

**Preliminary Budget Summary
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009**

This renewal is based on claims from the experience period 03/01/2008 through 02/28/2009. The trend period used in the renewal calculation is from 08/30/2008 through 12/31/2009. It reflects the anticipated change in claim cost and utilization from the experience period to the renewal period.

	Coverage Category				
Renewal Highlights:	Medical	Drug	Dental	Vision	Total
<i>CURRENT PREMIUM</i>	4,188,800	1,044,166	358,276	17,536	5,608,778
<i>REQUIRED PREMIUM</i>	\$4,561,917	\$1,209,960	\$341,492	\$18,387	\$6,131,756
% DIFFERENCE	8.91%	15.88%	-4.68%	4.85%	9.32%
<i>ANNUAL TREND</i>	11.99%	12.81%	8.10%	1.00%	

These preliminary numbers are a projection only. These assumptions are based on 368 Medical contracts, 368 drug contracts, 405 Dental contracts and 167 Vision contracts, a non-standard commission amount of \$86,109, and an experience period of March 1, 2008 through February 28, 2009.

The fully insured rates included in this report reflect the adjusted pricing available through the Anthem Alliance Program (Tier 1). The total premium savings is \$216,661.



Report 2

Rates by Health Benefit Plan
Current-vs-Renewal
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973001		1	FULL DENTAL	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
			CENTURY 90	269	270.44	540.84	688.14	540.84	688.14	293.97	587.90	748.02	587.90	748.02	8.70%
			HOSPITAL,RX,\$0.00/\$0.00	1557	666.04	1,361.71	1,758.68	1,361.71	1,758.68	719.84	1,468.55	1,897.58	1,468.55	1,897.58	8.08%
			Total HBP		967.58	1,983.48	2,546.47	1,983.48	2,546.47	1,043.45	2,133.59	2,740.58	2,133.59	2,740.58	7.84%
002973001		2	FULL DENTAL	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
			Total HBP		31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
002973001		3	FULL DENTAL	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
			Total HBP		31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
002973002		1	CENTURY 90,\$5.00	273	302.66	605.26	797.51	605.26	797.51	328.99	657.93	866.91	657.93	866.91	8.70%
			HOSPITAL,\$0.00/\$0.00	1896	500.88	1,031.39	1,306.30	1,031.39	1,306.30	540.31	1,109.49	1,405.83	1,109.49	1,405.83	7.87%
			Total HBP		803.54	1,636.65	2,103.81	1,636.65	2,103.81	869.30	1,767.42	2,272.74	1,767.42	2,272.74	8.18%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

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Renewal Effective Date: July 1, 2009**

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973004		1	FLEX DENTAL	48	39.72	101.61	132.90	101.61	132.90	37.86	96.85	126.67	96.85	126.67	-4.68%
			CENTURY PREFERRED,\$10.00	658	539.56	1,079.80	1,392.81	1,079.80	1,392.81	581.81	1,164.26	1,501.77	1,164.26	1,501.77	7.83%
			3-TIER MGDRX,\$5/\$10/\$20	13401	<u>120.08</u>	<u>336.24</u>	<u>408.32</u>	<u>336.24</u>	<u>408.32</u>	<u>153.96</u>	<u>431.10</u>	<u>523.51</u>	<u>431.10</u>	<u>523.51</u>	28.21%
			Total HBP		699.36	1,517.65	1,934.03	1,517.65	1,934.03	773.63	1,692.21	2,151.95	1,692.21	2,151.95	10.62%
002973004		2	FLEX DENTAL	48	<u>39.72</u>	<u>101.61</u>	<u>132.90</u>	<u>101.61</u>	<u>132.90</u>	<u>37.86</u>	<u>96.85</u>	<u>126.67</u>	<u>96.85</u>	<u>126.67</u>	-4.68%
			Total HBP		39.72	101.61	132.90	101.61	132.90	37.86	96.85	126.67	96.85	126.67	-4.68%
002973004		3	FLEX DENTAL	48	39.72	101.61	132.90	101.61	132.90	37.86	96.85	126.67	96.85	126.67	-4.68%
			BLUECARE POS,\$5.00/\$10.00	9680	514.46	1,029.68	1,328.06	1,029.68	1,328.06	562.32	1,125.43	1,451.57	1,125.43	1,451.57	9.30%
			3-TIER RX,\$5/\$10/\$20	13431	<u>120.08</u>	<u>336.24</u>	<u>408.32</u>	<u>336.24</u>	<u>408.32</u>	<u>153.96</u>	<u>431.10</u>	<u>523.51</u>	<u>431.10</u>	<u>523.51</u>	28.21%
			Total HBP		674.26	1,467.53	1,869.28	1,467.53	1,869.28	754.14	1,653.38	2,101.75	1,653.38	2,101.75	11.85%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

