

# Health Plans

## For Individuals and Families

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



Proposed Insured: Female Age 24

Person	Age	Sex	Health Class	Tobacco	State	Zip
Female	24	F	Preferred I (with prior coverage)	No	IL	604**
Requested Effective Month:				03/2010		

## HEALTH INSURANCE QUOTE

Prepared by

**C. Steven Tucker**

Internet

**www.sbisvcs.com**

Telephone

Fax

**See Explanatory Notes.**

**Monthly Preferred  
Network Base Rates**

Proposed Insured: Female Age 24

Person	Age	Sex	Health Class	Tobacco	State	Zip
Female	24	F	Preferred I (with prior coverage)	No	IL	604**
Requested Effective Month:				03/2010		

**Copay Plans**

	<b>\$10,000 Deductible</b>	<b>\$7,500 Deductible</b>	<b>\$5,000 Deductible</b>	<b>\$3,500 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$1,500 Deductible</b>	<b>\$1,000 Deductible</b>	<b>\$500 Deductible</b>
<b>Copay Select</b>								
100%	89.08	103.93	121.96	144.23	160.13	191.95	217.40	290.57
80/20 to \$15,000	71.26	83.14	97.57	115.38	128.11	153.56	173.92	232.46
70/30 to \$16,666	62.00	72.33	84.88	100.38	111.45	133.60	151.31	202.24
<b>Copay Saver</b>								
70/30 to \$20,000	55.15	63.63	73.81	86.54	104.35			

**Health Savings Account Plans**

	<b>\$5,000 Deductible</b>	<b>\$3,500 Deductible</b>	<b>\$3,000 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$1,250 Deductible</b>
<b>HSA 100*</b>					
100%	89.93	96.72	106.90	114.53	198.52
<b>HSA 70*</b>					
70/30	86.54	88.23	89.08	95.87	162.89
<b>HSA Deposit Range Applies to All Deductibles</b>					
Minimum - Maximum	25.00 - 254.16				

**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%	58.54	69.57	83.99	107.75	151.01	N/A	N/A
<b>Plan 80</b>							
80/20 to \$15,000	50.06	59.39	71.26	90.78	122.17	N/A	N/A
<b>Saver 80</b>							
80/20 to \$15,000	42.42	49.21	56.84	67.87	82.29	89.08	130.65

\*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 Plan Enhancements  
and Optional Benefit Rates**

Proposed Insured: Female Age 24

Person	Age	Sex	Health Class	Tobacco	State	Zip
Female	24	F	Preferred I (with prior coverage)	No	IL	604**
Requested Effective Month:				03/2010		

Copay Select 100%	\$10,000 Deductible	\$7,500 Deductible	\$5,000 Deductible	\$3,500 Deductible	\$2,500 Deductible	\$1,500 Deductible	\$1,000 Deductible	\$500 Deductible
<b>Plan Enhancements</b>								
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00
24 Month Initial Rate Guarantee	8.02	9.35	10.98	12.98	14.41	17.28	19.57	26.15
No Annual Maximum Prescription Drug	7.13	8.31	9.76	11.54	12.81	15.36	17.39	23.25
\$25 Copay Office Visits	5.34	6.24	7.32	8.65	9.61	11.52	13.04	17.43
<b>Optional Benefits</b>								
Enhanced Supplemental								
Accident Benefit								
\$500	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00
\$1,000	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
\$2,500	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
\$5,000	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
\$10,000	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Maternity Benefit	109.00	109.00	109.00	109.00	109.00	109.00	109.00	109.00
Primary Term Life Benefit								
\$50,000	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79
\$100,000	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50
\$150,000	8.75	8.75	8.75	8.75	8.75	8.75	8.75	8.75
Primary Accidental Death Benefit								
	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit								
Premier Value	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59

**Monthly Plan Enhancements  
and Optional Benefit Rates**

Proposed Insured: Female Age 24

Person	Age	Sex	Health Class	Tobacco	State	Zip
Female	24	F	Preferred I (with prior coverage)	No	IL	604**
Requested Effective Month:				03/2010		

