

POS Copay and Deductible \$4,500 / \$9,000 - 20% - G

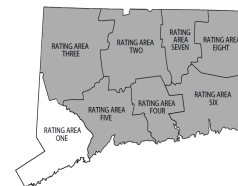
POS-OA-25-40-4500U-20-G-IND

Rates are based on the applicant's age as of the effective date
 At renewal, all policyholders may be subject to a rate increase

Rating Area 1

Fairfield County Towns

Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton



\$5/\$25/50%(\$150max)/50%(\$500max) \$200Ded T2,3,4

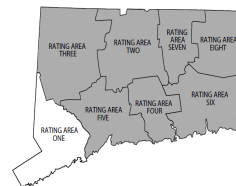
Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$158.58	0-17	\$158.58
18	\$158.58	18	\$158.58
19	\$158.58	19	\$158.58
20	\$158.58	20	\$158.58
21	\$249.74	21	\$249.74
22	\$249.74	22	\$249.74
23	\$249.74	23	\$249.74
24	\$249.74	24	\$249.74
25	\$250.74	25	\$250.74
26	\$255.73	26	\$255.73
27	\$261.73	27	\$261.73
28	\$271.47	28	\$271.47
29	\$279.46	29	\$279.46
30	\$283.45	30	\$283.45
31	\$289.45	31	\$289.45
32	\$295.44	32	\$295.44
33	\$299.19	33	\$299.19
34	\$303.18	34	\$303.18
35	\$305.18	35	\$305.18
36	\$307.18	36	\$307.18
37	\$309.18	37	\$309.18
38	\$311.18	38	\$311.18
39	\$315.17	39	\$315.17
40	\$319.17	40	\$319.17
41	\$325.16	41	\$325.16
42	\$330.91	42	\$330.91
43	\$338.90	43	\$338.90
44	\$348.89	44	\$348.89
45	\$360.62	45	\$360.62
46	\$374.61	46	\$374.61
47	\$390.34	47	\$390.34
48	\$408.32	48	\$408.32
49	\$426.06	49	\$426.06
50	\$446.04	50	\$446.04
51	\$465.77	51	\$465.77
52	\$487.49	52	\$487.49
53	\$509.47	53	\$509.47
54	\$533.19	54	\$533.19
55	\$556.92	55	\$556.92
56	\$582.64	56	\$582.64
57	\$608.62	57	\$608.62
58	\$636.34	58	\$636.34
59	\$650.07	59	\$650.07
60	\$677.79	60	\$677.79
61	\$701.77	61	\$701.77
62	\$717.50	62	\$717.50
63	\$737.23	63	\$737.23
64+	\$749.22	64+	\$749.22

Rates are subject to Department of Insurance approval. In addition, 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. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.

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\$5/\$25/50%(\$150max)/50%(\$500max) after Ded

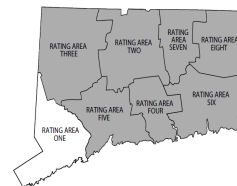
Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$156.48	0-17	\$156.48
18	\$156.48	18	\$156.48
19	\$156.48	19	\$156.48
20	\$156.48	20	\$156.48
21	\$246.43	21	\$246.43
22	\$246.43	22	\$246.43
23	\$246.43	23	\$246.43
24	\$246.43	24	\$246.43
25	\$247.42	25	\$247.42
26	\$252.34	26	\$252.34
27	\$258.26	27	\$258.26
28	\$267.87	28	\$267.87
29	\$275.76	29	\$275.76
30	\$279.70	30	\$279.70
31	\$285.61	31	\$285.61
32	\$291.53	32	\$291.53
33	\$295.22	33	\$295.22
34	\$299.17	34	\$299.17
35	\$301.14	35	\$301.14
36	\$303.11	36	\$303.11
37	\$305.08	37	\$305.08
38	\$307.05	38	\$307.05
39	\$310.99	39	\$310.99
40	\$314.94	40	\$314.94
41	\$320.85	41	\$320.85
42	\$326.52	42	\$326.52
43	\$334.41	43	\$334.41
44	\$344.26	44	\$344.26
45	\$355.84	45	\$355.84
46	\$369.65	46	\$369.65
47	\$385.17	47	\$385.17
48	\$402.91	48	\$402.91
49	\$420.41	49	\$420.41
50	\$440.12	50	\$440.12
51	\$459.59	51	\$459.59
52	\$481.03	52	\$481.03
53	\$502.72	53	\$502.72
54	\$526.13	54	\$526.13
55	\$549.54	55	\$549.54
56	\$574.92	56	\$574.92
57	\$600.55	57	\$600.55
58	\$627.90	58	\$627.90
59	\$641.46	59	\$641.46
60	\$668.81	60	\$668.81
61	\$692.47	61	\$692.47
62	\$707.99	62	\$707.99
63	\$727.46	63	\$727.46
64+	\$739.29	64+	\$739.29

