

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: 44 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	191.62	-	-	11.96	4.90	-	208.48
100/0	5000	228.15	-	-	11.96	4.90	-	245.01
80/20	2500	239.56	-	-	11.96	4.90	-	256.42
80/20	1500	297.90	-	-	11.96	4.90	-	314.76
100/0	2500	317.33	-	-	11.96	4.90	-	334.19
80/20	1000	343.10	-	-	11.96	4.90	-	359.96
80/20	500	383.39	-	-	11.96	4.90	-	400.25

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	220.64	-	-	11.96	4.90	-	237.50
100/0	5000	262.70	-	-	11.96	4.90	-	279.56
80/20	2500	275.85	-	-	11.96	4.90	-	292.71
80/20	1500	343.00	-	-	11.96	4.90	-	359.86
100/0	2500	365.40	-	-	11.96	4.90	-	382.26
80/20	1000	395.05	-	-	11.96	4.90	-	411.91
80/20	500	441.46	-	-	11.96	4.90	-	458.32

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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	265.01	-	-	11.96	4.90	-	281.87
100/0	5000	315.55	-	-	11.96	4.90	-	332.41
80/20	2500	331.30	-	-	11.96	4.90	-	348.16
80/20	1500	411.98	-	-	11.96	4.90	-	428.84
100/0	2500	438.88	-	-	11.96	4.90	-	455.74
80/20	1000	474.50	-	-	11.96	4.90	-	491.36
80/20	500	530.24	-	-	11.96	4.90	-	547.10

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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: 44 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	173.26	-	-	11.30	184.56
80/20	2600	179.78	-	-	11.30	191.08
80/20	1500	222.08	-	-	11.30	233.38
100/0	2600	250.75	-	-	11.30	262.05
100/0	1500	310.09	-	-	11.30	321.39

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	242.57	-	-	11.30	253.87
80/20	2600	251.71	-	-	11.30	263.01
80/20	1500	310.91	-	-	11.30	322.21
100/0	2600	351.06	-	-	11.30	362.36
100/0	1500	434.12	-	-	11.30	445.42

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