

Health Plans

For Individuals and Families

Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of these plans.



Proposed Insured: Health Insurance

Person	Age	Sex	Health Class	Tobacco	State	Zip
Health	29	M	Preferred	No	CT	069**
Requested Effective Month:				09/2009		

HEALTH INSURANCE QUOTE

Prepared by

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See Explanatory Notes.

**Monthly Preferred
Network Base Rates**

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Copay Plans

	\$10,000 Deductible	\$7,500 Deductible	\$5,000 Deductible	\$2,500 Deductible	\$1,500 Deductible	\$1,000 Deductible	\$500 Deductible
Copay 100 100%	104.17	121.53	142.98	172.59	202.21	229.78	305.35
Copay 80 80/20 to \$10,000	86.81	101.10	119.49	144.00	168.51	190.97	255.31

Health Savings Account Plans

	\$5,000 Deductible	\$3,500 Deductible	\$2,900 Deductible	\$1,900 Deductible	\$1,150 Deductible
HSA 100* 100%	94.98	106.21	113.36	145.02	176.68
HSA Deposit Range Applies to All Deductibles Minimum - Maximum	25.00 - 250.00				

High Deductible Plans

	\$10,000 Deductible	\$7,500 Deductible	\$5,000 Deductible	\$2,500 Deductible	\$1,500 Deductible	\$1,000 Deductible	\$500 Deductible
Plan 100 100%	66.38	78.64	94.98	111.32	144.00	177.70	N/A
Plan 80 80/20 to \$15,000	56.17	67.40	80.68	93.96	116.42	131.74	N/A

*One time \$10.00 HSA set up fee not included in rates. Total cost is Base Rates plus Tax Advantaged HSA Deposit plus Optional Benefit Rates.

**Monthly Optional
Benefit Rates**

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Copay 100	\$10,000 Deductible	\$7,500 Deductible	\$5,000 Deductible	\$2,500 Deductible	\$1,500 Deductible	\$1,000 Deductible	\$500 Deductible
Optional Benefits							
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00	7.00	7.00
No Annual Maximum Prescription Drug Benefit Buy-Up	7.29	8.51	10.01	12.08	14.15	16.08	21.37
Supplemental Accident Benefit							
\$500	8.15	8.15	8.15	8.15	7.29	6.86	5.53
\$1,000	16.30	16.30	16.30	16.30	14.58	13.72	N/A
Primary Term Life Benefit							
\$50,000	6.88	6.88	6.88	6.88	6.88	6.88	6.88
\$100,000	9.58	9.58	9.58	9.58	9.58	9.58	9.58
\$150,000	13.75	13.75	13.75	13.75	13.75	13.75	13.75
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit							
Premier	40.46	40.46	40.46	40.46	40.46	40.46	40.46
Value	24.30	24.30	24.30	24.30	24.30	24.30	24.30
Vision Benefit	9.00	9.00	9.00	9.00	9.00	9.00	9.00

**Monthly Optional
Benefit Rates**

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Copay 80	\$10,000 Deductible	\$7,500 Deductible	\$5,000 Deductible	\$2,500 Deductible	\$1,500 Deductible	\$1,000 Deductible	\$500 Deductible
Optional Benefits							
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00	7.00	7.00
No Annual Maximum Prescription Drug Benefit Buy-Up	6.08	7.08	8.36	10.08	11.80	13.37	17.87
Supplemental Accident Benefit							
\$500	8.15	8.15	8.15	8.15	7.29	6.86	5.53
\$1,000	16.30	16.30	16.30	16.30	14.58	13.72	N/A
Primary Term Life Benefit							
\$50,000	6.88	6.88	6.88	6.88	6.88	6.88	6.88
\$100,000	9.58	9.58	9.58	9.58	9.58	9.58	9.58
\$150,000	13.75	13.75	13.75	13.75	13.75	13.75	13.75
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit							
Premier	40.46	40.46	40.46	40.46	40.46	40.46	40.46
Value	24.30	24.30	24.30	24.30	24.30	24.30	24.30
Vision Benefit	9.00	9.00	9.00	9.00	9.00	9.00	9.00