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\$5/\$30/50%(\$150max)/50%(\$500max) \$200Ded T2,3,4

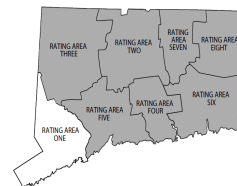
Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$214.69	0-17	\$214.69
18	\$214.69	18	\$214.69
19	\$214.69	19	\$214.69
20	\$214.69	20	\$214.69
21	\$338.10	21	\$338.10
22	\$338.10	22	\$338.10
23	\$338.10	23	\$338.10
24	\$338.10	24	\$338.10
25	\$339.45	25	\$339.45
26	\$346.21	26	\$346.21
27	\$354.33	27	\$354.33
28	\$367.51	28	\$367.51
29	\$378.33	29	\$378.33
30	\$383.74	30	\$383.74
31	\$391.86	31	\$391.86
32	\$399.97	32	\$399.97
33	\$405.04	33	\$405.04
34	\$410.45	34	\$410.45
35	\$413.16	35	\$413.16
36	\$415.86	36	\$415.86
37	\$418.57	37	\$418.57
38	\$421.27	38	\$421.27
39	\$426.68	39	\$426.68
40	\$432.09	40	\$432.09
41	\$440.21	41	\$440.21
42	\$447.98	42	\$447.98
43	\$458.80	43	\$458.80
44	\$472.33	44	\$472.33
45	\$488.22	45	\$488.22
46	\$507.15	46	\$507.15
47	\$528.45	47	\$528.45
48	\$552.79	48	\$552.79
49	\$576.80	49	\$576.80
50	\$603.85	50	\$603.85
51	\$630.56	51	\$630.56
52	\$659.97	52	\$659.97
53	\$689.72	53	\$689.72
54	\$721.84	54	\$721.84
55	\$753.96	55	\$753.96
56	\$788.79	56	\$788.79
57	\$823.95	57	\$823.95
58	\$861.48	58	\$861.48
59	\$880.07	59	\$880.07
60	\$917.60	60	\$917.60
61	\$950.06	61	\$950.06
62	\$971.36	62	\$971.36
63	\$998.07	63	\$998.07
64+	\$1014.30	64+	\$1014.30

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\$5/\$50/50%(\$150max)/50%(\$500max) \$200Ded T2,3,4

Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$193.74	0-17	\$193.74
18	\$193.74	18	\$193.74
19	\$193.74	19	\$193.74
20	\$193.74	20	\$193.74
21	\$305.11	21	\$305.11
22	\$305.11	22	\$305.11
23	\$305.11	23	\$305.11
24	\$305.11	24	\$305.11
25	\$306.33	25	\$306.33
26	\$312.43	26	\$312.43
27	\$319.76	27	\$319.76
28	\$331.65	28	\$331.65
29	\$341.42	29	\$341.42
30	\$346.30	30	\$346.30
31	\$353.62	31	\$353.62
32	\$360.95	32	\$360.95
33	\$365.52	33	\$365.52
34	\$370.40	34	\$370.40
35	\$372.84	35	\$372.84
36	\$375.29	36	\$375.29
37	\$377.73	37	\$377.73
38	\$380.17	38	\$380.17
39	\$385.05	39	\$385.05
40	\$389.93	40	\$389.93
41	\$397.25	41	\$397.25
42	\$404.27	42	\$404.27
43	\$414.03	43	\$414.03
44	\$426.24	44	\$426.24
45	\$440.58	45	\$440.58
46	\$457.67	46	\$457.67
47	\$476.89	47	\$476.89
48	\$498.85	48	\$498.85
49	\$520.52	49	\$520.52
50	\$544.93	50	\$544.93
51	\$569.03	51	\$569.03
52	\$595.57	52	\$595.57
53	\$622.42	53	\$622.42
54	\$651.41	54	\$651.41
55	\$680.40	55	\$680.40
56	\$711.82	56	\$711.82
57	\$743.55	57	\$743.55
58	\$777.42	58	\$777.42
59	\$794.20	59	\$794.20
60	\$828.07	60	\$828.07
61	\$857.36	61	\$857.36
62	\$876.58	62	\$876.58
63	\$900.68	63	\$900.68
64+	\$915.33	64+	\$915.33

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POS Upfront Deductible \$500 / \$1,000 - G

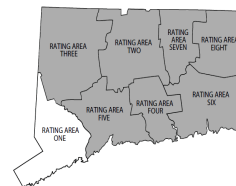
POS-OA-500U-30-40-G-IND

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 At renewal, all policyholders may be subject to a rate increase

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\$5/\$40/50%(\$150max)/50%(\$500max) \$200Ded T2,3,4

