Coverage that lets you choose the plan that suits you best.

And saves you more!
WHY CHOOSE CELTIC?

Financially strong and committed to the individual health insurance marketplace, Celtic Insurance Company is one of the nation’s leaders in providing quality, low cost individual health insurance. Our customers are our number one priority. Providing top-of-the-line individual health coverage, prompt and courteous service, and easy online resources at www.CelticHealthPlans.com are just a few ways that Celtic can work for you.

AFFORDABILITY
Health insurance is designed to protect you from the high cost of medical care. If you get into an accident, develop a serious illness, or need expensive medical care for any other reason, you rely on your health insurance to help pay the medical bills.

FAST, INTERNET SERVICES AT WWW.CELTICHEALTHPLANS.COM:
- Find physicians and hospitals in your PPO network
- Check billing information
- Look for pharmacies
- Email a client Service Rep your question
- Understand your plan with the online learning center

THREE PRODUCTS TO CHOOSE FROM
Celtic’s products are based on the flexibility of your health care needs and desired premium level, each covering important medical and hospitalization costs as well as some extra benefits to fit your lifestyle. Choose the product best for you.
- CeltiCare Preferred
- Celtic Basic
- CelticSaver HSA
HOW TO APPLY ONLINE

Get a quote
Get a rate quote in seconds by going to www.CelticHealthPlans.com and clicking on the Get A Quote Now button. Or, use the link provided by your insurance agent. From the quote screen you can compare up to four plans, find a doctor and view plan details and optional benefits.

Apply
Click the Apply button to complete an online application*. Upon submission of your completed application, you’ll be required to pay an initial premium equal to your first payment due. For continued convenience choose the Monthly Automatic Pay Plan by completing the agreement on the application. If you choose to receive a monthly or quarterly billing statement, a $10 per bill fee will be charged.

*Paper applications require a $25 non-refundable application fee that may vary by state. Plan features, benefits and fees may vary by state.

THE NETWORK ADVANTAGE
Celtic partners with leading Preferred Provider Organizations in the country — so you pay lower premiums than comparable non-PPO plans. Plus, when you use network providers you pay a lower percentage of the costs based on the Celtic negotiated discount. Celtic also partners with a leading network of pharmacies to give you prescription drugs at the lowest negotiated prices. And unlike many other plans, Celtic’s PPO and pharmacy networks have you covered. So whether you’re traveling or relocating to another state, your plan provides quality, money-saving coverage.

VALUE ADDED BENEFITS
Get extra benefits to fit your lifestyle. Celtic provides you these great benefits at no extra charge to you. What’s more, a deductible does not have to be met for benefits to be paid. For individuals and for families, each insured member receives the money-saving services outlined below.

Healthy Lifestyle Program
Celtic covers up to 25% of fees for accredited programs to improve your physical health, such as fitness, weight loss or smoking cessation – $300 maximum per person, per calendar year.

Vision Benefit
Vision benefits provide for annual eye exam at participating OptiCare Managed Vision providers, plus many more services included. See Celtic Vision Chart for complete details. (Not available in all states.)
Something just right for everyone
The CeltiCare Preferred Health Plan lets you customize your coverage to meet your specific health needs and budget. CeltiCare Preferred offers you the choice of deductibles and coinsurance.

Unique in its flexibility, CeltiCare Preferred has just the right amount of coverage for you.

Consider any optional benefits
- **Supplemental Accident Option** – first-dollar coverage up to $2000 per person, per occurrence
- **Term Life Insurance Option** – up to $25,000 in coverage
CeltiCare PREFERRED Health Plan

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Ages 19 - 64½ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>Physician and Hospital PPO</td>
</tr>
</tbody>
</table>

**70/30% Option**

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>70/30% Coverage after annual plan deductible of the next $15,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Plan Deductibles</td>
<td>$2,500, $5,000, $7,500, $10,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum*</td>
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*: (includes annual plan deductible)

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<td>Out-of-Pocket Maximum*</td>
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*: (includes annual plan deductible)

<table>
<thead>
<tr>
<th>Benefit will vary by state</th>
</tr>
</thead>
</table>

**Note:** The total family deductible is the amount equal to three times the per-person annual deductible. Out-of-pocket maximum is three times the per-person maximum, per calendar year, with no carry over.

