

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.

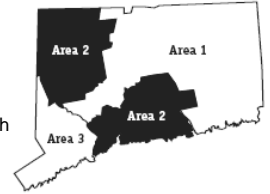
Area 2 (Litchfield, Middlesex and New Haven counties*)

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

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After deductible, Unlimited RX

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$122.29	\$122.29	\$297.48	\$544.93
15-20	\$122.29	\$205.01	\$297.48	\$544.93
21	\$123.74	\$206.60	\$299.13	\$549.21
22	\$125.21	\$208.19	\$300.79	\$553.47
23	\$126.65	\$209.78	\$302.45	\$557.74
24	\$128.12	\$211.38	\$304.10	\$561.99
25	\$129.57	\$212.97	\$305.76	\$566.26
26	\$131.02	\$214.56	\$307.42	\$570.51
27	\$132.48	\$216.15	\$309.09	\$574.79
28	\$133.93	\$217.75	\$310.75	\$579.04
29	\$135.39	\$219.32	\$312.41	\$583.32
30	\$136.85	\$220.91	\$314.05	\$587.57
31	\$144.99	\$226.04	\$314.98	\$601.53
32	\$153.12	\$231.16	\$315.90	\$615.47
33	\$161.23	\$236.28	\$316.82	\$629.44
34	\$169.36	\$241.40	\$317.74	\$643.38
35	\$173.03	\$243.39	\$320.82	\$647.61
36	\$174.88	\$244.37	\$322.35	\$649.75
37	\$176.70	\$245.35	\$323.88	\$651.87
38	\$178.54	\$246.36	\$325.44	\$653.98
39	\$184.03	\$249.31	\$330.03	\$660.36
40	\$191.37	\$253.30	\$336.18	\$668.81
41	\$198.70	\$257.26	\$342.31	\$677.30
42	\$206.04	\$261.21	\$348.46	\$685.79
43	\$212.51	\$266.49	\$356.14	\$691.65
44	\$218.98	\$271.76	\$363.84	\$697.54
45	\$225.46	\$277.04	\$371.51	\$703.41
46	\$231.93	\$282.29	\$379.19	\$709.29
47	\$238.40	\$287.57	\$386.88	\$715.17
48	\$251.96	\$296.81	\$409.72	\$730.46
49	\$265.50	\$306.04	\$432.55	\$745.78
50	\$279.04	\$315.27	\$455.37	\$761.07
51	\$292.58	\$324.49	\$478.21	\$776.39
52	\$306.14	\$333.72	\$501.04	\$791.67
53	\$325.71	\$351.29	\$531.69	\$825.05
54	\$345.27	\$368.87	\$562.35	\$858.43
55	\$364.87	\$386.42	\$593.00	\$891.82
56	\$384.44	\$404.00	\$623.65	\$925.20
57	\$404.00	\$421.55	\$654.30	\$958.57
58	\$429.75	\$437.88	\$689.51	\$992.90
59	\$455.49	\$454.20	\$724.70	\$1027.23
60	\$481.23	\$470.50	\$759.90	\$1061.54
61	\$506.97	\$486.82	\$795.09	\$1095.89
62	\$532.72	\$503.13	\$830.29	\$1130.20
63	\$566.67	\$522.63	\$874.95	\$1170.68
64	\$600.62	\$542.09	\$919.62	\$1211.16

For help or questions call 1-866-508-0618

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

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

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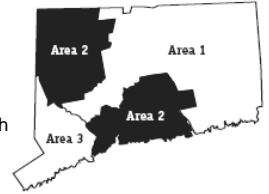
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20% after Deductible, Unlimited max