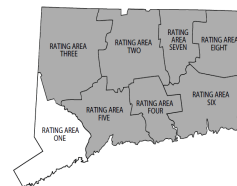
Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$219.98	0-17	\$219.98
18	\$219.98	18	\$219.98
19	\$219.98	19	\$219.98
20	\$219.98	20	\$219.98
21	\$346.43	21	\$346.43
22	\$346.43	22	\$346.43
23	\$346.43	23	\$346.43
24	\$346.43	24	\$346.43
25	\$347.82	25	\$347.82
26	\$354.74	26	\$354.74
27	\$363.06	27	\$363.06
28	\$376.57	28	\$376.57
29	\$387.66	29	\$387.66
30	\$393.20	30	\$393.20
31	\$401.51	31	\$401.51
32	\$409.83	32	\$409.83
33	\$415.02	33	\$415.02
34	\$420.57	34	\$420.57
35	\$423.34	35	\$423.34
36	\$426.11	36	\$426.11
37	\$428.88	37	\$428.88
38	\$431.65	38	\$431.65
39	\$437.19	39	\$437.19
40	\$442.74	40	\$442.74
41	\$451.05	41	\$451.05
42	\$459.02	42	\$459.02
43	\$470.11	43	\$470.11
44	\$483.96	44	\$483.96
45	\$500.24	45	\$500.24
46	\$519.65	46	\$519.65
47	\$541.47	47	\$541.47
48	\$566.41	48	\$566.41
49	\$591.01	49	\$591.01
50	\$618.72	50	\$618.72
51	\$646.09	51	\$646.09
52	\$676.23	52	\$676.23
53	\$706.72	53	\$706.72
54	\$739.63	54	\$739.63
55	\$772.54	55	\$772.54
56	\$808.22	56	\$808.22
57	\$844.25	57	\$844.25
58	\$882.70	58	\$882.70
59	\$901.76	59	\$901.76
60	\$940.21	60	\$940.21
61	\$973.47	61	\$973.47
62	\$995.29	62	\$995.29
63	\$1022.66	63	\$1022.66
64+	\$1039.29	64+	\$1039.29

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\$5/\$40/50%(\$150max)/50%(\$500max) \$200Ded T2,3,4

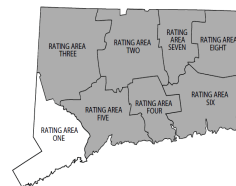
Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$205.29	0-17	\$205.29
18	\$205.29	18	\$205.29
19	\$205.29	19	\$205.29
20	\$205.29	20	\$205.29
21	\$323.29	21	\$323.29
22	\$323.29	22	\$323.29
23	\$323.29	23	\$323.29
24	\$323.29	24	\$323.29
25	\$324.58	25	\$324.58
26	\$331.05	26	\$331.05
27	\$338.81	27	\$338.81
28	\$351.42	28	\$351.42
29	\$361.76	29	\$361.76
30	\$366.93	30	\$366.93
31	\$374.69	31	\$374.69
32	\$382.45	32	\$382.45
33	\$387.30	33	\$387.30
34	\$392.47	34	\$392.47
35	\$395.06	35	\$395.06
36	\$397.65	36	\$397.65
37	\$400.23	37	\$400.23
38	\$402.82	38	\$402.82
39	\$407.99	39	\$407.99
40	\$413.16	40	\$413.16
41	\$420.92	41	\$420.92
42	\$428.36	42	\$428.36
43	\$438.70	43	\$438.70
44	\$451.64	44	\$451.64
45	\$466.83	45	\$466.83
46	\$484.94	46	\$484.94
47	\$505.30	47	\$505.30
48	\$528.58	48	\$528.58
49	\$551.53	49	\$551.53
50	\$577.40	50	\$577.40
51	\$602.94	51	\$602.94
52	\$631.06	52	\$631.06
53	\$659.51	53	\$659.51
54	\$690.22	54	\$690.22
55	\$720.94	55	\$720.94
56	\$754.24	56	\$754.24
57	\$787.86	57	\$787.86
58	\$823.74	58	\$823.74
59	\$841.52	59	\$841.52
60	\$877.41	60	\$877.41
61	\$908.44	61	\$908.44
62	\$928.81	62	\$928.81
63	\$954.35	63	\$954.35
64+	\$969.87	64+	\$969.87

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\$5/\$40/50%(\$150max)/50%(\$500max) \$200Ded T2,3,4

Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$195.16	0-17	\$195.16
18	\$195.16	18	\$195.16
19	\$195.16	19	\$195.16
20	\$195.16	20	\$195.16
21	\$307.34	21	\$307.34
22	\$307.34	22	\$307.34
23	\$307.34	23	\$307.34
24	\$307.34	24	\$307.34
25	\$308.57	25	\$308.57
26	\$314.72	26	\$314.72
27	\$322.09	27	\$322.09
28	\$334.08	28	\$334.08
29	\$343.91	29	\$343.91
30	\$348.83	30	\$348.83
31	\$356.21	31	\$356.21
32	\$363.58	32	\$363.58
33	\$368.19	33	\$368.19
34	\$373.11	34	\$373.11
35	\$375.57	35	\$375.57
36	\$378.03	36	\$378.03
37	\$380.49	37	\$380.49
38	\$382.95	38	\$382.95
39	\$387.86	39	\$387.86
40	\$392.78	40	\$392.78
41	\$400.16	41	\$400.16
42	\$407.23	42	\$407.23
43	\$417.06	43	\$417.06
44	\$429.35	44	\$429.35
45	\$443.80	45	\$443.80
46	\$461.01	46	\$461.01
47	\$480.37	47	\$480.37
48	\$502.50	48	\$502.50
49	\$524.32	49	\$524.32
50	\$548.91	50	\$548.91
51	\$573.19	51	\$573.19
52	\$599.93	52	\$599.93
53	\$626.97	53	\$626.97
54	\$656.17	54	\$656.17
55	\$685.37	55	\$685.37
56	\$717.02	56	\$717.02
57	\$748.99	57	\$748.99
58	\$783.10	58	\$783.10
59	\$800.01	59	\$800.01
60	\$834.12	60	\$834.12
61	\$863.63	61	\$863.63
62	\$882.99	62	\$882.99
63	\$907.27	63	\$907.27
64+	\$922.02	64+	\$922.02

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POS Upfront Deductible \$1,500 / \$3,000 - 30PCP - 50% - G

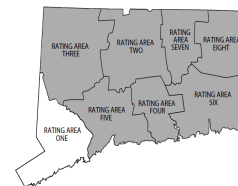
POS-OA-1500U-30PCP-50-G-IND

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\$5/\$40/50%(\$150max)/50%(\$500max) \$200Ded T2,3,4

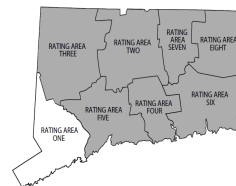
Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$170.66	0-17	\$170.66
18	\$170.66	18	\$170.66
19	\$170.66	19	\$170.66
20	\$170.66	20	\$170.66
21	\$268.75	21	\$268.75
22	\$268.75	22	\$268.75
23	\$268.75	23	\$268.75
24	\$268.75	24	\$268.75
25	\$269.83	25	\$269.83
26	\$275.20	26	\$275.20
27	\$281.65	27	\$281.65
28	\$292.13	28	\$292.13
29	\$300.73	29	\$300.73
30	\$305.03	30	\$305.03
31	\$311.48	31	\$311.48
32	\$317.93	32	\$317.93
33	\$321.96	33	\$321.96
34	\$326.26	34	\$326.26
35	\$328.41	35	\$328.41
36	\$330.56	36	\$330.56
37	\$332.71	37	\$332.71
38	\$334.86	38	\$334.86
39	\$339.16	39	\$339.16
40	\$343.46	40	\$343.46
41	\$349.91	41	\$349.91
42	\$356.09	42	\$356.09
43	\$364.69	43	\$364.69
44	\$375.44	44	\$375.44
45	\$388.08	45	\$388.08
46	\$403.13	46	\$403.13
47	\$420.06	47	\$420.06
48	\$439.41	48	\$439.41
49	\$458.49	49	\$458.49
50	\$479.99	50	\$479.99
51	\$501.22	51	\$501.22
52	\$524.60	52	\$524.60
53	\$548.25	53	\$548.25
54	\$573.78	54	\$573.78
55	\$599.31	55	\$599.31
56	\$626.99	56	\$626.99
57	\$654.94	57	\$654.94
58	\$684.78	58	\$684.78
59	\$699.56	59	\$699.56
60	\$729.39	60	\$729.39
61	\$755.19	61	\$755.19
62	\$772.12	62	\$772.12
63	\$793.35	63	\$793.35
64+	\$806.25	64+	\$806.25

Rates are subject to Department of Insurance approval. In addition, 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. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.