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**Table:**

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**Note:** The total family deductible is the amount equal to three times the per-person annual deductible. Out-of-pocket maximum is three times the per-person maximum, per calendar year, with no carry over.
The Right Plan at the Right Time

Today’s changing needs and budgets call for an affordable, high-quality health plan. The Celtic Basic plan offers a basic benefit structure with additional client cost-sharing to keep premiums low.

Celtic Basic offers what you want

- A quality, basic health insurance plan
- Affordable rates to fit your budget
- No-hassle PPO coverage with two coinsurance options
- Two $35 copay office visits per year
- Healthy Lifestyle Program
# Celtic Basic Health Plan

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<th>70/30% Coverage after annual plan deductible of the next $20,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>$3,500, $5,000, $7,500, $10,000</td>
</tr>
<tr>
<td>Annual Plan Deductibles</td>
<td>$9,500, $11,000, $13,500, $16,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum* (includes annual plan deductible)</td>
<td></td>
</tr>
</tbody>
</table>

## 80/20% Option

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<td>Coinsurance</td>
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</tr>
<tr>
<td>Annual Plan Deductibles</td>
<td>$6,500, $9,000, $14,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum* (includes annual plan deductible)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifetime Maximum</th>
<th>No Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Preventive office visits to Network Provider</td>
<td>2 visits, $35 copay per person, per calendar year. 3rd and subsequent visits subject to annual deductible and coinsurance</td>
</tr>
<tr>
<td>Labs and x-rays</td>
<td>Subject to annual deductible and coinsurance, except for preventive care.</td>
</tr>
</tbody>
</table>

## Prescription Drugs

<table>
<thead>
<tr>
<th>Retail: Generic</th>
<th>Retail: Brand (Preferred and Nonpreferred/Specialty drugs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No deductible</td>
<td>• $1,000 annual deductible per person, per calendar year</td>
</tr>
<tr>
<td>• $10 copay</td>
<td>• 50% coinsurance for preferred drugs</td>
</tr>
<tr>
<td></td>
<td>• 50% coinsurance for nonpreferred/specialty drugs</td>
</tr>
</tbody>
</table>

Drugs with generic alternatives require the specified copay plus 100% of the cost difference between the drug and the generic alternative. Prescriptions available by mail order with a 90 day supply for 2/3 times the retail cost.

<table>
<thead>
<tr>
<th>Emergency Room Deductible</th>
<th>$250 deductible per visit, (waived if admitted to hospital) + annual deductible and coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Confinement/Inpatient Services</td>
<td>$500 deductible per admission + annual deductible and coinsurance. Average semi-private room rate. Intensive care at 4 times the average semi-private room rate.</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>$350 deductible per occurrence + annual deductible and coinsurance. Day surgery, major diagnostic procedures and medical services including charges for x-rays, lab tests, EKGs and radiation therapy are eligible expenses.</td>
</tr>
<tr>
<td>Out-of-Network Services Doctor and Hospital</td>
<td>$5,000 annual deductible. Eligible charges reduced additional 20% per occurrence, no cap</td>
</tr>
<tr>
<td>(in addition to annual plan deductible)</td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Eligible expenses for medical services and supplies incurred for preventive care in an asymptomatic individual are covered first dollar.</td>
</tr>
<tr>
<td>Rehabilitation Facility</td>
<td>Inpatient—up to 30 days confinement per person, per calendar year.</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Up to 20 visits per calendar year.</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$3,000 maximum per person, per calendar year, for emergency air or ground ambulance service.</td>
</tr>
</tbody>
</table>

## Value-Added Benefits

<table>
<thead>
<tr>
<th>Healthy Lifestyle Program</th>
<th>Pays 25% of fees for eligible programs that improve physical health. $300 maximum per person, per calendar year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Benefits and Services</td>
<td>Vision benefits provide for annual eye exam at participating OptiCare Managed Vision stores, plus many more services included. See Celtic Vision Chart for complete details. (Not available in all states.)</td>
</tr>
<tr>
<td>Non-tobacco Rates and Preferred Rates</td>
<td>Applicants and/or their spouses who have not used tobacco in the past 12 months will receive additional premium savings. Plus, Preferred Rates are available for qualifying applicants.</td>
</tr>
</tbody>
</table>

