

POS Hospital Deductible \$2,500 / \$5,000 - C

POS-OA-2500H-30-45-C-IND

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.

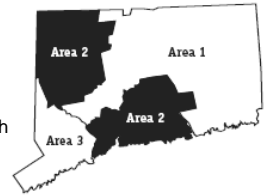
Area 2 (Litchfield, Middlesex and New Haven counties*)

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.



**T1\$15 T2/3\$200 50% \$100 Coins Script
Max**

NO RX

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
19	\$191.01	\$266.54	\$474.41	\$797.70
20	\$191.01	\$266.54	\$474.41	\$797.70
21	\$193.27	\$268.73	\$477.09	\$804.05
22	\$195.54	\$270.93	\$479.76	\$810.44
23	\$197.83	\$273.13	\$482.39	\$816.82
24	\$200.10	\$275.36	\$485.06	\$823.18
25	\$202.40	\$277.56	\$487.73	\$829.57
26	\$204.66	\$279.76	\$490.36	\$835.95
27	\$206.96	\$281.95	\$493.04	\$842.34
28	\$209.22	\$284.15	\$495.70	\$848.69
29	\$211.52	\$286.34	\$498.34	\$855.08
30	\$213.79	\$288.58	\$501.01	\$861.47
31	\$226.52	\$296.55	\$502.64	\$883.24
32	\$239.27	\$304.56	\$504.29	\$905.03
33	\$252.01	\$312.54	\$505.91	\$926.80
34	\$264.75	\$320.55	\$507.53	\$948.59
35	\$270.46	\$323.65	\$512.98	\$955.22
36	\$273.30	\$325.21	\$515.71	\$958.52
37	\$276.17	\$326.77	\$518.41	\$961.84
38	\$279.01	\$328.32	\$521.15	\$965.15
39	\$287.59	\$332.98	\$529.33	\$975.08
40	\$298.98	\$339.17	\$540.21	\$988.37
41	\$310.40	\$345.38	\$551.12	\$1001.62
42	\$321.83	\$351.60	\$562.02	\$1014.86
43	\$331.97	\$359.82	\$575.63	\$1024.06
44	\$342.11	\$368.06	\$589.25	\$1033.21
45	\$352.24	\$376.27	\$602.90	\$1042.40
46	\$362.38	\$384.52	\$616.52	\$1051.56
47	\$372.52	\$392.73	\$630.14	\$1060.75
48	\$393.71	\$418.45	\$682.02	\$1095.97
49	\$414.87	\$444.20	\$733.89	\$1131.19
50	\$436.06	\$469.92	\$785.73	\$1166.40
51	\$457.21	\$495.67	\$837.61	\$1201.62
52	\$478.40	\$521.38	\$889.49	\$1236.82
53	\$508.92	\$548.79	\$943.90	\$1288.98
54	\$539.44	\$576.20	\$998.34	\$1341.09
55	\$569.98	\$603.61	\$1052.74	\$1393.23
56	\$600.50	\$631.02	\$1107.20	\$1445.34
57	\$631.02	\$658.43	\$1161.60	\$1497.49
58	\$671.24	\$683.98	\$1224.05	\$1551.12
59	\$711.45	\$709.53	\$1286.50	\$1604.72
60	\$751.70	\$735.04	\$1348.96	\$1658.35
61	\$791.92	\$760.59	\$1411.41	\$1711.95
62	\$832.13	\$786.14	\$1473.86	\$1765.59
63	\$885.19	\$816.62	\$1553.12	\$1828.81
64	\$938.22	\$847.13	\$1632.37	\$1892.01

