	\$304.42	\$329.99	\$489.95	\$800.01
52	\$318.50	\$347.12	\$522.23	\$823.45
53	\$338.85	\$365.37	\$554.20	\$858.16
54	\$359.16	\$383.61	\$586.15	\$892.88
55	\$379.49	\$401.88	\$618.12	\$927.60
56	\$399.80	\$420.13	\$650.07	\$962.30
57	\$420.13	\$438.38	\$682.04	\$997.02
58	\$446.90	\$455.39	\$718.70	\$1032.69
59	\$473.69	\$472.40	\$755.37	\$1068.41
60	\$500.46	\$489.39	\$792.00	\$1104.09
61	\$527.26	\$506.39	\$828.66	\$1139.81
62	\$554.03	\$523.40	\$865.33	\$1175.49
63	\$589.34	\$543.72	\$911.85	\$1217.57
64	\$624.65	\$564.01	\$958.37	\$1259.64

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POS HDHP \$5,000/\$10,000 Deductible - A

POS-HSA-5000I-10000F-IND-A

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*)

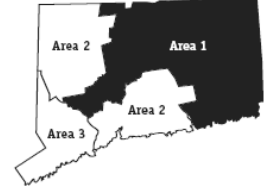
Hartford County: Avon, Berlin, Bloomfield, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Enfield, Farmington, Glastonbury, Granby, Hartford, Hartland, Manchester, Marlborough, New Britain, Newington, Plainville, Rocky Hill, Simsbury, Southington, South Windsor, Suffield, West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

Tolland County: Andover, Bolton, Columbia, Coventry, Ellington, Hebron, Mansfield, Somers, Stafford, Tolland, Union, Vernon, Willington

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.



After deductible, Unlimited RX

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$106.95	\$106.95	\$227.07	\$446.71
15-20	\$106.95	\$149.28	\$227.07	\$446.71
21	\$108.23	\$150.50	\$228.34	\$450.28
22	\$109.52	\$151.73	\$229.62	\$453.84
23	\$110.80	\$152.98	\$230.90	\$457.40
24	\$112.05	\$154.20	\$232.17	\$461.00
25	\$113.33	\$155.44	\$233.45	\$464.57
26	\$114.62	\$156.67	\$234.73	\$468.12
27	\$115.90	\$157.89	\$236.01	\$471.69
28	\$117.16	\$159.13	\$237.28	\$475.28
29	\$118.44	\$160.37	\$238.54	\$478.85
30	\$119.73	\$161.61	\$239.83	\$482.41
31	\$126.85	\$166.08	\$240.63	\$494.62
32	\$133.99	\$170.55	\$241.44	\$506.81
33	\$141.12	\$175.01	\$242.24	\$519.02
34	\$148.26	\$179.50	\$243.04	\$531.23
35	\$151.46	\$181.24	\$245.73	\$534.93
36	\$153.05	\$182.11	\$247.06	\$536.77
37	\$154.67	\$182.97	\$248.43	\$538.65
38	\$156.25	\$183.86	\$249.76	\$540.49
39	\$161.04	\$186.45	\$253.80	\$546.07
40	\$167.45	\$189.94	\$259.16	\$553.48
41	\$173.82	\$193.41	\$264.54	\$560.91
42	\$180.22	\$196.90	\$269.91	\$568.34
43	\$185.90	\$201.50	\$276.64	\$573.47
44	\$191.59	\$206.11	\$283.38	\$578.62
45	\$197.26	\$210.70	\$290.11	\$583.75
46	\$202.95	\$215.32	\$296.83	\$588.90
47	\$208.62	\$219.93	\$303.57	\$594.03
48	\$220.47	\$234.34	\$330.72	\$613.76
49	\$232.33	\$248.75	\$357.85	\$633.48
50	\$244.20	\$263.15	\$384.99	\$653.19
51	\$256.05	\$277.56	\$412.12	\$672.91
52	\$267.91	\$291.98	\$439.27	\$692.63
53	\$285.01	\$307.32	\$466.16	\$721.82
54	\$302.10	\$322.68	\$493.02	\$751.01
55	\$319.20	\$338.04	\$519.92	\$780.22
56	\$336.28	\$353.38	\$546.78	\$809.42
57	\$353.38	\$368.73	\$573.67	\$838.62
58	\$375.90	\$383.03	\$604.51	\$868.63
59	\$398.43	\$397.34	\$635.36	\$898.68
60	\$420.95	\$411.64	\$666.18	\$928.68
61	\$443.49	\$425.94	\$697.02	\$958.72
62	\$466.01	\$440.24	\$727.86	\$988.74
63	\$495.70	\$457.33	\$766.98	\$1024.13
64	\$525.42	\$474.40	\$806.11	\$1059.52

