

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: 49 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	224.53	-	-	15.88	4.94	-	245.35
100/0	5000	267.35	-	-	15.88	4.94	-	288.17
80/20	2500	280.69	-	-	15.88	4.94	-	301.51
80/20	1500	349.05	-	-	15.88	4.94	-	369.87
100/0	2500	371.84	-	-	15.88	4.94	-	392.66
80/20	1000	402.02	-	-	15.88	4.94	-	422.84
80/20	500	449.25	-	-	15.88	4.94	-	470.07

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 7:36 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	258.52	-	-	15.88	4.94	-	279.34
100/0	5000	307.84	-	-	15.88	4.94	-	328.66
80/20	2500	323.21	-	-	15.88	4.94	-	344.03
80/20	1500	401.90	-	-	15.88	4.94	-	422.72
100/0	2500	428.13	-	-	15.88	4.94	-	448.95
80/20	1000	462.90	-	-	15.88	4.94	-	483.72
80/20	500	517.26	-	-	15.88	4.94	-	538.08

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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	310.53	-	-	15.88	4.94	-	331.35
100/0	5000	369.75	-	-	15.88	4.94	-	390.57
80/20	2500	388.20	-	-	15.88	4.94	-	409.02
80/20	1500	482.73	-	-	15.88	4.94	-	503.55
100/0	2500	514.26	-	-	15.88	4.94	-	535.08
80/20	1000	555.98	-	-	15.88	4.94	-	576.80
80/20	500	621.28	-	-	15.88	4.94	-	642.10

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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: 49 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	204.27	-	-	11.94	216.21
80/20	2600	211.94	-	-	11.94	223.88
80/20	1500	261.81	-	-	11.94	273.75
100/0	2600	295.62	-	-	11.94	307.56
100/0	1500	365.58	-	-	11.94	377.52

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

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100/0	5000	286.01	-	-	11.94	297.95
80/20	2600	296.71	-	-	11.94	308.65
80/20	1500	366.54	-	-	11.94	378.48
100/0	2600	413.86	-	-	11.94	425.80
100/0	1500	511.81	-	-	11.94	523.75

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