Rating Area 1

Fairfield County Towns

Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton



\$5/\$40/50%(\$150max)/50%(\$500max) \$200Ded T2,3,4

Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$162.04	0-17	\$162.04
18	\$162.04	18	\$162.04
19	\$162.04	19	\$162.04
20	\$162.04	20	\$162.04
21	\$255.18	21	\$255.18
22	\$255.18	22	\$255.18
23	\$255.18	23	\$255.18
24	\$255.18	24	\$255.18
25	\$256.20	25	\$256.20
26	\$261.30	26	\$261.30
27	\$267.43	27	\$267.43
28	\$277.38	28	\$277.38
29	\$285.55	29	\$285.55
30	\$289.63	30	\$289.63
31	\$295.75	31	\$295.75
32	\$301.88	32	\$301.88
33	\$305.71	33	\$305.71
34	\$309.79	34	\$309.79
35	\$311.83	35	\$311.83
36	\$313.87	36	\$313.87
37	\$315.91	37	\$315.91
38	\$317.95	38	\$317.95
39	\$322.04	39	\$322.04
40	\$326.12	40	\$326.12
41	\$332.24	41	\$332.24
42	\$338.11	42	\$338.11
43	\$346.28	43	\$346.28
44	\$356.49	44	\$356.49
45	\$368.48	45	\$368.48
46	\$382.77	46	\$382.77
47	\$398.85	47	\$398.85
48	\$417.22	48	\$417.22
49	\$435.34	49	\$435.34
50	\$455.75	50	\$455.75
51	\$475.91	51	\$475.91
52	\$498.11	52	\$498.11
53	\$520.57	53	\$520.57
54	\$544.81	54	\$544.81
55	\$569.05	55	\$569.05
56	\$595.33	56	\$595.33
57	\$621.87	57	\$621.87
58	\$650.20	58	\$650.20
59	\$664.23	59	\$664.23
60	\$692.56	60	\$692.56
61	\$717.06	61	\$717.06
62	\$733.13	62	\$733.13
63	\$753.29	63	\$753.29
64+	\$765.54	64+	\$765.54

Rates are subject to Department of Insurance approval. In addition, 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. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.

POS Upfront Deductible \$2,500 / \$5,000 - 20% - G

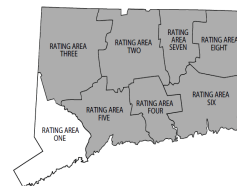
POS-OA-2500U-20-G-IND

Rates are based on the applicant's age as of the effective date
 At renewal, all policyholders may be subject to a rate increase

Rating Area 1

Fairfield County Towns

Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton



\$5/\$40/50%(\$150max)/50%(\$500max) \$200Ded T2,3,4

Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$167.01	0-17	\$167.01
18	\$167.01	18	\$167.01
19	\$167.01	19	\$167.01
20	\$167.01	20	\$167.01
21	\$263.00	21	\$263.00
22	\$263.00	22	\$263.00
23	\$263.00	23	\$263.00
24	\$263.00	24	\$263.00
25	\$264.05	25	\$264.05
26	\$269.31	26	\$269.31
27	\$275.62	27	\$275.62
28	\$285.88	28	\$285.88
29	\$294.30	29	\$294.30
30	\$298.51	30	\$298.51
31	\$304.82	31	\$304.82
32	\$311.13	32	\$311.13
33	\$315.07	33	\$315.07
34	\$319.28	34	\$319.28
35	\$321.39	35	\$321.39
36	\$323.49	36	\$323.49
37	\$325.59	37	\$325.59
38	\$327.70	38	\$327.70
39	\$331.91	39	\$331.91
40	\$336.11	40	\$336.11
41	\$342.43	41	\$342.43
42	\$348.48	42	\$348.48
43	\$356.89	43	\$356.89
44	\$367.41	44	\$367.41
45	\$379.77	45	\$379.77
46	\$394.50	46	\$394.50
47	\$411.07	47	\$411.07
48	\$430.01	48	\$430.01
49	\$448.68	49	\$448.68
50	\$469.72	50	\$469.72
51	\$490.50	51	\$490.50
52	\$513.38	52	\$513.38
53	\$536.52	53	\$536.52
54	\$561.51	54	\$561.51
55	\$586.49	55	\$586.49
56	\$613.58	56	\$613.58
57	\$640.93	57	\$640.93
58	\$670.12	58	\$670.12
59	\$684.59	59	\$684.59
60	\$713.78	60	\$713.78
61	\$739.03	61	\$739.03
62	\$755.60	62	\$755.60
63	\$776.38	63	\$776.38
64+	\$789.00	64+	\$789.00

Rates are subject to Department of Insurance approval. In addition, 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. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.

POS Upfront Deductible \$2,500/\$5,000 -30PCP-50%-G

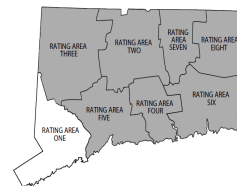
POS-OA-2500U-30PCP-50-G-IND

Rates are based on the applicant's age as of the effective date
 At renewal, all policyholders may be subject to a rate increase