*Based in In-Network Services

**Note:** The total family deductible is the amount equal to three times the per-person deductible. Out-of-pocket maximum is three times the per-person maximum, per calendar year with no carry over.
The CelticSaver HSA Health Plan is a qualified high deductible health plan designed to provide you with major medical coverage combined with a Health Savings Account (HSA) option. Plus, you can draw money from your HSA fund to pay for a broad array of qualified medical expenses.

Two plans to choose from:
The CelticSaver HSA PPO Plan – high quality care for the lowest premium by accessing respected network physicians and hospitals.
The CelticSaver HSA Managed Indemnity Plan – comprehensive coverage with the flexibility to select the doctors and hospitals of your choice.

HSA Tax Advantages
- **Tax Deductible** – Contributions to your HSA fund are tax deductible up the IRS allowed maximums.
- **Tax Deferred** – Your HSA money earns interest tax deferred and rolls over year after year.
- **Tax-Free** – Withdrawals from your HSA fund used for qualified medical expenses are tax free. What you don’t spend on health care continues to grow as a tax deferred savings vehicle until you reach age 65.
### Eligibility
Ages 19 - 64 years*

### Plan Options
PPO** or Managed Indemnity

### Annual Plan Deductibles & Coinsurance

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$2,000 (80/20 of the next $20,000)</td>
<td>$4,000 (80/20 of the next $40,000)</td>
</tr>
<tr>
<td></td>
<td>$4,000 (80/20 of the next $10,000)</td>
<td>$8,000 (80/20 of the next $20,000)</td>
</tr>
<tr>
<td></td>
<td>$5,000 (70/30 of the next $10,000)</td>
<td>$6,000 (70/30 of the next $20,000)</td>
</tr>
<tr>
<td></td>
<td>$6,000 (70/30 of the next $3,333)</td>
<td>$10,000 (70/30 of the next $6,666)</td>
</tr>
<tr>
<td></td>
<td>$6,000 (100%)</td>
<td>$12,000 (100%)</td>
</tr>
</tbody>
</table>

### Lifetime Maximum
No Maximum

### Non-Preventive office visits
Covered after deductible subject to coinsurance.

### Labs and x-rays
Covered after deductible subject to coinsurance, except for preventive care.

### Emergency Room Deductible
$250 deductible per visit (waived if admitted to hospital) (in addition to annual plan deductible)

### Prescription Drugs
Covered after deductible subject to coinsurance.

### Preventive Care
Eligible expenses for medical services and supplies incurred for preventive care in an asymptomatic individual are covered first dollar.

### Psychiatric Care***
Covered after deductible subject to coinsurance.

### Manipulative Therapy***
$500 maximum per person, per calendar year.

### Hospital
Average semi-private room rate. Intensive care at four times the average semi-private room rate.

### Home Health Care
30 visits per person, per calendar year.

### Rehabilitation Facility
Inpatient—up to 30 days confinement per person, per calendar year.

### Rehabilitation Therapy
Outpatient—up to 30 visits per person, per calendar year.

### Extended Care Facility
Up to 12 days of confinement per person, per calendar year.

### Ambulance
$5,000 maximum per person, per calendar year, for emergency air or ground ambulance service.

### Value-Added Benefits

- **Healthy Lifestyle Program**
  Pays 25% of fees for eligible programs that improve physical health. $300 maximum per person, per calendar year.

- **Vision Benefits and Services**
  Vision benefits provide for annual eye exam at participating OptiCare Managed Vision stores, plus many more services included. See Celtic Vision Chart for complete details. (Not available in all states.)

- **Non-tobacco Rates and Preferred Rates**
  Applicants and/or their spouses who have not used tobacco in the past 12 months will receive additional premium savings. Plus, Preferred Rates are available for qualifying applicants.

