

# ConnectiCare® 2009 Rates January – December 2009 Effective Dates



Revised 10/08

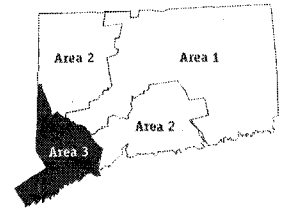
## HMO Hospital Deductible \$2,000 Individual/\$4,000 Family

(HMO-OA-25-35-DFPA)

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



#### 10-20-35 and \$1,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$229.30	\$384.38	\$633.81	\$1,021.72
21	\$232.02	\$387.39	\$637.34	\$1,029.72
22	\$234.74	\$390.34	\$640.88	\$1,037.71
23	\$237.46	\$393.34	\$644.41	\$1,045.74
24	\$240.22	\$396.31	\$647.93	\$1,053.73
25	\$242.94	\$399.31	\$651.46	\$1,061.73
26	\$245.66	\$402.27	\$654.99	\$1,069.71
27	\$248.42	\$405.27	\$658.52	\$1,077.70
28	\$251.13	\$408.27	\$662.05	\$1,085.70
29	\$253.85	\$411.24	\$665.62	\$1,093.69
30	\$256.61	\$414.24	\$669.15	\$1,101.68
31	\$271.86	\$423.82	\$671.09	\$1,127.84
32	\$287.06	\$433.42	\$673.08	\$1,154.01
33	\$302.33	\$443.00	\$675.02	\$1,180.17
34	\$317.58	\$452.61	\$677.02	\$1,206.34
35	\$324.43	\$456.35	\$683.54	\$1,214.28
36	\$327.88	\$458.17	\$686.83	\$1,218.26
37	\$331.33	\$460.03	\$690.12	\$1,222.24
38	\$334.77	\$461.90	\$693.36	\$1,226.21
39	\$345.08	\$467.46	\$703.18	\$1,238.14
40	\$358.79	\$474.93	\$716.28	\$1,254.04
41	\$372.54	\$482.34	\$729.34	\$1,269.94
42	\$386.29	\$489.77	\$742.44	\$1,285.84
43	\$398.42	\$499.67	\$758.83	\$1,296.83
44	\$410.54	\$509.53	\$775.18	\$1,307.87
45	\$422.71	\$519.42	\$791.57	\$1,318.86
46	\$434.85	\$529.28	\$807.92	\$1,329.89
47	\$446.97	\$539.18	\$824.30	\$1,340.89
48	\$472.37	\$556.50	\$872.94	\$1,369.57
49	\$497.76	\$573.81	\$921.57	\$1,398.28
50	\$523.20	\$591.10	\$970.25	\$1,426.96
51	\$548.59	\$608.42	\$1,018.88	\$1,455.67
52	\$573.98	\$625.74	\$1,067.52	\$1,484.36
53	\$610.70	\$658.68	\$1,132.83	\$1,546.95
54	\$647.40	\$691.61	\$1,198.14	\$1,609.55
55	\$684.07	\$724.51	\$1,263.45	\$1,672.09
56	\$720.78	\$757.46	\$1,328.75	\$1,734.68
57	\$757.50	\$790.39	\$1,394.07	\$1,797.27
58	\$805.76	\$820.98	\$1,469.07	\$1,861.65
59	\$854.04	\$851.56	\$1,544.07	\$1,925.97
60	\$902.30	\$882.18	\$1,619.02	\$1,990.36
61	\$950.59	\$912.76	\$1,694.04	\$2,054.69
62	\$998.85	\$943.36	\$1,769.04	\$2,119.06
63	\$1,062.49	\$979.86	\$1,864.19	\$2,194.95
64	\$1,126.14	\$1,016.38	\$1,959.37	\$2,270.81

