



CONNECTICARE® 2008 RATES

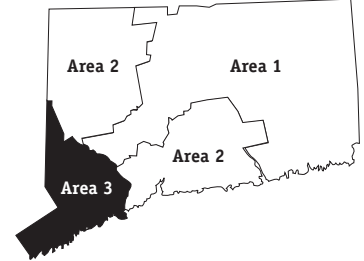
HMO Hospital Deductible \$2,000 Individual/\$4,000 Family

January – December 2008 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.

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		Ind. + 1 Dep.	Family
	Male	Female		
0-29	\$186.81	\$313.18	\$516.37	\$832.44
30-34	\$245.80	\$350.31	\$524.00	\$933.68
35-39	\$245.80	\$350.31	\$524.00	\$933.68
40-44	\$298.98	\$379.07	\$574.64	\$995.23
45-49	\$345.95	\$417.31	\$637.99	\$1,037.82
50-54	\$444.25	\$484.31	\$826.25	\$1,148.88
55-59	\$586.29	\$611.75	\$1,078.98	\$1,391.06
60-64	\$773.10	\$730.15	\$1,369.21	\$1,640.13

15-25-40 and \$1,000 Rx Benefit Max

Age	Individual		Ind. + 1 Dep.	Family
	Male	Female		
0-29	\$183.98	\$308.43	\$508.54	\$819.82
30-34	\$242.08	\$345.00	\$516.05	\$919.52
35-39	\$242.08	\$345.00	\$516.05	\$919.52
40-44	\$294.45	\$373.32	\$565.92	\$980.14
45-49	\$340.71	\$410.98	\$628.33	\$1,022.09
50-54	\$437.52	\$476.97	\$813.72	\$1,131.45
55-59	\$577.40	\$602.47	\$1,062.63	\$1,369.97
60-64	\$761.37	\$719.07	\$1,348.46	\$1,615.27

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

Age	Individual		Ind. + 1 Dep.	Family
	Male	Female		
0-29	\$195.21	\$327.27	\$539.59	\$869.87
30-34	\$256.85	\$366.07	\$547.56	\$975.67
35-39	\$256.85	\$366.07	\$547.56	\$975.67
40-44	\$312.43	\$396.12	\$600.48	\$1,039.99
45-49	\$361.52	\$436.08	\$666.70	\$1,084.50
50-54	\$464.23	\$506.09	\$863.41	\$1,200.54
55-59	\$612.66	\$639.26	\$1,127.51	\$1,453.62
60-64	\$807.87	\$762.98	\$1,430.79	\$1,713.89

15-25-40 and \$2,000 Rx Benefit Max

Age	Individual		Ind. + 1 Dep.	Family
	Male	Female		
0-29	\$190.97	\$320.15	\$527.87	\$850.97
30-34	\$251.28	\$358.12	\$535.66	\$954.47
35-39	\$251.28	\$358.12	\$535.66	\$954.47
40-44	\$305.64	\$387.51	\$587.43	\$1,017.38
45-49	\$353.66	\$426.61	\$652.20	\$1,060.94
50-54	\$454.15	\$495.09	\$844.64	\$1,174.45
55-59	\$599.34	\$625.36	\$1,103.01	\$1,422.04
60-64	\$790.31	\$746.40	\$1,399.69	\$1,676.64

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

Age	Individual		Ind. + 1 Dep.	Family
	Male	Female		
0-29	\$199.34	\$334.18	\$550.99	\$888.24
30-34	\$262.28	\$373.80	\$559.13	\$996.29
35-39	\$262.28	\$373.80	\$559.13	\$996.29
40-44	\$319.03	\$404.49	\$613.16	\$1,061.95
45-49	\$369.15	\$445.29	\$680.77	\$1,107.41
50-54	\$474.04	\$516.78	\$881.65	\$1,225.90
55-59	\$625.60	\$652.76	\$1,151.33	\$1,484.33
60-64	\$824.94	\$779.09	\$1,461.02	\$1,750.10

15-25-40 and \$3,000 Rx Benefit Max

Age	Individual		Ind. + 1 Dep.	Family
	Male	Female		
0-29	\$194.31	\$325.76	\$537.11	\$865.87
30-34	\$255.67	\$364.39	\$545.05	\$971.19
35-39	\$255.67	\$364.39	\$545.05	\$971.19
40-44	\$310.99	\$394.30	\$597.72	\$1,035.20
45-49	\$359.85	\$434.08	\$663.62	\$1,079.51
50-54	\$462.10	\$503.77	\$859.43	\$1,195.01
55-59	\$609.84	\$636.32	\$1,122.32	\$1,446.93
60-64	\$804.15	\$759.47	\$1,424.20	\$1,706.01

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

For information on Medicare Prime and 65+ rates, go to the producer section of www.connecticare.com.
HMO coverage is underwritten by ConnectiCare, Inc.