

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: 34 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	132.73	-	-	6.89	7.29	-	146.91
100/0	5000	158.02	-	-	6.89	7.29	-	172.20
80/20	2500	165.92	-	-	6.89	7.29	-	180.10
80/20	1500	206.32	-	-	6.89	7.29	-	220.50
100/0	2500	219.78	-	-	6.89	7.29	-	233.96
80/20	1000	237.65	-	-	6.89	7.29	-	251.83
80/20	500	265.55	-	-	6.89	7.29	-	279.73

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 7:34 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	152.81	-	-	6.89	7.29	-	166.99
100/0	5000	181.95	-	-	6.89	7.29	-	196.13
80/20	2500	191.03	-	-	6.89	7.29	-	205.21
80/20	1500	237.54	-	-	6.89	7.29	-	251.72
100/0	2500	253.06	-	-	6.89	7.29	-	267.24
80/20	1000	273.62	-	-	6.89	7.29	-	287.80
80/20	500	305.75	-	-	6.89	7.29	-	319.93

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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	183.56	-	-	6.89	7.29	-	197.74
100/0	5000	218.54	-	-	6.89	7.29	-	232.72
80/20	2500	229.45	-	-	6.89	7.29	-	243.63
80/20	1500	285.34	-	-	6.89	7.29	-	299.52
100/0	2500	303.94	-	-	6.89	7.29	-	318.12
80/20	1000	328.65	-	-	6.89	7.29	-	342.83
80/20	500	367.25	-	-	6.89	7.29	-	381.43

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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: 34 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	118.23	-	-	10.80	129.03
80/20	2600	122.68	-	-	10.80	133.48
80/20	1500	151.53	-	-	10.80	162.33
100/0	2600	171.10	-	-	10.80	181.90
100/0	1500	211.58	-	-	10.80	222.38

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	165.51	-	-	10.80	176.31
80/20	2600	171.74	-	-	10.80	182.54
80/20	1500	212.13	-	-	10.80	222.93
100/0	2600	239.55	-	-	10.80	250.35
100/0	1500	296.21	-	-	10.80	307.01

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