

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: 64 year old, female

Applicant's age must be under 64 1/2 years on the specified policy effective date to qualify for this plan.

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	401.97	-	-	34.86	4.90	-	441.73
100/0	5000	478.63	-	-	34.86	4.90	-	518.39
80/20	2500	502.54	-	-	34.86	4.90	-	542.30
80/20	1500	624.92	-	-	34.86	4.90	-	664.68
100/0	2500	665.70	-	-	34.86	4.90	-	705.46
80/20	1000	719.75	-	-	34.86	4.90	-	759.51
80/20	500	804.27	-	-	34.86	4.90	-	844.03

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

<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	462.83	-	-	34.86	4.90	-	502.59
100/0	5000	551.09	-	-	34.86	4.90	-	590.85
80/20	2500	578.62	-	-	34.86	4.90	-	618.38
80/20	1500	719.54	-	-	34.86	4.90	-	759.30
100/0	2500	766.49	-	-	34.86	4.90	-	806.25
80/20	1000	828.72	-	-	34.86	4.90	-	868.48
80/20	500	926.06	-	-	34.86	4.90	-	965.82

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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	555.91	-	-	34.86	4.90	-	595.67
100/0	5000	661.91	-	-	34.86	4.90	-	701.67
80/20	2500	695.02	-	-	34.86	4.90	-	734.78
80/20	1500	864.23	-	-	34.86	4.90	-	903.99
100/0	2500	920.64	-	-	34.86	4.90	-	960.40
80/20	1000	995.40	-	-	34.86	4.90	-	1035.16
80/20	500	1112.29	-	-	34.86	4.90	-	1152.05

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Celtic Saver HSA Plan Standard Rate Quote

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Resident State: CT

ZIP Code: 06901

Policy Effective Date: 01/01/2009

Billing Mode: Monthly Electronic Fund Transfer

This quote is for:

Primary: 64 year old, female

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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	371.60	-	-	13.08	384.68
80/20	2600	385.56	-	-	13.08	398.64
80/20	1500	476.27	-	-	13.08	489.35
100/0	2600	537.78	-	-	13.08	550.86
100/0	1500	665.05	-	-	13.08	678.13

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	520.24	-	-	13.08	533.32
80/20	2600	539.78	-	-	13.08	552.86
80/20	1500	666.79	-	-	13.08	679.87
100/0	2600	752.88	-	-	13.08	765.96
100/0	1500	931.06	-	-	13.08	944.14

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