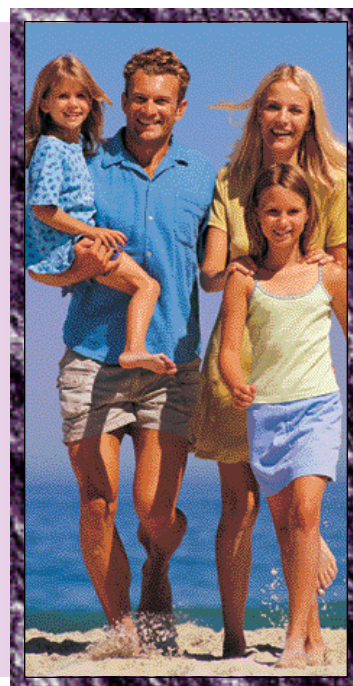


# The **CELTICARE** Health Plan



*Comprehensive,  
flexible coverage*

*For kids, adults and families*



**Earning Your Trust, Every Day**



# The CeltiCare™ Health Insurance

*Comprehensive coverage that lets you choose the plan that*

## Something just right for everyone

The CeltiCare Health Plan is a major medical plan designed for individuals ages six months to 64½ and their families. Unique in its flexibility, CeltiCare enables you to customize your coverage to meet your specific health needs and budgets. Celtic offers you the choice of three plans, each covering a wide variety of medical and hospitalization costs as well as some extra benefits everyone needs. Plus, with the CeltiCare Health Plan, every insured automatically receives supplemental accident coverage and a FREE Rx Discount Card, good for savings on prescriptions.\*

Also, when only your children need coverage, CeltiCare gives you the opportunity to cover a child as the primary insured person, so you can customize a plan specifically designed for a child's needs. And Celtic has created special rates just for children, so you'll have an affordable way to insure your child's health.

## Three major medical plans

The three plans are based on the flexibility of your health care needs and desired premium level. You can choose the plan best for you.

**CeltiCare Select PPO** - you receive high quality care for the lowest premium by accessing respected network physicians and hospitals. This doctor and hospital PPO offers savings on every visit to any network provider.

**CeltiCare "Any Doc" PPO** - you don't have to change doctors to realize the advantage of a low office visit copayment. With the Celtic "Any Doc" PPO you have the flexibility to choose your own physician while saving money with the preferred rates of our prominent nationwide hospital network.

**CeltiCare Managed Indemnity Plan** - offers you comprehensive major medical coverage with the flexibility to select the doctors and hospitals of your choice.

## CeltiCare Plus Option

For a small additional premium, you can take advantage of the CeltiCare Plus Option. It's an economical package of extra health benefits that includes the following:

**Healthy Lifestyle Program** - covers up to 25% of fees for accredited programs to improve physical health, such as weight loss or weight control, smoking cessation or fitness. A maximum of \$300 per calendar year.

**Rx Drug Card** - generic and brand name drugs available for a low copayment with no deductible.

**Preventive Care** - covers routine tests and exams up to \$300 per person per calendar year. No deductible or copayment required. Some eligible services include routine physicals, serum cholesterol, breast exams, Pap smears, tetanus and urinalysis.

## Celtic Makes it Easy

**Flexible Payment Options, Guaranteed Rates.** You have the option to pay your initial premium with a credit card (Visa®, MasterCard®, or Discover®) or by check. On the application you can choose from a variety of premium options, including monthly or quarterly billing or the Monthly Automatic Pay Plan.

Choosing Celtic's Monthly Automatic Pay Plan makes handling payments easy by automatically deducting your premium from your checking or savings account at no additional charge. Both the monthly and quarterly billing options have an \$8 per bill fee.



# Plan

## *That suits you best. And saves you more!*

And Celtic will guarantee your premium rates for the first 12 months of coverage, an offer most insurance companies won't make.

**Preferred Rates Available.** Also, Celtic saves you more with Preferred rates for non-tobacco users. If you and/or your spouse have not used tobacco in the past 12 months you receive premium savings on your CeltiCare Health Plan.

**Easy Claims, Helpful Service.** Celtic makes health insurance easy and worry-free. When submitting a claim, there are no forms to complete, and payments are made quickly.

If you do have a question, just call our Client Service Representatives toll-free at 1-800-477-7870. They are available during regular business hours to help with practically any situation, from claims, billing and pre-certification to a change in coverage.

