

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: 54 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	266.08	-	-	21.89	6.09	-	294.06
100/0	5000	316.83	-	-	21.89	6.09	-	344.81
80/20	2500	332.67	-	-	21.89	6.09	-	360.65
80/20	1500	413.67	-	-	21.89	6.09	-	441.65
100/0	2500	440.65	-	-	21.89	6.09	-	468.63
80/20	1000	476.45	-	-	21.89	6.09	-	504.43
80/20	500	532.39	-	-	21.89	6.09	-	560.37

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 7:26 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	306.38	-	-	21.89	6.09	-	334.36
100/0	5000	364.80	-	-	21.89	6.09	-	392.78
80/20	2500	383.05	-	-	21.89	6.09	-	411.03
80/20	1500	476.32	-	-	21.89	6.09	-	504.30
100/0	2500	507.37	-	-	21.89	6.09	-	535.35
80/20	1000	548.59	-	-	21.89	6.09	-	576.57
80/20	500	613.01	-	-	21.89	6.09	-	640.99

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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	367.98	-	-	21.89	6.09	-	395.96
100/0	5000	438.18	-	-	21.89	6.09	-	466.16
80/20	2500	460.08	-	-	21.89	6.09	-	488.06
80/20	1500	572.11	-	-	21.89	6.09	-	600.09
100/0	2500	609.42	-	-	21.89	6.09	-	637.40
80/20	1000	658.92	-	-	21.89	6.09	-	686.90
80/20	500	736.28	-	-	21.89	6.09	-	764.26

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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: 54 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	243.67	-	-	13.08	256.75
80/20	2600	252.82	-	-	13.08	265.90
80/20	1500	312.30	-	-	13.08	325.38
100/0	2600	352.64	-	-	13.08	365.72
100/0	1500	436.10	-	-	13.08	449.18

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	341.14	-	-	13.08	354.22
80/20	2600	353.95	-	-	13.08	367.03
80/20	1500	437.22	-	-	13.08	450.30
100/0	2600	493.72	-	-	13.08	506.80
100/0	1500	610.54	-	-	13.08	623.62

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