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$172.55	\$172.55	\$366.34	\$720.68
15-20	\$172.55	\$240.84	\$366.34	\$720.68
21	\$174.62	\$242.82	\$368.39	\$726.44
22	\$176.68	\$244.79	\$370.45	\$732.20
23	\$178.75	\$246.80	\$372.52	\$737.95
24	\$180.78	\$248.78	\$374.59	\$743.74
25	\$182.85	\$250.78	\$376.62	\$749.49
26	\$184.92	\$252.76	\$378.69	\$755.25
27	\$186.98	\$254.74	\$380.75	\$761.00
28	\$189.02	\$256.74	\$382.82	\$766.79
29	\$191.08	\$258.72	\$384.85	\$772.54
30	\$193.15	\$260.73	\$386.92	\$778.29
31	\$204.66	\$267.94	\$388.22	\$797.97
32	\$216.17	\$275.17	\$389.52	\$817.67
33	\$227.67	\$282.36	\$390.81	\$837.34
34	\$239.19	\$289.59	\$392.11	\$857.03
35	\$244.35	\$292.40	\$396.46	\$863.01
36	\$246.92	\$293.81	\$398.61	\$866.00
37	\$249.52	\$295.20	\$400.78	\$869.02
38	\$252.09	\$296.61	\$402.94	\$872.00
39	\$259.82	\$300.80	\$409.47	\$881.00
40	\$270.15	\$306.44	\$418.11	\$892.95
41	\$280.45	\$312.05	\$426.79	\$904.93
42	\$290.77	\$317.66	\$435.46	\$916.91
43	\$299.92	\$325.09	\$446.33	\$925.20
44	\$309.10	\$332.53	\$457.18	\$933.50
45	\$318.25	\$339.94	\$468.05	\$941.78
46	\$327.43	\$347.37	\$478.90	\$950.08
47	\$336.57	\$354.81	\$489.76	\$958.37
48	\$355.69	\$378.06	\$533.56	\$990.19
49	\$374.82	\$401.32	\$577.32	\$1022.00
50	\$393.97	\$424.54	\$621.11	\$1053.80
51	\$413.09	\$447.81	\$664.88	\$1085.62
52	\$432.22	\$471.05	\$708.68	\$1117.43
53	\$459.81	\$495.82	\$752.05	\$1164.53
54	\$487.37	\$520.57	\$795.41	\$1211.63
55	\$514.96	\$545.36	\$838.80	\$1258.77
56	\$542.52	\$570.13	\$882.15	\$1305.86
57	\$570.13	\$594.88	\$925.53	\$1352.97
58	\$606.45	\$617.96	\$975.28	\$1401.39
59	\$642.81	\$641.04	\$1025.04	\$1449.84
60	\$679.14	\$664.12	\$1074.76	\$1498.27
61	\$715.49	\$687.20	\$1124.52	\$1546.73
62	\$751.82	\$710.27	\$1174.27	\$1595.16
63	\$799.76	\$737.84	\$1237.39	\$1652.26
64	\$847.67	\$765.36	\$1300.52	\$1709.36

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

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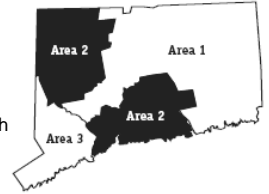
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20% after Deductible, Unlimited max

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$166.50	\$166.50	\$353.51	\$695.43
15-20	\$166.50	\$232.41	\$353.51	\$695.43
21	\$168.50	\$234.31	\$355.48	\$700.99
22	\$170.49	\$236.21	\$357.47	\$706.54
23	\$172.48	\$238.16	\$359.46	\$712.10
24	\$174.45	\$240.06	\$361.46	\$717.68
25	\$176.45	\$241.99	\$363.42	\$723.23
26	\$178.44	\$243.91	\$365.41	\$728.78
27	\$180.43	\$245.81	\$367.41	\$734.33
28	\$182.40	\$247.75	\$369.40	\$739.92
29	\$184.40	\$249.65	\$371.37	\$745.48
30	\$186.38	\$251.59	\$373.36	\$751.02
31	\$197.49	\$258.54	\$374.62	\$770.02
32	\$208.59	\$265.53	\$375.87	\$789.02
33	\$219.69	\$272.47	\$377.12	\$808.01
34	\$230.80	\$279.44	\$378.37	\$826.99
35	\$235.79	\$282.16	\$382.56	\$832.77
36	\$238.27	\$283.52	\$384.63	\$835.65
37	\$240.77	\$284.85	\$386.75	\$838.56
38	\$243.26	\$286.22	\$388.82	\$841.45
39	\$250.71	\$290.27	\$395.12	\$850.13
40	\$260.68	\$295.70	\$403.46	\$861.66
41	\$270.63	\$301.12	\$411.84	\$873.21
42	\$280.58	\$306.53	\$420.20	\$884.78
43	\$289.41	\$313.70	\$430.69	\$892.78
44	\$298.27	\$320.88	\$441.16	\$900.78
45	\$307.10	\$328.03	\$451.64	\$908.78
46	\$315.96	\$335.20	\$462.12	\$916.78
47	\$324.77	\$342.38	\$472.60	\$924.79
48	\$343.24	\$364.81	\$514.86	\$955.49
49	\$361.68	\$387.26	\$557.09	\$986.19
50	\$380.17	\$409.67	\$599.35	\$1016.88
51	\$398.62	\$432.11	\$641.58	\$1047.58
52	\$417.08	\$454.55	\$683.85	\$1078.28
53	\$443.69	\$478.44	\$725.70	\$1123.73
54	\$470.30	\$502.33	\$767.54	\$1169.18
55	\$496.92	\$526.26	\$809.40	\$1214.66
56	\$523.52	\$550.15	\$851.24	\$1260.11
57	\$550.15	\$574.04	\$893.10	\$1305.56
58	\$585.20	\$596.31	\$941.11	\$1352.30
59	\$620.29	\$618.58	\$989.12	\$1399.04
60	\$655.35	\$640.84	\$1037.11	\$1445.78
61	\$690.42	\$663.11	\$1085.12	\$1492.54
62	\$725.48	\$685.38	\$1133.13	\$1539.27
63	\$771.74	\$711.99	\$1194.05	\$1594.37
64	\$817.97	\$738.54	\$1254.95	\$1649.48