**Full Credit for Meeting Prior Deductibles.** If you choose to replace your current insurance coverage with the CeltiCare Health Plan, you'll receive credit for satisfying any portion of the previous carrier's deductible met during the same calendar year.

Plan features, benefits and fees may vary by state.

\* The Rx Drug Discount Card is a value-added feature and not part of the insurance contract. When the CeltiCare Plus Option is chosen, the Rx Drug Card replaces the Rx Discount Card.

**Note:** The CeltiCare Select PPO and The CeltiCare "Any Doc" PPO plans are available in areas served by the PPO Network. Your agent can supply you with a complete listing to make sure there is a participating hospital and/or physician near you.

### How to Apply for CeltiCare

#### Choose a plan

- A. CeltiCare Select PPO Plan
- B. CeltiCare "Any Doc" PPO Plan
- C. CeltiCare Managed Indemnity Plan

#### Determine if you want to take advantage of any options

- A. CeltiCare Plus Option
- B. Term Life Insurance Option (Not available in all states)

#### Get a QuikQuote™ from your agent

Your agent can receive an up-to-date rate quote in seconds, by calling **1-800-477-7990** or visiting our web site at **www.celtic-net.com**.

Plus, you may qualify for Celtic's Preferred non-tobacco user rate.

#### Complete the application

Upon submission of your completed application, you'll be required to pay an initial premium equal to your first payment due, either monthly or quarterly, and a nonrefundable application fee. You can make this initial payment with a credit card (Visa, MasterCard or Discover) or by check. (Please make the check payable to Celtic Insurance. Agent checks are not accepted.)

#### Select a billing option

Pay monthly or quarterly, whichever is more convenient. To use our Monthly Automatic Pay Plan, just complete the Monthly Automatic Pay Plan agreement on the application. If you choose to receive a monthly or quarterly billing statement, an \$8.00 per-bill fee will be charged.

#### Submit your application for underwriting

Whether applying online or through the mail, consider Celtic's QuikCoverage option. If you answered "NO" to the five health questions on the application, are within the Company's height, weight, and age guidelines, and have acceptable occupations/avocations, your agent can get coverage instantly with QuikCoverage.

# CeltiCare Select PPO Plan

| Features/Benefits  | 70/30  | 80/20  | 100%   |  |  |
|--|--|--|--|--|--|
| Coinsurance  | 70/30 Coverage<br>after deductible of the next \$10,000  | 80/20 Coverage<br>after deductible of the next \$5,000 | 100% Coverage<br>after deductible              |  |  |
| Annual Deductibles   | \$1000, \$2500, \$5000, \$10,000   | \$250, \$500, \$1000, \$2500, \$5000, \$10,000         | \$1000, \$2500, \$5000, \$10,000               |  |  |
| Out-of-Pocket Maximum*   | \$4000, \$5500, \$8000, \$13,000   | \$1250, \$1500, \$2000, \$3500, \$6000, \$11,000       | \$1000, \$2500, \$5000, \$10,000               |  |  |
| Lifetime Maximum   | \$5,000,000  | \$5,000,000  | \$5,000,000                                    |  |  |
| Non-Preventive office visits to Network Provider   | \$10 copay   | \$10 copay   | \$10 copay                                     |  |  |
| Emergency Room Deductible (in addition to annual deductible)   | \$50 deductible per visit, if not admitted   | \$50 deductible per visit, if not admitted             | \$50 deductible per visit, if not admitted     |  |  |
| Out-of-Network Services<br><b>Doctor and Hospital</b> per occurrence   | Eligible charges reduced additional 20% no cap   | Eligible charges reduced additional 20% no cap         | Eligible charges reduced additional 20% no cap |  |  |
| Supplemental Accident  | \$500 per injury   | \$500 per injury                                       | \$500 per injury                               |  |  |
| FREE RX Discount Card  | An average savings of 15% at over 40,000 U.S. pharmacies.  |  |  |  |  |
| Psychiatric Care**   | Inpatient annual maximum of \$2,500 per person, per calendar year. Outpatient annual maximum of \$1,000 per person, per calendar year. Lifetime maximum of \$10,000 per person for inpatient and outpatient combined.  |  |  |  |  |
| Manipulative Therapy**   | \$500 maximum per person, per calendar year.   |  |  |  |  |
| Hospital   | Average semi-private room rate. Intensive care at 4 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.  |  |  |  |  |
| Transplants  | Covered up to amount negotiated by network if Transplant Network used; capped at \$100,000 per procedure if insured goes out of network.   |  |  |  |  |
| Ambulance  | \$3,000 maximum per person, per calendar year, for emergency air or ground ambulance service.  |  |  |  |  |
| Optional Features/Benefits   | Specifics  |  |  |  |  |
| CeltiCare Plus Option  | <p><b>Preventive Care-</b> Eligible expenses for medical services and supplies incurred for preventive care in an asymptomatic individual are covered at 100%, up to \$300 per person, per calendar year, which includes \$50 for routine eye exams.</p> <p><b>Healthy Lifestyle Program-</b> Pays 25% of fees for eligible programs that improve physical health. \$300 maximum per person, per calendar year.</p> <p><b>Rx Drug Card***</b></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Retail: No deductible</b></p> <ul style="list-style-type: none"> <li>• \$15 copay for generic drugs</li> <li>• \$35 copay and a 20% coinsurance for brand-name drugs with no generic substitutes</li> <li>• \$35 copay and a 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic copy.</li> </ul> </td> <td style="vertical-align: top;"> <p><b>Mail order: No deductible</b> (90 day supply)</p> <ul style="list-style-type: none"> <li>• \$30 copay for generic drugs</li> <li>• \$70 copay and a 20% coinsurance for brand-name drugs with no generic substitutes</li> <li>• \$70 copay and a 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic copy.</li> </ul> </td> </tr> </table> |  |  | <p><b>Retail: No deductible</b></p> <ul style="list-style-type: none"> <li>• \$15 copay for generic drugs</li> <li>• \$35 copay and a 20% coinsurance for brand-name drugs with no generic substitutes</li> <li>• \$35 copay and a 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic copy.</li> </ul> | <p><b>Mail order: No deductible</b> (90 day supply)</p> <ul style="list-style-type: none"> <li>• \$30 copay for generic drugs</li> <li>• \$70 copay and a 20% coinsurance for brand-name drugs with no generic substitutes</li> <li>• \$70 copay and a 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic copy.</li> </ul> |
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| Term Life Insurance Option   | <p>Ages 6 months-17 years \$10,000</p> <p>Ages 18-64 years \$25,000</p> <p>Not available in all states</p>   |  |  |  |  |

