

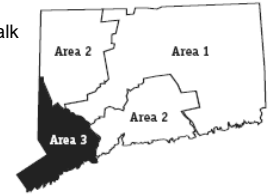
**HMO HDHP \$5,000/\$10,000 Deductible - A**

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 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



**After deductible, Unlimited RX**

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$133.00	\$133.00	\$323.52	\$592.64
15-20	\$133.00	\$222.95	\$323.52	\$592.64
21	\$134.57	\$224.68	\$325.32	\$597.28
22	\$136.16	\$226.41	\$327.11	\$601.90
23	\$137.73	\$228.15	\$328.93	\$606.56
24	\$139.33	\$229.87	\$330.73	\$611.19
25	\$140.91	\$231.61	\$332.52	\$615.83
26	\$142.49	\$233.34	\$334.33	\$620.46
27	\$144.07	\$235.07	\$336.14	\$625.11
28	\$145.67	\$236.80	\$337.95	\$629.73
29	\$147.24	\$238.51	\$339.75	\$634.38
30	\$148.83	\$240.24	\$341.55	\$639.00
31	\$157.67	\$245.82	\$342.55	\$654.18
32	\$166.51	\$251.39	\$343.55	\$669.35
33	\$175.36	\$256.97	\$344.55	\$684.53
34	\$184.19	\$262.53	\$345.56	\$699.70
35	\$188.18	\$264.69	\$348.91	\$704.31
36	\$190.19	\$265.76	\$350.56	\$706.63
37	\$192.17	\$266.83	\$352.23	\$708.94
38	\$194.17	\$267.93	\$353.92	\$711.24
39	\$200.15	\$271.14	\$358.91	\$718.16
40	\$208.12	\$275.47	\$365.61	\$727.37
41	\$216.10	\$279.78	\$372.28	\$736.59
42	\$224.07	\$284.08	\$378.95	\$745.82
43	\$231.10	\$289.83	\$387.33	\$752.19
44	\$238.15	\$295.54	\$395.68	\$758.61
45	\$245.19	\$301.28	\$404.02	\$764.99
46	\$252.22	\$307.00	\$412.39	\$771.39
47	\$259.28	\$312.74	\$420.74	\$777.77
48	\$274.02	\$322.80	\$445.58	\$794.39
49	\$288.73	\$332.82	\$470.42	\$811.05
50	\$303.48	\$342.87	\$495.24	\$827.68
51	\$318.20	\$352.90	\$520.07	\$844.35
52	\$332.94	\$362.94	\$544.91	\$860.98
53	\$354.21	\$382.04	\$578.24	\$897.27
54	\$375.49	\$401.15	\$611.57	\$933.57
55	\$396.80	\$420.24	\$644.92	\$969.89
56	\$418.09	\$439.36	\$678.24	\$1006.18
57	\$439.36	\$458.46	\$711.57	\$1042.48
58	\$467.37	\$476.20	\$749.85	\$1079.81
59	\$495.37	\$493.95	\$788.13	\$1117.15
60	\$523.35	\$511.68	\$826.41	\$1154.47
61	\$551.35	\$529.43	\$864.69	\$1191.82
62	\$579.36	\$547.19	\$902.97	\$1229.13
63	\$616.26	\$568.38	\$951.55	\$1273.16
64	\$653.20	\$589.54	\$1000.12	\$1317.18

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

All policyholders may be subject to a rate increase at their renewal date.  
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**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