<b>Copay Select 80/20 to \$15,000</b>	<b>\$10,000 Deductible</b>	<b>\$7,500 Deductible</b>	<b>\$5,000 Deductible</b>	<b>\$3,500 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$1,500 Deductible</b>	<b>\$1,000 Deductible</b>	<b>\$500 Deductible</b>
<b>Plan Enhancements</b>								
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00
24 Month Initial Rate Guarantee	6.41	7.48	8.78	10.38	11.53	13.82	15.65	20.92
No Annual Maximum Prescription Drug	5.70	6.65	7.81	9.23	10.25	12.28	13.91	18.60
\$25 Copay Office Visits	4.28	4.99	5.85	6.92	7.69	9.21	10.44	13.95
<b>Optional Benefits</b>								
Enhanced Supplemental								
Accident Benefit								
\$500	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00
\$1,000	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
\$2,500	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
\$5,000	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
\$10,000	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Maternity Benefit	109.00	109.00	109.00	109.00	109.00	109.00	109.00	109.00
Primary Term Life Benefit								
\$50,000	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79
\$100,000	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50
\$150,000	8.75	8.75	8.75	8.75	8.75	8.75	8.75	8.75
Primary Accidental Death Benefit								
	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit								
Premier Value	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59

**Monthly Plan Enhancements  
and Optional Benefit Rates**

Proposed Insured: Female Age 24

Person	Age	Sex	Health Class	Tobacco	State	Zip
Female	24	F	Preferred I (with prior coverage)	No	IL	604**
Requested Effective Month:				03/2010		

<b>Copay Select 70/30 to \$16,666</b>	<b>\$10,000 Deductible</b>	<b>\$7,500 Deductible</b>	<b>\$5,000 Deductible</b>	<b>\$3,500 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$1,500 Deductible</b>	<b>\$1,000 Deductible</b>	<b>\$500 Deductible</b>
<b>Plan Enhancements</b>								
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00
24 Month Initial Rate Guarantee	5.58	6.51	7.64	9.03	10.03	12.02	13.62	18.20
No Annual Maximum Prescription Drug	4.96	5.79	6.79	8.03	8.92	10.69	12.10	16.18
\$25 Copay Office Visits	3.72	4.34	5.09	6.02	6.69	8.02	9.08	12.13
<b>Optional Benefits</b>								
Enhanced Supplemental								
Accident Benefit								
\$500	12.00	12.00	12.00	12.00	12.00	12.00	12.00	12.00
\$1,000	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
\$2,500	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
\$5,000	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00
\$10,000	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Maternity Benefit	109.00	109.00	109.00	109.00	109.00	109.00	109.00	109.00
Primary Term Life Benefit								
\$50,000	4.79	4.79	4.79	4.79	4.79	4.79	4.79	4.79
\$100,000	7.50	7.50	7.50	7.50	7.50	7.50	7.50	7.50
\$150,000	8.75	8.75	8.75	8.75	8.75	8.75	8.75	8.75
Primary Accidental Death Benefit								
	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit								
Premier Value	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59

**Monthly Plan Enhancements  
and Optional Benefit Rates**

Proposed Insured: Female Age 24

Person	Age	Sex	Health Class	Tobacco	State	Zip
Female	24	F	Preferred I (with prior coverage)	No	IL	604**
Requested Effective Month:				03/2010		

	<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>Copay Saver</b>					
<b>Plan Enhancements</b>					
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00
24 Month Initial Rate Guarantee	4.96	5.73	6.64	7.79	9.39
2 Additional Office Visits	12.00	12.00	12.00	12.00	12.00
<b>Optional Benefits</b>					
Preventive Care Benefits Package	24.57	24.57	24.57	24.57	24.57
Enhanced Supplemental Accident Benefit					
\$500	12.00	12.00	12.00	12.00	12.00
\$1,000	16.00	16.00	16.00	16.00	16.00
\$2,500	20.00	20.00	20.00	20.00	20.00
\$5,000	25.00	25.00	25.00	25.00	25.00
\$10,000	30.00	30.00	30.00	30.00	30.00
Maternity Benefit	109.00	109.00	109.00	109.00	109.00
Primary Term Life Benefit					
\$50,000	4.79	4.79	4.79	4.79	4.79
\$100,000	7.50	7.50	7.50	7.50	7.50
\$150,000	8.75	8.75	8.75	8.75	8.75
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00
Dental Benefit					
Premier Value	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59

