

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: 59 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	338.53	-	-	29.11	6.06	-	373.70
100/0	5000	403.07	-	-	29.11	6.06	-	438.24
80/20	2500	423.20	-	-	29.11	6.06	-	458.37
80/20	1500	526.26	-	-	29.11	6.06	-	561.43
100/0	2500	560.60	-	-	29.11	6.06	-	595.77
80/20	1000	606.13	-	-	29.11	6.06	-	641.30
80/20	500	677.30	-	-	29.11	6.06	-	712.47

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 7:27 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	389.78	-	-	29.11	6.06	-	424.95
100/0	5000	464.10	-	-	29.11	6.06	-	499.27
80/20	2500	487.30	-	-	29.11	6.06	-	522.47
80/20	1500	605.93	-	-	29.11	6.06	-	641.10
100/0	2500	645.50	-	-	29.11	6.06	-	680.67
80/20	1000	697.91	-	-	29.11	6.06	-	733.08
80/20	500	779.86	-	-	29.11	6.06	-	815.03

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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	468.16	-	-	29.11	6.06	-	503.33
100/0	5000	557.44	-	-	29.11	6.06	-	592.61
80/20	2500	585.28	-	-	29.11	6.06	-	620.45
80/20	1500	727.80	-	-	29.11	6.06	-	762.97
100/0	2500	775.31	-	-	29.11	6.06	-	810.48
80/20	1000	838.25	-	-	29.11	6.06	-	873.42
80/20	500	936.68	-	-	29.11	6.06	-	971.85

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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: 59 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	311.66	-	-	13.82	325.48
80/20	2600	323.37	-	-	13.82	337.19
80/20	1500	399.43	-	-	13.82	413.25
100/0	2600	451.01	-	-	13.82	464.83
100/0	1500	557.76	-	-	13.82	571.58

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

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100/0	5000	436.35	-	-	13.82	450.17
80/20	2600	452.71	-	-	13.82	466.53
80/20	1500	559.22	-	-	13.82	573.04
100/0	2600	631.42	-	-	13.82	645.24
100/0	1500	780.85	-	-	13.82	794.67

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