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Report 2

**Rates by Health Benefit Plan
Current-vs-Renewal
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009**

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973008		1	FULL DENTAL,AD	746	37.15	94.26	126.28	94.26	126.28	35.41	89.84	120.36	89.84	120.36	-4.68%
			3-TIER MGDRX,\$10/\$15/\$25	3873	91.62	256.57	311.56	256.57	311.56	98.58	276.04	335.21	276.04	335.21	7.60%
			CENTURY PREFERRED,\$15.00	6648	<u>529.56</u>	<u>1,059.08</u>	<u>1,366.28</u>	<u>1,059.08</u>	<u>1,366.28</u>	<u>567.34</u>	<u>1,134.64</u>	<u>1,463.73</u>	<u>1,134.64</u>	<u>1,463.73</u>	7.13%
			Total HBP		658.33	1,409.91	1,804.12	1,409.91	1,804.12	701.33	1,500.52	1,919.30	1,500.52	1,919.30	6.53%
002973015		1	FULL DENTAL	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
			CENTURY PREFERRED,\$20.00	13282	516.29	1,033.25	1,332.76	1,033.25	1,332.76	550.69	1,102.06	1,421.53	1,102.06	1,421.53	6.66%
			3-TIER MGDRX,\$5/\$15/\$30	13430	<u>112.95</u>	<u>316.29</u>	<u>384.10</u>	<u>316.29</u>	<u>384.10</u>	<u>148.95</u>	<u>417.08</u>	<u>506.49</u>	<u>417.08</u>	<u>506.49</u>	31.87%
			Total HBP		660.34	1,430.47	1,816.51	1,430.47	1,816.51	729.28	1,596.28	2,023.00	1,596.28	2,023.00	10.44%
002973015		4	FULL DENTAL	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
			BLUECARE POS,\$10.00/\$10.00	13281	494.80	990.36	1,277.34	990.36	1,277.34	552.57	1,105.93	1,426.41	1,105.93	1,426.41	11.68%
			3-TIER RX,\$5/\$15/\$30	13406	<u>112.95</u>	<u>316.29</u>	<u>384.10</u>	<u>316.29</u>	<u>384.10</u>	<u>148.95</u>	<u>417.08</u>	<u>506.49</u>	<u>417.08</u>	<u>506.49</u>	31.87%
			Total HBP		638.85	1,387.58	1,761.09	1,387.58	1,761.09	731.16	1,600.15	2,027.88	1,600.15	2,027.88	14.45%

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Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973016		1	FULL DENTAL,AD	746	37.15	94.26	134.78	94.26	134.78	35.41	89.84	128.47	89.84	128.47	-4.68%
			CENTURY PREFERRED,\$20.00	13282	516.29	1,033.25	1,332.76	1,033.25	1,332.76	550.69	1,102.06	1,421.53	1,102.06	1,421.53	6.66%
			3-TIER MGDRX,\$5/\$15/\$30	13430	<u>112.95</u>	<u>316.29</u>	<u>384.10</u>	<u>316.29</u>	<u>384.10</u>	<u>148.95</u>	<u>417.08</u>	<u>506.49</u>	<u>417.08</u>	<u>506.49</u>	31.87%
			Total HBP		666.39	1,443.80	1,851.64	1,443.80	1,851.64	735.05	1,608.98	2,056.49	1,608.98	2,056.49	10.30%
002973016		2	FULL DENTAL	50	<u>31.10</u>	<u>80.93</u>	<u>99.65</u>	<u>80.93</u>	<u>99.65</u>	<u>29.64</u>	<u>77.14</u>	<u>94.98</u>	<u>77.14</u>	<u>94.98</u>	-4.69%
			Total HBP		31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
002973016		3	FULL DENTAL,AD	746	37.15	94.26	134.78	94.26	134.78	35.41	89.84	128.47	89.84	128.47	-4.68%
			BLUECARE POS,\$10.00/\$10.00	13281	494.80	990.36	1,277.34	990.36	1,277.34	552.57	1,105.93	1,426.41	1,105.93	1,426.41	11.68%
			3-TIER RX,\$5/\$15/\$30	13406	<u>112.95</u>	<u>316.29</u>	<u>384.10</u>	<u>316.29</u>	<u>384.10</u>	<u>148.95</u>	<u>417.08</u>	<u>506.49</u>	<u>417.08</u>	<u>506.49</u>	31.87%
			Total HBP		644.90	1,400.91	1,796.22	1,400.91	1,796.22	736.93	1,612.85	2,061.37	1,612.85	2,061.37	14.27%

