

## 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: 44 year old, male  
Spouse: 44 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	143.68	160.39	64.06	27.15	15.67	-	410.95
100/0	5000	171.08	190.96	76.28	27.15	15.67	-	481.14
80/20	2500	179.64	200.51	80.08	27.15	15.67	-	503.05
80/20	1500	223.38	249.35	99.58	27.15	15.67	-	615.13
100/0	2500	237.96	265.61	106.07	27.15	15.67	-	652.46
80/20	1000	257.27	287.17	114.68	27.15	15.67	-	701.94
80/20	500	287.50	320.90	128.14	27.15	15.67	-	779.36

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 8:42 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**

<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	165.45	184.68	73.76	27.15	15.67	-	466.71
100/0	5000	196.99	219.88	87.83	27.15	15.67	-	547.52
80/20	2500	206.83	230.89	92.22	27.15	15.67	-	572.76
80/20	1500	257.19	287.09	114.67	27.15	15.67	-	701.77
100/0	2500	274.01	305.84	122.12	27.15	15.67	-	744.79
80/20	1000	296.24	330.66	132.04	27.15	15.67	-	801.76
80/20	500	331.03	369.50	147.55	27.15	15.67	-	890.90

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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	198.71	221.81	88.61	27.15	15.67	-	551.95
100/0	5000	236.61	264.11	105.48	27.15	15.67	-	649.02
80/20	2500	248.44	277.30	110.76	27.15	15.67	-	679.32
80/20	1500	308.93	344.83	137.73	27.15	15.67	-	834.31
100/0	2500	329.09	367.34	146.68	27.15	15.67	-	885.93
80/20	1000	355.81	397.16	158.59	27.15	15.67	-	954.38
80/20	500	397.59	443.81	177.22	27.15	15.67	-	1061.44

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## Celtic Saver HSA Plan Preferred Rate Quote

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**Resident State:** CT

**ZIP Code:** 06830

**Policy Effective Date:** 01/01/2009

**Billing Mode:** Monthly Electronic Fund Transfer

### This quote is for:

Primary: 44 year old, male

Spouse: 44 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	129.83	145.02	50.10	33.90	358.85
80/20	5150	134.71	150.48	52.00	33.90	371.09
80/20	3000	166.40	185.88	64.24	33.90	450.42
100/0	5150	187.88	209.88	72.50	33.90	504.16
100/0	3000	232.36	259.54	89.67	33.90	615.47

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 1800 Insurance Connecticut - health insurance specialists at 8:42 AM on Monday Nc

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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	181.77	203.03	70.14	33.90	488.84
80/20	5150	188.61	210.68	72.79	33.90	505.98
80/20	3000	232.98	260.24	89.93	33.90	617.05
100/0	5150	263.03	293.84	101.50	33.90	692.27
100/0	3000	325.31	363.36	125.55	33.90	848.12

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