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

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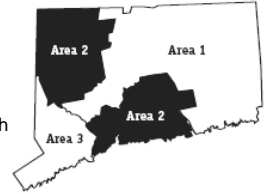
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Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$153.52	\$153.52	\$325.93	\$641.17
15-20	\$153.52	\$214.27	\$325.93	\$641.17
21	\$155.35	\$216.02	\$327.74	\$646.29
22	\$157.19	\$217.78	\$329.58	\$651.42
23	\$159.03	\$219.57	\$331.42	\$656.53
24	\$160.83	\$221.32	\$333.25	\$661.68
25	\$162.68	\$223.11	\$335.07	\$666.80
26	\$164.51	\$224.88	\$336.91	\$671.92
27	\$166.35	\$226.63	\$338.74	\$677.04
28	\$168.17	\$228.42	\$340.58	\$682.18
29	\$170.00	\$230.18	\$342.39	\$687.31
30	\$171.84	\$231.97	\$344.23	\$692.42
31	\$182.09	\$238.37	\$345.38	\$709.93
32	\$192.32	\$244.80	\$346.54	\$727.44
33	\$202.55	\$251.21	\$347.69	\$744.96
34	\$212.79	\$257.64	\$348.84	\$762.47
35	\$217.39	\$260.13	\$352.70	\$767.80
36	\$219.67	\$261.39	\$354.63	\$770.45
37	\$221.98	\$262.63	\$356.56	\$773.13
38	\$224.27	\$263.89	\$358.48	\$775.78
39	\$231.15	\$267.62	\$364.29	\$783.79
40	\$240.34	\$272.63	\$371.98	\$794.42
41	\$249.50	\$277.62	\$379.70	\$805.09
42	\$258.70	\$282.61	\$387.42	\$815.74
43	\$266.83	\$289.22	\$397.08	\$823.11
44	\$274.99	\$295.84	\$406.74	\$830.49
45	\$283.13	\$302.43	\$416.41	\$837.87
46	\$291.30	\$309.05	\$426.07	\$845.25
47	\$299.44	\$315.66	\$435.74	\$852.63
48	\$316.45	\$336.35	\$474.70	\$880.94
49	\$333.47	\$357.05	\$513.62	\$909.23
50	\$350.50	\$377.71	\$552.59	\$937.54
51	\$367.52	\$398.39	\$591.52	\$965.84
52	\$384.53	\$419.08	\$630.48	\$994.15
53	\$409.08	\$441.11	\$669.09	\$1036.04
54	\$433.60	\$463.13	\$707.65	\$1077.95
55	\$458.15	\$485.19	\$746.25	\$1119.88
56	\$482.68	\$507.22	\$784.81	\$1161.78
57	\$507.22	\$529.25	\$823.41	\$1203.68
58	\$539.54	\$549.78	\$867.67	\$1246.77
59	\$571.89	\$570.31	\$911.94	\$1289.88
60	\$604.20	\$590.84	\$956.18	\$1332.97
61	\$636.55	\$611.38	\$1000.45	\$1376.08
62	\$668.88	\$631.91	\$1044.71	\$1419.16
63	\$711.51	\$656.43	\$1100.88	\$1469.96
64	\$754.15	\$680.93	\$1157.03	\$1520.77

