

## 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: 49 year old, male

Spouse: 49 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	178.82	187.93	64.06	34.45	15.72	-	480.98
100/0	5000	212.91	223.78	76.28	34.45	15.72	-	563.14
80/20	2500	223.56	234.94	80.08	34.45	15.72	-	588.75
80/20	1500	278.00	292.16	99.58	34.45	15.72	-	719.91
100/0	2500	296.14	311.23	106.07	34.45	15.72	-	763.61
80/20	1000	320.17	336.49	114.68	34.45	15.72	-	821.51
80/20	500	357.77	376.02	128.14	34.45	15.72	-	912.10

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 8:44 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	205.91	216.38	73.76	34.45	15.72	-	546.22
100/0	5000	245.17	257.66	87.83	34.45	15.72	-	640.83
80/20	2500	257.40	270.53	92.22	34.45	15.72	-	670.32
80/20	1500	320.09	336.39	114.67	34.45	15.72	-	821.32
100/0	2500	340.97	358.34	122.12	34.45	15.72	-	871.60
80/20	1000	368.66	387.45	132.04	34.45	15.72	-	938.32
80/20	500	411.95	432.95	147.55	34.45	15.72	-	1042.62

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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	247.29	259.91	88.61	34.45	15.72	-	645.98
100/0	5000	294.45	309.48	105.48	34.45	15.72	-	759.58
80/20	2500	309.18	324.93	110.76	34.45	15.72	-	795.04
80/20	1500	384.46	404.05	137.73	34.45	15.72	-	976.41
100/0	2500	409.54	430.43	146.68	34.45	15.72	-	1036.82
80/20	1000	442.79	465.35	158.59	34.45	15.72	-	1116.90
80/20	500	494.78	520.01	177.22	34.45	15.72	-	1242.18

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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: 49 year old, male

Spouse: 49 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	162.89	170.97	50.10	35.10	419.06
80/20	5150	169.01	177.39	52.00	35.10	433.50
80/20	3000	208.76	219.13	64.24	35.10	527.23
100/0	5150	235.72	247.44	72.50	35.10	590.76
100/0	3000	291.50	305.99	89.67	35.10	722.26

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 8:44 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	228.03	239.39	70.14	35.10	572.66
80/20	5150	236.62	248.35	72.79	35.10	592.86
80/20	3000	292.28	306.79	89.93	35.10	724.10
100/0	5150	330.00	346.40	101.50	35.10	813.00
100/0	3000	408.10	428.38	125.55	35.10	997.13

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