

CeltiCare Preferred For Individuals & Families Plan Preferred Rate Quote

Client Name: Health Care 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, male

Spouse: 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. Please refer to the height and weight chart to determine if the applicant is eligible for preferred rates.

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	70.56	84.64	-	7.99	10.83	-	174.02
100/0	5000	84.02	100.78	-	7.99	10.83	-	203.62
80/20	2500	88.23	105.83	-	7.99	10.83	-	212.88
80/20	1500	109.70	131.59	-	7.99	10.83	-	260.11
100/0	2500	116.87	140.18	-	7.99	10.83	-	275.87
80/20	1000	126.33	151.56	-	7.99	10.83	-	296.71
80/20	500	141.17	169.35	-	7.99	10.83	-	329.34

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 8:08 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	81.24	97.44	-	7.99	10.83	-	197.50
100/0	5000	96.73	116.05	-	7.99	10.83	-	231.60
80/20	2500	101.59	121.86	-	7.99	10.83	-	242.27
80/20	1500	126.31	151.49	-	7.99	10.83	-	296.62
100/0	2500	134.56	161.41	-	7.99	10.83	-	314.79
80/20	1000	145.47	174.50	-	7.99	10.83	-	338.79
80/20	500	162.56	195.00	-	7.99	10.83	-	376.38

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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	97.60	117.05	-	7.99	10.83	-	233.47
100/0	5000	116.17	139.37	-	7.99	10.83	-	274.36
80/20	2500	122.02	146.35	-	7.99	10.83	-	287.19
80/20	1500	151.71	181.97	-	7.99	10.83	-	352.50
100/0	2500	161.63	193.87	-	7.99	10.83	-	374.32
80/20	1000	174.73	209.58	-	7.99	10.83	-	403.13
80/20	500	195.25	234.19	-	7.99	10.83	-	448.26

Celtic's non-tobacco rate has been applied to the non-tobacco user(s).

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Celtic Saver HSA Plan Preferred Rate Quote

Client Name: Health Care 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, male

Spouse: 29 year old, female

The actual rate will depend on the applicants' health history and underwriting. Please refer to the height and weight chart to determine if the applicant is eligible for preferred rates.

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	10000	62.55	74.90	-	14.49	151.94
80/20	5150	64.90	77.70	-	14.49	157.09
80/20	3000	80.17	95.99	-	14.49	190.65
100/0	5150	90.51	108.38	-	14.49	213.38
100/0	3000	111.96	134.03	-	14.49	260.48

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	10000	87.58	104.85	-	14.49	206.92
80/20	5150	90.86	108.77	-	14.49	214.12
80/20	3000	112.23	134.40	-	14.49	261.12
100/0	5150	126.72	151.74	-	14.49	292.95
100/0	3000	156.74	187.65	-	14.49	358.88

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