

## 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: 64 year old, male

Applicant's age must be under 64 1/2 years on the specified policy effective date to qualify for this plan.

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	419.13	-	-	38.72	5.48	-	463.33
100/0	5000	499.07	-	-	38.72	5.48	-	543.27
80/20	2500	524.01	-	-	38.72	5.48	-	568.21
80/20	1500	651.59	-	-	38.72	5.48	-	695.79
100/0	2500	694.11	-	-	38.72	5.48	-	738.31
80/20	1000	750.49	-	-	38.72	5.48	-	794.69
80/20	500	838.59	-	-	38.72	5.48	-	882.79

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**

<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	482.59	-	-	38.72	5.48	-	526.79
100/0	5000	574.63	-	-	38.72	5.48	-	618.83
80/20	2500	603.35	-	-	38.72	5.48	-	647.55
80/20	1500	750.25	-	-	38.72	5.48	-	794.45
100/0	2500	799.22	-	-	38.72	5.48	-	843.42
80/20	1000	864.12	-	-	38.72	5.48	-	908.32
80/20	500	965.58	-	-	38.72	5.48	-	1009.78

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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	579.66	-	-	38.72	5.48	-	623.86
100/0	5000	690.20	-	-	38.72	5.48	-	734.40
80/20	2500	724.69	-	-	38.72	5.48	-	768.89
80/20	1500	901.14	-	-	38.72	5.48	-	945.34
100/0	2500	959.95	-	-	38.72	5.48	-	1004.15
80/20	1000	1037.90	-	-	38.72	5.48	-	1082.10
80/20	500	1159.74	-	-	38.72	5.48	-	1203.94

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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: 64 year old, male

Applicant's age must be under 64 1/2 years on the specified policy effective date to qualify for this plan.

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	387.96	-	-	14.53	402.49
80/20	2600	402.55	-	-	14.53	417.08
80/20	1500	497.23	-	-	14.53	511.76
100/0	2600	561.44	-	-	14.53	575.97
100/0	1500	694.32	-	-	14.53	708.85

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 7:27 AM on Monday November 10,

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## Celtic Saver HSA Plan Standard Rate Quote

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**Resident State:** CT

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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	543.15	-	-	14.53	557.68
80/20	2600	563.56	-	-	14.53	578.09
80/20	1500	696.11	-	-	14.53	710.64
100/0	2600	786.01	-	-	14.53	800.54
100/0	1500	972.06	-	-	14.53	986.59

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