

CeltiCare Preferred For Individuals & Families Plan Standard 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: 54 year old, male
Spouse: 54 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.

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	64.06	43.55	17.25	-	619.00
100/0	5000	294.65	293.74	76.28	43.55	17.25	-	725.47
80/20	2500	309.38	308.44	80.08	43.55	17.25	-	758.70
80/20	1500	384.71	383.53	99.58	43.55	17.25	-	928.62
100/0	2500	409.81	408.56	106.07	43.55	17.25	-	985.24
80/20	1000	443.10	441.72	114.68	43.55	17.25	-	1060.30
80/20	500	495.12	493.60	128.14	43.55	17.25	-	1177.66

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 8:45 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.

CeltiCare Preferred For Individuals & Families Plan Standard 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: 54 year old, male
Spouse: 54 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.

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	284.93	284.04	73.76	43.55	17.25	-	703.53
100/0	5000	339.26	338.23	87.83	43.55	17.25	-	826.12
80/20	2500	356.24	355.13	92.22	43.55	17.25	-	864.39
80/20	1500	442.98	441.62	114.67	43.55	17.25	-	1060.07
100/0	2500	471.85	470.41	122.12	43.55	17.25	-	1125.18
80/20	1000	510.19	508.60	132.04	43.55	17.25	-	1211.63
80/20	500	570.10	568.35	147.55	43.55	17.25	-	1346.80

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 8:45 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.

CeltiCare Preferred For Individuals & Families Plan Standard 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: 54 year old, male
Spouse: 54 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.

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	88.61	43.55	17.25	-	832.79
100/0	5000	407.51	406.23	105.48	43.55	17.25	-	980.02
80/20	2500	427.87	426.56	110.76	43.55	17.25	-	1025.99
80/20	1500	532.06	530.42	137.73	43.55	17.25	-	1261.01
100/0	2500	566.76	565.01	146.68	43.55	17.25	-	1339.25
80/20	1000	612.80	610.89	158.59	43.55	17.25	-	1443.08
80/20	500	684.74	682.64	177.22	43.55	17.25	-	1605.40

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 8:45 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.

Celtic Saver HSA Plan Standard 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: 54 year old, male

Spouse: 54 year old, female

1 dependent(s) are covered

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	50.10	35.96	538.35
80/20	5150	235.12	234.17	52.00	35.96	557.25
80/20	3000	290.44	289.25	64.24	35.96	679.89
100/0	5150	327.96	326.62	72.50	35.96	763.04
100/0	3000	405.57	403.89	89.67	35.96	935.09

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 8:45 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.

Celtic Saver HSA Plan Standard 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: 54 year old, male

Spouse: 54 year old, female

1 dependent(s) are covered

The actual rate will depend on the applicants' health history and underwriting.

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	70.14	35.96	739.31
80/20	5150	329.17	327.85	72.79	35.96	765.77
80/20	3000	406.62	404.96	89.93	35.96	937.47
100/0	5150	459.16	457.24	101.50	35.96	1053.86
100/0	3000	567.80	565.45	125.55	35.96	1294.76

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 8:45 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.