

CeltiCare Preferred For Individuals & Families Plan Preferred Rate Quote

Client Name: Healthcare Quote

Resident State: CT

ZIP Code: 06830

Policy Effective Date: 01/01/2009

Billing Mode: Monthly Electronic Fund Transfer

This quote is for:

Primary: 34 year old, male

Spouse: 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. 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	90.47	111.10	-	11.80	12.05	-	225.42
100/0	5000	107.71	132.26	-	11.80	12.05	-	263.82
80/20	2500	113.09	138.88	-	11.80	12.05	-	275.82
80/20	1500	140.65	172.69	-	11.80	12.05	-	337.19
100/0	2500	149.82	183.96	-	11.80	12.05	-	357.63
80/20	1000	161.99	198.92	-	11.80	12.05	-	384.76
80/20	500	181.01	222.26	-	11.80	12.05	-	427.12

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 Celtic Insurance Company at 8:11 AM on Monday November 10, 2008.

If you have any questions, please call Celtic Insurance Company of 1800insuranceCT.com LLC at (800)477-7990 or fax to (312)332-0441.

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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	104.17	127.90	-	11.80	12.05	-	255.92
100/0	5000	124.01	152.29	-	11.80	12.05	-	300.15
80/20	2500	130.21	159.89	-	11.80	12.05	-	313.95
80/20	1500	161.96	198.82	-	11.80	12.05	-	384.63
100/0	2500	172.51	211.82	-	11.80	12.05	-	408.18
80/20	1000	186.51	229.02	-	11.80	12.05	-	439.38
80/20	500	208.42	255.92	-	11.80	12.05	-	488.19

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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	125.12	153.64	-	11.80	12.05	-	302.61
100/0	5000	148.95	182.92	-	11.80	12.05	-	355.72
80/20	2500	156.40	192.05	-	11.80	12.05	-	372.30
80/20	1500	194.50	238.83	-	11.80	12.05	-	457.18
100/0	2500	207.19	254.39	-	11.80	12.05	-	485.43
80/20	1000	224.04	275.09	-	11.80	12.05	-	522.98
80/20	500	250.33	307.39	-	11.80	12.05	-	581.57

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: Healthcare Quote

Resident State: CT

ZIP Code: 06830

Policy Effective Date: 01/01/2009

Billing Mode: Monthly Electronic Fund Transfer

This quote is for:

Primary: 34 year old, male

Spouse: 34 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	80.47	98.96	-	17.85	197.28
80/20	5150	83.50	102.68	-	17.85	204.03
80/20	3000	103.14	126.83	-	17.85	247.82
100/0	5150	116.45	143.21	-	17.85	277.51
100/0	3000	144.02	177.09	-	17.85	338.96

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 Celtic Insurance Company at 8:11 AM on Monday November 10, 2008.

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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	112.65	138.53	-	17.85	269.03
80/20	5150	116.90	143.75	-	17.85	278.50
80/20	3000	144.39	177.55	-	17.85	339.79
100/0	5150	163.04	200.50	-	17.85	381.39
100/0	3000	201.62	247.93	-	17.85	467.40

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