

# CelticSaver HSA Health Plan

Features/Benefits	Specifics												
Eligibility	Ages 18 - 64½ years*												
Plan Options	PPO** or Managed Indemnity												
Annual Plan Deductibles & Coinsurance	<table border="1"> <thead> <tr> <th>Individual</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>\$1,500 (80/20 of the next \$18,000)</td> <td>\$3,000 (80/20 of the next \$36,000)</td> </tr> <tr> <td>\$2,600 (80/20 of the next \$12,000)</td> <td>\$5,150 (80/20 of the next \$24,000)</td> </tr> <tr> <td>\$1,500 (100%)</td> <td>\$3,000 (100%)</td> </tr> <tr> <td>\$2,600 (100%)</td> <td>\$5,150 (100%)</td> </tr> <tr> <td>\$5,000 (100%)</td> <td>\$10,000 (100%)</td> </tr> </tbody> </table>	Individual	Family	\$1,500 (80/20 of the next \$18,000)	\$3,000 (80/20 of the next \$36,000)	\$2,600 (80/20 of the next \$12,000)	\$5,150 (80/20 of the next \$24,000)	\$1,500 (100%)	\$3,000 (100%)	\$2,600 (100%)	\$5,150 (100%)	\$5,000 (100%)	\$10,000 (100%)
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Lifetime Maximum	\$7,000,000 per person												
Non-Preventive office visits	Covered after deductible subject to coinsurance.												
Emergency Room Deductible (in addition to annual plan deductible)	\$250 per visit (waived if admitted to hospital)												
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 up to \$300 per person, per calendar year, which includes up to \$50 for routine eye exams.												
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 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.												
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.												
Value-Added Benefits	Specifics												
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 Discounts	Use your Celtic ID card at more than 50,000 participating pharmacies nationwide and receive discounts on prescription drug purchases.												

\* 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.

## CELTICSAVER HSA HEALTH PLAN BENEFITS

### (May vary by state)

The CelticSaver HSA 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.

More detailed descriptions of the CelticSaver HSA 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.

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

**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. 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.

**Preventive Care Benefit** – Eligible expenses for medical services and supplies incurred for preventive care in an asymptomatic individual are covered up to \$300 per insured person per calendar year.

Preventive Care Benefits include, but are not limited to, charges for the following:

- Annual physical examinations, including office visits;
- Routine x-rays, labs, and diagnostic tests;
- Screening services such as colorectal cancer tests, bone mass measurement and cardiovascular and diabetes tests;
- Immunizations; and
- Routine eye exam.

Preventive Care Benefits in excess of the calendar year maximum are not eligible expenses. The \$300 maximum does not apply to mammograms, pap smears or prostate screening tests.

## CELTICSAVER HSA PPO PLAN

**Network Services** – To maximize the benefits received under the CelticSaver HSA PPO Plan an insured person must receive services from a network provider.

**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.

## CELTICSAVER HSA 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;
- 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;
- newborn nursery charges, unless required by state law.

## IMPORTANT PLAN INFORMATION

**Eligibility Requirements** – To qualify for CelticSaver HSA coverage, a primary applicant must be 18 years of age or over and under 64½ years of age and must not be covered under any other health insurance plan or be claimed as a dependent on any tax return. 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 CelticSaver HSA 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 Deductible** – If you choose to replace current insurance coverage with the CelticSaver HSA 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 CelticSaver HSA 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 CelticSaver HSA 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.

CelticSaver HSA 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.

**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 CelticSaver HSA 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.