**20% after Deductible, Unlimited max**

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$187.65	\$187.65	\$398.40	\$783.75
15-20	\$187.65	\$261.90	\$398.40	\$783.75
21	\$189.89	\$264.06	\$400.62	\$790.00
22	\$192.14	\$266.21	\$402.87	\$796.26
23	\$194.38	\$268.40	\$405.11	\$802.51
24	\$196.60	\$270.54	\$407.36	\$808.80
25	\$198.85	\$272.73	\$409.57	\$815.07
26	\$201.10	\$274.87	\$411.83	\$821.32
27	\$203.34	\$277.03	\$414.07	\$827.57
28	\$205.56	\$279.21	\$416.32	\$833.87
29	\$207.80	\$281.36	\$418.52	\$840.13
30	\$210.05	\$283.54	\$420.77	\$846.38
31	\$222.56	\$291.37	\$422.19	\$867.80
32	\$235.08	\$299.24	\$423.59	\$889.20
33	\$247.60	\$307.07	\$425.01	\$910.61
34	\$260.11	\$314.93	\$426.42	\$932.02
35	\$265.73	\$317.98	\$431.13	\$938.52
36	\$268.52	\$319.52	\$433.48	\$941.77
37	\$271.35	\$321.03	\$435.86	\$945.04
38	\$274.14	\$322.56	\$438.20	\$948.28
39	\$282.54	\$327.12	\$445.29	\$958.08
40	\$293.78	\$333.26	\$454.70	\$971.07
41	\$304.98	\$339.36	\$464.13	\$984.10
42	\$316.21	\$345.46	\$473.57	\$997.13
43	\$326.17	\$353.54	\$485.37	\$1006.15
44	\$336.14	\$361.63	\$497.19	\$1015.17
45	\$346.09	\$369.68	\$509.00	\$1024.18
46	\$356.07	\$377.76	\$520.80	\$1033.20
47	\$366.03	\$385.86	\$532.61	\$1042.22
48	\$386.82	\$411.15	\$580.24	\$1076.81
49	\$407.61	\$436.44	\$627.83	\$1111.42
50	\$428.44	\$461.69	\$675.46	\$1146.01
51	\$449.23	\$486.98	\$723.05	\$1180.60
52	\$470.03	\$512.26	\$770.68	\$1215.20
53	\$500.04	\$539.20	\$817.86	\$1266.42
54	\$530.02	\$566.12	\$865.00	\$1317.64
55	\$560.02	\$593.08	\$912.18	\$1368.90
56	\$589.99	\$620.00	\$959.33	\$1420.11
57	\$620.00	\$646.93	\$1006.49	\$1471.33
58	\$659.51	\$672.03	\$1060.61	\$1524.00
59	\$699.04	\$697.13	\$1114.72	\$1576.70
60	\$738.55	\$722.22	\$1168.79	\$1629.35
61	\$778.10	\$747.32	\$1222.90	\$1682.06
62	\$817.61	\$772.42	\$1277.02	\$1734.73
63	\$869.72	\$802.39	\$1345.66	\$1796.82
64	\$921.84	\$832.34	\$1414.31	\$1858.92

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

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

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**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



**20% after Deductible, Unlimited max**

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$181.08	\$181.08	\$384.45	\$756.30
15-20	\$181.08	\$252.73	\$384.45	\$756.30
21	\$183.24	\$254.81	\$386.59	\$762.33
22	\$185.41	\$256.89	\$388.75	\$768.38
23	\$187.57	\$258.99	\$390.92	\$774.41
24	\$189.72	\$261.07	\$393.09	\$780.48
25	\$191.88	\$263.18	\$395.23	\$786.52
26	\$194.06	\$265.25	\$397.39	\$792.56
27	\$196.21	\$267.33	\$399.56	\$798.60
28	\$198.36	\$269.44	\$401.73	\$804.66
29	\$200.52	\$271.51	\$403.87	\$810.71
30	\$202.70	\$273.62	\$406.04	\$816.74
31	\$214.77	\$281.17	\$407.40	\$837.40
32	\$226.85	\$288.75	\$408.76	\$858.06
33	\$238.93	\$296.32	\$410.12	\$878.71
34	\$251.00	\$303.90	\$411.49	\$899.37
35	\$256.43	\$306.85	\$416.04	\$905.65
36	\$259.11	\$308.33	\$418.30	\$908.78
37	\$261.85	\$309.78	\$420.59	\$911.94
38	\$264.54	\$311.27	\$422.85	\$915.06
39	\$272.65	\$315.66	\$429.70	\$924.52
40	\$283.49	\$321.59	\$438.77	\$937.06
41	\$294.29	\$327.47	\$447.88	\$949.63
42	\$305.14	\$333.35	\$456.98	\$962.21
43	\$314.74	\$341.15	\$468.38	\$970.91
44	\$324.38	\$348.97	\$479.78	\$979.61
45	\$333.96	\$356.73	\$491.18	\$988.32
46	\$343.60	\$364.54	\$502.56	\$997.02
47	\$353.20	\$372.35	\$513.95	\$1005.72
48	\$373.27	\$396.74	\$559.92	\$1039.09
49	\$393.33	\$421.15	\$605.84	\$1072.49
50	\$413.44	\$445.53	\$651.81	\$1105.87
51	\$433.50	\$469.92	\$697.73	\$1139.26
52	\$453.57	\$494.32	\$743.68	\$1172.64
53	\$482.53	\$520.32	\$789.21	\$1222.07
54	\$511.46	\$546.29	\$834.71	\$1271.49
55	\$540.41	\$572.31	\$880.23	\$1320.96
56	\$569.33	\$598.29	\$925.73	\$1370.37
57	\$598.29	\$624.27	\$971.25	\$1419.80
58	\$636.41	\$648.49	\$1023.46	\$1470.63
59	\$674.56	\$672.71	\$1075.67	\$1521.48
60	\$712.68	\$696.93	\$1127.86	\$1572.30
61	\$750.85	\$721.15	\$1180.07	\$1623.15
62	\$788.97	\$745.36	\$1232.30	\$1673.97
63	\$839.26	\$774.29	\$1298.52	\$1733.89
64	\$889.55	\$803.19	\$1364.77	\$1793.82