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Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973018		1	FULL DENTAL,A	123	37.15	94.26	116.75	94.26	116.75	35.41	89.84	111.28	89.84	111.28	-4.68%
			3-TIER MGDRX,\$10/\$15/\$25	3873	91.62	256.57	311.56	256.57	311.56	98.58	276.04	335.21	276.04	335.21	7.60%
			CENTURY PREFERRED,\$15.00	6648	<u>529.56</u>	<u>1,059.08</u>	<u>1,366.28</u>	<u>1,059.08</u>	<u>1,366.28</u>	<u>567.34</u>	<u>1,134.64</u>	<u>1,463.73</u>	<u>1,134.64</u>	<u>1,463.73</u>	7.13%
			Total HBP		658.33	1,409.91	1,794.59	1,409.91	1,794.59	701.33	1,500.52	1,910.22	1,500.52	1,910.22	6.53%
002973018		2	FULL DENTAL,A	123	<u>37.15</u>	<u>94.26</u>	<u>116.75</u>	<u>94.26</u>	<u>116.75</u>	<u>35.41</u>	<u>89.84</u>	<u>111.28</u>	<u>89.84</u>	<u>111.28</u>	-4.68%
			Total HBP		37.15	94.26	116.75	94.26	116.75	35.41	89.84	111.28	89.84	111.28	-4.68%
002973019		1	FULL DENTAL	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
			3-TIER MGDRX,\$10/\$15/\$25	3873	91.62	256.57	311.56	256.57	311.56	98.58	276.04	335.21	276.04	335.21	7.60%
			CENTURY PREFERRED,\$15.00	6648	<u>529.56</u>	<u>1,059.08</u>	<u>1,366.28</u>	<u>1,059.08</u>	<u>1,366.28</u>	<u>567.34</u>	<u>1,134.64</u>	<u>1,463.73</u>	<u>1,134.64</u>	<u>1,463.73</u>	7.13%
			Total HBP		652.28	1,396.58	1,777.49	1,396.58	1,777.49	695.56	1,487.82	1,893.92	1,487.82	1,893.92	6.64%

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Rates by Health Benefit Plan Current-vs-Renewal Anthem Alliance Program - Tier 1 Seymour: Town And Board Of Education Renewal Effective Date: July 1, 2009

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973019		2	FULL DENTAL	50	<u>31.10</u>	<u>80.93</u>	<u>99.65</u>	<u>80.93</u>	<u>99.65</u>	<u>29.64</u>	<u>77.14</u>	<u>94.98</u>	<u>77.14</u>	<u>94.98</u>	-4.69%
			Total HBP		31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
002973022	C	1	FULL DENTAL	50	31.72	82.55	101.64	82.55	101.64	30.23	78.68	96.88	78.68	96.88	-4.70%
			CENTURY PREFERRED,\$20.00	13282	516.29	1,033.25	1,332.76	1,033.25	1,332.76	561.70	1,124.10	1,449.96	1,124.10	1,449.96	8.80%
			3-TIER MGDRX,\$5/\$15/\$30	13430	<u>112.95</u>	<u>316.29</u>	<u>384.10</u>	<u>316.29</u>	<u>384.10</u>	<u>151.93</u>	<u>425.42</u>	<u>516.62</u>	<u>425.42</u>	<u>516.62</u>	34.51%
			Total HBP		660.96	1,432.09	1,818.50	1,432.09	1,818.50	743.86	1,628.20	2,063.46	1,628.20	2,063.46	12.54%
002973025		1	FULL DENTAL	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
			3-TIER RX,\$10/\$15/\$25	5447	91.62	256.57	311.56	256.57	311.56	98.58	276.04	335.21	276.04	335.21	7.60%
			BLUECARE,\$5.00	9511	<u>496.14</u>	<u>992.54</u>	<u>1,280.30</u>	<u>992.54</u>	<u>1,280.30</u>	<u>547.11</u>	<u>1,094.45</u>	<u>1,411.76</u>	<u>1,094.45</u>	<u>1,411.76</u>	10.27%
			Total HBP		618.86	1,330.04	1,691.51	1,330.04	1,691.51	675.33	1,447.63	1,841.95	1,447.63	1,841.95	9.12%