Rating Area 1

Fairfield County Towns

Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton



\$5/\$40/50%(\$150max)/50%(\$500max) \$200Ded T2,3,4

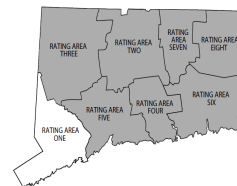
Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$160.36	0-17	\$160.36
18	\$160.36	18	\$160.36
19	\$160.36	19	\$160.36
20	\$160.36	20	\$160.36
21	\$252.53	21	\$252.53
22	\$252.53	22	\$252.53
23	\$252.53	23	\$252.53
24	\$252.53	24	\$252.53
25	\$253.54	25	\$253.54
26	\$258.59	26	\$258.59
27	\$264.65	27	\$264.65
28	\$274.50	28	\$274.50
29	\$282.58	29	\$282.58
30	\$286.62	30	\$286.62
31	\$292.68	31	\$292.68
32	\$298.74	32	\$298.74
33	\$302.53	33	\$302.53
34	\$306.57	34	\$306.57
35	\$308.59	35	\$308.59
36	\$310.61	36	\$310.61
37	\$312.63	37	\$312.63
38	\$314.65	38	\$314.65
39	\$318.69	39	\$318.69
40	\$322.73	40	\$322.73
41	\$328.79	41	\$328.79
42	\$334.60	42	\$334.60
43	\$342.68	43	\$342.68
44	\$352.78	44	\$352.78
45	\$364.65	45	\$364.65
46	\$378.80	46	\$378.80
47	\$394.70	47	\$394.70
48	\$412.89	48	\$412.89
49	\$430.82	49	\$430.82
50	\$451.02	50	\$451.02
51	\$470.97	51	\$470.97
52	\$492.94	52	\$492.94
53	\$515.16	53	\$515.16
54	\$539.15	54	\$539.15
55	\$563.14	55	\$563.14
56	\$589.15	56	\$589.15
57	\$615.42	57	\$615.42
58	\$643.45	58	\$643.45
59	\$657.34	59	\$657.34
60	\$685.37	60	\$685.37
61	\$709.61	61	\$709.61
62	\$725.52	62	\$725.52
63	\$745.47	63	\$745.47
64+	\$757.59	64+	\$757.59

Rates are subject to Department of Insurance approval. In addition, 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. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.

Rating Area 1

Fairfield County Towns

Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton



\$5/\$20/\$60/50%(\$500max) \$200Ded T2,3,4

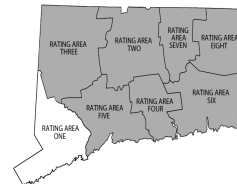
Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$149.64	0-17	\$149.64
18	\$149.64	18	\$149.64
19	\$149.64	19	\$149.64
20	\$149.64	20	\$149.64
21	\$235.66	21	\$235.66
22	\$235.66	22	\$235.66
23	\$235.66	23	\$235.66
24	\$235.66	24	\$235.66
25	\$236.60	25	\$236.60
26	\$241.32	26	\$241.32
27	\$246.97	27	\$246.97
28	\$256.16	28	\$256.16
29	\$263.70	29	\$263.70
30	\$267.47	30	\$267.47
31	\$273.13	31	\$273.13
32	\$278.79	32	\$278.79
33	\$282.32	33	\$282.32
34	\$286.09	34	\$286.09
35	\$287.98	35	\$287.98
36	\$289.86	36	\$289.86
37	\$291.75	37	\$291.75
38	\$293.63	38	\$293.63
39	\$297.40	39	\$297.40
40	\$301.17	40	\$301.17
41	\$306.83	41	\$306.83
42	\$312.25	42	\$312.25
43	\$319.79	43	\$319.79
44	\$329.22	44	\$329.22
45	\$340.29	45	\$340.29
46	\$353.49	46	\$353.49
47	\$368.34	47	\$368.34
48	\$385.30	48	\$385.30
49	\$402.04	49	\$402.04
50	\$420.89	50	\$420.89
51	\$439.51	51	\$439.51
52	\$460.01	52	\$460.01
53	\$480.75	53	\$480.75
54	\$503.13	54	\$503.13
55	\$525.52	55	\$525.52
56	\$549.79	56	\$549.79
57	\$574.30	57	\$574.30
58	\$600.46	58	\$600.46
59	\$613.42	59	\$613.42
60	\$639.58	60	\$639.58
61	\$662.20	61	\$662.20
62	\$677.05	62	\$677.05
63	\$695.67	63	\$695.67
64+	\$706.98	64+	\$706.98

Rates are subject to Department of Insurance approval. In addition, 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. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.

