

CeltiCare Preferred For Individuals & Families Plan Standard 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: 39 year old, male

Spouse: 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 | 124.96 | 150.95 | - | 18.36 | 11.80 | - | 306.07 |
| 100/0 | 5000 | 148.79 | 179.73 | - | 18.36 | 11.80 | - | 358.68 |
| 80/20 | 2500 | 156.22 | 188.72 | - | 18.36 | 11.80 | - | 375.10 |
| 80/20 | 1500 | 194.27 | 234.68 | - | 18.36 | 11.80 | - | 459.11 |
| 100/0 | 2500 | 206.94 | 249.98 | - | 18.36 | 11.80 | - | 487.08 |
| 80/20 | 1000 | 223.77 | 270.28 | - | 18.36 | 11.80 | - | 524.21 |
| 80/20 | 500 | 250.02 | 302.03 | - | 18.36 | 11.80 | - | 582.21 |

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 8:12 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.

CeltiCare Preferred For Individuals & Families Plan Standard 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: 39 year old, male

Spouse: 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.

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 | 143.87 | 173.80 | - | 18.36 | 11.80 | - | 347.83 |
| 100/0 | 5000 | 171.33 | 206.94 | - | 18.36 | 11.80 | - | 408.43 |
| 80/20 | 2500 | 179.88 | 217.29 | - | 18.36 | 11.80 | - | 427.33 |
| 80/20 | 1500 | 223.69 | 270.21 | - | 18.36 | 11.80 | - | 524.06 |
| 100/0 | 2500 | 238.28 | 287.84 | - | 18.36 | 11.80 | - | 556.28 |
| 80/20 | 1000 | 257.64 | 311.18 | - | 18.36 | 11.80 | - | 598.98 |
| 80/20 | 500 | 287.88 | 347.74 | - | 18.36 | 11.80 | - | 665.78 |

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 8:12 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.

CeltiCare Preferred For Individuals & Families Plan Standard 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: 39 year old, male

Spouse: 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.

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 | 172.79 | 208.77 | - | 18.36 | 11.80 | - | 411.72 |
| 100/0 | 5000 | 205.76 | 248.56 | - | 18.36 | 11.80 | - | 484.48 |
| 80/20 | 2500 | 216.07 | 260.98 | - | 18.36 | 11.80 | - | 507.21 |
| 80/20 | 1500 | 268.67 | 324.54 | - | 18.36 | 11.80 | - | 623.37 |
| 100/0 | 2500 | 286.19 | 345.72 | - | 18.36 | 11.80 | - | 662.07 |
| 80/20 | 1000 | 309.45 | 373.77 | - | 18.36 | 11.80 | - | 713.38 |
| 80/20 | 500 | 345.77 | 417.69 | - | 18.36 | 11.80 | - | 793.62 |

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 8:12 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.

Celtic Saver HSA Plan Standard 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: 39 year old, male

Spouse: 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 | 10000 | 112.04 | 135.59 | - | 21.60 | 269.23 |
| 80/20 | 5150 | 116.27 | 140.70 | - | 21.60 | 278.57 |
| 80/20 | 3000 | 143.60 | 173.79 | - | 21.60 | 338.99 |
| 100/0 | 5150 | 162.14 | 196.24 | - | 21.60 | 379.98 |
| 100/0 | 3000 | 200.51 | 242.67 | - | 21.60 | 464.78 |

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 8:12 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.

Celtic Saver HSA Plan Standard 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: 39 year old, male

Spouse: 39 year old, female

The actual rate will depend on the applicants' health history and underwriting.

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 | 156.85 | 189.83 | - | 21.60 | 368.28 |
| 80/20 | 5150 | 162.75 | 196.97 | - | 21.60 | 381.32 |
| 80/20 | 3000 | 201.04 | 243.32 | - | 21.60 | 465.96 |
| 100/0 | 5150 | 226.99 | 274.75 | - | 21.60 | 523.34 |
| 100/0 | 3000 | 280.71 | 339.73 | - | 21.60 | 642.04 |

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 8:12 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.