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1800INSURANceCT.com

P. O. Box 6055 Bridgeport, CT 06606

Toll Free Phone: 1-800-467-8726 (1-800-INS-URANce\*)

Toll Free Fax: 1-888-782-5341

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**Questions?**

If you have questions about anything in this document or have questions about anything regarding individual & family health insurance in Connecticut, please call us at:

**1-800-INS-URANce (1-800-467-8726)**

**1-203-374-3645**

Alston J. Balkcom

To get instant quotes for all Connecticut-approved individual & family health insurance companies:

[www.1800insuranceCT.com/Health/](http://www.1800insuranceCT.com/Health/)

Companies include Aetna, Anthem Blue Cross Blue Shield, Cigna, Connecticare and United HealthCare's Golden Rule.

To see if your doctor is in the network of a given company:

[www.1800insuranceCT.com/Health/Providers/index.htm](http://www.1800insuranceCT.com/Health/Providers/index.htm)

To apply for coverage:

[www.1800insuranceCT.com/Health/Applications/index.htm](http://www.1800insuranceCT.com/Health/Applications/index.htm)

\* Please dial 1-203-374-3645 when calling from outside Connecticut.

# 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	39	M	Preferred	No	CT	069**
Requested Effective Month:				09/2009		

## HEALTH INSURANCE QUOTE

**Prepared by** Alston Balkcom

**Internet** <https://1800insuranceCT.com>

**Telephone** (203) 374-3645

**Fax** (888) 782-5341

**See Explanatory Notes.**

**Monthly Preferred  
Network Base Rates**

Proposed Insured: Health Insurance

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Requested Effective Month:				09/2009		

**Copay Plans**

	<b>\$10,000 Deductible</b>	<b>\$7,500 Deductible</b>	<b>\$5,000 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$1,500 Deductible</b>	<b>\$1,000 Deductible</b>	<b>\$500 Deductible</b>
<b>Copay 100</b> 100%	149.10	173.61	204.25	247.14	287.99	326.80	436.07
<b>Copay 80</b> 80/20 to \$10,000	123.57	144.00	169.53	205.27	239.99	272.67	363.56

**Health Savings Account Plans**

	<b>\$5,000 Deductible</b>	<b>\$3,500 Deductible</b>	<b>\$2,900 Deductible</b>	<b>\$1,900 Deductible</b>	<b>\$1,150 Deductible</b>
<b>HSA 100*</b> 100%	135.83	152.17	162.38	208.34	253.27
<b>HSA Deposit Range Applies to All Deductibles</b> Minimum - Maximum	25.00 - 250.00				

**High Deductible Plans**

	<b>\$10,000 Deductible</b>	<b>\$7,500 Deductible</b>	<b>\$5,000 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$1,500 Deductible</b>	<b>\$1,000 Deductible</b>	<b>\$500 Deductible</b>
<b>Plan 100</b> 100%	96.00	113.36	136.85	160.34	206.29	254.29	N/A
<b>Plan 80</b> 80/20 to \$15,000	80.68	96.00	115.40	134.80	166.46	187.91	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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Requested Effective Month:				09/2009		

<b>Copay 100</b>	<b>\$10,000 Deductible</b>	<b>\$7,500 Deductible</b>	<b>\$5,000 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$1,500 Deductible</b>	<b>\$1,000 Deductible</b>	<b>\$500 Deductible</b>
<b>Optional Benefits</b>							
\$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	10.44	12.15	14.30	17.30	20.16	22.88	30.52
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	7.71	7.71	7.71	7.71	7.71	7.71	7.71
\$100,000	10.83	10.83	10.83	10.83	10.83	10.83	10.83
\$150,000	15.63	15.63	15.63	15.63	15.63	15.63	15.63
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

Person	Age	Sex	Health Class	Tobacco	State	Zip
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Requested Effective Month:				09/2009		

<b>Copay 80</b>	<b>\$10,000 Deductible</b>	<b>\$7,500 Deductible</b>	<b>\$5,000 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$1,500 Deductible</b>	<b>\$1,000 Deductible</b>	<b>\$500 Deductible</b>
<b>Optional Benefits</b>							
\$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	8.65	10.08	11.87	14.37	16.80	19.09	25.45
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	7.71	7.71	7.71	7.71	7.71	7.71	7.71
\$100,000	10.83	10.83	10.83	10.83	10.83	10.83	10.83
\$150,000	15.63	15.63	15.63	15.63	15.63	15.63	15.63
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit							
Premier Value	40.46	40.46	40.46	40.46	40.46	40.46	40.46
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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Requested Effective Month:				09/2009		

HSA 100	\$5,000 Deductible	\$3,500 Deductible	\$2,900 Deductible	\$1,900 Deductible	\$1,150 Deductible
<b>Optional Benefits</b>					
\$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	7.71	7.71	7.71	7.71	7.71
\$100,000	10.83	10.83	10.83	10.83	10.83
\$150,000	15.63	15.63	15.63	15.63	15.63
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
<b>Optional Benefits</b>						
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00	7.00
Preventive Care Benefits Package	18.47	18.47	18.47	18.47	18.47	18.47
Prescription Drug Card Benefit	26.51	26.51	26.51	26.51	26.51	22.80
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	7.71	7.71	7.71	7.71	7.71	7.71
\$100,000	10.83	10.83	10.83	10.83	10.83	10.83
\$150,000	15.63	15.63	15.63	15.63	15.63	15.63
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**

Proposed Insured: Health Insurance

Person	Age	Sex	Health Class	Tobacco	State	Zip
Health	39	M	Preferred	No	CT	069**
Requested Effective Month:				09/2009		

**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	114.84	81.84	56.76	51.48	43.56
2 Months	229.68	163.68	113.52	102.96	87.12
3 Months	344.52	245.52	170.28	154.44	130.68
4 Months	459.36	327.36	227.04	205.92	174.24
5 Months	574.20	409.20	283.80	257.40	217.80
6 Months	689.04	491.04	340.56	308.88	261.36

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

	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible
	126.32	90.02	62.44	56.63	47.92

**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**

Proposed Insured: Health Insurance

Person	Age	Sex	Health Class	Tobacco	State	Zip
Health	39	M	Preferred	No	CT	069**
Requested Effective Month:				09/2009		

**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
<b>Optional Benefits</b>				
Dental Premier Vision Benefit	9.00	27.00	54.00	108.00
Dental Value Vision Benefit	9.00	27.00	54.00	108.00

**Explanatory Notes For All Plans**

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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.
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