\* Based on In-Network Services

\*\*Benefit will vary by State

\*\*\*Prescription drugs for psychiatric care not included

**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.

# CeltiCare "Any Doc" PPO Plan

| Features/Benefits  | 70/30  | 80/20  | 100%   |  |  |
|--|--|--|--|--|--|
| Coinsurance  | 70/30 Coverage<br>after deductible of the next \$10,000  | 80/20 Coverage<br>after deductible of the next \$5,000   | 100% Coverage<br>after deductible                        |  |  |
| Annual Deductibles   | \$1000, \$2500, \$5000, \$10,000   | \$250, \$500, \$1000, \$2500, \$5000, \$10,000           | \$1000, \$2500, \$5000, \$10,000                         |  |  |
| Out-of-Pocket Maximum*   | \$4000, \$5500, \$8000, \$13,000   | \$1250, \$1500, \$2000, \$3500, \$6000, \$11,000         | \$1000, \$2500, \$5000, \$10,000                         |  |  |
| Lifetime Maximum   | \$5,000,000  | \$5,000,000  | \$5,000,000  |  |  |
| Non-Preventive office visits to any doctor   | \$25 copay   | \$25 copay   | \$25 copay   |  |  |
| Emergency Room Deductible (in addition to annual deductible)   | \$50 deductible per visit, if not admitted   | \$50 deductible per visit, if not admitted               | \$50 deductible per visit, if not admitted               |  |  |
| Out-of-Network Services<br><b>Hospital only</b> per occurrence   | Eligible charges reduced additional 20% capped at \$5000   | Eligible charges reduced additional 20% capped at \$5000 | Eligible charges reduced additional 20% capped at \$5000 |  |  |
| Supplemental Accident  | \$500 per injury   | \$500 per injury   | \$500 per injury   |  |  |
| FREE RX Discount Card  | An average savings of 15% at over 40,000 U.S. pharmacies.  |  |  |  |  |
| Psychiatric Care**   | Inpatient annual maximum of \$2,500 per person, per calendar year. Outpatient annual maximum of \$1,000 per person, per calendar year. Lifetime maximum of \$10,000 per person for inpatient and outpatient combined.  |  |  |  |  |
| Manipulative Therapy**   | \$500 maximum per person, per calendar year.   |  |  |  |  |
| Hospital   | Average semi-private room rate. Intensive care at 4 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.  |  |  |  |  |
| Transplants  | Covered up to amount negotiated by network if Transplant Network used; capped at \$100,000 per procedure if insured goes out of network.   |  |  |  |  |
| Ambulance  | \$3,000 maximum per person, per calendar year, for emergency air or ground ambulance service.  |  |  |  |  |
| Optional Features/Benefits   | Specifics  |  |  |  |  |
| CeltiCare Plus Option  | <p><b>Preventive Care-</b> Eligible expenses for medical services and supplies incurred for preventive care in an asymptomatic individual are covered at 100%, up to \$300 per person, per calendar year, which includes \$50 for routine eye exams.</p> <p><b>Healthy Lifestyle Program-</b> Pays 25% of fees for eligible programs that improve physical health. \$300 maximum per person, per calendar year.</p> <p><b>Rx Drug Card***</b></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p><b>Retail: No deductible</b></p> <ul style="list-style-type: none"> <li>• \$15 copay for generic drugs</li> <li>• \$35 copay and a 20% coinsurance for brand-name drugs with no generic substitutes</li> <li>• \$35 copay and a 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic copy.