

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: 39 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 | 162.31 | - | - | 9.82 | 6.31 | - | 178.44 |
| 100/0 | 5000 | 193.26 | - | - | 9.82 | 6.31 | - | 209.39 |
| 80/20 | 2500 | 202.92 | - | - | 9.82 | 6.31 | - | 219.05 |
| 80/20 | 1500 | 252.34 | - | - | 9.82 | 6.31 | - | 268.47 |
| 100/0 | 2500 | 268.79 | - | - | 9.82 | 6.31 | - | 284.92 |
| 80/20 | 1000 | 290.62 | - | - | 9.82 | 6.31 | - | 306.75 |
| 80/20 | 500 | 324.76 | - | - | 9.82 | 6.31 | - | 340.89 |

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 7:35 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 | 186.88 | - | - | 9.82 | 6.31 | - | 203.01 |
| 100/0 | 5000 | 222.52 | - | - | 9.82 | 6.31 | - | 238.65 |
| 80/20 | 2500 | 233.64 | - | - | 9.82 | 6.31 | - | 249.77 |
| 80/20 | 1500 | 290.55 | - | - | 9.82 | 6.31 | - | 306.68 |
| 100/0 | 2500 | 309.50 | - | - | 9.82 | 6.31 | - | 325.63 |
| 80/20 | 1000 | 334.60 | - | - | 9.82 | 6.31 | - | 350.73 |
| 80/20 | 500 | 373.91 | - | - | 9.82 | 6.31 | - | 390.04 |

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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 | 224.48 | - | - | 9.82 | 6.31 | - | 240.61 |
| 100/0 | 5000 | 267.27 | - | - | 9.82 | 6.31 | - | 283.40 |
| 80/20 | 2500 | 280.62 | - | - | 9.82 | 6.31 | - | 296.75 |
| 80/20 | 1500 | 348.97 | - | - | 9.82 | 6.31 | - | 365.10 |
| 100/0 | 2500 | 371.74 | - | - | 9.82 | 6.31 | - | 387.87 |
| 80/20 | 1000 | 401.90 | - | - | 9.82 | 6.31 | - | 418.03 |
| 80/20 | 500 | 449.13 | - | - | 9.82 | 6.31 | - | 465.26 |

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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: 39 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 | 145.79 | - | - | 11.56 | 157.35 |
| 80/20 | 2600 | 151.29 | - | - | 11.56 | 162.85 |
| 80/20 | 1500 | 186.87 | - | - | 11.56 | 198.43 |
| 100/0 | 2600 | 211.01 | - | - | 11.56 | 222.57 |
| 100/0 | 1500 | 260.94 | - | - | 11.56 | 272.50 |

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 | 204.12 | - | - | 11.56 | 215.68 |
| 80/20 | 2600 | 211.80 | - | - | 11.56 | 223.36 |
| 80/20 | 1500 | 261.63 | - | - | 11.56 | 273.19 |
| 100/0 | 2600 | 295.43 | - | - | 11.56 | 306.99 |
| 100/0 | 1500 | 365.30 | - | - | 11.56 | 376.86 |

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