

CeltiCare Preferred For Individuals & Families Plan Standard Rate Quote

Client Name: Medical Quote CT

Resident State: CT

ZIP Code: 06901

Policy Effective Date: 01/01/2009

Billing Mode: Monthly Electronic Fund Transfer

This quote is for:

Primary: 29 year old, male

RX Option is selected.

Supplemental Accident Option is selected

The actual rate will depend on the applicants' health history and underwriting.

Select PPO Plans

<u>Coverage</u>	<u>Deductible</u>	<u>Primary</u>	<u>Spouse</u>	<u>Dependent</u>	<u>RX</u>	<u>Supp Acc</u>	<u>Term Life</u>	<u>Total</u>
80/20	5000	84.30	-	-	4.14	5.61	-	94.05
100/0	5000	100.38	-	-	4.14	5.61	-	110.13
80/20	2500	105.41	-	-	4.14	5.61	-	115.16
80/20	1500	131.06	-	-	4.14	5.61	-	140.81
100/0	2500	139.62	-	-	4.14	5.61	-	149.37
80/20	1000	150.94	-	-	4.14	5.61	-	160.69
80/20	500	168.67	-	-	4.14	5.61	-	178.42

Celtic's non-tobacco rate has been applied to the non-tobacco user(s).

Please Note: When submitting business, a State Specific Application is required in this state.

This rate quote was prepared by 1800 Insurance - health insurance specialists at 7:23 AM on Monday November 10,

If you have any questions, please call 1800 Insurance - health insurance specialists of 1800insuranceCT.com LLC at or fax to (888)782-5341.

CeltiCare Preferred For Individuals & Families Plan Standard Rate Quote

Client Name: Medical Quote CT

Resident State: CT

ZIP Code: 06901

Policy Effective Date: 01/01/2009

Billing Mode: Monthly Electronic Fund Transfer

This quote is for:

Primary: 29 year old, male

RX Option is selected.

Supplemental Accident Option is selected

The actual rate will depend on the applicants' health history and underwriting.

AnyDoc PPO Plans

<u>Coverage</u>	<u>Deductible</u>	<u>Primary</u>	<u>Spouse</u>	<u>Dependent</u>	<u>RX</u>	<u>Supp Acc</u>	<u>Term Life</u>	<u>Total</u>
80/20	5000	97.06	-	-	4.14	5.61	-	106.81
100/0	5000	115.57	-	-	4.14	5.61	-	125.32
80/20	2500	121.38	-	-	4.14	5.61	-	131.13
80/20	1500	150.90	-	-	4.14	5.61	-	160.65
100/0	2500	160.76	-	-	4.14	5.61	-	170.51
80/20	1000	173.79	-	-	4.14	5.61	-	183.54
80/20	500	194.21	-	-	4.14	5.61	-	203.96

Celtic's non-tobacco rate has been applied to the non-tobacco user(s).

Please Note: When submitting business, a State Specific Application is required in this state.

This rate quote was prepared by 1800 Insurance - health insurance specialists at 7:23 AM on Monday November 10,

If you have any questions, please call 1800 Insurance - health insurance specialists of 1800insuranceCT.com LLC at or fax to (888)782-5341.

CeltiCare Preferred For Individuals & Families Plan Standard Rate Quote

Client Name: Medical Quote CT

Resident State: CT

ZIP Code: 06901

Policy Effective Date: 01/01/2009

Billing Mode: Monthly Electronic Fund Transfer

This quote is for:

Primary: 29 year old, male

RX Option is selected.

Supplemental Accident Option is selected

The actual rate will depend on the applicants' health history and underwriting.

Managed Indemnity Plans

<u>Coverage</u>	<u>Deductible</u>	<u>Primary</u>	<u>Spouse</u>	<u>Dependent</u>	<u>RX</u>	<u>Supp Acc</u>	<u>Term Life</u>	<u>Total</u>
80/20	5000	116.60	-	-	4.14	5.61	-	126.35
100/0	5000	138.80	-	-	4.14	5.61	-	148.55
80/20	2500	145.78	-	-	4.14	5.61	-	155.53
80/20	1500	181.26	-	-	4.14	5.61	-	191.01
100/0	2500	193.11	-	-	4.14	5.61	-	202.86
80/20	1000	208.75	-	-	4.14	5.61	-	218.50
80/20	500	233.27	-	-	4.14	5.61	-	243.02

Celtic's non-tobacco rate has been applied to the non-tobacco user(s).

Please Note: When submitting business, a State Specific Application is required in this state.

This rate quote was prepared by 1800 Insurance - health insurance specialists at 7:23 AM on Monday November 10,

If you have any questions, please call 1800 Insurance - health insurance specialists of 1800insuranceCT.com LLC at or fax to (888)782-5341.

Celtic Saver HSA Plan Standard Rate Quote

Client Name: Medical Quote CT

Resident State: CT

ZIP Code: 06901

Policy Effective Date: 01/01/2009

Billing Mode: Monthly Electronic Fund Transfer

This quote is for:

Primary: 29 year old, male

The actual rate will depend on the applicants' health history and underwriting.

PPO Plans

<u>Coverage</u>	<u>Deductible</u>	<u>Primary</u>	<u>Spouse</u>	<u>Dependent</u>	<u>Preventive</u>	<u>Total</u>
100/0	5000	74.73	-	-	7.52	82.25
80/20	2600	77.54	-	-	7.52	85.06
80/20	1500	95.78	-	-	7.52	103.30
100/0	2600	108.14	-	-	7.52	115.66
100/0	1500	133.76	-	-	7.52	141.28

Celtic's non-tobacco rate has been applied to the non-tobacco user(s).

Please Note: When submitting business, a State Specific Application is required in this state.

A \$5.00 maintenance fee will be administered per month if you open a Health Savings account.

This rate quote was prepared by 1800 Insurance - health insurance specialists at 7:23 AM on Monday November 10,

If you have any questions, please call 1800 Insurance - health insurance specialists of 1800insuranceCT.com LLC at or fax to (888)782-5341.

Celtic Saver HSA Plan Standard Rate Quote

Client Name: Medical Quote CT

Resident State: CT

ZIP Code: 06901

Policy Effective Date: 01/01/2009

Billing Mode: Monthly Electronic Fund Transfer

This quote is for:

Primary: 29 year old, male

The actual rate will depend on the applicants' health history and underwriting.

Managed Indemnity Plans

<u>Coverage</u>	<u>Deductible</u>	<u>Primary</u>	<u>Spouse</u>	<u>Dependent</u>	<u>Preventive</u>	<u>Total</u>
100/0	5000	104.63	-	-	7.52	112.15
80/20	2600	108.55	-	-	7.52	116.07
80/20	1500	134.09	-	-	7.52	141.61
100/0	2600	151.40	-	-	7.52	158.92
100/0	1500	187.27	-	-	7.52	194.79

Celtic's non-tobacco rate has been applied to the non-tobacco user(s).

Please Note: When submitting business, a State Specific Application is required in this state.

A \$5.00 maintenance fee will be administered per month if you open a Health Savings account.

This rate quote was prepared by 1800 Insurance - health insurance specialists at 7:23 AM on Monday November 10,

If you have any questions, please call 1800 Insurance - health insurance specialists of 1800insuranceCT.com LLC at or fax to (888)782-5341.