**Monthly Plan Enhancements  
and Optional Benefit Rates**

Proposed Insured: Female Age 24

Person	Age	Sex	Health Class	Tobacco	State	Zip
Female	24	F	Preferred I (with prior coverage)	No	IL	604**
Requested Effective Month:				03/2010		

	<b>\$5,000 Deductible</b>	<b>\$3,500 Deductible</b>	<b>\$3,000 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$1,250 Deductible</b>
<b>HSA 100</b>					
<b>Plan Enhancements</b>					
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00
24 Month Initial Rate Guarantee	8.09	8.70	9.62	10.31	17.87
No Annual Maximum Prescription Drug	3.60	3.87	4.28	4.58	7.94
<b>Optional Benefits</b>					
Enhanced Supplemental Accident Benefit					
\$500	12.00	12.00	12.00	12.00	12.00
\$1,000	16.00	16.00	16.00	16.00	16.00
\$2,500	20.00	20.00	20.00	20.00	20.00
\$5,000	25.00	25.00	25.00	25.00	25.00
\$10,000	30.00	30.00	30.00	30.00	30.00
One-Time HSA Hospital Indemnity Rider	40.00	40.00	40.00	40.00	N/A
Primary Term Life Benefit					
\$50,000	4.79	4.79	4.79	4.79	4.79
\$100,000	7.50	7.50	7.50	7.50	7.50
\$150,000	8.75	8.75	8.75	8.75	8.75
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00
Dental Benefit					
Premier Value	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59

**Monthly Plan Enhancements  
and Optional Benefit Rates**

Proposed Insured: Female Age 24

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Female	24	F	Preferred I (with prior coverage)	No	IL	604**
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	<b>\$5,000 Deductible</b>	<b>\$3,500 Deductible</b>	<b>\$3,000 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$1,250 Deductible</b>
<b>HSA 70</b>					
<b>Plan Enhancements</b>					
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00
24 Month Initial Rate Guarantee	7.79	7.94	8.02	8.63	14.66
No Annual Maximum Prescription Drug	3.46	3.53	3.56	3.83	6.52
<b>Optional Benefits</b>					
Enhanced Supplemental Accident Benefit					
\$500	12.00	12.00	12.00	12.00	12.00
\$1,000	16.00	16.00	16.00	16.00	16.00
\$2,500	20.00	20.00	20.00	20.00	20.00
\$5,000	25.00	25.00	25.00	25.00	25.00
\$10,000	30.00	30.00	30.00	30.00	30.00
One-Time HSA Hospital Indemnity Rider	40.00	40.00	40.00	40.00	N/A
Primary Term Life Benefit					
\$50,000	4.79	4.79	4.79	4.79	4.79
\$100,000	7.50	7.50	7.50	7.50	7.50
\$150,000	8.75	8.75	8.75	8.75	8.75
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00
Dental Benefit					
Premier Value	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59

**Monthly Plan Enhancements  
and Optional Benefit Rates**

Proposed Insured: Female Age 24

Person	Age	Sex	Health Class	Tobacco	State	Zip
Female	24	F	Preferred I (with prior coverage)	No	IL	604**
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	<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>Plan 100</b>					
<b>Plan Enhancements</b>					
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00
24 Month Initial Rate Guarantee	5.27	6.26	7.56	9.70	13.59
Prescription Drug No Annual Maximum Copay	2.34 24.93	2.78 24.93	3.36 24.93	4.31 24.93	6.04 24.93
<b>Optional Benefits</b>					
Preventive Care Benefits Package	24.57	24.57	24.57	24.57	24.57
Enhanced Supplemental Accident Benefit					
\$500	12.00	12.00	12.00	12.00	12.00
\$1,000	16.00	16.00	16.00	16.00	16.00
\$2,500	20.00	20.00	20.00	20.00	20.00
\$5,000	25.00	25.00	25.00	25.00	25.00
\$10,000	30.00	30.00	30.00	30.00	30.00
Maternity Benefit	109.00	109.00	109.00	109.00	109.00
Primary Term Life Benefit					
\$50,000	4.79	4.79	4.79	4.79	4.79
\$100,000	7.50	7.50	7.50	7.50	7.50
\$150,000	8.75	8.75	8.75	8.75	8.75
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00
Dental Benefit					
Premier Value	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59

