

# COMMUNITY MED HSA® PLAN

**Good Health – Non-Smoker – [Month] [Year] effective date.**

*Sample monthly rates for [County] county [Zip] zip code.*

**HEALTHLINK OPEN ACCESS II NETWORK**

<b>Individual</b>	
Male	Female
Age 35 = \$	Age 35 = \$
Age 45 = \$	Age 45 = \$
Age 55 = \$	Age 55 = \$

<b>Family</b>
Male age 35 & Female age 35 +2 children = \$
Male age 45 & Female age 45 +1 child = \$
Male age 55 & Female age 55 = \$

*Rates shown are for \$2600 single / \$5200 family deductible. Other deductibles available*

**CALL NOW for a No-obligation quote and full explanation of benefits.**

**[Phone Number]**

[Agent Name]



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## LOOKING TO SAVE \$\$\$

### ON YOUR HEALTH INSURANCE?

- Prescription Drug Coverage
- Preventive Care Benefits
- Accident Benefit – the deductible is waived for treatment of an accidental injury within 30 days.
- Optional Maternity & Dental Benefits.

**Call now for a personalized, No-Obligation quote.**

**[Phone Number]**

NOTE: See back for sample rates.

If you are a licensed agent and interested in marketing please call 1-888-855-8220.