

The **CELTICARE II** Health Plan



*Comprehensive, flexible coverage
for individuals and families*



Earning Your Trust, Every Day



The CeltiCare

Something just right for everyone

The CeltiCare II Health Plan is a major medical plan designed for individuals ages 19 to 64½ and their families. Unique in its flexibility, CeltiCare II 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 II Health Plan, every insured receives a cash-back incentive for participating in the Healthy Lifestyle Program.

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 II 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 II “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 hospital network.

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

Additional Option

For a small additional premium, you can take advantage of the stand alone Prescription Drug Option. This benefit provides generic drugs with a \$20 copay and no annual deductible.

II™ Health Insurance Plan

Comprehensive coverage that lets you choose the plan that suits you best. And saves you more!

Celtic Makes it Easy

Flexible Payment Options, Guaranteed Rates. You have the option to pay your initial premium with a credit card, debit card, 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.

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

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.

Plan features, benefits and fees may vary by state.

*Paper applications also require a \$25 non-refundable application fee, which may vary by state.

Note: The CeltiCare II Select PPO and The CeltiCare II "Any Doc" PPO plans are available in areas served by the PPO Network.

How to Apply for CeltiCare II

Choose a plan

- CeltiCare II Select PPO Plan
- CeltiCare II "Any Doc" PPO Plan
- CeltiCare II Managed Indemnity Plan

Choose a deductible and coinsurance level

- \$1,000, \$1,500, \$2,500, \$5,000 or \$10,000 with 80/20 coinsurance
- \$2,500, \$5,000 or \$10,000 with 100% coinsurance

Determine if you want to take advantage of any options

- Stand alone Prescription Drug Option
- Term Life Insurance Option (Not available in all states)

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 per bill fee will be charged.

Complete and submit your application

Upon submission of your completed application, you'll be required to pay an initial premium equal to your first payment due.* You can make this initial payment with a credit card (VISA®, MasterCard®, or Discover®), debit card (with the VISA or MasterCard logo), or by check. (Please make the check payable to Celtic Insurance. Agent checks are not accepted.)

CeltiCare II Select PPO Plan

Features/Benefits	Specifics		
Eligibility	19 - 64½ years		
Plan Type	Physician and Hospital PPO		
Coinsurance	80/20 Coverage after annual plan ded. of the next \$10,000	100% Coverage after annual plan ded.	
Annual Plan Deductibles	\$1,000, \$1,500, \$2,500, \$5,000, \$10,000	\$2,500, \$5,000, \$10,000	
Out-of-Pocket Maximum* (includes annual plan deductible)	\$3,000, \$3,500, \$4,500, \$7,000, \$12,000	\$2,500, \$5,000, \$10,000	
Lifetime Maximum	No Maximum		
Non-Preventive office visits to Network Provider	\$15 copay/6 visits per person, per calendar year. 7th and subsequent visits subject to annual plan deductible and coinsurance.		
Preventive Care	Eligible expenses for medical services and supplies incurred for preventive care in an asymptomatic individual are covered first-dollar at 100%.		
Labs and X-rays	Non-preventive radiology, pathology and laboratory charges in an outpatient professional setting are paid at 100% up to \$200 per person, per calendar year, then subject to annual plan deductible and coinsurance.		
Prescription Drugs	<p>Prescription Drugs - \$500 annual deductible. 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.</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Retail: Generic</p> <ul style="list-style-type: none"> • \$20 copay </td> <td style="vertical-align: top;"> <p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs </td> </tr> </table>	<p>Retail: Generic</p> <ul style="list-style-type: none"> • \$20 copay 	<p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs
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Emergency Room Deductible (in addition to annual plan deductible)	\$250 deductible per visit (waived if admitted to hospital).		
Out-of-Network Services Doctor and Hospital (in addition to annual plan deductible)	\$1,500 annual deductible. Eligible charges reduced additional 20% per occurrence.		
Hospital	Average semi-private room rate. Intensive care at 4 times the average semi-private room rate.		
Transplants	Covered up to amount negotiated by network if Transplant Network used.		
Ambulance	\$3,000 maximum per person, per calendar year, for emergency air or ground ambulance service.		

