

# CONNECTICARE® 2007 RATES



## HMO Hospital Copay \$500

January – December 2007 Effective Dates

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.

10/20/35 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$165.58	\$278.11	\$458.54	\$739.21
30-34	\$218.27	\$311.08	\$465.31	\$829.12
35-39	\$218.27	\$311.08	\$465.31	\$829.12
40-44	\$265.51	\$336.63	\$510.29	\$883.78
45-49	\$307.22	\$370.59	\$566.55	\$921.60
50-54	\$394.50	\$430.08	\$733.72	\$1,020.21
55-59	\$520.63	\$543.24	\$958.15	\$1,235.29
60-64	\$686.51	\$648.38	\$1,215.88	\$1,456.45

  

10/20/35 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$172.90	\$289.85	\$477.92	\$770.44
30-34	\$227.49	\$324.22	\$484.98	\$864.15
35-39	\$227.49	\$324.22	\$484.98	\$864.15
40-44	\$276.72	\$350.85	\$531.85	\$921.11
45-49	\$320.19	\$386.24	\$590.48	\$960.54
50-54	\$411.17	\$448.25	\$764.72	\$1,063.32
55-59	\$542.63	\$566.20	\$998.64	\$1,287.48
60-64	\$715.52	\$675.78	\$1,267.26	\$1,517.99

  

10/20/35 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$176.35	\$295.63	\$487.44	\$785.79
30-34	\$232.02	\$330.69	\$494.64	\$881.37
35-39	\$232.02	\$330.69	\$494.64	\$881.37
40-44	\$282.24	\$357.84	\$542.44	\$939.47
45-49	\$326.57	\$393.93	\$602.25	\$979.68
50-54	\$419.36	\$457.18	\$779.96	\$1,084.51
55-59	\$553.44	\$577.48	\$1,018.53	\$1,313.13
60-64	\$729.78	\$689.24	\$1,292.50	\$1,548.23

15/25/40 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$163.52	\$274.14	\$452.00	\$728.65
30-34	\$215.16	\$306.64	\$458.68	\$817.28
35-39	\$215.16	\$306.64	\$458.68	\$817.28
40-44	\$261.71	\$331.82	\$503.00	\$871.16
45-49	\$302.83	\$365.29	\$558.46	\$908.45
50-54	\$388.87	\$423.94	\$723.25	\$1,005.65
55-59	\$513.20	\$535.49	\$944.47	\$1,217.65
60-64	\$676.71	\$639.12	\$1,198.52	\$1,435.66

  

15/25/40 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$169.35	\$283.92	\$468.13	\$754.67
30-34	\$222.83	\$317.59	\$475.04	\$846.45
35-39	\$222.83	\$317.59	\$475.04	\$846.45
40-44	\$271.05	\$343.66	\$520.96	\$902.25
45-49	\$313.64	\$378.33	\$578.40	\$940.88
50-54	\$402.75	\$439.07	\$749.06	\$1,041.55
55-59	\$531.51	\$554.61	\$978.19	\$1,261.11
60-64	\$700.88	\$661.94	\$1,241.30	\$1,486.91

  

15/25/40 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$172.14	\$288.60	\$475.85	\$767.10
30-34	\$226.50	\$322.82	\$482.87	\$860.41
35-39	\$226.50	\$322.82	\$482.87	\$860.41
40-44	\$275.52	\$349.32	\$529.55	\$917.12
45-49	\$318.80	\$384.57	\$587.93	\$956.38
50-54	\$409.38	\$446.31	\$761.40	\$1,058.71
55-59	\$540.27	\$563.74	\$994.30	\$1,281.89
60-64	\$712.42	\$672.84	\$1,261.76	\$1,511.41

# CONNECTICARE® 2007 RATES



Individual health plans  
the ConnectiCare way.

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

January – December 2007 Effective Dates

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.