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					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973027		1	FLEX DENTAL	48	<u>39.72</u>	<u>101.61</u>	<u>132.90</u>	<u>101.61</u>	<u>132.90</u>	<u>37.86</u>	<u>96.85</u>	<u>126.67</u>	<u>96.85</u>	<u>126.67</u>	-4.68%
			Total HBP		39.72	101.61	132.90	101.61	132.90	37.86	96.85	126.67	96.85	126.67	-4.68%
002973029		1	FULL DENTAL,AD	746	37.15	94.26	126.28	94.26	126.28	35.41	89.84	120.36	89.84	120.36	-4.68%
			3-TIER RX,\$10/\$15/\$25	5447	91.62	256.57	311.56	256.57	311.56	98.58	276.04	335.21	276.04	335.21	7.60%
			BLUECARE,\$5.00	9511	<u>496.14</u>	<u>992.54</u>	<u>1,280.30</u>	<u>992.54</u>	<u>1,280.30</u>	<u>547.11</u>	<u>1,094.45</u>	<u>1,411.76</u>	<u>1,094.45</u>	<u>1,411.76</u>	10.27%
			Total HBP		624.91	1,343.37	1,718.14	1,343.37	1,718.14	681.10	1,460.33	1,867.33	1,460.33	1,867.33	8.99%
002973032		1	FULL DENTAL,A	123	37.15	94.26	116.75	94.26	116.75	35.41	89.84	111.28	89.84	111.28	-4.68%
			3-TIER RX,\$10/\$15/\$25	5447	91.62	256.57	311.56	256.57	311.56	98.58	276.04	335.21	276.04	335.21	7.60%
			BLUECARE,\$5.00	9511	<u>496.14</u>	<u>992.54</u>	<u>1,280.30</u>	<u>992.54</u>	<u>1,280.30</u>	<u>547.11</u>	<u>1,094.45</u>	<u>1,411.76</u>	<u>1,094.45</u>	<u>1,411.76</u>	10.27%
			Total HBP		624.91	1,343.37	1,708.61	1,343.37	1,708.61	681.10	1,460.33	1,858.25	1,460.33	1,858.25	8.99%

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					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973032		2	FULL DENTAL,A	123	<u>37.15</u>	<u>94.26</u>	<u>116.75</u>	<u>94.26</u>	<u>116.75</u>	<u>35.41</u>	<u>89.84</u>	<u>111.28</u>	<u>89.84</u>	<u>111.28</u>	-4.68%
				Total HBP	37.15	94.26	116.75	94.26	116.75	35.41	89.84	111.28	89.84	111.28	-4.68%
002973033		1	FULL DENTAL	50	<u>31.10</u>	<u>80.93</u>	<u>99.65</u>	<u>80.93</u>	<u>99.65</u>	<u>29.64</u>	<u>77.14</u>	<u>94.98</u>	<u>77.14</u>	<u>94.98</u>	-4.69%
				Total HBP	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
002973035	C	1	FULL DENTAL,A 3-TIER RX,\$10/\$15/\$25 BLUECARE,\$5.00	123 5447 9511	37.89 93.46 <u>506.06</u>	96.15 261.70 <u>1,012.39</u>	119.07 317.79 <u>1,305.91</u>	96.15 261.70 <u>1,012.39</u>	119.07 317.79 <u>1,305.91</u>	36.12 100.55 <u>558.05</u>	91.64 281.56 <u>1,116.34</u>	113.51 341.91 <u>1,440.00</u>	91.64 281.56 <u>1,116.34</u>	113.51 341.91 <u>1,440.00</u>	-4.67% 7.59% 10.27%
				Total HBP	637.41	1,370.24	1,742.77	1,370.24	1,742.77	694.72	1,489.54	1,895.42	1,489.54	1,895.42	8.99%
002973035	C	2	FULL DENTAL,A	123	<u>37.89</u>	<u>96.14</u>	<u>119.08</u>	<u>96.14</u>	<u>119.08</u>	<u>36.12</u>	<u>91.64</u>	<u>113.51</u>	<u>91.64</u>	<u>113.51</u>	-4.67%
				Total HBP	37.89	96.14	119.08	96.14	119.08	36.12	91.64	113.51	91.64	113.51	-4.67%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

Note: Rate adjustments by product may vary from the overall premium adjustment percentage. This is the result of underwriting adjustments at the product level to assure the adequacy of premium, regardless of an employee product selection.



Report 2

**Rates by Health Benefit Plan
Current-vs-Renewal
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009**

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973036		1	FULL DENTAL	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
			3-TIER RX,\$10/\$15/\$25	5447	91.62	256.57	311.56	256.57	311.56	98.58	276.04	335.21	276.04	335.21	7.60%
			BLUECARE POS,\$15.00/\$20.00	11471	<u>501.27</u>	<u>1,003.62</u>	<u>1,294.29</u>	<u>1,003.62</u>	<u>1,294.29</u>	<u>546.52</u>	<u>1,093.80</u>	<u>1,410.79</u>	<u>1,093.80</u>	<u>1,410.79</u>	9.03%
			Total HBP		623.99	1,341.12	1,705.50	1,341.12	1,705.50	674.74	1,446.98	1,840.98	1,446.98	1,840.98	8.13%
002973037		1	FULL DENTAL,A	123	37.15	94.26	116.75	94.26	116.75	35.41	89.84	111.28	89.84	111.28	-4.68%
			3-TIER RX,\$10/\$15/\$25	5447	91.62	256.57	311.56	256.57	311.56	98.58	276.04	335.21	276.04	335.21	7.60%
			BLUECARE POS,\$15.00/\$20.00	11471	<u>501.27</u>	<u>1,003.62</u>	<u>1,294.29</u>	<u>1,003.62</u>	<u>1,294.29</u>	<u>546.52</u>	<u>1,093.80</u>	<u>1,410.79</u>	<u>1,093.80</u>	<u>1,410.79</u>	9.03%
			Total HBP		630.04	1,354.45	1,722.60	1,354.45	1,722.60	680.51	1,459.68	1,857.28	1,459.68	1,857.28	8.01%
002973038		1	FULL DENTAL,AD	746	37.15	94.26	126.28	94.26	126.28	35.41	89.84	120.36	89.84	120.36	-4.68%
			3-TIER RX,\$10/\$15/\$25	5447	91.62	256.57	311.56	256.57	311.56	98.58	276.04	335.21	276.04	335.21	7.60%
			BLUECARE POS,\$15.00/\$20.00	11471	<u>501.27</u>	<u>1,003.62</u>	<u>1,294.29</u>	<u>1,003.62</u>	<u>1,294.29</u>	<u>546.52</u>	<u>1,093.80</u>	<u>1,410.79</u>	<u>1,093.80</u>	<u>1,410.79</u>	9.03%
			Total HBP		630.04	1,354.45	1,732.13	1,354.45	1,732.13	680.51	1,459.68	1,866.36	1,459.68	1,866.36	8.01%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