- **Rx Discount**
  Use your Celtic ID card at more than 58,000 participating pharmacies nationwide and receive discounts on prescription drug purchases.

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* The Primary Applicant cannot be claimed as a dependent on any tax return.
** If PPO plan is chosen, out-of-network eligible charges reduced additional 20%.
*** Benefit will vary by state.
What’s more, a deductible does not have to be met for vision benefits to be paid. For individuals and for families, each insured member receives the money-saving services outlined below.

**Routine Vision Member Benefits Include:**
- Comprehensive eye exam from our network of optometrists & ophthalmologists.
- Frames up to the retail allowance. If the frame exceeds plan limits, simply pay the difference less a 20% discount (except at Wal-Mart, where member is responsible for frame charges above $87.50).
- Lenses plastic single vision, flat top bifocal, & flat top trifocal lenses are covered in full.
- Contact Lenses In lieu of spectacles, benefits may be used for the fitting, follow-up and/or purchase of contact lenses.

*Celtic’s vision benefit provides you extra coverage for your eyecare needs at no extra charge to you.*
#### CELTIC VISION BENEFIT

administered by OptiCare

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Network Doctor (after copay)</th>
<th>Non-Network (copays apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td>Paid in full</td>
<td>Up to $38.50</td>
</tr>
<tr>
<td>Lenses (per pair)</td>
<td>Paid in full</td>
<td>$37.50</td>
</tr>
<tr>
<td>Single</td>
<td>$37.50</td>
<td></td>
</tr>
<tr>
<td>Bifocal</td>
<td>$55.00</td>
<td></td>
</tr>
<tr>
<td>Trifocal</td>
<td>$90.00</td>
<td></td>
</tr>
<tr>
<td>Lenticular</td>
<td>$90.00</td>
<td></td>
</tr>
<tr>
<td>Frame-Retail Value</td>
<td>$125.00</td>
<td>$87.50</td>
</tr>
<tr>
<td>Contact Lenses (in lieu of glasses)</td>
<td>$80.00*</td>
<td>$56.00</td>
</tr>
<tr>
<td>Standard Contact Lens Fitting**</td>
<td>Covered</td>
<td>$26.60</td>
</tr>
<tr>
<td>LASIK</td>
<td>15% off at LasikPlus</td>
<td>No benefit</td>
</tr>
</tbody>
</table>

*except at Wal-Mart, where contact lens allowance is $56.
**current wearers of disposable, daily wear or extended wear lenses. For specialty fits (new wearers, toric, RGP, multi-focal, etc.), the member is responsible for any charges over $75, less a 20% discount.

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**How to Use Your Benefits**

- Make an appointment
- Contact OptiCare’s Concierge Service at **1-800-477-7870** choosing Option 2, then Option 4 and provide your appointment information.
- OptiCare communicates with your provider, making certain you receive the maximum benefit for which you are entitled
- Present your Celtic ID at your appointment
- The OptiCare network provider takes care of the rest

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Not available in all states.
HEALTH PLAN BENEFITS (May vary by state)

The Health Plan pays for the benefits highlighted below provided that four simple criteria are met: 1) The treatment is authorized by a physician; 2) the treatment or diagnosis is for a sickness or bodily injury, or as part of a covered wellness program; 3) the treatment is medically necessary; and 4) the expense is a reasonable and customary charge incurred while coverage is in force. Some eligible expenses listed below are only eligible when the CeltiCare Preferred Supplemental Accident option or Prescription Drug option and/or a Preferred Provider Organization (PPO) plan is selected and are identified as such. More detailed descriptions of the CeltiCare Preferred benefits are contained in the Certificate Booklet or Policy.

WHAT IS COVERED?
Hospital and Surgical Charges – Charges by a hospital or physician for medical and surgical services and supplies while hospital confined are eligible expenses. The maximum eligible expense for hospital daily room and board charges for medical care is the average semi-private room rate in that hospital. For intensive care, the maximum eligible expense is four times the average semi-private room rate in that hospital.

Extended Care Facility – Up to 12 days confinement per person, per calendar year.