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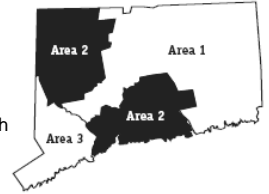
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22	\$143.64	\$199.02	\$301.18	\$595.29
23	\$145.32	\$200.65	\$302.87	\$599.97
24	\$146.98	\$202.27	\$304.55	\$604.67
25	\$148.66	\$203.89	\$306.20	\$609.35
26	\$150.34	\$205.50	\$307.88	\$614.03
27	\$152.01	\$207.10	\$309.56	\$618.71
28	\$153.67	\$208.74	\$311.24	\$623.41
29	\$155.36	\$210.34	\$312.90	\$628.09
30	\$157.04	\$211.98	\$314.58	\$632.76
31	\$166.39	\$217.83	\$315.63	\$648.77
32	\$175.75	\$223.71	\$316.68	\$664.77
33	\$185.11	\$229.56	\$317.74	\$680.78
34	\$194.46	\$235.44	\$318.80	\$696.77
35	\$198.66	\$237.73	\$322.32	\$701.66
36	\$200.74	\$238.88	\$324.07	\$704.08
37	\$202.86	\$240.00	\$325.85	\$706.52
38	\$204.95	\$241.15	\$327.59	\$708.95
39	\$211.24	\$244.56	\$332.90	\$716.26
40	\$219.63	\$249.15	\$339.93	\$725.97
41	\$228.01	\$253.70	\$346.99	\$735.72
42	\$236.41	\$258.26	\$354.05	\$745.47
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45	\$258.75	\$276.38	\$380.53	\$765.68
46	\$266.20	\$282.42	\$389.35	\$772.43
47	\$273.64	\$288.47	\$398.19	\$779.18
48	\$289.18	\$307.38	\$433.79	\$805.04
49	\$304.74	\$326.28	\$469.37	\$830.90
50	\$320.31	\$345.17	\$504.98	\$856.76
51	\$335.85	\$364.07	\$540.56	\$882.64
52	\$351.40	\$382.97	\$576.17	\$908.50
53	\$373.83	\$403.10	\$611.44	\$946.78
54	\$396.24	\$423.24	\$646.69	\$985.08
55	\$418.68	\$443.39	\$681.95	\$1023.39
56	\$441.09	\$463.52	\$717.20	\$1061.69
57	\$463.52	\$483.65	\$752.47	\$1099.98
58	\$493.06	\$502.41	\$792.92	\$1139.35
59	\$522.62	\$521.18	\$833.37	\$1178.76
60	\$552.15	\$539.94	\$873.80	\$1218.13
61	\$581.71	\$558.70	\$914.25	\$1257.53
62	\$611.25	\$577.47	\$954.71	\$1296.90
63	\$650.21	\$599.87	\$1006.03	\$1343.32
64	\$689.17	\$622.26	\$1057.34	\$1389.75

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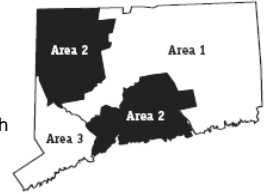
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20% after Deductible, Unlimited max