#### 10-20-35 and \$2,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$236.01	\$395.62	\$652.35	\$1,051.59
21	\$238.81	\$398.71	\$655.98	\$1,059.83
22	\$241.61	\$401.76	\$659.61	\$1,068.05
23	\$244.40	\$404.84	\$663.25	\$1,076.32
24	\$247.25	\$407.90	\$666.87	\$1,084.54
25	\$250.04	\$410.98	\$670.50	\$1,092.76
26	\$252.83	\$414.04	\$674.14	\$1,100.99
27	\$255.68	\$417.12	\$677.77	\$1,109.21
28	\$258.47	\$420.21	\$681.39	\$1,117.45
29	\$261.27	\$423.26	\$685.08	\$1,125.66
30	\$264.11	\$426.35	\$688.71	\$1,133.88
31	\$279.81	\$436.20	\$690.72	\$1,160.81
32	\$295.46	\$446.10	\$692.75	\$1,187.75
33	\$311.17	\$455.95	\$694.76	\$1,214.68
34	\$326.86	\$465.85	\$696.80	\$1,241.61
35	\$333.91	\$469.69	\$703.52	\$1,249.78
36	\$337.47	\$471.57	\$706.91	\$1,253.88
37	\$341.02	\$473.49	\$710.30	\$1,257.97
38	\$344.56	\$475.41	\$713.64	\$1,262.06
39	\$355.17	\$481.13	\$723.74	\$1,274.33
40	\$369.28	\$488.81	\$737.22	\$1,290.70
41	\$383.43	\$496.45	\$750.67	\$1,307.07
42	\$397.59	\$504.09	\$764.15	\$1,323.43
43	\$410.07	\$514.28	\$781.02	\$1,334.75
44	\$422.54	\$524.43	\$797.84	\$1,346.11
45	\$435.07	\$534.61	\$814.71	\$1,357.41
46	\$447.56	\$544.75	\$831.54	\$1,368.77
47	\$460.04	\$554.94	\$848.40	\$1,380.09
48	\$486.18	\$572.76	\$898.46	\$1,409.61
49	\$512.32	\$590.60	\$948.52	\$1,439.17
50	\$538.49	\$608.38	\$998.63	\$1,468.68
51	\$564.63	\$626.21	\$1,048.67	\$1,498.24
52	\$590.76	\$644.04	\$1,098.74	\$1,527.76
53	\$628.55	\$677.93	\$1,165.95	\$1,592.18
54	\$666.33	\$711.84	\$1,233.17	\$1,656.60
55	\$704.07	\$745.69	\$1,300.39	\$1,720.98
56	\$741.85	\$779.59	\$1,367.60	\$1,785.39
57	\$779.64	\$813.50	\$1,434.83	\$1,849.82
58	\$829.32	\$844.98	\$1,512.02	\$1,916.07
59	\$879.01	\$876.46	\$1,589.21	\$1,982.29
60	\$928.68	\$907.98	\$1,666.36	\$2,048.55
61	\$978.37	\$939.46	\$1,743.57	\$2,114.76
62	\$1,028.05	\$970.93	\$1,820.76	\$2,181.02
63	\$1,093.56	\$1,008.51	\$1,918.71	\$2,259.12
64	\$1,159.06	\$1,046.09	\$2,016.65	\$2,337.21

#### 10-20-35 and \$3,000 Rx Benefit Max

Age	Individual Male	Individual Female	Individual +1 Dependent	Family
0-20	\$239.30	\$401.13	\$661.44	\$1,066.26
21	\$242.14	\$404.26	\$665.12	\$1,074.61
22	\$244.98	\$407.36	\$668.80	\$1,082.94
23	\$247.81	\$410.49	\$672.49	\$1,091.32
24	\$250.69	\$413.58	\$676.16	\$1,099.65
25	\$253.53	\$416.71	\$679.85	\$1,108.00
26	\$256.37	\$419.81	\$683.53	\$1,116.34
27	\$259.25	\$422.94	\$687.23	\$1,124.67
28	\$262.08	\$426.08	\$690.90	\$1,133.02
29	\$264.92	\$429.16	\$694.63	\$1,141.35
30	\$267.80	\$432.30	\$698.31	\$1,149.69
31	\$283.71	\$442.28	\$700.35	\$1,177.00
32	\$299.58	\$452.32	\$702.41	\$1,204.30
33	\$315.50	\$462.31	\$704.45	\$1,231.61
34	\$331.42	\$472.35	\$706.52	\$1,258.91
35	\$338.57	\$476.23	\$713.33	\$1,267.21
36	\$342.17	\$478.14	\$716.76	\$1,271.36
37	\$345.77	\$480.08	\$720.19	\$1,275.51
38	\$349.36	\$482.04	\$723.58	\$1,279.65
39	\$360.12	\$487.84	\$733.82	\$1,292.10
40	\$374.43	\$495.62	\$747.50	\$1,308.69
41	\$388.78	\$503.37	\$761.13	\$1,325.29
42	\$403.13	\$511.11	\$774.80	\$1,341.88
43	\$415.79	\$521.45	\$791.90	\$1,353.35
44	\$428.44	\$531.74	\$808.97	\$1,364.87
45	\$441.14	\$542.06	\$826.07	\$1,376.34
46	\$453.80	\$552.35	\$843.13	\$1,387.86
47	\$466.45	\$562.68	\$860.22	\$1,399.33
48	\$492.96	\$580.75	\$910.99	\$1,429.26
49	\$519.45	\$598.83	\$961.74	\$1,459.23
50	\$545.99	\$616.87	\$1,012.54	\$1,489.16
51	\$572.50	\$634.93	\$1,063.29	\$1,519.12
52	\$598.99	\$653.02	\$1,114.06	\$1,549.06
53	\$637.31	\$687.38	\$1,182.21	\$1,614.37
54	\$675.61	\$721.76	\$1,250.36	\$1,679.69
55	\$713.88	\$756.09	\$1,318.51	\$1,744.97
56	\$752.19	\$790.46	\$1,386.68	\$1,810.29
57	\$790.51	\$824.84	\$1,454.83	\$1,875.60
58	\$840.89	\$856.76	\$1,533.10	\$1,942.79
59	\$891.26	\$888.68	\$1,611.37	\$2,009.92
60	\$941.63	\$920.63	\$1,689.59	\$2,077.11
61	\$992.01	\$952.55	\$1,767.88	\$2,144.24
62	\$1,042.38	\$984.47	\$1,846.15	\$2,211.42
63	\$1,108.80	\$1,022.57	\$1,945.45	\$2,290.63
64	\$1,175.23	\$1,060.67	\$2,044.76	\$2,369.79

For information on Medicare Prime and 65+ rates, go to the producer section of [www.connecticare.com](http://www.connecticare.com). HMO coverage is underwritten by ConnectiCare, Inc. Rates are currently pending approval from the Department of Insurance.