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
19	\$202.03	\$281.91	\$501.77	\$843.70
20	\$202.03	\$281.91	\$501.77	\$843.70
21	\$204.42	\$284.23	\$504.60	\$850.42
22	\$206.82	\$286.55	\$507.42	\$857.18
23	\$209.24	\$288.89	\$510.21	\$863.93
24	\$211.64	\$291.24	\$513.03	\$870.65
25	\$214.08	\$293.57	\$515.86	\$877.40
26	\$216.47	\$295.89	\$518.65	\$884.16
27	\$218.90	\$298.22	\$521.48	\$890.92
28	\$221.29	\$300.54	\$524.30	\$897.64
29	\$223.73	\$302.85	\$527.08	\$904.40
30	\$226.12	\$305.22	\$529.90	\$911.15
31	\$239.59	\$313.65	\$531.62	\$934.18
32	\$253.07	\$322.13	\$533.36	\$957.22
33	\$266.54	\$330.56	\$535.09	\$980.24
34	\$280.02	\$339.03	\$536.80	\$1003.30
35	\$286.06	\$342.32	\$542.56	\$1010.30
36	\$289.07	\$343.97	\$545.46	\$1013.80
37	\$292.10	\$345.62	\$548.31	\$1017.31
38	\$295.10	\$347.25	\$551.21	\$1020.81
39	\$304.18	\$352.18	\$559.86	\$1031.32
40	\$316.22	\$358.73	\$571.37	\$1045.36
41	\$328.31	\$365.30	\$582.91	\$1059.38
42	\$340.40	\$371.88	\$594.42	\$1073.38
43	\$351.11	\$380.57	\$608.83	\$1083.12
44	\$361.83	\$389.29	\$623.24	\$1092.79
45	\$372.56	\$397.97	\$637.67	\$1102.51
46	\$383.28	\$406.70	\$652.07	\$1112.20
47	\$394.01	\$415.38	\$666.48	\$1121.92
48	\$416.42	\$442.59	\$721.34	\$1159.18
49	\$438.80	\$469.82	\$776.21	\$1196.43
50	\$461.21	\$497.03	\$831.04	\$1233.67
51	\$483.58	\$524.26	\$885.91	\$1270.92
52	\$505.99	\$551.45	\$940.78	\$1308.15
53	\$538.27	\$580.45	\$998.33	\$1363.32
54	\$570.55	\$609.44	\$1055.92	\$1418.43
55	\$602.86	\$638.42	\$1113.46	\$1473.58
56	\$635.13	\$667.41	\$1171.05	\$1528.70
57	\$667.41	\$696.41	\$1228.59	\$1583.85
58	\$709.94	\$723.43	\$1294.65	\$1640.58
59	\$752.48	\$750.44	\$1360.70	\$1697.27
60	\$795.05	\$777.44	\$1426.75	\$1753.99
61	\$837.59	\$804.46	\$1492.80	\$1810.68
62	\$880.12	\$831.47	\$1558.86	\$1867.41
63	\$936.24	\$863.72	\$1642.69	\$1934.28
64	\$992.33	\$895.99	\$1726.50	\$2001.13

Rates Displayed are quoted rates only. Final rates are subject to change based on your medical history, Connecticare's underwriting guidelines, state regulations and effective date of coverage.

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 Hospital Deductible \$5,000 / \$10,000 - C

POS-OA-5000H-30-45-C-IND

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.

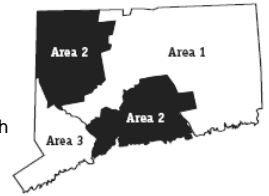
Area 2 (Litchfield, Middlesex and New Haven counties*)

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.



T1\$15 T2/3\$200 50% \$100 Coins Script Max

NO RX

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
19	\$178.50	\$249.09	\$443.35	\$745.47
20	\$178.50	\$249.09	\$443.35	\$745.47
21	\$180.62	\$251.14	\$445.84	\$751.40
22	\$182.74	\$253.19	\$448.34	\$757.36
23	\$184.89	\$255.25	\$450.80	\$763.34
24	\$186.99	\$257.33	\$453.29	\$769.27
25	\$189.14	\$259.38	\$455.80	\$775.25
26	\$191.26	\$261.44	\$458.26	\$781.21
27	\$193.40	\$263.49	\$460.75	\$787.19
28	\$195.52	\$265.54	\$463.25	\$793.12
29	\$197.67	\$267.59	\$465.71	\$799.08
30	\$199.79	\$269.68	\$468.20	\$805.06
31	\$211.69	\$277.13	\$469.72	\$825.39
32	\$223.60	\$284.62	\$471.27	\$845.77
33	\$235.51	\$292.07	\$472.78	\$866.11
34	\$247.41	\$299.55	\$474.30	\$886.47
35	\$252.75	\$302.46	\$479.38	\$892.66
36	\$255.40	\$303.92	\$481.94	\$895.76
37	\$258.09	\$305.36	\$484.47	\$898.86
38	\$260.74	\$306.82	\$487.02	\$901.95
39	\$268.76	\$311.18	\$494.67	\$911.24
40	\$279.41	\$316.96	\$504.83	\$923.64
41	\$290.08	\$322.77	\$515.04	\$936.03
42	\$300.75	\$328.58	\$525.21	\$948.41
43	\$310.23	\$336.25	\$537.93	\$957.00
44	\$319.70	\$343.96	\$550.67	\$965.56
45	\$329.18	\$351.63	\$563.42	\$974.15
46	\$338.66	\$359.34	\$576.15	\$982.71
47	\$348.13	\$367.01	\$588.88	\$991.30
48	\$367.93	\$391.04	\$637.35	\$1024.20
49	\$387.70	\$415.11	\$685.83	\$1057.11
50	\$407.50	\$439.15	\$734.28	\$1090.03
51	\$427.28	\$463.22	\$782.76	\$1122.93
52	\$447.07	\$487.25	\$831.24	\$1155.84
53	\$475.59	\$512.87	\$882.09	\$1204.57
54	\$504.11	\$538.47	\$932.97	\$1253.27
55	\$532.66	\$564.08	\$983.81	\$1301.99
56	\$561.18	\$589.70	\$1034.69	\$1350.70
57	\$589.70	\$615.31	\$1085.54	\$1399.43
58	\$627.28	\$639.19	\$1143.90	\$1449.55
59	\$664.87	\$663.06	\$1202.26	\$1499.64
60	\$702.48	\$686.91	\$1260.63	\$1549.76
61	\$740.06	\$710.79	\$1318.99	\$1599.85
62	\$777.64	\$734.66	\$1377.35	\$1649.97
63	\$827.23	\$763.15	\$1451.41	\$1709.06
64	\$876.78	\$791.66	\$1525.48	\$1768.12