Rating Area 1

Fairfield County Towns

Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton



\$5/\$50/50%(\$150max)/50%(\$500max) after Ded

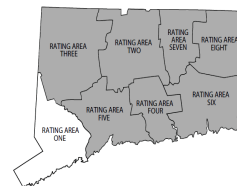
Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$177.72	0-17	\$177.72
18	\$177.72	18	\$177.72
19	\$177.72	19	\$177.72
20	\$177.72	20	\$177.72
21	\$279.88	21	\$279.88
22	\$279.88	22	\$279.88
23	\$279.88	23	\$279.88
24	\$279.88	24	\$279.88
25	\$281.00	25	\$281.00
26	\$286.60	26	\$286.60
27	\$293.31	27	\$293.31
28	\$304.23	28	\$304.23
29	\$313.19	29	\$313.19
30	\$317.66	30	\$317.66
31	\$324.38	31	\$324.38
32	\$331.10	32	\$331.10
33	\$335.30	33	\$335.30
34	\$339.77	34	\$339.77
35	\$342.01	35	\$342.01
36	\$344.25	36	\$344.25
37	\$346.49	37	\$346.49
38	\$348.73	38	\$348.73
39	\$353.21	39	\$353.21
40	\$357.69	40	\$357.69
41	\$364.40	41	\$364.40
42	\$370.84	42	\$370.84
43	\$379.80	43	\$379.80
44	\$390.99	44	\$390.99
45	\$404.15	45	\$404.15
46	\$419.82	46	\$419.82
47	\$437.45	47	\$437.45
48	\$457.60	48	\$457.60
49	\$477.48	49	\$477.48
50	\$499.87	50	\$499.87
51	\$521.98	51	\$521.98
52	\$546.33	52	\$546.33
53	\$570.96	53	\$570.96
54	\$597.54	54	\$597.54
55	\$624.13	55	\$624.13
56	\$652.96	56	\$652.96
57	\$682.07	57	\$682.07
58	\$713.13	58	\$713.13
59	\$728.53	59	\$728.53
60	\$759.59	60	\$759.59
61	\$786.46	61	\$786.46
62	\$804.10	62	\$804.10
63	\$826.21	63	\$826.21
64+	\$839.64	64+	\$839.64

Rates are subject to Department of Insurance approval. In addition, 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. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.

Rating Area 1

Fairfield County Towns

Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton



\$5/\$25/\$60/50%(\$500max) after Ded

Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$129.09	0-17	\$129.09
18	\$129.09	18	\$129.09
19	\$129.09	19	\$129.09
20	\$129.09	20	\$129.09
21	\$203.29	21	\$203.29
22	\$203.29	22	\$203.29
23	\$203.29	23	\$203.29
24	\$203.29	24	\$203.29
25	\$204.10	25	\$204.10
26	\$208.17	26	\$208.17
27	\$213.05	27	\$213.05
28	\$220.98	28	\$220.98
29	\$227.48	29	\$227.48
30	\$230.73	30	\$230.73
31	\$235.61	31	\$235.61
32	\$240.49	32	\$240.49
33	\$243.54	33	\$243.54
34	\$246.79	34	\$246.79
35	\$248.42	35	\$248.42
36	\$250.05	36	\$250.05
37	\$251.67	37	\$251.67
38	\$253.30	38	\$253.30
39	\$256.55	39	\$256.55
40	\$259.80	40	\$259.80
41	\$264.68	41	\$264.68
42	\$269.36	42	\$269.36
43	\$275.86	43	\$275.86
44	\$284.00	44	\$284.00
45	\$293.55	45	\$293.55
46	\$304.94	46	\$304.94
47	\$317.74	47	\$317.74
48	\$332.38	48	\$332.38
49	\$346.81	49	\$346.81
50	\$363.08	50	\$363.08
51	\$379.14	51	\$379.14
52	\$396.82	52	\$396.82
53	\$414.71	53	\$414.71
54	\$434.02	54	\$434.02
55	\$453.34	55	\$453.34
56	\$474.28	56	\$474.28
57	\$495.42	57	\$495.42
58	\$517.98	58	\$517.98
59	\$529.16	59	\$529.16
60	\$551.73	60	\$551.73
61	\$571.24	61	\$571.24
62	\$584.05	62	\$584.05
63	\$600.11	63	\$600.11
64+	\$609.87	64+	\$609.87

Rates are subject to Department of Insurance approval. In addition, 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. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.

POS HDHP \$5,350 / \$10,700 Combined Deductible - G

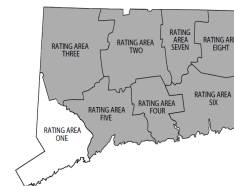
POS-HSA-5350I-10700F-G-IND

Rates are based on the applicant's age as of the effective date
 At renewal, all policyholders may be subject to a rate increase

