

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

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

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



20% after Deductible, Unlimited max

Age	Individual			Family
	Male	Female	+1 Dep.	
0-20	\$163.59	\$228.33	\$347.32	\$683.25
21	\$165.54	\$230.21	\$349.25	\$688.70
22	\$167.50	\$232.08	\$351.21	\$694.16
23	\$169.47	\$233.98	\$353.16	\$699.62
24	\$171.39	\$235.86	\$355.12	\$705.10
25	\$173.35	\$237.76	\$357.05	\$710.55
26	\$175.32	\$239.63	\$359.01	\$716.02
27	\$177.26	\$241.51	\$360.98	\$721.48
28	\$179.21	\$243.41	\$362.93	\$726.95
29	\$181.15	\$245.28	\$364.87	\$732.41
30	\$183.11	\$247.19	\$366.82	\$737.86
31	\$194.03	\$254.02	\$368.05	\$756.53
32	\$204.94	\$260.87	\$369.27	\$775.19
33	\$215.85	\$267.69	\$370.51	\$793.85
34	\$226.77	\$274.55	\$371.75	\$812.51
35	\$231.65	\$277.21	\$375.86	\$818.19
36	\$234.10	\$278.54	\$377.89	\$821.02
37	\$236.55	\$279.87	\$379.97	\$823.87
38	\$238.99	\$281.21	\$382.01	\$826.70
39	\$246.32	\$285.18	\$388.19	\$835.23
40	\$256.11	\$290.52	\$396.39	\$846.55
41	\$265.88	\$295.84	\$404.61	\$857.92
42	\$275.66	\$301.16	\$412.83	\$869.27
43	\$284.34	\$308.20	\$423.13	\$877.14
44	\$293.05	\$315.26	\$433.44	\$885.00
45	\$301.72	\$322.27	\$443.73	\$892.87
46	\$310.41	\$329.33	\$454.03	\$900.72
47	\$319.09	\$336.39	\$464.33	\$908.59
48	\$337.22	\$358.43	\$505.84	\$938.75
49	\$355.35	\$380.47	\$547.34	\$968.91
50	\$373.51	\$402.49	\$588.84	\$999.06
51	\$391.63	\$424.54	\$630.35	\$1029.22
52	\$409.77	\$446.59	\$671.86	\$1059.38
53	\$435.93	\$470.07	\$712.99	\$1104.04
54	\$462.06	\$493.53	\$754.09	\$1148.69
55	\$488.21	\$517.03	\$795.22	\$1193.37
56	\$514.34	\$540.51	\$836.32	\$1238.03
57	\$540.51	\$563.98	\$877.45	\$1282.69
58	\$574.95	\$585.85	\$924.61	\$1328.59
59	\$609.41	\$607.75	\$971.79	\$1374.52
60	\$643.86	\$629.62	\$1018.93	\$1420.45
61	\$678.33	\$651.49	\$1066.11	\$1466.38
62	\$712.76	\$673.37	\$1113.27	\$1512.30
63	\$758.20	\$699.51	\$1173.11	\$1566.43
64	\$803.64	\$725.61	\$1232.96	\$1620.57

Rates subject to Department of Insurance approval. Actual monthly premiums are based on the approved effective date of the policy. Rates and benefits are subject to change based on any state or federal mandate or other regulatory requirements that are imposed at any time after the policy is effective and which materially affect the existing rates.