

## 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: 44 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	171.66	-	-	14.76	6.06	-	192.48
100/0	5000	204.40	-	-	14.76	6.06	-	225.22
80/20	2500	214.62	-	-	14.76	6.06	-	235.44
80/20	1500	266.88	-	-	14.76	6.06	-	287.70
100/0	2500	284.30	-	-	14.76	6.06	-	305.12
80/20	1000	307.38	-	-	14.76	6.06	-	328.20
80/20	500	343.48	-	-	14.76	6.06	-	364.30

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 7:25 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**

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80/20	5000	197.67	-	-	14.76	6.06	-	218.49
100/0	5000	235.35	-	-	14.76	6.06	-	256.17
80/20	2500	247.11	-	-	14.76	6.06	-	267.93
80/20	1500	307.28	-	-	14.76	6.06	-	328.10
100/0	2500	327.36	-	-	14.76	6.06	-	348.18
80/20	1000	353.92	-	-	14.76	6.06	-	374.74
80/20	500	395.49	-	-	14.76	6.06	-	416.31

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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	237.41	-	-	14.76	6.06	-	258.23
100/0	5000	282.69	-	-	14.76	6.06	-	303.51
80/20	2500	296.82	-	-	14.76	6.06	-	317.64
80/20	1500	369.09	-	-	14.76	6.06	-	389.91
100/0	2500	393.17	-	-	14.76	6.06	-	413.99
80/20	1000	425.10	-	-	14.76	6.06	-	445.92
80/20	500	475.02	-	-	14.76	6.06	-	495.84

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

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## 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: 44 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	155.12	-	-	13.93	169.05
80/20	2600	160.95	-	-	13.93	174.88
80/20	1500	198.81	-	-	13.93	212.74
100/0	2600	224.47	-	-	13.93	238.40
100/0	1500	277.61	-	-	13.93	291.54

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 7:25 AM on Monday November 10,

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## Celtic Saver HSA Plan Standard Rate Quote

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**Policy Effective Date:** 01/01/2009

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### This quote is for:

Primary: 44 year old, male

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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	217.17	-	-	13.93	231.10
80/20	2600	225.34	-	-	13.93	239.27
80/20	1500	278.35	-	-	13.93	292.28
100/0	2600	314.26	-	-	13.93	328.19
100/0	1500	388.65	-	-	13.93	402.58

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