10/20/35 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$155.92	\$261.39	\$430.99	\$694.80
30-34	\$205.16	\$292.40	\$437.36	\$779.31
35-39	\$205.16	\$292.40	\$437.36	\$779.31
40-44	\$249.56	\$316.41	\$479.63	\$830.68
45-49	\$288.75	\$348.32	\$532.52	\$866.23
50-54	\$370.81	\$404.23	\$689.64	\$958.92
55-59	\$489.35	\$510.60	\$900.58	\$1,161.07
60-64	\$645.27	\$609.41	\$1,142.83	\$1,368.95

15/25/40 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$153.56	\$257.42	\$424.45	\$684.24
30-34	\$202.05	\$287.95	\$430.73	\$767.47
35-39	\$202.05	\$287.95	\$430.73	\$767.47
40-44	\$245.76	\$311.59	\$472.35	\$818.06
45-49	\$284.37	\$343.02	\$524.43	\$853.08
50-54	\$365.17	\$398.10	\$679.17	\$944.36
55-59	\$481.92	\$502.85	\$886.90	\$1,143.43
60-64	\$635.47	\$600.16	\$1,125.48	\$1,348.16

10/20/35 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$162.93	\$273.14	\$450.37	\$726.04
30-34	\$214.38	\$305.54	\$457.03	\$814.34
35-39	\$214.38	\$305.54	\$457.03	\$814.34
40-44	\$260.77	\$330.63	\$501.19	\$868.01
45-49	\$301.73	\$363.97	\$556.45	\$905.17
50-54	\$387.47	\$422.41	\$720.64	\$1,002.03
55-59	\$511.35	\$533.56	\$941.07	\$1,213.26
60-64	\$674.28	\$636.81	\$1,194.21	\$1,430.49

15/25/40 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$159.39	\$267.21	\$440.58	\$710.26
30-34	\$209.72	\$298.90	\$447.09	\$796.64
35-39	\$209.72	\$298.90	\$447.09	\$796.64
40-44	\$255.10	\$323.44	\$490.30	\$849.15
45-49	\$295.18	\$356.06	\$544.37	\$885.51
50-54	\$379.05	\$413.23	\$704.98	\$980.25
55-59	\$500.23	\$521.96	\$920.62	\$1,186.89
60-64	\$659.63	\$622.98	\$1,168.25	\$1,399.41

10/20/35 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$166.38	\$278.92	\$459.89	\$741.38
30-34	\$218.91	\$312.00	\$466.69	\$831.56
35-39	\$218.91	\$312.00	\$466.69	\$831.56
40-44	\$266.29	\$337.62	\$511.79	\$886.37
45-49	\$308.11	\$371.66	\$568.21	\$924.32
50-54	\$395.66	\$431.34	\$735.88	\$1,023.22
55-59	\$522.16	\$544.83	\$960.97	\$1,238.91
60-64	\$688.54	\$650.28	\$1,219.45	\$1,460.73

15/25/40 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$162.18	\$271.89	\$448.30	\$722.70
30-34	\$213.39	\$304.13	\$454.92	\$810.60
35-39	\$213.39	\$304.13	\$454.92	\$810.60
40-44	\$259.57	\$329.10	\$498.89	\$864.02
45-49	\$300.34	\$362.30	\$553.89	\$901.01
50-54	\$385.69	\$420.47	\$717.32	\$997.41
55-59	\$509.00	\$531.09	\$936.73	\$1,207.67
60-64	\$671.18	\$633.88	\$1,188.71	\$1,423.91

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## HMO Upfront Plan Deductible \$1,500 Individual/\$3,000 Family

January – December 2007 Effective Dates

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10/20/35 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$131.02	\$219.66	\$362.18	\$583.87
30-34	\$172.41	\$245.71	\$367.53	\$654.88
35-39	\$172.41	\$245.71	\$367.53	\$654.88
40-44	\$209.71	\$265.88	\$403.05	\$698.05
45-49	\$242.66	\$292.70	\$447.49	\$727.93
50-54	\$311.60	\$339.69	\$579.53	\$805.82
55-59	\$411.23	\$429.08	\$756.79	\$975.68
60-64	\$542.24	\$512.11	\$960.36	\$1,150.37

