

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: 59 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	327.89	-	-	26.17	5.46	-	359.52
100/0	5000	390.42	-	-	26.17	5.46	-	422.05
80/20	2500	409.92	-	-	26.17	5.46	-	441.55
80/20	1500	509.73	-	-	26.17	5.46	-	541.36
100/0	2500	543.00	-	-	26.17	5.46	-	574.63
80/20	1000	587.08	-	-	26.17	5.46	-	618.71
80/20	500	656.01	-	-	26.17	5.46	-	687.64

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.

This rate quote was prepared by 1800 Insurance - health insurance specialists at 7:37 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	377.56	-	-	26.17	5.46	-	409.19
100/0	5000	449.54	-	-	26.17	5.46	-	481.17
80/20	2500	471.99	-	-	26.17	5.46	-	503.62
80/20	1500	586.91	-	-	26.17	5.46	-	618.54
100/0	2500	625.22	-	-	26.17	5.46	-	656.85
80/20	1000	675.98	-	-	26.17	5.46	-	707.61
80/20	500	755.34	-	-	26.17	5.46	-	786.97

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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	453.47	-	-	26.17	5.46	-	485.10
100/0	5000	539.96	-	-	26.17	5.46	-	571.59
80/20	2500	566.91	-	-	26.17	5.46	-	598.54
80/20	1500	704.93	-	-	26.17	5.46	-	736.56
100/0	2500	750.95	-	-	26.17	5.46	-	782.58
80/20	1000	811.90	-	-	26.17	5.46	-	843.53
80/20	500	907.25	-	-	26.17	5.46	-	938.88

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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: 59 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	301.54	-	-	12.41	313.95
80/20	2600	312.85	-	-	12.41	325.26
80/20	1500	386.47	-	-	12.41	398.88
100/0	2600	436.36	-	-	12.41	448.77
100/0	1500	539.63	-	-	12.41	552.04

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

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100/0	5000	422.13	-	-	12.41	434.54
80/20	2600	438.01	-	-	12.41	450.42
80/20	1500	541.05	-	-	12.41	553.46
100/0	2600	610.91	-	-	12.41	623.32
100/0	1500	755.50	-	-	12.41	767.91

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