

## 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: 49 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	213.64	-	-	19.57	6.10	-	239.31
100/0	5000	254.38	-	-	19.57	6.10	-	280.05
80/20	2500	267.10	-	-	19.57	6.10	-	292.77
80/20	1500	332.14	-	-	19.57	6.10	-	357.81
100/0	2500	353.81	-	-	19.57	6.10	-	379.48
80/20	1000	382.52	-	-	19.57	6.10	-	408.19
80/20	500	427.44	-	-	19.57	6.10	-	453.11

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**

<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	246.01	-	-	19.57	6.10	-	271.68
100/0	5000	292.91	-	-	19.57	6.10	-	318.58
80/20	2500	307.53	-	-	19.57	6.10	-	333.20
80/20	1500	382.43	-	-	19.57	6.10	-	408.10
100/0	2500	407.36	-	-	19.57	6.10	-	433.03
80/20	1000	440.45	-	-	19.57	6.10	-	466.12
80/20	500	492.17	-	-	19.57	6.10	-	517.84

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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	295.45	-	-	19.57	6.10	-	321.12
100/0	5000	351.80	-	-	19.57	6.10	-	377.47
80/20	2500	369.39	-	-	19.57	6.10	-	395.06
80/20	1500	459.33	-	-	19.57	6.10	-	485.00
100/0	2500	489.29	-	-	19.57	6.10	-	514.96
80/20	1000	529.02	-	-	19.57	6.10	-	554.69
80/20	500	591.14	-	-	19.57	6.10	-	616.81

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

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**ZIP Code:** 06901

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

**Billing Mode:** Monthly Electronic Fund Transfer

### This quote is for:

Primary: 49 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	194.61	-	-	14.73	209.34
80/20	2600	201.92	-	-	14.73	216.65
80/20	1500	249.42	-	-	14.73	264.15
100/0	2600	281.62	-	-	14.73	296.35
100/0	1500	348.27	-	-	14.73	363.00

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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## Celtic Saver HSA Plan Standard Rate Quote

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Primary: 49 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	272.44	-	-	14.73	287.17
80/20	2600	282.70	-	-	14.73	297.43
80/20	1500	349.19	-	-	14.73	363.92
100/0	2600	394.27	-	-	14.73	409.00
100/0	1500	487.57	-	-	14.73	502.30

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