</li> </ul> </td> <td style="vertical-align: top;"> <p><b>Mail order: No deductible</b> (90 day supply)</p> <ul style="list-style-type: none"> <li>• \$30 copay for generic drugs</li> <li>• \$70 copay and a 20% coinsurance for brand-name drugs with no generic substitutes</li> <li>• \$70 copay and a 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic copy.</li> </ul> </td> </tr> </table> |  |  | <p><b>Retail: No deductible</b></p> <ul style="list-style-type: none"> <li>• \$15 copay for generic drugs</li> <li>• \$35 copay and a 20% coinsurance for brand-name drugs with no generic substitutes</li> <li>• \$35 copay and a 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic copy.</li> </ul> | <p><b>Mail order: No deductible</b> (90 day supply)</p> <ul style="list-style-type: none"> <li>• \$30 copay for generic drugs</li> <li>• \$70 copay and a 20% coinsurance for brand-name drugs with no generic substitutes</li> <li>• \$70 copay and a 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic copy.</li> </ul> |
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| Term Life Insurance Option   | <p>Ages 6 months-17 years \$10,000</p> <p>Ages 18-64 years \$25,000</p> <p>Not available in all states</p>   |  |  |  |  |

\* Based on In-Network Services

\*\*Benefit will vary by State

\*\*\*Prescription drugs for psychiatric care not included

**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.

# CeltiCare Managed Indemnity Plan

| Features/Benefits   | 70/30   | 80/20  | 100%  |
|---|---|--|---|
| Coinsurance   | 70/30 Coverage<br>after deductible of the next \$10,000   | 80/20 Coverage<br>after deductible of the next \$5,000 | 100% Coverage<br>after deductible             |
| Annual Deductibles  | \$1000, \$2500, \$5000, \$10,000  | \$250, \$500, \$1000, \$2500, \$5000, \$10,000         | \$1000, \$2500, \$5000, \$10,000              |
| Out-of-Pocket Maximum*  | \$4000, \$5500, \$8000, \$13,000  | \$1250, \$1500, \$2000, \$3500, \$6000, \$11,000       | \$1000, \$2500, \$5000, \$10,000              |
| Lifetime Maximum  | \$5,000,000   | \$5,000,000  | \$5,000,000                                   |
| Emergency Room Deductible<br>(in addition to annual deductible) | \$50 deductible per visit,<br>if not admitted   | \$50 deductible per visit,<br>if not admitted          | \$50 deductible per visit,<br>if not admitted |
| Supplemental Accident   | \$500 per injury  | \$500 per injury                                       | \$500 per injury                              |
| FREE RX Discount Card   | An average savings of 15% at over 40,000 U.S. pharmacies.   |  |   |
| Psychiatric Care**  | Inpatient annual maximum of \$2,500 per person, per calendar year. Outpatient annual maximum of \$1,000 per person, per calendar year. Lifetime maximum of \$10,000 per person for inpatient and outpatient combined. |  |   |
| Manipulative Therapy**  | \$500 maximum per person, per calendar year.  |  |   |
| Hospital  | Average semi-private room rate. Intensive care at 4 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.   |  |   |
| Transplants   | Covered up to amount negotiated by network if Transplant Network used; capped at \$100,000 per procedure if insured goes out of network.  |  |   |
| Ambulance   | \$3,000 maximum per person, per calendar year, for emergency air or ground ambulance service.   |  |   |