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Report 2

**Rates by Health Benefit Plan
Current-vs-Renewal
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009**

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973045	C	1	FULL DENTAL 3-TIER RX,\$10/\$15/\$25 BLUECARE,\$5.00	50	31.72	82.55	101.64	82.55	101.64	29.64	77.14	94.98	77.14	94.98	-6.56%
				5447	93.46	261.70	317.79	261.70	317.79	98.58	276.04	335.21	276.04	335.21	5.48%
				9511	<u>506.06</u>	<u>1,012.39</u>	<u>1,305.91</u>	<u>1,012.39</u>	<u>1,305.91</u>	<u>547.11</u>	<u>1,094.45</u>	<u>1,411.76</u>	<u>1,094.45</u>	<u>1,411.76</u>	8.11%
				Total HBP	631.24	1,356.64	1,725.34	1,356.64	1,725.34	675.33	1,447.63	1,841.95	1,447.63	1,841.95	6.98%
002973045	C	2	FULL DENTAL	50	<u>31.72</u>	<u>82.54</u>	<u>101.64</u>	<u>82.54</u>	<u>101.64</u>	<u>30.23</u>	<u>78.68</u>	<u>96.88</u>	<u>78.68</u>	<u>96.88</u>	-4.70%
				Total HBP	31.72	82.54	101.64	82.54	101.64	30.23	78.68	96.88	78.68	96.88	-4.70%
002973046	C	1	FULL DENTAL CENTURY 90 HOSPITAL,RX,\$0.00/\$0.00	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
				269	270.44	540.84	688.14	540.84	688.14	293.97	587.90	748.02	587.90	748.02	8.70%
				1557	<u>666.04</u>	<u>1,361.71</u>	<u>1,758.68</u>	<u>1,361.71</u>	<u>1,758.68</u>	<u>719.84</u>	<u>1,468.55</u>	<u>1,897.58</u>	<u>1,468.55</u>	<u>1,897.58</u>	8.08%
				Total HBP	967.58	1,983.48	2,546.47	1,983.48	2,546.47	1,043.45	2,133.59	2,740.58	2,133.59	2,740.58	7.84%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

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Report 2
Rates by Health Benefit Plan
Current-vs-Renewal
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973046	C	2	FULL DENTAL	50	<u>31.72</u>	<u>82.55</u>	<u>101.64</u>	<u>82.55</u>	<u>101.64</u>	<u>30.23</u>	<u>78.68</u>	<u>96.88</u>	<u>78.68</u>	<u>96.88</u>	-4.70%
			Total HBP		31.72	82.55	101.64	82.55	101.64	30.23	78.68	96.88	78.68	96.88	-4.70%
002973046	C	3	FULL DENTAL	50	<u>31.72</u>	<u>82.54</u>	<u>101.64</u>	<u>82.54</u>	<u>101.64</u>	<u>30.23</u>	<u>78.68</u>	<u>96.88</u>	<u>78.68</u>	<u>96.88</u>	-4.70%
			Total HBP		31.72	82.54	101.64	82.54	101.64	30.23	78.68	96.88	78.68	96.88	-4.70%
002973047	C	1	FLEX DENTAL	48	40.51	103.64	135.55	103.64	135.55	37.86	96.85	126.67	96.85	126.67	-6.54%
			CENTURY PREFERRED,\$10.00	658	550.35	1,101.40	1,420.67	1,101.40	1,420.67	581.81	1,164.26	1,501.77	1,164.26	1,501.77	5.72%
			3-TIER MGDRX,\$5/\$10/\$20	13401	<u>120.08</u>	<u>336.24</u>	<u>408.32</u>	<u>336.24</u>	<u>408.32</u>	<u>153.96</u>	<u>431.10</u>	<u>523.51</u>	<u>431.10</u>	<u>523.51</u>	28.21%
			Total HBP		710.94	1,541.28	1,964.54	1,541.28	1,964.54	773.63	1,692.21	2,151.95	1,692.21	2,151.95	8.82%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