Medical Service Charges – Charges for the following medical services are eligible expenses:
- nonsurgical professional services by a physician or nurse; and anesthesia and their administration.

Medical Supply Charges – Charges for the following medical supplies are eligible expenses:
- blood, blood plasma, oxygen;
- initial artificial limbs or eyes needed to replace natural limbs or eyes that are lost while an insured person’s coverage is in force (however, no benefit will be paid for repair or replacement of artificial limbs or eyes, or other prosthetic devices).

Dental Charges – Treatment of sound, natural teeth due to bodily injury that occurs while the insured person’s coverage is in force.

Reconstructive Charges – Reconstructive surgery needed to correct a bodily injury or sickness that occurs while the insured person’s coverage is in force is covered.

Human Organ and Transplant Charges – Hospital, medical service, and medical supply charges for non-experimental human organ and/or tissue transplant charges are eligible expenses. If the insured person uses the Transplant Network, benefits will be paid up to the amount of the charges negotiated by the Network. In addition, there is a travel and lodging benefit.

Healthy Lifestyle Program – 25% of the charges for eligible programs that improve physical health will be covered up to $300 per calendar year, per insured person. Eligible programs include hospital sponsored or accredited smoking cessation, weight loss or weight control programs, as well as fitness or exercise programs that are offered through hospitals, accredited or licensed health clubs, or YMCA/YWCA programs. The annual deductible does not have to be met for Healthy Lifestyle Benefits to be paid.

Preventive Care Benefit – Services for immunizations, annual physical exams and routine diagnostic or preventive testing for an asymptomatic insured person are covered at 100%. The insured’s annual deductible does not have to be met before preventive care benefits are paid.

- Mammogram - Coverage for one mammogram per calendar year for an insured person or more often as recommended by a physician. Eligible expenses for a mammogram shall include radiologist and facility charges;
- Cytology - Cervix - One cytologic screening per calendar year or more often if recommended by a physician;
- Prostate Cancer - Coverage for an annual prostate-specific antigen (PSA) test or equivalent test for the presence of prostate cancer shall be provided when recommended by a physician;
- Colorectal Cancer Screening with colonoscopy or fecal occult blood testing for:
  - an insured person age 50 or over every three years;
  - an insured person age 30 or older who may be classified as high risk for colorectal cancer, because the insured person or a first-degree family member has a history of colorectal cancer.

No benefits are paid that are provided:
- free of charge in lieu of this insurance;
- by a government-operated hospital unless the insured person is required to pay;
- for treatment received outside the United States except for a medical emergency while traveling for up to a maximum of 90 consecutive days.

Additionally, no benefits are paid for:
- sickness or bodily injury that arises out of, or as a result of, any work if the insured person is required to be covered under Worker’s Compensation or similar legislation.

Other exclusions include:
- normal pregnancy and delivery, elective or repeat cesarean section;
- treatment or surgical procedure relating to fertility, including diagnosis or treatment of infertility;
- birth control (except where state mandated);
- tubal ligations and vasectomies performed while hospital confined are not covered. The reversal of a tubal ligation or vasectomy is not covered at any time;
- treatment or surgery for exogenous, endogenous, or morbid obesity;
- gender reassignment (sex change or reassignment);
- eye refractions, vision therapy, glasses or fitting of glasses, contact lenses, surgical or non-surgical treatment to correct refractive eye disorders, or any treatment or procedure to correct vision loss;
- hearing aids, exams or fittings, or surgical or non-surgical treatment or procedure to correct hearing loss;
- treatment or medication that is experimental or investigational;
- custodial care;
- myringotomy or dilation and curettage and surgical treatment of tonsils, adenoids or hernia within first six months of coverage;
- the prevention or correction of teeth irregularities and malocclusion of jaws by removal, replacement, or treatment on or to teeth or any other surrounding tissue;
- cosmetic or reconstructive surgery that is not medically necessary.

IMPORTANT PLAN INFORMATION (May vary by state)

Eligibility Requirements – To qualify for coverage, a primary applicant must be 19 or over and under 64 1/2 years of age and must not be covered under any other health insurance plan. Applicant must be a United States citizen or a foreign resident who has been living in the United States.