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$135.41	\$135.41	\$287.50	\$565.59
15-20	\$135.41	\$189.01	\$287.50	\$565.59
21	\$137.04	\$190.56	\$289.11	\$570.11
22	\$138.66	\$192.11	\$290.73	\$574.63
23	\$140.27	\$193.68	\$292.35	\$579.13
24	\$141.88	\$195.25	\$293.97	\$583.68
25	\$143.50	\$196.81	\$295.56	\$588.19
26	\$145.13	\$198.36	\$297.18	\$592.70
27	\$146.74	\$199.91	\$298.81	\$597.23
28	\$148.34	\$201.50	\$300.43	\$601.76
29	\$149.96	\$203.04	\$302.04	\$606.29
30	\$151.58	\$204.62	\$303.65	\$610.80
31	\$160.62	\$210.27	\$304.67	\$626.25
32	\$169.64	\$215.95	\$305.69	\$641.69
33	\$178.68	\$221.59	\$306.71	\$657.14
34	\$187.71	\$227.27	\$307.73	\$672.58
35	\$191.76	\$229.48	\$311.12	\$677.29
36	\$193.78	\$230.59	\$312.82	\$679.63
37	\$195.82	\$231.66	\$314.54	\$681.99
38	\$197.83	\$232.78	\$316.22	\$684.34
39	\$203.91	\$236.06	\$321.34	\$691.40
40	\$212.00	\$240.50	\$328.13	\$700.77
41	\$220.09	\$244.90	\$334.94	\$710.18
42	\$228.19	\$249.29	\$341.75	\$719.58
43	\$235.38	\$255.12	\$350.27	\$726.10
44	\$242.58	\$260.97	\$358.79	\$732.60
45	\$249.76	\$266.78	\$367.32	\$739.10
46	\$256.96	\$272.61	\$375.84	\$745.61
47	\$264.14	\$278.45	\$384.37	\$752.12
48	\$279.15	\$296.70	\$418.73	\$777.09
49	\$294.16	\$314.95	\$453.08	\$802.05
50	\$309.18	\$333.18	\$487.45	\$827.01
51	\$324.19	\$351.43	\$521.79	\$851.99
52	\$339.21	\$369.68	\$556.17	\$876.96
53	\$360.85	\$389.11	\$590.21	\$913.91
54	\$382.49	\$408.54	\$624.23	\$950.88
55	\$404.14	\$427.99	\$658.28	\$987.86
56	\$425.78	\$447.43	\$692.30	\$1024.82
57	\$447.43	\$466.86	\$726.34	\$1061.79
58	\$475.94	\$484.98	\$765.38	\$1099.80
59	\$504.47	\$503.08	\$804.44	\$1137.83
60	\$532.98	\$521.19	\$843.46	\$1175.84
61	\$561.52	\$539.31	\$882.51	\$1213.86
62	\$590.03	\$557.41	\$921.57	\$1251.87
63	\$627.63	\$579.04	\$971.10	\$1296.68
64	\$665.24	\$600.65	\$1020.64	\$1341.50

For help or questions call 1-866-508-0618

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.

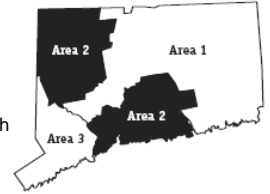
Area 2 (Litchfield, Middlesex and New Haven counties*)

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.



After deductible, Unlimited RX

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$113.90	\$113.90	\$241.82	\$475.72
15-20	\$113.90	\$158.98	\$241.82	\$475.72
21	\$115.26	\$160.28	\$243.17	\$479.51
22	\$116.63	\$161.59	\$244.53	\$483.32
23	\$117.99	\$162.91	\$245.90	\$487.11
24	\$119.33	\$164.21	\$247.26	\$490.94
25	\$120.70	\$165.54	\$248.61	\$494.74
26	\$122.06	\$166.85	\$249.96	\$498.53
27	\$123.42	\$168.15	\$251.33	\$502.33
28	\$124.77	\$169.48	\$252.70	\$506.15
29	\$126.13	\$170.78	\$254.04	\$509.95
30	\$127.50	\$172.10	\$255.41	\$513.75
31	\$135.09	\$176.87	\$256.25	\$526.74
32	\$142.70	\$181.64	\$257.12	\$539.74
33	\$150.29	\$186.38	\$257.96	\$552.72
34	\$157.88	\$191.16	\$258.83	\$565.72
35	\$161.29	\$193.01	\$261.70	\$569.67
36	\$162.99	\$193.94	\$263.11	\$571.64
37	\$164.70	\$194.86	\$264.55	\$573.63
38	\$166.40	\$195.79	\$265.98	\$575.59
39	\$171.50	\$198.56	\$270.29	\$581.54
40	\$178.32	\$202.28	\$276.00	\$589.42
41	\$185.11	\$205.98	\$281.72	\$597.33
42	\$191.94	\$209.68	\$287.44	\$605.24
43	\$197.97	\$214.59	\$294.62	\$610.72
44	\$204.04	\$219.49	\$301.78	\$616.19
45	\$210.08	\$224.39	\$308.96	\$621.67
46	\$216.13	\$229.29	\$316.12	\$627.14
47	\$222.17	\$234.21	\$323.29	\$632.61
48	\$234.79	\$249.56	\$352.19	\$653.61
49	\$247.42	\$264.91	\$381.08	\$674.62
50	\$260.05	\$280.23	\$409.99	\$695.61
51	\$272.68	\$295.59	\$438.89	\$716.61
52	\$285.30	\$310.93	\$467.80	\$737.61
53	\$303.51	\$327.29	\$496.44	\$768.70
54	\$321.71	\$343.63	\$525.05	\$799.79
55	\$339.92	\$359.99	\$553.68	\$830.89
56	\$358.13	\$376.34	\$582.30	\$861.99
57	\$376.34	\$392.67	\$610.93	\$893.08
58	\$400.32	\$407.91	\$643.78	\$925.05
59	\$424.32	\$423.15	\$676.62	\$957.04
60	\$448.30	\$438.38	\$709.45	\$989.00
61	\$472.30	\$453.61	\$742.29	\$1020.99
62	\$496.27	\$468.84	\$775.12	\$1052.95
63	\$527.91	\$487.04	\$816.79	\$1090.65
64	\$559.54	\$505.21	\$858.46	\$1128.35

