

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: 54 year old, male

Spouse: 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	247.45	246.69	-	38.77	10.76	-	543.67
100/0	5000	294.65	293.74	-	38.77	10.76	-	637.92
80/20	2500	309.38	308.44	-	38.77	10.76	-	667.35
80/20	1500	384.71	383.53	-	38.77	10.76	-	817.77
100/0	2500	409.81	408.56	-	38.77	10.76	-	867.90
80/20	1000	443.10	441.72	-	38.77	10.76	-	934.35
80/20	500	495.12	493.60	-	38.77	10.76	-	1038.25

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 8:14 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	284.93	284.04	-	38.77	10.76	-	618.50
100/0	5000	339.26	338.23	-	38.77	10.76	-	727.02
80/20	2500	356.24	355.13	-	38.77	10.76	-	760.90
80/20	1500	442.98	441.62	-	38.77	10.76	-	934.13
100/0	2500	471.85	470.41	-	38.77	10.76	-	991.79
80/20	1000	510.19	508.60	-	38.77	10.76	-	1068.32
80/20	500	570.10	568.35	-	38.77	10.76	-	1187.98

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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	342.22	341.16	-	38.77	10.76	-	732.91
100/0	5000	407.51	406.23	-	38.77	10.76	-	863.27
80/20	2500	427.87	426.56	-	38.77	10.76	-	903.96
80/20	1500	532.06	530.42	-	38.77	10.76	-	1112.01
100/0	2500	566.76	565.01	-	38.77	10.76	-	1181.30
80/20	1000	612.80	610.89	-	38.77	10.76	-	1273.22
80/20	500	684.74	682.64	-	38.77	10.76	-	1416.91

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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: 54 year old, male

Spouse: 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	10000	226.61	225.68	-	23.18	475.47
80/20	5150	235.12	234.17	-	23.18	492.47
80/20	3000	290.44	289.25	-	23.18	602.87
100/0	5150	327.96	326.62	-	23.18	677.76
100/0	3000	405.57	403.89	-	23.18	832.64

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 Celtic Insurance Company at 8:14 AM on Monday November 10, 2008.

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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	317.26	315.95	-	23.18	656.39
80/20	5150	329.17	327.85	-	23.18	680.20
80/20	3000	406.62	404.96	-	23.18	834.76
100/0	5150	459.16	457.24	-	23.18	939.58
100/0	3000	567.80	565.45	-	23.18	1156.43

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