| Optional Features/Benefits | Specifics   |
|----------------------------|---|
| CeltiCare Plus Option      | <p><b>Preventive Care-</b> Eligible expenses for medical services and supplies incurred for preventive care in an asymptomatic individual are covered at 100%, up to \$300 per person, per calendar year, which includes \$50 for routine eye exams.</p> <p><b>Healthy Lifestyle Program-</b> Pays 25% of fees for eligible programs that improve physical health. \$300 maximum per person, per calendar year.</p> <p><b>Rx Drug Card***</b></p> <p><b>Retail: No deductible</b></p> <ul style="list-style-type: none"> <li>• \$15 copay for generic drugs</li> <li>• \$35 copay and a 20% coinsurance for brand-name drugs with no generic substitutes</li> <li>• \$35 copay and a 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic copy.</li> </ul> <p><b>Mail order: No deductible (90 day supply)</b></p> <ul style="list-style-type: none"> <li>• \$30 copay for generic drugs</li> <li>• \$70 copay and a 20% coinsurance for brand-name drugs with no generic substitutes</li> <li>• \$70 copay and a 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic copy.</li> </ul> |
| Term Life Insurance Option | <p>Ages 6 months-17 years \$10,000</p> <p>Ages 18-64 years \$25,000</p> <p>Not available in all states</p>  |

\* Based on In-Network Services

\*\*Benefit will vary by State

\*\*\*Prescription drugs for psychiatric care not included

**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.

## **CELTICARE HEALTH PLAN BENEFITS (May vary by state)**

The CeltiCare 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, bodily injury, complication of pregnancy 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 Plus option and/or a Preferred Provider Organization (PPO) plan is selected and are identified as such.

More detailed descriptions of the CeltiCare 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 normal 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.

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

- nonsurgical professional services by a physician or nurse;
- radiologist or laboratory charges for X-ray or radiation therapy, diagnosis or treatment;
- 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;
- one screening by low-dose mammography, per calendar year beginning at age 35;
- emergency air or ground transportation in an ambulance to the nearest hospital up to \$3,000;
- 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;
- one cytologic screening per calendar year for women age 18 and older;
- coverage for one prostate cancer screening per calendar year for an insured person age 50 and over.

**Medical Supply Charges** – Charges for the following medical supplies are eligible expenses:

- prescription drugs;
- blood, blood plasma, oxygen and anesthesia and their administration;
- 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);
- initial prosthetic devices required as a result of a mastectomy performed while an insured person's coverage is in force;
- 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.

**Dental & Cosmetic Charges** – Treatment of sound, natural teeth due to bodily injury that occurs while the insured person's coverage is in force. No benefits will be paid for 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. Reconstructive surgery needed to correct a bodily injury or sickness that occurs while the insured person's coverage is in force is covered. Cosmetic or reconstructive surgery that is not medically necessary will not be covered.

**Psychiatric Care Charges** – Hospital, medical service and supply charges for psychiatric care while hospital confined are eligible expenses, up to \$2,500 per insured person, per calendar year. Outpatient psychiatric care charges include medical service charges and outpatient prescription drug charges. Medical Service Charges are paid at 50% of eligible expenses up to \$40 per visit. 25 visits per calendar year. Outpatient prescription drugs are covered at 50% of eligible charges. This benefit is limited to a maximum of \$1,000 per insured person per calendar year. \$10,000 lifetime maximum benefit per insured for inpatient and outpatient combined.

**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 limited travel and lodging benefit. If the insured person elects to have the procedure performed outside the Transplant Network, up to \$100,000 will be reimbursed per procedure.

**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.

**Complications of Pregnancy** – Complications of pregnancy covered as any other illness. No benefits are paid for a normal pregnancy, normal childbirth, elective Cesarean Section, or elective abortion.

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

**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 injury 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 injury, the deductible and coinsurance will apply. Drugs and medicines that are received after the first day of treatment for this bodily injury shall not be covered under this benefit.

**The following benefits are only available when the CeltiCare Plus Option is selected.**

**Preventive Care Benefit** – Services for annual physical examinations and routine diagnostic or preventive testing for an asymptomatic insured person are covered at 100% up to \$300 per insured person per calendar year. The insured's deductible does not have to be met before preventive care benefits are paid.