  

10/20/35 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$138.04	\$231.41	\$381.56	\$615.10
30-34	\$181.63	\$258.85	\$387.20	\$689.91
35-39	\$181.63	\$258.85	\$387.20	\$689.91
40-44	\$220.93	\$280.10	\$424.61	\$735.38
45-49	\$255.63	\$308.36	\$471.42	\$766.87
50-54	\$328.26	\$357.87	\$610.53	\$848.93
55-59	\$433.22	\$452.04	\$797.28	\$1,027.88
60-64	\$571.25	\$539.51	\$1,011.74	\$1,211.92

  

10/20/35 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$141.49	\$237.19	\$391.07	\$630.45
30-34	\$186.16	\$265.31	\$396.85	\$707.13
35-39	\$186.16	\$265.31	\$396.85	\$707.13
40-44	\$226.44	\$287.09	\$435.21	\$753.74
45-49	\$262.02	\$316.05	\$483.19	\$786.02
50-54	\$336.46	\$366.80	\$625.77	\$870.12
55-59	\$444.03	\$463.32	\$817.18	\$1,053.53
60-64	\$585.51	\$552.98	\$1,036.98	\$1,242.16

15/25/40 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$128.66	\$215.69	\$355.63	\$573.31
30-34	\$169.29	\$241.26	\$360.90	\$643.04
35-39	\$169.29	\$241.26	\$360.90	\$643.04
40-44	\$205.91	\$261.07	\$395.77	\$685.42
45-49	\$238.27	\$287.41	\$439.40	\$714.78
50-54	\$305.96	\$333.56	\$569.06	\$791.26
55-59	\$403.80	\$421.33	\$743.11	\$958.05
60-64	\$532.44	\$502.86	\$943.00	\$1,129.59

  

15/25/40 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$134.49	\$225.48	\$371.77	\$599.33
30-34	\$176.97	\$252.21	\$377.26	\$672.21
35-39	\$176.97	\$252.21	\$377.26	\$672.21
40-44	\$215.26	\$272.92	\$413.72	\$716.52
45-49	\$249.08	\$300.45	\$459.34	\$747.21
50-54	\$319.85	\$348.69	\$594.87	\$827.16
55-59	\$422.11	\$440.45	\$776.83	\$1,001.51
60-64	\$556.60	\$525.68	\$985.78	\$1,180.83

  

15/25/40 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$137.28	\$230.16	\$379.48	\$611.77
30-34	\$180.64	\$257.45	\$385.09	\$686.17
35-39	\$180.64	\$257.45	\$385.09	\$686.17
40-44	\$219.73	\$278.58	\$422.31	\$731.39
45-49	\$254.24	\$306.69	\$468.87	\$762.71
50-54	\$326.48	\$355.93	\$607.22	\$844.32
55-59	\$430.87	\$449.58	\$792.95	\$1,022.29
60-64	\$568.14	\$536.58	\$1,006.24	\$1,205.33

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## HMO Upfront Plan Deductible \$2,500 Individual/\$5,000 Family

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10/20/35 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$118.19	\$198.16	\$326.72	\$526.70
30-34	\$155.52	\$221.66	\$331.54	\$590.77
35-39	\$155.52	\$221.66	\$331.54	\$590.77
40-44	\$189.18	\$239.86	\$363.59	\$629.71
45-49	\$218.90	\$264.05	\$403.68	\$656.65
50-54	\$281.10	\$306.43	\$522.79	\$726.92
55-59	\$370.96	\$387.06	\$682.70	\$880.16
60-64	\$489.15	\$461.97	\$866.33	\$1,037.74

