

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: 59 year old, male

Spouse: 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	314.83	304.94	-	51.41	10.72	-	681.90
100/0	5000	374.86	363.09	-	51.41	10.72	-	800.08
80/20	2500	393.58	381.23	-	51.41	10.72	-	836.94
80/20	1500	489.42	474.05	-	51.41	10.72	-	1025.60
100/0	2500	521.36	504.99	-	51.41	10.72	-	1088.48
80/20	1000	563.70	545.98	-	51.41	10.72	-	1171.81
80/20	500	629.89	610.09	-	51.41	10.72	-	1302.11

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	362.50	351.13	-	51.41	10.72	-	775.76
100/0	5000	431.61	418.07	-	51.41	10.72	-	911.81
80/20	2500	453.19	438.95	-	51.41	10.72	-	954.27
80/20	1500	563.52	545.83	-	51.41	10.72	-	1171.48
100/0	2500	600.32	581.46	-	51.41	10.72	-	1243.91
80/20	1000	649.06	628.66	-	51.41	10.72	-	1339.85
80/20	500	725.27	702.47	-	51.41	10.72	-	1489.87

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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	435.39	421.73	-	51.41	10.72	-	919.25
100/0	5000	518.42	502.16	-	51.41	10.72	-	1082.71
80/20	2500	544.31	527.23	-	51.41	10.72	-	1133.67
80/20	1500	676.85	655.59	-	51.41	10.72	-	1394.57
100/0	2500	721.04	698.38	-	51.41	10.72	-	1481.55
80/20	1000	779.57	755.07	-	51.41	10.72	-	1596.77
80/20	500	871.11	843.74	-	51.41	10.72	-	1776.98

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Celtic Saver HSA Plan Standard 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: 59 year old, male

Spouse: 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	10000	289.84	280.43	-	24.39	594.66
80/20	5150	300.73	290.95	-	24.39	616.07
80/20	3000	371.47	359.42	-	24.39	755.28
100/0	5150	419.44	405.82	-	24.39	849.65
100/0	3000	518.72	501.86	-	24.39	1044.97

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	405.81	392.58	-	24.39	822.78
80/20	5150	421.02	407.35	-	24.39	852.76
80/20	3000	520.08	503.18	-	24.39	1047.65
100/0	5150	587.22	568.15	-	24.39	1179.76
100/0	3000	726.19	702.62	-	24.39	1453.20

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