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POS HDHP \$5,000/\$10,000 Deductible - B

POS-HSA-5000I-10000F-IND-B

All policyholders may be subject to a rate increase at their renewal date.
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Area 1 (Hartford, New London, Tolland and Windham counties*)

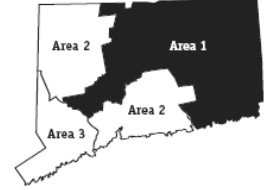
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*Note: Area 1 also includes these towns from New Haven County: Beacon Falls, Cheshire, Middlebury, Naugatuck, Oxford, Prospect, South Britain, Southbury, Waterbury and Wolcott.



After deductible, Unlimited RX

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$102.81	\$102.81	\$218.27	\$429.39
15-20	\$102.81	\$143.50	\$218.27	\$429.39
21	\$104.04	\$144.67	\$219.49	\$432.82
22	\$105.27	\$145.85	\$220.72	\$436.24
23	\$106.50	\$147.05	\$221.95	\$439.68
24	\$107.71	\$148.22	\$223.18	\$443.12
25	\$108.95	\$149.41	\$224.40	\$446.55
26	\$110.18	\$150.61	\$225.63	\$449.98
27	\$111.41	\$151.78	\$226.86	\$453.41
28	\$112.61	\$152.97	\$228.08	\$456.86
29	\$113.85	\$154.16	\$229.30	\$460.30
30	\$115.08	\$155.35	\$230.53	\$463.72
31	\$121.93	\$159.63	\$231.31	\$475.44
32	\$128.79	\$163.95	\$232.08	\$487.17
33	\$135.65	\$168.23	\$232.85	\$498.90
34	\$142.51	\$172.54	\$233.63	\$510.64
35	\$145.59	\$174.22	\$236.21	\$514.20
36	\$147.11	\$175.05	\$237.49	\$515.97
37	\$148.67	\$175.89	\$238.80	\$517.77
38	\$150.20	\$176.73	\$240.07	\$519.54
39	\$154.80	\$179.23	\$243.97	\$524.91
40	\$160.96	\$182.59	\$249.11	\$532.02
41	\$167.08	\$185.91	\$254.28	\$539.17
42	\$173.24	\$189.26	\$259.45	\$546.30
43	\$178.70	\$193.69	\$265.92	\$551.24
44	\$184.16	\$198.12	\$272.40	\$556.18
45	\$189.62	\$202.53	\$278.87	\$561.12
46	\$195.08	\$206.97	\$285.33	\$566.07
47	\$200.54	\$211.40	\$291.81	\$571.00
48	\$211.93	\$225.25	\$317.89	\$589.96
49	\$223.33	\$239.11	\$343.98	\$608.92
50	\$234.74	\$252.95	\$370.07	\$627.87
51	\$246.13	\$266.80	\$396.14	\$646.82
52	\$257.53	\$280.66	\$422.24	\$665.78
53	\$273.96	\$295.41	\$448.09	\$693.84
54	\$290.38	\$310.17	\$473.91	\$721.90
55	\$306.82	\$324.94	\$499.77	\$749.98
56	\$323.25	\$339.68	\$525.59	\$778.06
57	\$339.68	\$354.44	\$551.43	\$806.12
58	\$361.32	\$368.19	\$581.08	\$834.96
59	\$382.99	\$381.93	\$610.73	\$863.84
60	\$404.63	\$395.68	\$640.36	\$892.69
61	\$426.30	\$409.44	\$670.01	\$921.56
62	\$447.94	\$423.19	\$699.64	\$950.41
63	\$476.50	\$439.60	\$737.25	\$984.44
64	\$505.06	\$456.01	\$774.86	\$1018.45

For help or questions call 1866-508-0618