Charges for care and treatment that are eligible expenses include: low dose mammographies, routine physical examinations, routine gynecologic visits, immunizations, and laboratory testing. Routine eye exams are covered up to \$50 for per insured person per calendar year.

**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 deductible does not have to be met for Healthy Lifestyle Benefits to be paid.

**Rx Drug Card** – In retail pharmacies, there is a \$15 copayment for generic drugs, a \$35 copayment and 20% coinsurance for brand names with no generic substitutes, and a \$35 copayment and 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic drug. With the mail order service, there is a \$30 copayment for generic drugs, a \$70 copayment and 20% coinsurance for brand names with no generic substitutes, and a \$70 copayment and 20% coinsurance for brand-name drugs with an available generic substitute along with 100% of the cost difference between the brand-name drug and the generic drug. Not all prescription drugs are eligible expenses under the Rx Drug Card, but they may be eligible under the major medical plan subject to deductible and coinsurance. Prescription Drugs for psychiatric care are not eligible expenses under the Rx Drug Card.

**The following benefits are only available when a Preferred Provider Organization (PPO) plan is selected.**

### **CELTICARE SELECT PPO PLAN**

**Network Physician Office Visits** – Services performed by a network physician for a symptomatic insured person in an office setting are covered, subject to a \$10 per visit copayment amount.

**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. 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.

## CELTICARE "ANY DOC" PPO PLAN

**Physician Office Visits** - Any services performed by a physician for a symptomatic insured person in an office setting are covered, subject to a \$25 per visit copayment amount. Celtic will cover 100% of reasonable and customary charges after the per visit copayment amount up to \$200. This benefit does not apply to psychiatric office visits.

**Non-network Services** - Each time an out-of-network hospital is used, eligible charges are reduced by an additional 20%. Capped at \$5,000 per occurrence.

If charges by a non-network hospital 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 hospital.

## CELTICARE HEALTH PLAN EXCLUSIONS (May vary by state)

Benefits are not paid under any plan for a sickness or bodily injury resulting from:

- any act of war, declared or undeclared, or service in the military forces of any country, including non-military units supporting such forces;
- participation in a riot, felony, or other illegal act or being under the influence of alcohol, drugs or narcotics unless taken as prescribed by a physician;
- suicide or attempted suicide, or self-inflicted bodily injury while sane or insane;

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;
- routine physical examinations and "well-baby" care of a dependent child unless CeltiCare Plus option is chosen. "Well-baby" care is defined as charges not related to a sickness or bodily injury;
- 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;
- treatment of drug addiction or chemical dependency;
- myringotomy or dilation and curettage and surgical treatment of tonsils, adenoids or hernia within first 6 months of coverage.

## IMPORTANT PLAN INFORMATION

**Eligibility Requirements** - To qualify for CeltiCare coverage, a primary applicant must be six months or over and under 64½ 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 for at least two years under a permanent visa. Dependents must be 6 weeks or older.

**Underwriting** - Your CeltiCare 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. If you answered "NO" to the five health questions on the application, have acceptable occupations/avocations, and are within the Company's height, weight, and age guidelines, your agent can get coverage instantly with

QuikCoverage, depending on your state's insurance regulations. Otherwise, please mail your application for underwriting.

**Credit for Prior Deductibles** - If you choose to replace current insurance coverage with the CeltiCare Health Plan, you will receive credit for satisfying any portion of the previous carrier's deductible in the same calendar year. Copies of EOBs (Explanation of Benefits) are required for proof of deductible.

**PLEASE NOTE:** Creditable Coverage - Time spent under the CeltiCare 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 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.

CeltiCare will provide full coverage of pre-existing medical conditions if certain specific guidelines are met. The applicant must fully disclose all pre-existing medical conditions on the application. Then, if they pass our underwriting guidelines, on a standard basis, we'll provide full coverage. Benefits are not paid for an insured person's undisclosed pre-existing condition until coverage has been in force 12 months from the effective date provided coverage was issued on a standard basis.

**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 18-64 years and \$10,000 for individuals ages 6 months through 17 years.

**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;
- the Master Policy is terminated. Celtic may cancel the Policy on the first of any month by giving 90 days prior written notice.

**Celtic's Health Care Certification Program** - Health Care Certification is a benefit which is automatically included in the CeltiCare Health Plan. The Health Care Certification 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 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 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 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 Program before treatment.

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

### 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.