Underwriting – Your application is individually underwritten based on the health history of you and your dependents to be covered. To effectively underwrite your application, Celtic must obtain as much medical information about you as possible. This is accomplished through the use of health questions on the application form and, in some instances, a follow-up medical questionnaire and/or telephone verification of information. In addition, Celtic may request medical records as necessary.

PLEASE NOTE: Creditable Coverage - Time spent under the Health Plan may or may not count towards “creditable coverage” as defined in the Health Insurance Portability and Accountability Act, Public Law 104-191. Your individual circumstances, as well as state and federal law, will determine how much, if any, of your coverage under the CeltiCare Preferred Health Plan is creditable coverage.

Pre-existing Conditions – A pre-existing condition is a sickness or bodily injury for which an insured person received a diagnosis, medical advice, consultation, or treatment during the 12 months prior to the effective date, or for which an insured person had symptoms 12 months before the effective date which would cause an ordinarily prudent person to seek medical care or treatment. For an insured person, age 19 and over, benefits are paid for pre-existing conditions once coverage is in force for 12 continuous months after the effective date, unless specifically excluded from coverage under this certificate. For dependents under 19, no pre-existing limitations apply. Any treatment or service for an excluded pre-existing condition, including any complications or conditions resulting from treatment of a pre-existing condition are not eligible expenses.

When Coverage Begins and Ends – Your effective date will appear on the schedule page of your Certificate Booklet or Policy, provided that you mail in your premium payment with your application and are accepted for coverage. Coverage ends when:
- you fail to make the required premium payments;
- you cease to be an eligible dependent;
- you begin living outside the United States.

Celtic’s Health Care Certification (Pre-authorization) Program – Health Care Certification (Pre-authorization) is a benefit which is automatically included in the CeltiCare Preferred Health Plan. The Health Care Certification (Pre-
authorization) Program promotes high-quality medical care, and can help you better understand and evaluate your treatment options.

How does it work? – You need to contact the Celtic Health Care Certification (Pre-authorization) Program at 1-800-477-7870 to certify medical treatment. The review team is made up of medical advisors with backgrounds in the medical, surgical, and psychiatric fields. If you have concerns about your proposed treatment, they can help you develop appropriate questions to ask your physician. The medical advisor may also discuss possible alternatives with your doctor if there are any questions regarding the necessity of your treatment. Celtic recommended second surgical opinions are always paid at 100%. Also, in the event of a non-certification (Pre-authorization) there is an appeal process available. Remember, the final decision for medical treatment is always the right and responsibility of you and your doctor.

What if I don’t notify Celtic before treatment? – For all plans non-notification (Pre-authorization) results in an exclusion from eligible expenses of 20% of all charges related to the treatment, if you did not notify the Celtic Health Care Certification (Pre-authorization) Program before treatment.

What if my treatment is considered not medically appropriate and/or not medically necessary? – A “Notice of Non-Certification” (Pre-authorization) is issued to you and your doctor. If you decide to receive the non-certified treatment, no benefits are paid.

Note: Celtic Insurance Company contracts with Preferred Provider Organizations (PPO) to utilize their network of health care providers and hospitals for Celtic’s PPO health benefit plans. The Preferred Provider Organizations support their clients by developing standards to determine network adequacy and accessibility. These standards are contained in an Access Plan, which is available upon request.

CELTICARE PREFERRED PPO PLAN OTHER BENEFITS

Network Physician Office Visits – Services performed by a network physician for a symptomatic insured person in an office setting are covered, subject to a $25 per visit copayment amount, up to four visits per person, per calendar year. Five or more non wellness office visits are eligible expenses subject to the deductible and coinsurance. The office visit covers only management and evaluation services and does not include labs and x-rays.

Non-network Services – The annual deductible is increased by $5,000 and an additional 20% coinsurance applies for all services received from an out-of-network provider (physician and/or hospital). This amount does not apply to the out-of-pocket maximum. Also, the office visit copay does not apply when non-network physicians are used.

