

## CeltiCare Preferred For Individuals & Families Plan Preferred 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: 64 year old, male

Spouse: 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. Please refer to the height and weight chart to determine if the applicant is eligible for preferred rates.

### **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	350.81	336.45	-	61.59	8.69	-	757.54
100/0	5000	417.73	400.62	-	61.59	8.69	-	888.63
80/20	2500	438.60	420.62	-	61.59	8.69	-	929.50
80/20	1500	545.38	523.06	-	61.59	8.69	-	1138.72
100/0	2500	580.97	557.19	-	61.59	8.69	-	1208.44
80/20	1000	628.16	602.43	-	61.59	8.69	-	1300.87
80/20	500	701.90	673.17	-	61.59	8.69	-	1445.35

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 8:15 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**

<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	403.93	387.39	-	61.59	8.69	-	861.60
100/0	5000	480.97	461.26	-	61.59	8.69	-	1012.51
80/20	2500	505.01	484.31	-	61.59	8.69	-	1059.60
80/20	1500	627.96	602.25	-	61.59	8.69	-	1300.49
100/0	2500	668.95	641.56	-	61.59	8.69	-	1380.79
80/20	1000	723.27	693.64	-	61.59	8.69	-	1487.19
80/20	500	808.19	775.12	-	61.59	8.69	-	1653.59

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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	485.17	465.30	-	61.59	8.69	-	1020.75
100/0	5000	577.70	554.02	-	61.59	8.69	-	1202.00
80/20	2500	606.56	581.73	-	61.59	8.69	-	1258.57
80/20	1500	754.25	723.36	-	61.59	8.69	-	1547.89
100/0	2500	803.48	770.58	-	61.59	8.69	-	1644.34
80/20	1000	868.73	833.15	-	61.59	8.69	-	1772.16
80/20	500	970.70	930.99	-	61.59	8.69	-	1971.97

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## Celtic Saver HSA Plan Preferred Rate Quote

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**Resident State:** CT

**ZIP Code:** 06830

**Policy Effective Date:** 01/01/2009

**Billing Mode:** Monthly Electronic Fund Transfer

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Spouse: 64 year old, female

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The actual rate will depend on the applicants' health history and underwriting. Please refer to the height and weight chart to determine if the applicant is eligible for preferred rates.

### 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	324.72	311.03	-	23.10	658.85
80/20	5150	336.93	322.71	-	23.10	682.74
80/20	3000	416.18	398.64	-	23.10	837.92
100/0	5150	469.93	450.13	-	23.10	943.16
100/0	3000	581.15	556.65	-	23.10	1160.90

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 8:15 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	454.62	435.44	-	23.10	913.16
80/20	5150	471.70	451.80	-	23.10	946.60
80/20	3000	582.64	558.11	-	23.10	1163.85
100/0	5150	657.89	630.16	-	23.10	1311.15
100/0	3000	813.62	779.30	-	23.10	1616.02

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