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

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

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**20% after Deductible, Unlimited max**

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$166.95	\$166.95	\$354.44	\$697.27
15-20	\$166.95	\$233.01	\$354.44	\$697.27
21	\$168.95	\$234.93	\$356.41	\$702.84
22	\$170.94	\$236.84	\$358.41	\$708.40
23	\$172.94	\$238.78	\$360.41	\$713.97
24	\$174.91	\$240.69	\$362.41	\$719.57
25	\$176.91	\$242.64	\$364.38	\$725.14
26	\$178.91	\$244.55	\$366.38	\$730.70
27	\$180.91	\$246.46	\$368.38	\$736.27
28	\$182.88	\$248.41	\$370.38	\$741.87
29	\$184.88	\$250.32	\$372.35	\$747.43
30	\$186.87	\$252.26	\$374.35	\$753.00
31	\$198.01	\$259.23	\$375.60	\$772.04
32	\$209.14	\$266.22	\$376.86	\$791.09
33	\$220.28	\$273.18	\$378.12	\$810.14
34	\$231.42	\$280.18	\$379.37	\$829.18
35	\$236.41	\$282.89	\$383.56	\$834.97
36	\$238.89	\$284.26	\$385.65	\$837.85
37	\$241.40	\$285.61	\$387.77	\$840.77
38	\$243.90	\$286.97	\$389.84	\$843.65
39	\$251.38	\$291.03	\$396.15	\$852.37
40	\$261.36	\$296.48	\$404.52	\$863.93
41	\$271.33	\$301.90	\$412.92	\$875.52
42	\$281.32	\$307.34	\$421.31	\$887.11
43	\$290.18	\$314.53	\$431.82	\$895.13
44	\$299.05	\$321.72	\$442.33	\$903.16
45	\$307.91	\$328.90	\$452.83	\$911.19
46	\$316.78	\$336.08	\$463.34	\$919.20
47	\$325.63	\$343.28	\$473.84	\$927.23
48	\$344.13	\$365.78	\$516.21	\$958.01
49	\$362.65	\$388.27	\$558.56	\$988.78
50	\$381.17	\$410.76	\$600.94	\$1019.56
51	\$399.66	\$433.24	\$643.28	\$1050.35
52	\$418.18	\$455.75	\$685.65	\$1081.12
53	\$444.88	\$479.69	\$727.62	\$1126.69
54	\$471.53	\$503.65	\$769.57	\$1172.25
55	\$498.23	\$527.64	\$811.53	\$1217.85
56	\$524.91	\$551.60	\$853.48	\$1263.42
57	\$551.60	\$575.55	\$895.45	\$1309.00
58	\$586.74	\$597.88	\$943.58	\$1355.86
59	\$621.92	\$620.20	\$991.73	\$1402.73
60	\$657.07	\$642.53	\$1039.84	\$1449.59
61	\$692.24	\$664.87	\$1087.97	\$1496.47
62	\$727.39	\$687.19	\$1136.11	\$1543.32
63	\$773.76	\$713.86	\$1197.18	\$1598.57
64	\$820.13	\$740.50	\$1258.26	\$1653.81

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

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

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**20% after Deductible, Unlimited max**

