

## CeltiCare Preferred For Individuals & Families Plan Standard Rate Quote

**Client Name:** CT Health Quote

**Resident State:** CT

**ZIP Code:** 06901

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

**Billing Mode:** Monthly Electronic Fund Transfer

**This quote is for:**

Primary: 29 year old, female

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	101.12	-	-	5.40	7.32	-	113.84
100/0	5000	120.41	-	-	5.40	7.32	-	133.13
80/20	2500	126.44	-	-	5.40	7.32	-	139.16
80/20	1500	157.21	-	-	5.40	7.32	-	169.93
100/0	2500	167.47	-	-	5.40	7.32	-	180.19
80/20	1000	181.07	-	-	5.40	7.32	-	193.79
80/20	500	202.33	-	-	5.40	7.32	-	215.05

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 7:32 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	116.42	-	-	5.40	7.32	-	129.14
100/0	5000	138.64	-	-	5.40	7.32	-	151.36
80/20	2500	145.59	-	-	5.40	7.32	-	158.31
80/20	1500	180.99	-	-	5.40	7.32	-	193.71
100/0	2500	192.84	-	-	5.40	7.32	-	205.56
80/20	1000	208.48	-	-	5.40	7.32	-	221.20
80/20	500	232.98	-	-	5.40	7.32	-	245.70

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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	139.84	-	-	5.40	7.32	-	152.56
100/0	5000	166.52	-	-	5.40	7.32	-	179.24
80/20	2500	174.85	-	-	5.40	7.32	-	187.57
80/20	1500	217.41	-	-	5.40	7.32	-	230.13
100/0	2500	231.62	-	-	5.40	7.32	-	244.34
80/20	1000	250.40	-	-	5.40	7.32	-	263.12
80/20	500	279.80	-	-	5.40	7.32	-	292.52

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:** CT Health Quote

**Resident State:** CT

**ZIP Code:** 06901

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

**Billing Mode:** Monthly Electronic Fund Transfer

### This quote is for:

Primary: 29 year old, female

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	89.48	-	-	9.79	99.27
80/20	2600	92.83	-	-	9.79	102.62
80/20	1500	114.69	-	-	9.79	124.48
100/0	2600	129.48	-	-	9.79	139.27
100/0	1500	160.13	-	-	9.79	169.92

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 7:32 AM on Monday November 10,

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## Celtic Saver HSA Plan Standard Rate Quote

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### This quote is for:

Primary: 29 year old, female

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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	125.27	-	-	9.79	135.06
80/20	2600	129.95	-	-	9.79	139.74
80/20	1500	160.57	-	-	9.79	170.36
100/0	2600	181.29	-	-	9.79	191.08
100/0	1500	224.19	-	-	9.79	233.98

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