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1800INSURANceCT.com

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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)

# 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	64	F	Preferred	No	CT	069**
Spouse	64	M	Preferred	No		
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**

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**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%	908.91	1,058.02	1,243.88	1,505.32	1,756.55	1,997.56	2,661.38
<b>Copay 80</b> 80/20 to \$10,000	755.72	880.32	1,035.55	1,254.10	1,464.47	1,664.64	2,218.16

**Health Savings Account Plans**

	<b>\$10,000 Deductible</b>	<b>\$7,500 Deductible</b>	<b>\$5,800 Deductible</b>	<b>\$3,850 Deductible</b>	<b>\$2,300 Deductible</b>
<b>HSA 100*</b> 100%	631.13	749.60	868.06	1,070.27	1,474.68
<b>HSA Deposit Range Applies to All Deductibles</b> Minimum - Maximum	25.00 - 495.83				

**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%	557.60	661.77	796.58	935.46	1,196.90	1,474.68	N/A
<b>Plan 80</b> 80/20 to \$15,000	473.86	561.69	676.07	786.36	968.14	1,092.74	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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<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	63.62	74.06	87.07	105.37	122.96	139.83	186.30
Supplemental Accident Benefit							
\$500	16.30	16.30	16.30	16.30	14.58	13.72	11.06
\$1,000	32.60	32.60	32.60	32.60	29.16	27.44	N/A
Primary Term Life Benefit							
\$50,000	26.88	26.88	26.88	26.88	26.88	26.88	26.88
\$100,000	45.83	45.83	45.83	45.83	45.83	45.83	45.83
\$150,000	65.00	65.00	65.00	65.00	65.00	65.00	65.00
Spouse Term Life Benefit							
\$50,000	37.29	37.29	37.29	37.29	37.29	37.29	37.29
\$100,000	60.42	60.42	60.42	60.42	60.42	60.42	60.42
\$150,000	90.00	90.00	90.00	90.00	90.00	90.00	90.00
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Spouse Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit							
Premier Value	80.11	80.11	80.11	80.11	80.11	80.11	80.11
Value	48.11	48.11	48.11	48.11	48.11	48.11	48.11
Vision Benefit	16.00	16.00	16.00	16.00	16.00	16.00	16.00

**Monthly Optional  
Benefit Rates**

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Spouse	64	M	Preferred	No		
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	52.90	61.62	72.49	87.79	102.51	116.52	155.27
Supplemental Accident Benefit							
\$500	16.30	16.30	16.30	16.30	14.58	13.72	11.06
\$1,000	32.60	32.60	32.60	32.60	29.16	27.44	N/A
Primary Term Life Benefit							
\$50,000	26.88	26.88	26.88	26.88	26.88	26.88	26.88
\$100,000	45.83	45.83	45.83	45.83	45.83	45.83	45.83
\$150,000	65.00	65.00	65.00	65.00	65.00	65.00	65.00
Spouse Term Life Benefit							
\$50,000	37.29	37.29	37.29	37.29	37.29	37.29	37.29
\$100,000	60.42	60.42	60.42	60.42	60.42	60.42	60.42
\$150,000	90.00	90.00	90.00	90.00	90.00	90.00	90.00
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Spouse Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit							
Premier Value	80.11 48.11	80.11 48.11	80.11 48.11	80.11 48.11	80.11 48.11	80.11 48.11	80.11 48.11
Vision Benefit	16.00	16.00	16.00	16.00	16.00	16.00	16.00

**Monthly Optional  
Benefit Rates**

Proposed Insured: CT Medical Insurance

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CT Medi	64	F	Preferred	No	CT	069**
Spouse	64	M	Preferred	No		
Requested Effective Month:				09/2009		

HSA 100	\$10,000 Deductible	\$7,500 Deductible	\$5,800 Deductible	\$3,850 Deductible	\$2,300 Deductible
<b>Optional Benefits</b>					
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00
Supplemental Accident Benefit					
\$500	16.30	16.30	16.30	16.30	16.30
\$1,000	32.60	32.60	32.60	32.60	32.60
One-Time HSA Hospital Indemnity Rider	150.00	150.00	150.00	150.00	N/A
Primary Term Life Benefit					
\$50,000	26.88	26.88	26.88	26.88	26.88
\$100,000	45.83	45.83	45.83	45.83	45.83
\$150,000	65.00	65.00	65.00	65.00	65.00
Spouse Term Life Benefit					
\$50,000	37.29	37.29	37.29	37.29	37.29
\$100,000	60.42	60.42	60.42	60.42	60.42
\$150,000	90.00	90.00	90.00	90.00	90.00
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00
Spouse Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00
Dental Benefit					
Premier	80.11	80.11	80.11	80.11	80.11
Value	48.11	48.11	48.11	48.11	48.11
Vision Benefit	16.00	16.00	16.00	16.00	16.00

**Monthly Optional  
Benefit Rates**

Proposed Insured: CT Medical Insurance

Person	Age	Sex	Health Class	Tobacco	State	Zip
CT Medi	64	F	Preferred	No	CT	069**
Spouse	64	M	Preferred	No		
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
<b>Optional Benefits</b>						
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00	7.00
Preventive Care Benefits Package	62.65	62.65	62.65	62.65	62.65	62.65
Prescription Drug Card Benefit	125.36	125.36	125.36	125.36	125.36	107.84
Supplemental Accident Benefit						
\$500	16.30	16.30	16.30	16.30	14.58	13.72
\$1,000	32.60	32.60	32.60	32.60	29.16	27.44
Primary Term Life Benefit						
\$50,000	26.88	26.88	26.88	26.88	26.88	26.88
\$100,000	45.83	45.83	45.83	45.83	45.83	45.83
\$150,000	65.00	65.00	65.00	65.00	65.00	65.00
Spouse Term Life Benefit						
\$50,000	37.29	37.29	37.29	37.29	37.29	37.29
\$100,000	60.42	60.42	60.42	60.42	60.42	60.42
\$150,000	90.00	90.00	90.00	90.00	90.00	90.00
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00
Spouse Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit						
Premier	80.11	80.11	80.11	80.11	80.11	80.11
Value	48.11	48.11	48.11	48.11	48.11	48.11
Vision Benefit	16.00	16.00	16.00	16.00	16.00	16.00

**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	64	F	Preferred	No	CT	069**
Spouse	64	M	Preferred	No		
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	563.11	407.48	317.20	281.56	238.79
2 Months	1,126.22	814.96	634.40	563.12	477.58
3 Months	1,689.33	1,222.44	951.60	844.68	716.37
4 Months	2,252.44	1,629.92	1,268.80	1,126.24	955.16
5 Months	2,815.55	2,037.40	1,586.00	1,407.80	1,193.95
6 Months	3,378.66	2,444.88	1,903.20	1,689.36	1,432.74

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

	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible
	619.42	448.23	348.92	309.72	262.67

**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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Spouse	64	M	Preferred	No		
Requested Effective Month:				09/2009		

**Dental Plans**

	Monthly	Quarterly	Semi- Annually	Annually
Dental Premier	87.89	263.67	527.34	1,054.68
Dental Value	52.80	158.40	316.80	633.60
<b>Optional Benefits</b>				
Dental Premier Vision Benefit	16.00	48.00	96.00	192.00
Dental Value Vision Benefit	16.00	48.00	96.00	192.00

**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.
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