

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: 54 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 | 265.26 | - | - | 19.79 | 5.48 | - | 290.53 |
| 100/0 | 5000 | 315.85 | - | - | 19.79 | 5.48 | - | 341.12 |
| 80/20 | 2500 | 331.65 | - | - | 19.79 | 5.48 | - | 356.92 |
| 80/20 | 1500 | 412.40 | - | - | 19.79 | 5.48 | - | 437.67 |
| 100/0 | 2500 | 439.31 | - | - | 19.79 | 5.48 | - | 464.58 |
| 80/20 | 1000 | 474.97 | - | - | 19.79 | 5.48 | - | 500.24 |
| 80/20 | 500 | 530.75 | - | - | 19.79 | 5.48 | - | 556.02 |

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 | 305.42 | - | - | 19.79 | 5.48 | - | 330.69 |
| 100/0 | 5000 | 363.69 | - | - | 19.79 | 5.48 | - | 388.96 |
| 80/20 | 2500 | 381.86 | - | - | 19.79 | 5.48 | - | 407.13 |
| 80/20 | 1500 | 474.86 | - | - | 19.79 | 5.48 | - | 500.13 |
| 100/0 | 2500 | 505.82 | - | - | 19.79 | 5.48 | - | 531.09 |
| 80/20 | 1000 | 546.88 | - | - | 19.79 | 5.48 | - | 572.15 |
| 80/20 | 500 | 611.13 | - | - | 19.79 | 5.48 | - | 636.40 |

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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 | 366.84 | - | - | 19.79 | 5.48 | - | 392.11 |
| 100/0 | 5000 | 436.81 | - | - | 19.79 | 5.48 | - | 462.08 |
| 80/20 | 2500 | 458.67 | - | - | 19.79 | 5.48 | - | 483.94 |
| 80/20 | 1500 | 570.34 | - | - | 19.79 | 5.48 | - | 595.61 |
| 100/0 | 2500 | 607.54 | - | - | 19.79 | 5.48 | - | 632.81 |
| 80/20 | 1000 | 656.87 | - | - | 19.79 | 5.48 | - | 682.14 |
| 80/20 | 500 | 734.02 | - | - | 19.79 | 5.48 | - | 759.29 |

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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: 54 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 | 242.67 | - | - | 11.85 | 254.52 |
| 80/20 | 2600 | 251.80 | - | - | 11.85 | 263.65 |
| 80/20 | 1500 | 311.02 | - | - | 11.85 | 322.87 |
| 100/0 | 2600 | 351.20 | - | - | 11.85 | 363.05 |
| 100/0 | 1500 | 434.29 | - | - | 11.85 | 446.14 |

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 | 339.73 | - | - | 11.85 | 351.58 |
| 80/20 | 2600 | 352.53 | - | - | 11.85 | 364.38 |
| 80/20 | 1500 | 435.44 | - | - | 11.85 | 447.29 |
| 100/0 | 2600 | 491.66 | - | - | 11.85 | 503.51 |
| 100/0 | 1500 | 608.01 | - | - | 11.85 | 619.86 |

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