

CeltiCare Preferred For Individuals & Families Plan Preferred Rate Quote

Client Name: Family health quotes

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
1 dependent(s) are covered

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	112.46	135.86	64.06	21.31	17.11	-	350.80
100/0	5000	133.91	161.76	76.28	21.31	17.11	-	410.37
80/20	2500	140.60	169.85	80.08	21.31	17.11	-	428.95
80/20	1500	174.84	211.21	99.58	21.31	17.11	-	524.05
100/0	2500	186.25	224.98	106.07	21.31	17.11	-	555.72
80/20	1000	201.39	243.25	114.68	21.31	17.11	-	597.74
80/20	500	225.02	271.83	128.14	21.31	17.11	-	663.41

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 Connecticut - health insurance specialists at 8:41 AM on Monday Nc

If you have any questions, please call 1800 Insurance Connecticut - health insurance specialists of 1800insuranceCT. or fax to (888)782-5341.

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AnyDoc PPO Plans

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80/20	5000	129.48	156.42	73.76	21.31	17.11	-	398.08
100/0	5000	154.20	186.25	87.83	21.31	17.11	-	466.70
80/20	2500	161.89	195.56	92.22	21.31	17.11	-	488.09
80/20	1500	201.32	243.19	114.67	21.31	17.11	-	597.60
100/0	2500	214.45	259.06	122.12	21.31	17.11	-	634.05
80/20	1000	231.88	280.06	132.04	21.31	17.11	-	682.40
80/20	500	259.09	312.97	147.55	21.31	17.11	-	758.03

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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	155.51	187.89	88.61	21.31	17.11	-	470.43
100/0	5000	185.18	223.70	105.48	21.31	17.11	-	552.78
80/20	2500	194.46	234.88	110.76	21.31	17.11	-	578.52
80/20	1500	241.80	292.09	137.73	21.31	17.11	-	710.04
100/0	2500	257.57	311.15	146.68	21.31	17.11	-	753.82
80/20	1000	278.51	336.39	158.59	21.31	17.11	-	811.91
80/20	500	311.19	375.92	177.22	21.31	17.11	-	902.75

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Celtic Saver HSA Plan Preferred Rate Quote

Client Name: Family health quotes

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

1 dependent(s) are covered

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	100.84	122.03	50.10	32.23	305.20
80/20	5150	104.64	126.63	52.00	32.23	315.50
80/20	3000	129.24	156.41	64.24	32.23	382.12
100/0	5150	145.93	176.62	72.50	32.23	427.28
100/0	3000	180.46	218.40	89.67	32.23	520.76

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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Celtic Saver HSA Plan Preferred Rate Quote

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ZIP Code: 06830

Policy Effective Date: 01/01/2009

Billing Mode: Monthly Electronic Fund Transfer

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Spouse: 39 year old, female

1 dependent(s) are covered

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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	141.17	170.85	70.14	32.23	414.39
80/20	5150	146.48	177.27	72.79	32.23	428.77
80/20	3000	180.94	218.99	89.93	32.23	522.09
100/0	5150	204.29	247.28	101.50	32.23	585.30
100/0	3000	252.64	305.76	125.55	32.23	716.18

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