If charges by a non-network provider are incurred by an insured person due to a medical emergency, the deductible and coinsurance will be the same as if provided by a network provider.

Rehabilitation Facility – Inpatient or outpatient up to 30 days confinement per person, per calendar year

Medical Service Charges – Charges for the following medical services are eligible expenses:

• up to 30 outpatient visits per person, per calendar year of rehabilitation therapy;
• up to 30 visits per person, per calendar year of home health care by a home health care agency, but only if a hospital, or extended care facility confinement would otherwise be needed;
• non-surgical treatment for tonsils, adenoids or hernia and surgical treatment for tonsils, adenoids or hernia after coverage is in force for 6 months;
• up to $500 per person, per calendar year of manipulative therapy;
• if a tubal ligation is performed during a pregnancy or complication of pregnancy, then those charges will be considered as eligible expenses. Tubal ligations and vasectomies performed as outpatient surgery are covered after 12 months of continuous coverage.

Medical Supply Charges

• casts, splints, surgical dressings, crutches, and the rental of wheelchairs, hospital beds, and other durable medical equipment;
• diabetic equipment and supplies prescribed by a physician.

Psychiatric Care Charges – Subject to annual plan deductible and coinsurance.

Supplemental Accident Benefit – Eligible expenses for the necessary treatment of a bodily injury of the insured person are covered at 100% up to $500 per occurrence if treatment is received within 90 days after the accident causing the bodily injury. The treatment must be ordered or given by a physician. For treatment received after 90 days or for any amount in excess of the $500 benefit maximum per occurrence, the annual deductible and coinsurance will apply. Drugs and medicines that are received after the first day of treatment for his bodily injury shall not be covered under this benefit.

Prescription Drugs – Drugs with generic alternatives require the specified copay plus 100% of the cost difference between the drug and the generic alternative. Prescriptions available by mail order for a 90 day supply with a copay equal to 21/2 x a one month supply.

Retail:

• Generic
  • No deductible
  • $5 copay

Brand (Preferred and Nonpreferred/Specialty drugs)

• $500 annual deductible per person, per calendar year
• 30% coinsurance for preferred drugs
• 30% coinsurance for nonpreferred/specialty drugs

Reconstructive Breast Surgery – Including prosthetic devices required as a result of a partial or total mastectomy performed while coverage is in force.

Hospice Care – Hospice care, services and supplies, up to $5,000 per an insured person’s lifetime.

Emergency Room – If an insured person is hospital confined immediately following an emergency room visit, the emergency room deductible will not apply.

The following benefits are only available if the options are chosen.

Supplemental Accident Benefit Option – Eligible expenses for the necessary treatment of a bodily injury of the insured person are covered at 100% up to $2000 per occurrence if treatment is received within 90 days after the accident causing the bodily injury. The treatment must be ordered or given by a physician. For treatment received after 90 days or for any amount in excess of the $2000 benefit maximum per occurrence, the annual deductible and coinsurance will apply. Drugs and medicines that are received after the first day of treatment for his bodily injury shall not be covered under this benefit.

Term Life Insurance Option - If available in your state, you may elect the Term Life Insurance option, which pays a benefit to the beneficiary if the primary insured person dies. The maximum benefit amount is $25,000 for individuals ages 19-64 years.

CELTIC BASIC PPO PLAN OTHER BENEFITS

For each insured person all benefits are subject to deductibles and coinsurance as indicated on the Celtic Basic Health Plan Benefits Chart.

Network Physician Office Visits – Services performed by a network physician for a symptomatic insured person in an office setting are covered, subject to a $35 per visit copayment amount, up to two visits per person, per calendar year. Three or more non wellness office visits are eligible expenses subject to the deductible and coinsurance. The office visit covers only management and evaluation services and does not include labs and x-rays.

Non-network Services – The annual deductible is increased by $5,000 and an additional 20% coinsurance applies for all services received from an out-of-network provider (physician and/or hospital). This amount does not apply to the out-of-pocket maximum. Also, the office visit copay does not apply when non-network physicians are used.

If charges by a non-network provider are incurred by an insured person due to a medical emergency, the deductible and coinsurance will be the same as if provided by a network provider.