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Report 2

**Rates by Health Benefit Plan
Current-vs-Renewal
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009**

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973048		1	FULL DENTAL	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
			BLUECARE POS,\$10.00/\$10.00	13281	494.80	990.36	1,277.34	990.36	1,277.34	552.57	1,105.93	1,426.41	1,105.93	1,426.41	11.68%
			3-TIER RX,\$5/\$15/\$30	13406	<u>112.95</u>	<u>316.29</u>	<u>384.10</u>	<u>316.29</u>	<u>384.10</u>	<u>148.95</u>	<u>417.08</u>	<u>506.49</u>	<u>417.08</u>	<u>506.49</u>	31.87%
			Total HBP		638.85	1,387.58	1,761.09	1,387.58	1,761.09	731.16	1,600.15	2,027.88	1,600.15	2,027.88	14.45%
002973048		2	FULL DENTAL,AD	746	37.15	94.26	134.78	94.26	134.78	35.41	89.84	128.47	89.84	128.47	-4.68%
			BLUECARE POS,\$10.00/\$10.00	13281	494.80	990.36	1,277.34	990.36	1,277.34	552.57	1,105.93	1,426.41	1,105.93	1,426.41	11.68%
			3-TIER RX,\$5/\$15/\$30	13406	<u>112.95</u>	<u>316.29</u>	<u>384.10</u>	<u>316.29</u>	<u>384.10</u>	<u>148.95</u>	<u>417.08</u>	<u>506.49</u>	<u>417.08</u>	<u>506.49</u>	31.87%
			Total HBP		644.90	1,400.91	1,796.22	1,400.91	1,796.22	736.93	1,612.85	2,061.37	1,612.85	2,061.37	14.27%
002973050	C	1	FULL DENTAL,A	123	37.89	96.15	119.09	96.15	119.09	36.12	91.64	113.51	91.64	113.51	-4.67%
			3-TIER MGDRX,\$10/\$15/\$25	3873	93.45	261.70	317.79	261.70	317.79	100.55	281.56	341.91	281.56	341.91	7.60%
			CENTURY PREFERRED,\$15.00	6648	<u>540.15</u>	<u>1,080.26</u>	<u>1,393.61</u>	<u>1,080.26</u>	<u>1,393.61</u>	<u>578.69</u>	<u>1,157.33</u>	<u>1,493.00</u>	<u>1,157.33</u>	<u>1,493.00</u>	7.14%
			Total HBP		671.49	1,438.11	1,830.49	1,438.11	1,830.49	715.36	1,530.53	1,948.42	1,530.53	1,948.42	6.53%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

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Report 2

**Rates by Health Benefit Plan
Current-vs-Renewal
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009**

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973050	C	2	FULL DENTAL,A	123	<u>37.89</u>	<u>96.14</u>	<u>119.08</u>	<u>96.14</u>	<u>119.08</u>	<u>36.12</u>	<u>91.64</u>	<u>113.51</u>	<u>91.64</u>	<u>113.51</u>	-4.67%
			Total HBP		37.89	96.14	119.08	96.14	119.08	36.12	91.64	113.51	91.64	113.51	-4.67%
002973051	C	1	FULL DENTAL	50	31.72	82.55	101.64	82.55	101.64	29.64	77.14	94.98	77.14	94.98	-6.56%
			3-TIER MGDRX,\$10/\$15/\$25	3873	93.45	261.70	317.79	261.70	317.79	98.58	276.04	335.21	276.04	335.21	5.49%
			CENTURY PREFERRED,\$15.00	6648	<u>540.15</u>	<u>1,080.26</u>	<u>1,393.61</u>	<u>1,080.26</u>	<u>1,393.61</u>	<u>567.34</u>	<u>1,134.64</u>	<u>1,463.73</u>	<u>1,134.64</u>	<u>1,463.73</u>	5.03%
			Total HBP		665.32	1,424.51	1,813.04	1,424.51	1,813.04	695.56	1,487.82	1,893.92	1,487.82	1,893.92	4.55%
002973051	C	2	FULL DENTAL	50	<u>31.72</u>	<u>82.54</u>	<u>101.64</u>	<u>82.54</u>	<u>101.64</u>	<u>30.23</u>	<u>78.68</u>	<u>96.88</u>	<u>78.68</u>	<u>96.88</u>	-4.70%
			Total HBP		31.72	82.54	101.64	82.54	101.64	30.23	78.68	96.88	78.68	96.88	-4.70%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

