

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: 49 year old, male

Spouse: 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	198.69	208.81	-	32.97	10.26	-	450.73
100/0	5000	236.57	248.64	-	32.97	10.26	-	528.44
80/20	2500	248.40	261.04	-	32.97	10.26	-	552.67
80/20	1500	308.89	324.62	-	32.97	10.26	-	676.74
100/0	2500	329.04	345.81	-	32.97	10.26	-	718.08
80/20	1000	355.74	373.88	-	32.97	10.26	-	772.85
80/20	500	397.52	417.80	-	32.97	10.26	-	858.55

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 8:13 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.

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AnyDoc PPO Plans

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80/20	5000	228.79	240.42	-	32.97	10.26	-	512.44
100/0	5000	272.41	286.29	-	32.97	10.26	-	601.93
80/20	2500	286.00	300.59	-	32.97	10.26	-	629.82
80/20	1500	355.66	373.77	-	32.97	10.26	-	772.66
100/0	2500	378.85	398.16	-	32.97	10.26	-	820.24
80/20	1000	409.62	430.50	-	32.97	10.26	-	883.35
80/20	500	457.72	481.05	-	32.97	10.26	-	982.00

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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	274.77	288.79	-	32.97	10.26	-	606.79
100/0	5000	327.17	343.87	-	32.97	10.26	-	714.27
80/20	2500	343.53	361.03	-	32.97	10.26	-	747.79
80/20	1500	427.18	448.94	-	32.97	10.26	-	919.35
100/0	2500	455.04	478.26	-	32.97	10.26	-	976.53
80/20	1000	491.99	517.06	-	32.97	10.26	-	1052.28
80/20	500	549.76	577.79	-	32.97	10.26	-	1170.78

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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: 49 year old, male

Spouse: 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	10000	180.99	189.97	-	24.80	395.76
80/20	5150	187.79	197.10	-	24.80	409.69
80/20	3000	231.96	243.48	-	24.80	500.24
100/0	5150	261.91	274.93	-	24.80	561.64
100/0	3000	323.89	339.99	-	24.80	688.68

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	10000	253.37	265.99	-	24.80	544.16
80/20	5150	262.91	275.94	-	24.80	563.65
80/20	3000	324.75	340.88	-	24.80	690.43
100/0	5150	366.67	384.89	-	24.80	776.36
100/0	3000	453.44	475.98	-	24.80	954.22

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