
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

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/

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

To apply for coverage:

www.1800insuranceCT.com/Health/Applications/index.htm

Health Plans

For Individuals and Families

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



Proposed Insured: CT Medical Insurance

Person	Age	Sex	Health Class	Tobacco	State	Zip
CT Medi	44	F	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: CT Medical Insurance

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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%	211.40	246.12	290.04	351.31	409.52	465.69	620.92
Copay 80 80/20 to \$10,000	176.68	205.27	242.04	293.10	341.10	388.08	517.77

Health Savings Account Plans

	\$5,000 Deductible	\$3,500 Deductible	\$2,900 Deductible	\$1,900 Deductible	\$1,150 Deductible
HSA 100* 100%	182.80	205.27	218.55	281.86	353.35
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%	130.72	155.23	186.89	219.57	278.80	344.16	N/A
Plan 80 80/20 to \$15,000	111.32	131.74	158.29	183.82	225.70	255.31	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	14.80	17.23	20.30	24.59	28.67	32.60	43.46
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	7.50	7.50	7.50	7.50	7.50	7.50	7.50
\$100,000	12.50	12.50	12.50	12.50	12.50	12.50	12.50
\$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**

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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	12.37	14.37	16.94	20.52	23.88	27.17	36.24
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	7.50	7.50	7.50	7.50	7.50	7.50	7.50
\$100,000	12.50	12.50	12.50	12.50	12.50	12.50	12.50
\$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: CT Medical Insurance

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CT Medi	44	F	Preferred	No	CT	069**
Requested Effective Month:				09/2009		

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	7.50	7.50	7.50	7.50	7.50
\$100,000	12.50	12.50	12.50	12.50	12.50
\$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: CT Medical Insurance

Person	Age	Sex	Health Class	Tobacco	State	Zip
CT Medi	44	F	Preferred	No	CT	069**
Requested Effective Month:				09/2009		

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	35.53	35.53	35.53	35.53	35.53	35.53
Prescription Drug Card Benefit	31.94	31.94	31.94	31.94	31.94	27.48
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	7.50	7.50	7.50	7.50	7.50	7.50
\$100,000	12.50	12.50	12.50	12.50	12.50	12.50
\$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: CT Medical Insurance

Person	Age	Sex	Health Class	Tobacco	State	Zip
CT Medi	44	F	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	162.36	113.52	79.20	69.96	59.40
2 Months	324.72	227.04	158.40	139.92	118.80
3 Months	487.08	340.56	237.60	209.88	178.20
4 Months	649.44	454.08	316.80	279.84	237.60
5 Months	811.80	567.60	396.00	349.80	297.00
6 Months	974.16	681.12	475.20	419.76	356.40

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

	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible
	178.60	124.87	87.12	76.96	65.34

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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Person	Age	Sex	Health Class	Tobacco	State	Zip
CT Medi	44	F	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
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

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.
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