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$152.56	\$152.56	\$323.91	\$637.19
15-20	\$152.56	\$212.94	\$323.91	\$637.19
21	\$154.39	\$214.69	\$325.71	\$642.28
22	\$156.21	\$216.43	\$327.53	\$647.37
23	\$158.04	\$218.21	\$329.35	\$652.45
24	\$159.84	\$219.96	\$331.19	\$657.57
25	\$161.67	\$221.73	\$332.99	\$662.66
26	\$163.49	\$223.47	\$334.81	\$667.75
27	\$165.31	\$225.23	\$336.63	\$672.83
28	\$167.11	\$227.00	\$338.47	\$677.95
29	\$168.95	\$228.74	\$340.26	\$683.03
30	\$170.77	\$230.52	\$342.10	\$688.12
31	\$180.95	\$236.89	\$343.24	\$705.53
32	\$191.12	\$243.29	\$344.39	\$722.93
33	\$201.30	\$249.65	\$345.54	\$740.34
34	\$211.48	\$256.04	\$346.69	\$757.74
35	\$216.04	\$258.51	\$350.52	\$763.03
36	\$218.31	\$259.78	\$352.43	\$765.67
37	\$220.61	\$261.00	\$354.35	\$768.33
38	\$222.88	\$262.26	\$356.25	\$770.96
39	\$229.71	\$265.95	\$362.03	\$778.93
40	\$238.85	\$270.94	\$369.67	\$789.50
41	\$247.95	\$275.90	\$377.34	\$800.08
42	\$257.09	\$280.85	\$385.02	\$810.68
43	\$265.17	\$287.43	\$394.62	\$818.02
44	\$273.28	\$294.01	\$404.22	\$825.34
45	\$281.37	\$300.55	\$413.82	\$832.67
46	\$289.50	\$307.13	\$423.43	\$840.00
47	\$297.58	\$313.70	\$433.02	\$847.34
48	\$314.48	\$334.27	\$471.74	\$875.46
49	\$331.40	\$354.83	\$510.44	\$903.59
50	\$348.33	\$375.36	\$549.16	\$931.72
51	\$365.23	\$395.92	\$587.85	\$959.85
52	\$382.14	\$416.48	\$626.58	\$987.97
53	\$406.54	\$438.37	\$664.94	\$1029.62
54	\$430.90	\$460.26	\$703.26	\$1071.26
55	\$455.31	\$482.18	\$741.61	\$1112.93
56	\$479.67	\$504.07	\$779.94	\$1154.56
57	\$504.07	\$525.96	\$818.30	\$1196.21
58	\$536.19	\$546.36	\$862.28	\$1239.03
59	\$568.34	\$566.78	\$906.28	\$1281.88
60	\$600.46	\$587.18	\$950.25	\$1324.69
61	\$632.60	\$607.57	\$994.23	\$1367.53
62	\$664.72	\$627.99	\$1038.23	\$1410.35
63	\$707.09	\$652.35	\$1094.04	\$1460.83
64	\$749.47	\$676.69	\$1149.85	\$1511.32

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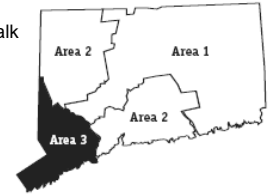
**POS HDHP \$3,000/\$6,000 Deductible - B**

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

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**20% after Deductible, Unlimited max**