**Monthly Optional
Benefit Rates**

Proposed Insured: Health Insurance

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Health	29	M	Preferred	No	CT	069**
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HSA 100	\$5,000 Deductible	\$3,500 Deductible	\$2,900 Deductible	\$1,900 Deductible	\$1,150 Deductible
Optional Benefits					
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00
Supplemental Accident Benefit					
\$500	8.15	8.15	8.15	8.15	8.15
\$1,000	16.30	16.30	16.30	16.30	16.30
One-Time HSA Hospital Indemnity Rider	40.00	40.00	40.00	40.00	N/A
Primary Term Life Benefit					
\$50,000	6.88	6.88	6.88	6.88	6.88
\$100,000	9.58	9.58	9.58	9.58	9.58
\$150,000	13.75	13.75	13.75	13.75	13.75
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00
Dental Benefit					
Premier	40.46	40.46	40.46	40.46	40.46
Value	24.30	24.30	24.30	24.30	24.30
Vision Benefit	9.00	9.00	9.00	9.00	9.00

**Monthly Optional
Benefit Rates**

Proposed Insured: Health Insurance

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Plan 100 & Plan 80	\$10,000 Deductible	\$7,500 Deductible	\$5,000 Deductible	\$2,500 Deductible	\$1,500 Deductible	\$1,000 Deductible
Optional Benefits						
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00	7.00
Preventive Care Benefits Package	15.78	15.78	15.78	15.78	15.78	15.78
Prescription Drug Card Benefit	21.90	21.90	21.90	21.90	21.90	18.84
Supplemental Accident Benefit						
\$500	8.15	8.15	8.15	8.15	7.29	6.86
\$1,000	16.30	16.30	16.30	16.30	14.58	13.72
Primary Term Life Benefit						
\$50,000	6.88	6.88	6.88	6.88	6.88	6.88
\$100,000	9.58	9.58	9.58	9.58	9.58	9.58
\$150,000	13.75	13.75	13.75	13.75	13.75	13.75
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit						
Premier	40.46	40.46	40.46	40.46	40.46	40.46
Value	24.30	24.30	24.30	24.30	24.30	24.30
Vision Benefit	9.00	9.00	9.00	9.00	9.00	9.00

Explanatory Notes For All Plans

- * Please submit a copy of this illustration with the application for insurance. Coverage and rates are subject to underwriting approval.
- * Payment: A quote that is more than 30 days old should not be used. Initial premiums are also payable by VISA or MasterCard
- * This is a rate illustration, not a contract. Rates are quoted based on the requested effective month, and are subject to verification at time of submission.
- * All plans include a first year 12 month rate guarantee. Rates may change if coverage changes or you move to a new location.
- * Brokers may receive commissions and incentive compensation if coverage is issued. The amount that a particular broker is paid does not directly change the amount his clients pay for their insurance. Brokers are not currently allowed to collect any compensation from their clients.

Short Term Medical

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Single Payment Short Term Medical**80/20 Coinsurance**

Number of Months	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible
1 Month	102.96	69.96	50.16	44.88	38.28
2 Months	205.92	139.92	100.32	89.76	76.56
3 Months	308.88	209.88	150.48	134.64	114.84
4 Months	411.84	279.84	200.64	179.52	153.12
5 Months	514.80	349.80	250.80	224.40	191.40
6 Months	617.76	419.76	300.96	269.28	229.68

Monthly Payment Short Term Medical**80/20 Coinsurance**

	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible
	113.26	76.96	55.18	49.37	42.11

A ONE TIME APPLICATION FEE OF \$20.00 IS DUE WITH THE INITIAL PAYMENT.**Short Term Medical Effective Date:**

Coverage may be effective as early as 12:01 a.m. the day following the postmark date affixed by the U.S. Postal Service. If mailed and not postmarked by the U.S. Postal Service or if the postmark is not legible, the effective date will be the later of: (1) the date you requested; or (2) the date received by Golden Rule. If the application is sent by any electronic means, your policy will take effect on the later of: (1) the requested policy date; or (2) the day after the date received by Golden Rule.

Dental Base Rates

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Dental Plans

	Monthly	Quarterly	Semi-Annually	Annually
Dental Premier	44.39	133.17	266.34	532.68
Dental Value	26.67	80.01	160.02	320.04
Optional Benefits				
Dental Premier Vision Benefit	9.00	27.00	54.00	108.00
Dental Value Vision Benefit	9.00	27.00	54.00	108.00

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- * This is a rate illustration, not a contract. Rates are quoted based on the requested effective month, and are subject to verification at time of submission.
- * All plans include a first year 12 month rate guarantee. Rates may change if coverage changes or you move to a new location.
- * Brokers may receive commissions and incentive compensation if coverage is issued. The amount that a particular broker is paid does not directly change the amount his clients pay for their insurance. Brokers are not currently allowed to collect any compensation from their clients.