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Report 2

**Rates by Health Benefit Plan
Current-vs-Renewal
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009**

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973052	C	1	FULL DENTAL,AD	746	37.89	96.15	128.80	96.15	128.80	35.41	89.84	120.36	89.84	120.36	-6.55%
			3-TIER MGD RX,\$10/\$15/\$25	3873	93.45	261.70	317.79	261.70	317.79	98.58	276.04	335.21	276.04	335.21	5.49%
			CENTURY PREFERRED,\$15.00	6648	<u>540.15</u>	<u>1,080.26</u>	<u>1,393.61</u>	<u>1,080.26</u>	<u>1,393.61</u>	<u>567.34</u>	<u>1,134.64</u>	<u>1,463.73</u>	<u>1,134.64</u>	<u>1,463.73</u>	5.03%
			Total HBP		671.49	1,438.11	1,840.20	1,438.11	1,840.20	701.33	1,500.52	1,919.30	1,500.52	1,919.30	4.44%
002973052	C	2	FULL DENTAL,AD	746	<u>37.89</u>	<u>96.14</u>	<u>128.80</u>	<u>96.14</u>	<u>128.80</u>	<u>36.12</u>	<u>91.64</u>	<u>122.77</u>	<u>91.64</u>	<u>122.77</u>	-4.67%
			Total HBP		37.89	96.14	128.80	96.14	128.80	36.12	91.64	122.77	91.64	122.77	-4.67%
002973053	C	1	FULL DENTAL,AD	746	37.89	96.15	128.80	96.15	128.80	36.12	91.64	122.77	91.64	122.77	-4.67%
			3-TIER RX,\$10/\$15/\$25	5447	93.46	261.70	317.79	261.70	317.79	100.55	281.56	341.91	281.56	341.91	7.59%
			BLUECARE,\$5.00	9511	<u>506.06</u>	<u>1,012.39</u>	<u>1,305.91</u>	<u>1,012.39</u>	<u>1,305.91</u>	<u>558.05</u>	<u>1,116.34</u>	<u>1,440.00</u>	<u>1,116.34</u>	<u>1,440.00</u>	10.27%
			Total HBP		637.41	1,370.24	1,752.50	1,370.24	1,752.50	694.72	1,489.54	1,904.68	1,489.54	1,904.68	8.99%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

Note: Rate adjustments by product may vary from the overall premium adjustment percentage. This is the result of underwriting adjustments at the product level to assure the adequacy of premium, regardless of an employee product selection.



Report 2

Rates by Health Benefit Plan Current-vs-Renewal Anthem Alliance Program - Tier 1 Seymour: Town And Board Of Education Renewal Effective Date: July 1, 2009

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973053	C	2	FULL DENTAL,AD	746	<u>37.89</u>	<u>96.14</u>	<u>128.80</u>	<u>96.14</u>	<u>128.80</u>	<u>36.12</u>	<u>91.64</u>	<u>122.77</u>	<u>91.64</u>	<u>122.77</u>	-4.67%
			Total HBP		37.89	96.14	128.80	96.14	128.80	36.12	91.64	122.77	91.64	122.77	-4.67%
002973054	C	1	FULL DENTAL,AD	746	37.89	96.15	137.47	96.15	137.47	36.12	91.64	131.04	91.64	131.04	-4.67%
			CENTURY PREFERRED,\$20.00	13282	516.29	1,033.25	1,332.76	1,033.25	1,332.76	561.70	1,124.10	1,449.96	1,124.10	1,449.96	8.80%
			3-TIER MGDRX,\$5/\$15/\$30	13430	<u>112.95</u>	<u>316.29</u>	<u>384.10</u>	<u>316.29</u>	<u>384.10</u>	<u>151.93</u>	<u>425.42</u>	<u>516.62</u>	<u>425.42</u>	<u>516.62</u>	34.51%
			Total HBP		667.13	1,445.69	1,854.33	1,445.69	1,854.33	749.75	1,641.16	2,097.62	1,641.16	2,097.62	12.38%
002973055	C	1	FULL DENTAL	50	31.72	82.55	101.64	82.55	101.64	30.23	78.68	96.88	78.68	96.88	-4.70%
			BLUECARE POS,\$10.00/\$10.00	13281	494.80	990.36	1,277.34	990.36	1,277.34	563.62	1,128.05	1,454.94	1,128.05	1,454.94	13.91%
			3-TIER RX,\$5/\$15/\$30	13406	<u>112.95</u>	<u>316.29</u>	<u>384.10</u>	<u>316.29</u>	<u>384.10</u>	<u>151.93</u>	<u>425.42</u>	<u>516.62</u>	<u>425.42</u>	<u>516.62</u>	34.51%
			Total HBP		639.47	1,389.20	1,763.08	1,389.20	1,763.08	745.78	1,632.15	2,068.44	1,632.15	2,068.44	16.62%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

Note: Rate adjustments by product may vary from the overall premium adjustment percentage. This is the result of underwriting adjustments at the product level to assure the adequacy of premium, regardless of an employee product selection.