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$147.26	\$147.26	\$312.66	\$615.07
15-20	\$147.26	\$205.54	\$312.66	\$615.07
21	\$149.03	\$207.23	\$314.40	\$619.98
22	\$150.79	\$208.92	\$316.16	\$624.89
23	\$152.55	\$210.63	\$317.92	\$629.80
24	\$154.29	\$212.32	\$319.68	\$634.74
25	\$156.06	\$214.04	\$321.42	\$639.64
26	\$157.81	\$215.72	\$323.19	\$644.56
27	\$159.57	\$217.40	\$324.95	\$649.47
28	\$161.31	\$219.12	\$326.72	\$654.41
29	\$163.08	\$220.80	\$328.46	\$659.32
30	\$164.84	\$222.51	\$330.21	\$664.22
31	\$174.67	\$228.66	\$331.32	\$681.03
32	\$184.49	\$234.84	\$332.43	\$697.83
33	\$194.31	\$240.98	\$333.54	\$714.63
34	\$204.13	\$247.16	\$334.66	\$731.43
35	\$208.54	\$249.54	\$338.35	\$736.54
36	\$210.73	\$250.75	\$340.19	\$739.08
37	\$212.95	\$251.94	\$342.05	\$741.65
38	\$215.14	\$253.15	\$343.89	\$744.19
39	\$221.73	\$256.72	\$349.46	\$751.88
40	\$230.55	\$261.54	\$356.83	\$762.08
41	\$239.34	\$266.32	\$364.24	\$772.31
42	\$248.16	\$271.10	\$371.64	\$782.52
43	\$255.96	\$277.45	\$380.92	\$789.61
44	\$263.80	\$283.80	\$390.19	\$796.68
45	\$271.60	\$290.12	\$399.45	\$803.77
46	\$279.44	\$296.47	\$408.72	\$810.84
47	\$287.25	\$302.81	\$417.98	\$817.91
48	\$303.56	\$322.66	\$455.36	\$845.07
49	\$319.89	\$342.50	\$492.71	\$872.22
50	\$336.23	\$362.32	\$530.10	\$899.37
51	\$352.55	\$382.17	\$567.44	\$926.52
52	\$368.87	\$402.03	\$604.81	\$953.67
53	\$392.43	\$423.15	\$641.84	\$993.87
54	\$415.94	\$444.28	\$678.84	\$1034.06
55	\$439.50	\$465.44	\$715.86	\$1074.28
56	\$463.01	\$486.57	\$752.86	\$1114.47
57	\$486.57	\$507.69	\$789.88	\$1154.68
58	\$517.58	\$527.39	\$832.35	\$1196.01
59	\$548.60	\$547.09	\$874.81	\$1237.36
60	\$579.60	\$566.79	\$917.25	\$1278.69
61	\$610.64	\$586.48	\$959.70	\$1320.05
62	\$641.64	\$606.18	\$1002.18	\$1361.38
63	\$682.54	\$629.70	\$1056.05	\$1410.12
64	\$723.44	\$653.20	\$1109.92	\$1458.84

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

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**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



**After deductible, Unlimited RX**

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$123.87	\$123.87	\$262.99	\$517.36
15-20	\$123.87	\$172.89	\$262.99	\$517.36
21	\$125.35	\$174.31	\$264.46	\$521.49
22	\$126.83	\$175.74	\$265.94	\$525.63
23	\$128.32	\$177.17	\$267.41	\$529.75
24	\$129.78	\$178.59	\$268.90	\$533.90
25	\$131.27	\$180.03	\$270.36	\$538.04
26	\$132.75	\$181.45	\$271.85	\$542.17
27	\$134.23	\$182.87	\$273.33	\$546.29
28	\$135.69	\$184.32	\$274.81	\$550.45
29	\$137.17	\$185.73	\$276.27	\$554.58
30	\$138.66	\$187.17	\$277.76	\$558.72
31	\$146.91	\$192.34	\$278.69	\$572.84
32	\$155.18	\$197.53	\$279.61	\$586.98
33	\$163.44	\$202.70	\$280.56	\$601.10
34	\$171.70	\$207.89	\$281.49	\$615.23
35	\$175.42	\$209.90	\$284.60	\$619.53
36	\$177.25	\$210.92	\$286.15	\$621.68
37	\$179.12	\$211.92	\$287.70	\$623.83
38	\$180.96	\$212.93	\$289.26	\$625.97
39	\$186.51	\$215.94	\$293.94	\$632.44
40	\$193.93	\$219.99	\$300.15	\$641.01
41	\$201.32	\$224.01	\$306.37	\$649.61
42	\$208.73	\$228.03	\$312.61	\$658.22
43	\$215.31	\$233.37	\$320.41	\$664.17
44	\$221.89	\$238.71	\$328.20	\$670.13
45	\$228.46	\$244.03	\$336.00	\$676.07
46	\$235.04	\$249.37	\$343.80	\$682.04
47	\$241.62	\$254.71	\$351.59	\$687.98
48	\$255.35	\$271.40	\$383.02	\$710.82
49	\$269.07	\$288.09	\$414.44	\$733.66
50	\$282.83	\$304.76	\$445.87	\$756.50
51	\$296.55	\$321.46	\$477.30	\$779.34
52	\$310.27	\$338.15	\$508.74	\$802.17
53	\$330.09	\$355.93	\$539.88	\$835.99
54	\$349.87	\$373.70	\$571.00	\$869.79
55	\$369.68	\$391.50	\$602.14	\$903.63
56	\$389.47	\$409.27	\$633.26	\$937.44
57	\$409.27	\$427.04	\$664.40	\$971.25
58	\$435.35	\$443.61	\$700.12	\$1006.01
59	\$461.45	\$460.18	\$735.84	\$1040.80
60	\$487.53	\$476.74	\$771.54	\$1075.56
61	\$513.64	\$493.31	\$807.26	\$1110.35
62	\$539.71	\$509.88	\$842.97	\$1145.12
63	\$574.12	\$529.67	\$888.29	\$1186.11
64	\$608.52	\$549.44	\$933.61	\$1227.09