For help or questions call 1-866-508-0618

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

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

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

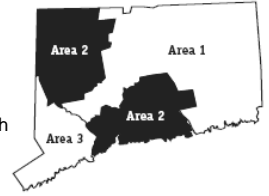
Area 2 (Litchfield, Middlesex and New Haven counties*)

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.



After deductible, Unlimited RX

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$109.49	\$109.49	\$232.46	\$457.28
15-20	\$109.49	\$152.81	\$232.46	\$457.28
21	\$110.79	\$154.07	\$233.74	\$460.93
22	\$112.10	\$155.33	\$235.05	\$464.58
23	\$113.42	\$156.59	\$236.37	\$468.23
24	\$114.71	\$157.85	\$237.67	\$471.91
25	\$116.02	\$159.12	\$238.97	\$475.56
26	\$117.32	\$160.39	\$240.27	\$479.22
27	\$118.64	\$161.64	\$241.59	\$482.87
28	\$119.94	\$162.91	\$242.90	\$486.53
29	\$121.24	\$164.16	\$244.19	\$490.19
30	\$122.55	\$165.44	\$245.51	\$493.83
31	\$129.86	\$170.01	\$246.32	\$506.32
32	\$137.16	\$174.60	\$247.16	\$518.82
33	\$144.47	\$179.16	\$247.97	\$531.31
34	\$151.77	\$183.75	\$248.80	\$543.80
35	\$155.04	\$185.53	\$251.55	\$547.59
36	\$156.67	\$186.43	\$252.92	\$549.49
37	\$158.32	\$187.31	\$254.30	\$551.40
38	\$159.95	\$188.20	\$255.67	\$553.29
39	\$164.85	\$190.86	\$259.82	\$558.99
40	\$171.41	\$194.44	\$265.30	\$566.58
41	\$177.94	\$197.99	\$270.80	\$574.18
42	\$184.50	\$201.56	\$276.31	\$581.78
43	\$190.30	\$206.27	\$283.20	\$587.04
44	\$196.13	\$210.99	\$290.09	\$592.31
45	\$201.93	\$215.68	\$296.99	\$597.58
46	\$207.76	\$220.41	\$303.87	\$602.84
47	\$213.56	\$225.13	\$310.76	\$608.09
48	\$225.69	\$239.89	\$338.54	\$628.27
49	\$237.83	\$254.65	\$366.31	\$648.47
50	\$249.97	\$269.37	\$394.11	\$668.65
51	\$262.12	\$284.13	\$421.87	\$688.83
52	\$274.25	\$298.88	\$449.66	\$709.02
53	\$291.76	\$314.60	\$477.19	\$738.91
54	\$309.24	\$330.31	\$504.69	\$768.79
55	\$326.75	\$346.04	\$532.21	\$798.69
56	\$344.24	\$361.75	\$559.73	\$828.59
57	\$361.75	\$377.46	\$587.25	\$858.47
58	\$384.80	\$392.10	\$618.82	\$889.20
59	\$407.87	\$406.74	\$650.40	\$919.95
60	\$430.92	\$421.39	\$681.94	\$950.67
61	\$453.98	\$436.03	\$713.52	\$981.41
62	\$477.04	\$450.68	\$745.08	\$1012.14
63	\$507.45	\$468.16	\$785.14	\$1048.38
64	\$537.85	\$485.63	\$825.19	\$1084.61

For help or questions call 1-866-508-0618