

Harvard Pilgrim Health Care's
DirigoChoice Small Group Community rates (not adjusted for group's specific demographics)
for Quarter 1, 2008.

Plan Option (Employers have the choice of offering one or more of the following options depending on the size of the employer)	\$1250	\$1750	\$2500
Employee Only (Non subsidized rate. This example and the rates do not include dependents)	\$364.16/month	\$336.68/month	\$331.07/month
Employer Share (assumes 60% employer contribution of employee rate only)	\$218.50/month	\$202.01/month	\$198.64/month
Employee Share (the remaining 40% of the employee rate unsubsidized)	\$145.66/month	\$134.67/month	\$132.43/month

If the Employee is eligible for subsidy the following is the final employees cost based on subsidy levels. This example is for the \$1250 Option. In addition the deductible is scaled back according the subsidy level. For example, Group B's deductible is \$250 vs. \$1250

Group B-100- 149% FPL (80%)	Group C -150- 199% FPL (60%)	Group D-200- 249% FPL (40%)	Group E-250- 299% FPL (20%)	Group F Over 300% FPL Not Subsidized
\$29.13/month	\$58.26/month	\$87.40/month	\$116.53/month	\$145.66/month

Harvard Pilgrim Health Care's
DirigoChoice Individual & Self Employed of One Community rates (not adjusted for specific demographics) for Quarter 1, 2008.

Plan Option	\$1750	\$2500
Individual/Self employed of one (Non subsidized rate have the option of one of the following plans)	\$458.83/month (this rate does not include the costs for dependents)	\$451.18/month (this rate does not include the costs for dependents)

If the Individual is eligible for subsidy the following is the final Individual cost based on subsidy levels. This example is for the \$1750 Option. In addition the deductible is scaled back according the subsidy level. For example, Group B's deductible is \$500 vs. \$1750

Group B-100- 149% FPL (80%)	Group C –150- 199% FPL (60%)	Group D-200- 249% FPL (40%)	Group E-250- 299% FPL (20%)	Group F Over 300% FPL Not Subsidized
\$91.77/month	\$188.53 /month	\$275.30/month	\$367.06 /month	\$458.83 /month

If the Self-Employed of one is eligible for subsidy the following is the final cost based on subsidy levels. This example is for the \$2500 Option. In addition the deductible is scaled back according the subsidy level. For example, Group B's deductible is \$500 vs. \$2500

Group B-100- 149% FPL (80%)	Group C –150- 199% FPL (60%)	Group D-200- 249% FPL (40%)	Group E-250- 299% FPL (20%)	Group F Over 300% FPL Not Subsidized
\$306.80/month	\$342.90 /month	\$ 378.99/month	\$ 415.09/month	\$451.18 /month

Notes:

- The rates above are the unadjusted community rates. The Carrier will adjust the rates a +20/-20% from the community rate based on each group's specific demographics (age, geography, size)
- For illustrative purposes the employer, member and subsidy share is calculated using the unadjusted community rates.
- Self Employed of One are required to contribute the first 60% like small employers.
- As stated the above the example and rates do not include costs for dependents.