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

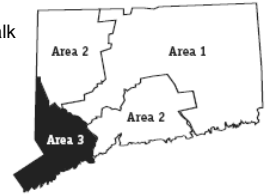
**POS HDHP \$5,000/\$10,000 Deductible - B**

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

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**After deductible, Unlimited RX**

Age	Individual Male	Individual Female	Individual +1 Dep.	Family
0-14	\$119.07	\$119.07	\$252.79	\$497.31
15-20	\$119.07	\$166.19	\$252.79	\$497.31
21	\$120.50	\$167.56	\$254.21	\$501.28
22	\$121.91	\$168.93	\$255.63	\$505.25
23	\$123.34	\$170.30	\$257.05	\$509.22
24	\$124.75	\$171.66	\$258.47	\$513.21
25	\$126.18	\$173.06	\$259.89	\$517.19
26	\$127.60	\$174.42	\$261.31	\$521.15
27	\$129.02	\$175.78	\$262.74	\$525.12
28	\$130.43	\$177.17	\$264.16	\$529.12
29	\$131.86	\$178.53	\$265.57	\$533.09
30	\$133.28	\$179.92	\$266.99	\$537.06
31	\$141.22	\$184.89	\$267.89	\$550.65
32	\$149.17	\$189.87	\$268.78	\$564.23
33	\$157.11	\$194.85	\$269.68	\$577.81
34	\$165.05	\$199.84	\$270.58	\$591.39
35	\$168.62	\$201.77	\$273.57	\$595.52
36	\$170.38	\$202.75	\$275.06	\$597.59
37	\$172.18	\$203.70	\$276.56	\$599.65
38	\$173.94	\$204.68	\$278.05	\$601.72
39	\$179.29	\$207.57	\$282.55	\$607.93
40	\$186.41	\$211.46	\$288.52	\$616.17
41	\$193.52	\$215.33	\$294.50	\$624.44
42	\$200.64	\$219.20	\$300.50	\$632.71
43	\$206.96	\$224.34	\$307.99	\$638.43
44	\$213.29	\$229.47	\$315.48	\$644.15
45	\$219.60	\$234.57	\$322.97	\$649.87
46	\$225.93	\$239.70	\$330.47	\$655.60
47	\$232.25	\$244.83	\$337.96	\$661.31
48	\$245.46	\$260.89	\$368.17	\$683.28
49	\$258.65	\$276.93	\$398.38	\$705.23
50	\$271.87	\$292.96	\$428.60	\$727.18
51	\$285.06	\$309.00	\$458.80	\$749.13
52	\$298.25	\$325.05	\$489.03	\$771.08
53	\$317.29	\$342.14	\$518.95	\$803.58
54	\$336.32	\$359.22	\$548.88	\$836.08
55	\$355.36	\$376.33	\$578.80	\$868.61
56	\$374.37	\$393.41	\$608.72	\$901.11
57	\$393.41	\$410.49	\$638.65	\$933.61
58	\$418.48	\$426.42	\$672.99	\$967.02
59	\$443.56	\$442.35	\$707.32	\$1000.47
60	\$468.63	\$458.27	\$741.64	\$1033.87
61	\$493.73	\$474.20	\$775.97	\$1067.32
62	\$518.80	\$490.12	\$810.31	\$1100.74
63	\$551.87	\$509.14	\$853.86	\$1140.14
64	\$584.94	\$528.14	\$897.42	\$1179.54

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