

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: 34 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 | 108.09 | - | - | 7.20 | 7.11 | - | 122.40 |
| 100/0 | 5000 | 128.69 | - | - | 7.20 | 7.11 | - | 143.00 |
| 80/20 | 2500 | 135.12 | - | - | 7.20 | 7.11 | - | 149.43 |
| 80/20 | 1500 | 168.04 | - | - | 7.20 | 7.11 | - | 182.35 |
| 100/0 | 2500 | 179.00 | - | - | 7.20 | 7.11 | - | 193.31 |
| 80/20 | 1000 | 193.54 | - | - | 7.20 | 7.11 | - | 207.85 |
| 80/20 | 500 | 216.26 | - | - | 7.20 | 7.11 | - | 230.57 |

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.

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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 | 124.45 | - | - | 7.20 | 7.11 | - | 138.76 |
| 100/0 | 5000 | 148.16 | - | - | 7.20 | 7.11 | - | 162.47 |
| 80/20 | 2500 | 155.57 | - | - | 7.20 | 7.11 | - | 169.88 |
| 80/20 | 1500 | 193.49 | - | - | 7.20 | 7.11 | - | 207.80 |
| 100/0 | 2500 | 206.11 | - | - | 7.20 | 7.11 | - | 220.42 |
| 80/20 | 1000 | 222.83 | - | - | 7.20 | 7.11 | - | 237.14 |
| 80/20 | 500 | 249.01 | - | - | 7.20 | 7.11 | - | 263.32 |

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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 | 149.48 | - | - | 7.20 | 7.11 | - | 163.79 |
| 100/0 | 5000 | 177.96 | - | - | 7.20 | 7.11 | - | 192.27 |
| 80/20 | 2500 | 186.86 | - | - | 7.20 | 7.11 | - | 201.17 |
| 80/20 | 1500 | 232.38 | - | - | 7.20 | 7.11 | - | 246.69 |
| 100/0 | 2500 | 247.54 | - | - | 7.20 | 7.11 | - | 261.85 |
| 80/20 | 1000 | 267.67 | - | - | 7.20 | 7.11 | - | 281.98 |
| 80/20 | 500 | 299.07 | - | - | 7.20 | 7.11 | - | 313.38 |

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Celtic Saver HSA Plan Standard Rate Quote

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Resident State: CT

ZIP Code: 06901

Policy Effective Date: 01/01/2009

Billing Mode: Monthly Electronic Fund Transfer

This quote is for:

Primary: 34 year old, male

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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 | 96.14 | - | - | 10.53 | 106.67 |
| 80/20 | 2600 | 99.76 | - | - | 10.53 | 110.29 |
| 80/20 | 1500 | 123.23 | - | - | 10.53 | 133.76 |
| 100/0 | 2600 | 139.13 | - | - | 10.53 | 149.66 |
| 100/0 | 1500 | 172.06 | - | - | 10.53 | 182.59 |

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.

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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 | 134.59 | - | - | 10.53 | 145.12 |
| 80/20 | 2600 | 139.67 | - | - | 10.53 | 150.20 |
| 80/20 | 1500 | 172.51 | - | - | 10.53 | 183.04 |
| 100/0 | 2600 | 194.79 | - | - | 10.53 | 205.32 |
| 100/0 | 1500 | 240.88 | - | - | 10.53 | 251.41 |

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