Rating Area 1

Fairfield County Towns

Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton



\$5/\$60/50%(\$150max)/50%(\$500max) after Ded

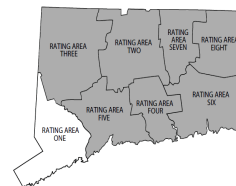
Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$143.13	0-17	\$143.13
18	\$143.13	18	\$143.13
19	\$143.13	19	\$143.13
20	\$143.13	20	\$143.13
21	\$225.40	21	\$225.40
22	\$225.40	22	\$225.40
23	\$225.40	23	\$225.40
24	\$225.40	24	\$225.40
25	\$226.30	25	\$226.30
26	\$230.81	26	\$230.81
27	\$236.22	27	\$236.22
28	\$245.01	28	\$245.01
29	\$252.22	29	\$252.22
30	\$255.83	30	\$255.83
31	\$261.24	31	\$261.24
32	\$266.65	32	\$266.65
33	\$270.03	33	\$270.03
34	\$273.64	34	\$273.64
35	\$275.44	35	\$275.44
36	\$277.24	36	\$277.24
37	\$279.05	37	\$279.05
38	\$280.85	38	\$280.85
39	\$284.45	39	\$284.45
40	\$288.06	40	\$288.06
41	\$293.47	41	\$293.47
42	\$298.66	42	\$298.66
43	\$305.87	43	\$305.87
44	\$314.88	44	\$314.88
45	\$325.48	45	\$325.48
46	\$338.10	46	\$338.10
47	\$352.30	47	\$352.30
48	\$368.53	48	\$368.53
49	\$384.53	49	\$384.53
50	\$402.56	50	\$402.56
51	\$420.37	51	\$420.37
52	\$439.98	52	\$439.98
53	\$459.82	53	\$459.82
54	\$481.23	54	\$481.23
55	\$502.64	55	\$502.64
56	\$525.86	56	\$525.86
57	\$549.30	57	\$549.30
58	\$574.32	58	\$574.32
59	\$586.72	59	\$586.72
60	\$611.74	60	\$611.74
61	\$633.37	61	\$633.37
62	\$647.57	62	\$647.57
63	\$665.38	63	\$665.38
64+	\$676.20	64+	\$676.20

Rates are subject to Department of Insurance approval. In addition, 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. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.

Rating Area 1

Fairfield County Towns

Bethel, Bridgeport, Brookfield, Danbury, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, New Fairfield, Newtown, Norwalk, Redding, Ridgefield, Shelton, Sherman, Stamford, Stratford, Trumbull, Weston, Westport, Wilton



\$5/\$60/50%(\$150max)/50%(\$500max) after Ded

Non Tobacco		Tobacco	
Age	Rate	Age	Rate
0-17	\$139.06	0-17	\$139.06
18	\$139.06	18	\$139.06
19	\$139.06	19	\$139.06
20	\$139.06	20	\$139.06
21	\$218.99	21	\$218.99
22	\$218.99	22	\$218.99
23	\$218.99	23	\$218.99
24	\$218.99	24	\$218.99
25	\$219.87	25	\$219.87
26	\$224.25	26	\$224.25
27	\$229.50	27	\$229.50
28	\$238.04	28	\$238.04
29	\$245.05	29	\$245.05
30	\$248.55	30	\$248.55
31	\$253.81	31	\$253.81
32	\$259.07	32	\$259.07
33	\$262.35	33	\$262.35
34	\$265.85	34	\$265.85
35	\$267.61	35	\$267.61
36	\$269.36	36	\$269.36
37	\$271.11	37	\$271.11
38	\$272.86	38	\$272.86
39	\$276.37	39	\$276.37
40	\$279.87	40	\$279.87
41	\$285.12	41	\$285.12
42	\$290.16	42	\$290.16
43	\$297.17	43	\$297.17
44	\$305.93	44	\$305.93
45	\$316.22	45	\$316.22
46	\$328.49	46	\$328.49
47	\$342.28	47	\$342.28
48	\$358.05	48	\$358.05
49	\$373.60	49	\$373.60
50	\$391.12	50	\$391.12
51	\$408.42	51	\$408.42
52	\$427.47	52	\$427.47
53	\$446.74	53	\$446.74
54	\$467.54	54	\$467.54
55	\$488.35	55	\$488.35
56	\$510.90	56	\$510.90
57	\$533.68	57	\$533.68
58	\$557.99	58	\$557.99
59	\$570.03	59	\$570.03
60	\$594.34	60	\$594.34
61	\$615.36	61	\$615.36
62	\$629.16	62	\$629.16
63	\$646.46	63	\$646.46
64+	\$656.97	64+	\$656.97

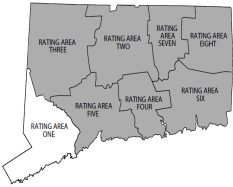
Rates are subject to Department of Insurance approval. In addition, rates and benefits are subject to change based on any state or federal mandate or other regulatory requirements that are imposed at any time after the policy is effective and which materially affect the existing rates. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.

Rates are based on the applicant's age as of the effective date
 At renewal, all policyholders may be subject to a rate increase

Rating Area 1

Fairfield County Towns

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Individual Adult Dental

Age	Rate
0-18	\$0.00
19+	\$20.50

Rates are subject to Department of Insurance approval. In addition, 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. Actual monthly premiums are based on final enrollment. Covered dependents age 21 and older have an age specific rate. Dependents, age 20 and younger, will have a one per child rate and applies to the first 3 children. All other children are covered but their premium is not included in the total medical premium calculation. Any change in eligibility could impact the final premium rate.