**Monthly Plan Enhancements  
and Optional Benefit Rates**

Proposed Insured: Female Age 24

Person	Age	Sex	Health Class	Tobacco	State	Zip
Female	24	F	Preferred I (with prior coverage)	No	IL	604**
Requested Effective Month:				03/2010		

	<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>Plan 80</b>					
<b>Plan Enhancements</b>					
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00
24 Month Initial Rate Guarantee	4.51	5.35	6.41	8.17	11.00
Prescription Drug No Annual Maximum Copay	2.00 24.93	2.38 24.93	2.85 24.93	3.63 24.93	4.89 24.93
<b>Optional Benefits</b>					
Preventive Care Benefits Package	24.57	24.57	24.57	24.57	24.57
Enhanced Supplemental Accident Benefit					
\$500	12.00	12.00	12.00	12.00	12.00
\$1,000	16.00	16.00	16.00	16.00	16.00
\$2,500	20.00	20.00	20.00	20.00	20.00
\$5,000	25.00	25.00	25.00	25.00	25.00
\$10,000	30.00	30.00	30.00	30.00	30.00
Maternity Benefit	109.00	109.00	109.00	109.00	109.00
Primary Term Life Benefit					
\$50,000	4.79	4.79	4.79	4.79	4.79
\$100,000	7.50	7.50	7.50	7.50	7.50
\$150,000	8.75	8.75	8.75	8.75	8.75
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00
Dental Benefit					
Premier Value	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59	32.76 19.59

**Monthly Plan Enhancements  
and Optional Benefit Rates**

Proposed Insured: Female Age 24

Person	Age	Sex	Health Class	Tobacco	State	Zip
Female	24	F	Preferred I (with prior coverage)	No	IL	604**
Requested Effective Month:				03/2010		

	\$10,000 Deductible	\$7,500 Deductible	\$5,000 Deductible	\$2,500 Deductible	\$1,500 Deductible	\$1,000 Deductible	\$500 Deductible
<b>Saver 80</b>							
<b>Plan Enhancements</b>							
\$5 Million Lifetime Maximum	7.00	7.00	7.00	7.00	7.00	7.00	7.00
24 Month Initial Rate Guarantee	3.82	4.43	5.12	6.11	7.41	8.02	11.76
<b>Optional Benefits</b>							
Preventive Care Benefits Package	24.57	24.57	24.57	24.57	24.57	24.57	24.57
Enhanced Supplemental Accident Benefit							
\$500	12.00	12.00	12.00	12.00	12.00	12.00	12.00
\$1,000	16.00	16.00	16.00	16.00	16.00	16.00	16.00
\$2,500	20.00	20.00	20.00	20.00	20.00	20.00	20.00
\$5,000	25.00	25.00	25.00	25.00	25.00	25.00	25.00
\$10,000	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Maternity Benefit	109.00	109.00	109.00	109.00	109.00	109.00	109.00
Primary Term Life Benefit							
\$50,000	4.79	4.79	4.79	4.79	4.79	4.79	4.79
\$100,000	7.50	7.50	7.50	7.50	7.50	7.50	7.50
\$150,000	8.75	8.75	8.75	8.75	8.75	8.75	8.75
Primary Accidental Death Benefit	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Dental Benefit							
Premier	32.76	32.76	32.76	32.76	32.76	32.76	32.76
Value	19.59	19.59	19.59	19.59	19.59	19.59	19.59

**Note: FACT association dues (\$3 monthly) are not included in the base rates.**

**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.
- \* FACT association dues (\$3 monthly) are not included in BASE Rates.
- \* 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.