Reconstructive Breast Surgery – as a result of a partial or total mastectomy.

Prescription Drugs – Drugs with generic alternatives require the specified copay plus 100% of the cost difference between the drug and the generic alternative. Prescriptions available by mail order for a 90 day supply with a copay equal to 21/2 x a one month supply.

Retail:

• Generic
  • No deductible
  • $10 copay

Brand (Preferred and Nonpreferred/Specialty drugs)

• $1,000 annual deductible per person, per calendar year
• 50% coinsurance for preferred drugs
• 50% coinsurance for nonpreferred/specialty drugs

Emergency Room – If an insured person is hospital confined immediately following an emergency room visit, the emergency room deductible will not apply.
CELTICSAVER HSA PLAN OTHER BENEFITS

Non-network Services – Each time an out-of-network provider (physician and/or hospital) is used, eligible charges are reduced by an additional 20%, which does not apply to the out-of-pocket maximum. If charges by a non-network provider are incurred by an insured person due to a medical emergency, the deductible and coinsurance will be the same as if provided by a network provider.

If charges by a non-network provider are incurred by an insured person due to a medical emergency, the deductible and coinsurance will be the same as if provided by a network provider.

Rehabilitation Facility – Inpatient or outpatient up to 30 days confinement per person, per calendar year

Medical Service Charges
• up to 30 visits per person, per calendar year of home health care by a home health care agency, but only if a hospital, skilled nursing or extended care facility confinement would otherwise be needed and the visit is prescribed by a physician;
• non-surgical treatment for tonsils, adenoids or hernia and surgical treatment for tonsils, adenoids or hernia after coverage is in force for 6 months;
• emergency air or ground transportation in an ambulance to the nearest hospital up to $5,000;
• if a tubal ligation is performed during a pregnancy or complication of pregnancy, then those charges will be considered as eligible expenses. Tubal ligations and vasectomies performed as outpatient surgery are covered after 12 months of continuous coverage.

Medical Supply Charges
• prescription drugs;
• casts, splints, surgical dressings, crutches, and the rental of wheelchairs, hospital beds, and other durable medical equipment;
• diabetic equipment and supplies prescribed by a physician.

Psychiatric Care Charges – Subject to annual plan deductible and coinsurance.

Reconstructive Breast Surgery – as a result of a partial or total mastectomy.

Hospice Care – Hospice care, services and supplies, up to $5,000 per an insured person’s lifetime.

CELTIC VALUE-ADDED VISION BENEFIT

Limitations – Vision Exam and Vision Materials – Fees charged by a provider for services other than Vision Exam or Covered Vision Materials must be paid in full by the Covered Person to the provider. Such fees or materials are not covered under this policy.

Exclusions –
• No benefits will be paid for services or materials connected with or charges arising from orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
• Any eye or Vision Examination, or any corrective eye wear, required by an employer as a condition of employment.
• Services provided as a result of Worker’s Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state or subdivisions thereof.
• Lens options such as progressive lens, polycarbonate lens, high index tints and lens with UV and anti-reflective coating.
• Non-prescription lenses, non-prescription sunglasses (except for declared discounts) or two pair of glasses in lieu of bifocals.
• Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit period when vision materials next become available.

Most providers do not allow insurance to be combined with discounts, specials or other insurance plans.

IMPORTANT NOTE
The information shown in this brochure and in any accompanying literature is not intended to provide full details of Celtic plans and may change at the discretion of Celtic Insurance Company. Complete terms of coverage are outlined in the individual Certificate Booklets and set forth in the applicable insurance policy. In applying for coverage, the primary insured agrees to be bound by the Certificate or Policy. The benefits described in this brochure and any accompanying literature are the standard benefits offered by Celtic. Policy provisions vary in some states.

Nobody Makes it Easier than Celtic
Celtic makes health insurance easy and worry-free. If you have a question, just call our Client Service Representatives at 1-800-477-7870. They are available during regular business hours to help with any situation, from claims, billing and pre-certification, to a change of address. Celtic also offers fast Internet services for provider listings, participating pharmacies, billing information and much more.