15/25/40 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$115.83	\$194.19	\$320.17	\$516.14
30-34	\$152.41	\$217.21	\$324.91	\$578.93
35-39	\$152.41	\$217.21	\$324.91	\$578.93
40-44	\$185.38	\$235.04	\$356.31	\$617.09
45-49	\$214.51	\$258.76	\$395.59	\$643.50
50-54	\$275.46	\$300.30	\$512.32	\$712.36
55-59	\$363.53	\$379.32	\$669.02	\$862.52
60-64	\$479.35	\$452.72	\$848.98	\$1,016.96

10/20/35 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$125.20	\$209.90	\$346.10	\$557.93
30-34	\$164.74	\$234.80	\$351.21	\$625.80
35-39	\$164.74	\$234.80	\$351.21	\$625.80
40-44	\$200.40	\$254.08	\$385.15	\$667.04
45-49	\$231.88	\$279.70	\$427.61	\$695.59
50-54	\$297.76	\$324.61	\$553.79	\$770.03
55-59	\$392.96	\$410.03	\$723.19	\$932.36
60-64	\$518.16	\$489.37	\$917.71	\$1,099.29

15/25/40 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$121.66	\$203.97	\$336.31	\$542.16
30-34	\$160.08	\$228.16	\$341.27	\$608.10
35-39	\$160.08	\$228.16	\$341.27	\$608.10
40-44	\$194.73	\$246.89	\$374.26	\$648.18
45-49	\$225.32	\$271.80	\$415.53	\$675.93
50-54	\$289.34	\$315.43	\$538.13	\$748.25
55-59	\$381.84	\$398.43	\$702.74	\$905.98
60-64	\$503.51	\$475.54	\$891.76	\$1,068.20

10/20/35 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$128.65	\$215.68	\$355.61	\$573.28
30-34	\$169.27	\$241.26	\$360.87	\$643.02
35-39	\$169.27	\$241.26	\$360.87	\$643.02
40-44	\$205.91	\$261.07	\$395.75	\$685.40
45-49	\$238.26	\$287.40	\$439.38	\$714.74
50-54	\$305.95	\$333.54	\$569.03	\$791.22
55-59	\$403.77	\$421.30	\$743.08	\$958.01
60-64	\$532.42	\$502.84	\$942.95	\$1,129.53

15/25/40 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$124.45	\$208.65	\$344.02	\$554.60
30-34	\$163.76	\$233.39	\$349.10	\$622.06
35-39	\$163.76	\$233.39	\$349.10	\$622.06
40-44	\$199.20	\$252.55	\$382.85	\$663.05
45-49	\$230.48	\$278.04	\$425.06	\$691.43
50-54	\$295.98	\$322.67	\$550.47	\$765.41
55-59	\$390.61	\$407.56	\$718.85	\$926.77
60-64	\$515.05	\$486.44	\$912.21	\$1,092.70

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Individual health plans  
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## POS Upfront Plan Deductible \$500 Individual/\$1,000 Family

January – December 2007 Effective Dates

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

10/20/35 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$153.10	\$213.66	\$380.29	\$639.41
30-34	\$201.61	\$244.10	\$386.48	\$722.35
35-39	\$201.61	\$244.10	\$386.48	\$722.35
40-44	\$245.08	\$267.75	\$427.98	\$772.82
45-49	\$283.67	\$299.06	\$479.85	\$807.78
50-54	\$364.31	\$397.04	\$677.34	\$941.84
55-59	\$480.52	\$501.40	\$884.57	\$1,140.35
60-64	\$633.68	\$598.65	\$1,122.35	\$1,344.50

  

10/20/35 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$159.93	\$223.19	\$397.24	\$667.94
30-34	\$210.61	\$254.98	\$403.73	\$754.58
35-39	\$210.61	\$254.98	\$403.73	\$754.58
40-44	\$256.01	\$279.69	\$447.06	\$807.30
45-49	\$296.34	\$312.41	\$501.26	\$843.81
50-54	\$380.56	\$414.75	\$707.56	\$983.86
55-59	\$501.95	\$523.77	\$924.03	\$1,191.21
60-64	\$661.94	\$625.35	\$1,172.42	\$1,404.48

  