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
19	\$189.52	\$264.46	\$470.71	\$791.47
20	\$189.52	\$264.46	\$470.71	\$791.47
21	\$191.77	\$266.65	\$473.35	\$797.77
22	\$194.02	\$268.81	\$476.00	\$804.10
23	\$196.30	\$271.00	\$478.62	\$810.44
24	\$198.53	\$273.21	\$481.26	\$816.74
25	\$200.81	\$275.39	\$483.93	\$823.08
26	\$203.06	\$277.57	\$486.54	\$829.42
27	\$205.34	\$279.76	\$489.19	\$835.77
28	\$207.59	\$281.92	\$491.84	\$842.07
29	\$209.87	\$284.10	\$494.45	\$848.40
30	\$212.11	\$286.32	\$497.10	\$854.74
31	\$224.76	\$294.23	\$498.71	\$876.34
32	\$237.40	\$302.19	\$500.35	\$897.96
33	\$250.05	\$310.10	\$501.96	\$919.55
34	\$262.68	\$318.04	\$503.57	\$941.18
35	\$268.35	\$321.13	\$508.97	\$947.75
36	\$271.17	\$322.68	\$511.68	\$951.03
37	\$274.02	\$324.21	\$514.36	\$954.33
38	\$276.83	\$325.75	\$517.08	\$957.62
39	\$285.35	\$330.38	\$525.19	\$967.47
40	\$296.65	\$336.52	\$535.99	\$980.64
41	\$307.98	\$342.69	\$546.83	\$993.79
42	\$319.32	\$348.85	\$557.62	\$1006.93
43	\$329.37	\$357.01	\$571.13	\$1016.06
44	\$339.43	\$365.19	\$584.65	\$1025.14
45	\$349.50	\$373.33	\$598.19	\$1034.26
46	\$359.55	\$381.52	\$611.70	\$1043.35
47	\$369.62	\$389.66	\$625.22	\$1052.47
48	\$390.64	\$415.18	\$676.68	\$1087.41
49	\$411.63	\$440.73	\$728.15	\$1122.35
50	\$432.65	\$466.25	\$779.59	\$1157.29
51	\$453.65	\$491.81	\$831.06	\$1192.23
52	\$474.67	\$517.31	\$882.53	\$1227.17
53	\$504.95	\$544.52	\$936.52	\$1278.91
54	\$535.23	\$571.70	\$990.54	\$1330.62
55	\$565.54	\$598.89	\$1044.52	\$1382.34
56	\$595.82	\$626.09	\$1098.54	\$1434.06
57	\$626.09	\$653.28	\$1152.53	\$1485.79
58	\$665.98	\$678.64	\$1214.49	\$1539.00
59	\$705.89	\$703.98	\$1276.46	\$1592.19
60	\$745.83	\$729.30	\$1338.42	\$1645.40
61	\$785.73	\$754.66	\$1400.39	\$1698.58
62	\$825.63	\$779.99	\$1462.35	\$1751.80
63	\$878.28	\$810.24	\$1540.98	\$1814.52
64	\$930.89	\$840.52	\$1619.61	\$1877.24

Rates Displayed are quoted rates only. Final rates are subject to change based on your medical history, Connecticare's underwriting guidelines, state regulations and effective date of coverage.

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.