

MEDALIST™ HEALTH PLAN

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

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

PRIVATE HEALTHCARE SYSTEMS

Individual	
Male	Female
Age 35 = \$	Age 35 = \$
Age 45 = \$	Age 45 = \$
Age 55 = \$	Age 55 = \$

Family
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 \$5,000.00 Deductible. Other deductibles available. **Deductible waived for accidental injury.**

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

[Phone Number]

[Agent Name]



LOOKING TO SAVE \$\$\$ ON YOUR HEALTH INSURANCE?

- Outpatient Prescription Drug Card Benefit with Deductible of \$1,000, then co-pay.
- Preventive Care Benefits – up to \$400.
- Optional Doctor Office Visit co pay.
- 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.