10/20/35 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$163.29	\$227.87	\$405.58	\$681.94
30-34	\$215.02	\$260.34	\$412.20	\$770.40
35-39	\$215.02	\$260.34	\$412.20	\$770.40
40-44	\$261.37	\$285.56	\$456.45	\$824.23
45-49	\$302.54	\$318.96	\$511.78	\$861.51
50-54	\$388.54	\$423.45	\$722.41	\$1,004.50
55-59	\$512.49	\$534.76	\$943.41	\$1,216.20
60-64	\$675.83	\$638.47	\$1,197.02	\$1,433.94

15/25/40 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$150.80	\$210.44	\$374.56	\$629.80
30-34	\$198.58	\$240.43	\$380.67	\$711.49
35-39	\$198.58	\$240.43	\$380.67	\$711.49
40-44	\$241.38	\$263.73	\$421.54	\$761.20
45-49	\$279.41	\$294.56	\$472.64	\$795.62
50-54	\$358.83	\$391.06	\$667.17	\$927.68
55-59	\$473.29	\$493.86	\$871.27	\$1,123.20
60-64	\$624.15	\$589.65	\$1,105.48	\$1,324.28

  

15/25/40 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$156.49	\$218.38	\$388.69	\$653.55
30-34	\$206.07	\$249.50	\$395.03	\$738.32
35-39	\$206.07	\$249.50	\$395.03	\$738.32
40-44	\$250.49	\$273.67	\$437.44	\$789.91
45-49	\$289.95	\$305.68	\$490.46	\$825.64
50-54	\$372.37	\$405.81	\$692.33	\$962.67
55-59	\$491.15	\$512.49	\$904.12	\$1,165.56
60-64	\$647.68	\$611.89	\$1,147.17	\$1,374.23

  

15/25/40 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$159.21	\$222.17	\$395.44	\$664.91
30-34	\$209.65	\$253.83	\$401.89	\$751.16
35-39	\$209.65	\$253.83	\$401.89	\$751.16
40-44	\$254.85	\$278.42	\$445.04	\$803.63
45-49	\$294.98	\$310.99	\$498.98	\$839.98
50-54	\$378.83	\$412.87	\$704.36	\$979.40
55-59	\$499.67	\$521.38	\$919.84	\$1,185.80
60-64	\$658.94	\$622.51	\$1,167.10	\$1,398.11

  

No Pharmacy Benefit				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$135.99	\$189.22	\$336.79	\$566.29
30-34	\$178.55	\$216.18	\$342.29	\$639.75
35-39	\$178.55	\$216.18	\$342.29	\$639.75
40-44	\$217.05	\$237.13	\$379.03	\$684.45
45-49	\$251.24	\$264.87	\$424.98	\$715.40
50-54	\$322.65	\$351.63	\$599.89	\$834.14
55-59	\$425.57	\$444.06	\$783.41	\$1,009.93
60-64	\$561.21	\$530.19	\$994.01	\$1,190.75

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## POS Upfront Plan Deductible \$1,000 Individual/\$2,000 Family

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

10/20/35 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$139.76	\$195.04	\$347.16	\$583.70
30-34	\$184.04	\$222.84	\$352.81	\$659.42
35-39	\$184.04	\$222.84	\$352.81	\$659.42
40-44	\$223.73	\$244.42	\$390.70	\$705.50
45-49	\$258.96	\$273.01	\$438.05	\$737.40
50-54	\$332.56	\$362.45	\$618.33	\$859.80
55-59	\$438.66	\$457.72	\$807.50	\$1,041.01
60-64	\$578.47	\$546.49	\$1,024.57	\$1,227.37

  

10/20/35 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$146.59	\$204.57	\$364.11	\$612.23
30-34	\$193.04	\$233.72	\$370.06	\$691.64
35-39	\$193.04	\$233.72	\$370.06	\$691.64
40-44	\$234.66	\$256.37	\$409.78	\$739.97
45-49	\$271.62	\$286.35	\$459.46	\$773.44
50-54	\$348.81	\$380.16	\$648.55	\$901.81
55-59	\$460.09	\$480.08	\$846.96	\$1,091.87
60-64	\$606.74	\$573.20	\$1,074.64	\$1,287.35