Report 2

Rates by Health Benefit Plan
Current-vs-Renewal
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973055	C	2	FULL DENTAL	50	<u>31.72</u>	<u>82.55</u>	<u>101.64</u>	<u>82.55</u>	<u>101.64</u>	<u>30.23</u>	<u>78.68</u>	<u>96.88</u>	<u>78.68</u>	<u>96.88</u>	-4.70%
			Total HBP		31.72	82.55	101.64	82.55	101.64	30.23	78.68	96.88	78.68	96.88	-4.70%
002973056	C	1	FULL DENTAL	50	31.72	82.55	101.64	82.55	101.64	29.64	77.14	94.98	77.14	94.98	-6.56%
			PHARMACY,\$5.00/\$10.00	71	115.24	322.70	391.88	322.70	391.88	148.95	417.08	506.49	417.08	506.49	29.25%
			BLUECARE POS,\$5.00/\$10.00	9675	<u>500.83</u>	<u>1,001.87</u>	<u>1,292.34</u>	<u>1,001.87</u>	<u>1,292.34</u>	<u>548.50</u>	<u>1,097.22</u>	<u>1,415.33</u>	<u>1,097.22</u>	<u>1,415.33</u>	9.52%
			Total HBP		647.79	1,407.12	1,785.86	1,407.12	1,785.86	727.09	1,591.44	2,016.80	1,591.44	2,016.80	12.24%
002973057	C	1	FULL DENTAL,A	123	37.89	96.15	119.09	96.15	119.09	35.41	89.84	111.28	89.84	111.28	-6.55%
			3-TIER RX,\$10/\$15/\$25	5447	93.45	261.70	317.79	261.70	317.79	98.58	276.04	335.21	276.04	335.21	5.49%
			BLUECARE POS,\$15.00/\$20.00	11471	<u>511.30</u>	<u>1,023.69</u>	<u>1,320.18</u>	<u>1,023.69</u>	<u>1,320.18</u>	<u>546.52</u>	<u>1,093.80</u>	<u>1,410.79</u>	<u>1,093.80</u>	<u>1,410.79</u>	6.89%
			Total HBP		642.64	1,381.54	1,757.06	1,381.54	1,757.06	680.51	1,459.68	1,857.28	1,459.68	1,857.28	5.89%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

Note: Rate adjustments by product may vary from the overall premium adjustment percentage. This is the result of underwriting adjustments at the product level to assure the adequacy of premium, regardless of an employee product selection.



Report 2

**Rates by Health Benefit Plan
Current-vs-Renewal
Anthem Alliance Program - Tier 1
Seymour: Town And Board Of Education
Renewal Effective Date: July 1, 2009**

Firm Division Number	Cobra	Health Benefit Plan Number	Product Variation Description	Product Variation Number	Current Rates					Renewal Rates					Percent Change*
					Individual	Two Person	Family	Employee and Child	Employee and Children	Individual	Two Person	Family	Employee and Child	Employee and Children	
002973058		1	FULL DENTAL	50	31.10	80.93	99.65	80.93	99.65	29.64	77.14	94.98	77.14	94.98	-4.69%
			PHARMACY,\$0.00/\$0.00	1863	37.02	103.66	125.88	103.66	125.88	36.08	101.03	122.69	101.03	122.69	-2.54%
			CENTURY PREFERRED,\$10.00	11108	<u>540.55</u>	<u>1,081.74</u>	<u>1,395.31</u>	<u>1,081.74</u>	<u>1,395.31</u>	<u>581.81</u>	<u>1,164.26</u>	<u>1,501.77</u>	<u>1,164.26</u>	<u>1,501.77</u>	7.63%
			Total HBP		608.67	1,266.33	1,620.84	1,266.33	1,620.84	647.53	1,342.43	1,719.44	1,342.43	1,719.44	6.38%

Overall Rate Change: 9.35%

*Percent change is based on individual class rates.

'C' Indicates Cobra Firm Division - Current Rates and Renewal Rates INCLUDE a 2% Administration Charge

Note: Rate adjustments by product may vary from the overall premium adjustment percentage. This is the result of underwriting adjustments at the product level to assure the adequacy of premium, regardless of an employee product selection.

Note: Medical premium includes total annual commissions of \$74,829 (Standard commissions: \$115,106 , Non-standard commissions: (\$40,277)). Upon renewal, a Single Case Agreement will be required.

Note: Dental premium includes total annual commissions of \$11,280 (Standard commissions: \$17,369 , Non-standard commissions: (\$6,089)). Upon renewal, a Single Case Agreement will be required.

**The fully insured rates included in this report reflect the adjusted pricing available through the Anthem Alliance Program - Tier 1.
The total premium savings is \$216,661.**

Employer's signature: _____ Date: _____