  

10/20/35 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$149.94	\$209.25	\$372.45	\$626.24
30-34	\$197.46	\$239.07	\$378.53	\$707.47
35-39	\$197.46	\$239.07	\$378.53	\$707.47
40-44	\$240.02	\$262.23	\$419.17	\$756.91
45-49	\$277.83	\$292.91	\$469.97	\$791.13
50-54	\$356.79	\$388.87	\$663.40	\$922.45
55-59	\$470.63	\$491.07	\$866.34	\$1,116.87
60-64	\$620.62	\$586.32	\$1,099.24	\$1,316.81

15/25/40 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$137.46	\$191.83	\$341.44	\$574.10
30-34	\$181.01	\$219.17	\$347.00	\$648.56
35-39	\$181.01	\$219.17	\$347.00	\$648.56
40-44	\$220.03	\$240.40	\$384.25	\$693.87
45-49	\$254.70	\$268.51	\$430.84	\$725.25
50-54	\$327.08	\$356.48	\$608.15	\$845.64
55-59	\$431.43	\$450.18	\$794.20	\$1,023.86
60-64	\$568.95	\$537.50	\$1,007.69	\$1,207.16

  

15/25/40 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$143.15	\$199.77	\$355.56	\$597.84
30-34	\$188.50	\$228.23	\$361.36	\$675.39
35-39	\$188.50	\$228.23	\$361.36	\$675.39
40-44	\$229.14	\$250.34	\$400.15	\$722.59
45-49	\$265.24	\$279.62	\$448.66	\$755.27
50-54	\$340.62	\$371.23	\$633.31	\$880.62
55-59	\$449.28	\$468.80	\$827.05	\$1,066.22
60-64	\$592.48	\$559.74	\$1,049.38	\$1,257.10

  

15/25/40 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$145.86	\$203.55	\$362.31	\$609.20
30-34	\$192.08	\$232.57	\$368.22	\$688.22
35-39	\$192.08	\$232.57	\$368.22	\$688.22
40-44	\$233.50	\$255.09	\$407.76	\$736.31
45-49	\$270.27	\$284.94	\$457.18	\$769.61
50-54	\$347.08	\$378.28	\$645.34	\$897.35
55-59	\$457.81	\$477.70	\$842.77	\$1,086.46
60-64	\$603.74	\$570.36	\$1,069.32	\$1,280.98

  

No Pharmacy Benefit				
Age	Individual Male	Individual Female	Ind.+1 Dep.	Family
0-29	\$122.25	\$170.61	\$303.66	\$510.59
30-34	\$160.99	\$194.92	\$308.62	\$576.81
35-39	\$160.99	\$194.92	\$308.62	\$576.81
40-44	\$195.69	\$213.80	\$341.75	\$617.12
45-49	\$226.52	\$238.81	\$383.18	\$645.03
50-54	\$290.90	\$317.05	\$540.88	\$752.09
55-59	\$383.70	\$400.38	\$706.34	\$910.60
60-64	\$506.01	\$478.04	\$896.22	\$1,073.62

# CONNECTICARE® 2007 RATES



Individual health plans  
the ConnectiCare way.

## POS Upfront Plan Deductible \$2,000 Individual/\$4,000 Family

January – December 2007 Effective Dates

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.

10/20/35 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1Dep.	Family
0-29	\$119.21	\$166.36	\$296.10	\$497.86
30-34	\$156.98	\$190.07	\$300.93	\$562.44
35-39	\$156.98	\$190.07	\$300.93	\$562.44
40-44	\$190.83	\$208.47	\$333.23	\$601.74
45-49	\$220.88	\$232.86	\$373.63	\$628.96
50-54	\$283.65	\$309.15	\$527.40	\$733.34
55-59	\$374.15	\$390.40	\$688.75	\$887.91
60-64	\$493.39	\$466.12	\$873.89	\$1,046.86

10/20/35 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1Dep.	Family
0-29	\$126.04	\$175.89	\$313.06	\$526.39
30-34	\$165.97	\$200.95	\$318.17	\$594.67
35-39	\$165.97	\$200.95	\$318.17	\$594.67
40-44	\$201.76	\$220.42	\$352.32	\$636.21
45-49	\$233.54	\$246.20	\$395.04	\$664.99
50-54	\$299.91	\$326.86	\$557.62	\$775.36
55-59	\$395.58	\$412.76	\$728.21	\$938.77
60-64	\$521.66	\$492.82	\$923.96	\$1,106.84

10/20/35 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1Dep.	Family
0-29	\$129.39	\$180.57	\$321.39	\$540.40
30-34	\$170.39	\$206.30	\$326.65	\$610.49
35-39	\$170.39	\$206.30	\$326.65	\$610.49
40-44	\$207.12	\$226.28	\$361.70	\$653.15
45-49	\$239.75	\$252.75	\$405.56	\$682.69
50-54	\$307.89	\$335.56	\$572.47	\$796.00
55-59	\$406.12	\$423.76	\$747.59	\$963.77
60-64	\$535.54	\$505.94	\$948.56	\$1,136.31

15/25/40 and \$1,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1Dep.	Family
0-29	\$116.91	\$163.14	\$290.38	\$488.25
30-34	\$153.94	\$186.39	\$295.11	\$551.58
35-39	\$153.94	\$186.39	\$295.11	\$551.58
40-44	\$187.13	\$204.45	\$326.79	\$590.12
45-49	\$216.61	\$228.36	\$366.42	\$616.80
50-54	\$278.18	\$303.18	\$517.22	\$719.19
55-59	\$366.92	\$382.86	\$675.45	\$870.76
60-64	\$483.87	\$457.12	\$857.02	\$1,026.65

15/25/40 and \$2,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1Dep.	Family
0-29	\$122.60	\$171.08	\$304.51	\$512.00
30-34	\$161.44	\$195.46	\$309.48	\$578.41
35-39	\$161.44	\$195.46	\$309.48	\$578.41
40-44	\$196.24	\$214.39	\$342.69	\$618.83
45-49	\$227.16	\$239.47	\$384.24	\$646.82
50-54	\$291.71	\$317.92	\$542.38	\$754.17
55-59	\$384.77	\$401.49	\$708.31	\$913.12
60-64	\$507.40	\$479.36	\$898.71	\$1,076.59

15/25/40 and \$3,000 Annual Pharmacy Benefit Maximum				
Age	Individual Male	Individual Female	Ind.+1Dep.	Family
0-29	\$125.31	\$174.87	\$311.26	\$523.36
30-34	\$165.02	\$199.80	\$316.34	\$591.25
35-39	\$165.02	\$199.80	\$316.34	\$591.25
40-44	\$200.60	\$219.15	\$350.29	\$632.55
45-49	\$232.18	\$244.78	\$392.76	\$661.16
50-54	\$298.18	\$324.98	\$554.41	\$770.90
55-59	\$393.30	\$410.38	\$724.02	\$933.36
60-64	\$518.66	\$489.98	\$918.65	\$1,100.47

No Pharmacy Benefit				
Age	Individual Male	Individual Female	Ind.+1Dep.	Family
0-29	\$101.70	\$141.92	\$252.61	\$424.74
30-34	\$133.92	\$162.15	\$256.73	\$479.84
35-39	\$133.92	\$162.15	\$256.73	\$479.84
40-44	\$162.80	\$177.85	\$284.29	\$513.36
45-49	\$188.44	\$198.66	\$318.76	\$536.58
50-54	\$241.99	\$263.75	\$449.94	\$625.64
55-59	\$319.20	\$333.06	\$587.59	\$757.50
60-64	\$420.93	\$397.66	\$745.55	\$893.11

# CONNECTICARE® 2007 RATES



Individual health plans  
the ConnectiCare way.

## HMO and POS High Deductible Health Plans (HSA Compatible)

January – December 2007 Effective Dates

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.

HMO HDHP \$1,500/\$3,000				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$122.04	\$204.58	\$296.86	\$543.80
30-34	\$160.56	\$228.85	\$301.22	\$609.94
35-39	\$160.56	\$228.85	\$301.22	\$609.94
40-44	\$195.32	\$247.64	\$330.35	\$650.15
45-49	\$226.02	\$272.62	\$366.77	\$677.99
50-54	\$290.23	\$316.39	\$475.00	\$750.52
55-59	\$382.99	\$399.64	\$620.29	\$908.75
60-64	\$505.03	\$476.99	\$787.13	\$1071.46

  

HMO HDHP \$3,000/\$6,000				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$100.77	\$168.95	\$245.14	\$449.07
30-34	\$132.59	\$188.99	\$248.75	\$503.69
35-39	\$132.59	\$188.99	\$248.75	\$503.69
40-44	\$161.29	\$204.50	\$272.79	\$536.89
45-49	\$186.64	\$225.13	\$302.88	\$559.88
50-54	\$239.66	\$261.26	\$392.25	\$619.79
55-59	\$316.28	\$330.03	\$512.23	\$750.44
60-64	\$417.05	\$393.89	\$650.01	\$884.81

  

HMO HDHP \$5,000/\$10,000				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$83.65	\$140.24	\$203.48	\$372.76
30-34	\$110.07	\$156.88	\$206.48	\$418.10
35-39	\$110.07	\$156.88	\$206.48	\$418.10
40-44	\$133.88	\$169.75	\$226.45	\$445.66
45-49	\$154.93	\$186.88	\$251.41	\$464.74
50-54	\$198.94	\$216.88	\$325.60	\$514.47
55-59	\$262.54	\$273.95	\$425.20	\$622.93
60-64	\$346.19	\$326.96	\$539.56	\$734.46

POS HDHP \$1,500/\$3,000				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$125.28	\$174.85	\$265.97	\$523.22
30-34	\$164.97	\$199.74	\$270.44	\$591.10
35-39	\$164.97	\$199.74	\$270.44	\$591.10
40-44	\$200.55	\$219.09	\$300.35	\$632.40
45-49	\$232.14	\$244.72	\$337.80	\$661.00
50-54	\$298.10	\$324.90	\$488.78	\$770.71
55-59	\$393.22	\$410.30	\$638.34	\$933.15
60-64	\$518.54	\$489.88	\$809.91	\$1,100.19

  

POS HDHP \$3,000/\$6,000				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$103.44	\$144.36	\$219.58	\$431.99
30-34	\$136.20	\$164.92	\$223.29	\$488.04
35-39	\$136.20	\$164.92	\$223.29	\$488.04
40-44	\$165.59	\$180.90	\$247.97	\$522.13
45-49	\$191.65	\$202.05	\$278.89	\$545.74
50-54	\$246.13	\$268.24	\$403.55	\$636.33
55-59	\$324.66	\$338.76	\$527.04	\$770.44
60-64	\$428.12	\$404.47	\$668.68	\$908.36

  

POS HDHP \$5,000/\$10,000				
Age	Individual Male	Individual Female	Ind. + 1 Dep.	Family
0-29	\$87.64	\$122.31	\$186.07	\$366.03
30-34	\$115.41	\$139.74	\$189.19	\$413.52
35-39	\$115.41	\$139.74	\$189.19	\$413.52
40-44	\$140.30	\$153.26	\$210.11	\$442.41
45-49	\$162.39	\$171.20	\$236.31	\$462.41
50-54	\$208.54	\$227.28	\$341.94	\$539.16
55-59	\$275.08	\$287.03	\$446.56	\$652.79
60-64	\$362.76	\$342.71	\$566.59	\$769.66