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

Optional Features/Benefits	Specifics		
Prescription Drug Option (stand alone)	<p>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 with a 90 day supply.</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Retail: Generic</p> <ul style="list-style-type: none"> • No deductible • \$20 copay </td> <td style="vertical-align: top;"> <p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$100 annual deductible per person, per calendar year • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs </td> </tr> </table>	<p>Retail: Generic</p> <ul style="list-style-type: none"> • No deductible • \$20 copay 	<p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$100 annual deductible per person, per calendar year • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs
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Term Life Insurance Option (not available in all states)	Ages 19-64 years \$25,000		

* Based on In-Network Services

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 II “Any Doc” PPO Plan

Features/Benefits	Specifics		
Eligibility	19 - 64½ years		
Plan Type	Any Physician — Hospital PPO		
Coinsurance	80/20 Coverage after annual plan ded. of the next \$10,000	100% Coverage after annual plan ded.	
Annual Plan Deductibles	\$1,000, \$1,500, \$2,500, \$5,000, \$10,000	\$2,500, \$5,000, \$10,000	
Out-of-Pocket Maximum* (includes annual plan deductible)	\$3,000, \$3,500, \$4,500, \$7,000, \$12,000	\$2,500, \$5,000, \$10,000	
Lifetime Maximum	No Maximum		
Non-Preventive office visits to any doctor	\$35 copay/6 visits per person, per calendar year. 7th and subsequent visits subject to annual plan deductible and coinsurance.		
Preventive Care	Eligible expenses for medical services and supplies incurred for preventive care in an asymptomatic individual are covered first-dollar at 100%.		
Labs and X-rays	Non-preventive radiology, pathology and laboratory charges in an outpatient professional setting are paid at 100% up to \$200 per person, per calendar year, then subject to annual plan deductible and coinsurance.		
Prescription Drugs	<p>Prescription Drugs - \$500 annual deductible. 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.</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Retail: Generic</p> <ul style="list-style-type: none"> • \$20 copay </td> <td style="vertical-align: top;"> <p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs </td> </tr> </table>	<p>Retail: Generic</p> <ul style="list-style-type: none"> • \$20 copay 	<p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs
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Emergency Room Deductible (in addition to annual plan deductible)	\$250 deductible per visit (waived if admitted to hospital).		
Out-of-Network Services Hospital only (in addition to annual plan deductible)	\$1,500 annual deductible. Eligible charges reduced additional 20% per occurrence.		
Hospital	Average semi-private room rate. Intensive care at 4 times the average semi-private room rate.		
Transplants	Covered up to amount negotiated by network if Transplant Network used.		
Ambulance	\$3,000 maximum per person, per calendar year, for emergency air or ground ambulance service.		
Value-Added Benefits	Specifics		
Healthy Lifestyle Program	Pays 25% of fees for eligible programs that improve physical health. \$300 maximum per person, per calendar year.		
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.		
Optional Features/Benefits	Specifics		
Prescription Drug Option (stand alone)	<p>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 with a 90 day supply.</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Retail: Generic</p> <ul style="list-style-type: none"> • No deductible • \$20 copay </td> <td style="vertical-align: top;"> <p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$100 annual deductible per person, per calendar year • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs </td> </tr> </table>	<p>Retail: Generic</p> <ul style="list-style-type: none"> • No deductible • \$20 copay 	<p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$100 annual deductible per person, per calendar year • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs
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Term Life Insurance Option (not available in all states)	Ages 19-64 years \$25,000		

* Based on In-Network Services

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 II Managed Indemnity Plan

Features/Benefits	Specifics			
Eligibility	19 - 64½ years			
Plan Type	No network requirements			
Coinsurance	80/20 Coverage after annual plan ded. of the next \$10,000	100% Coverage after annual plan ded.		
Annual Plan Deductibles	\$1,000, \$1,500, \$2,500, \$5,000, \$10,000	\$2,500, \$5,000, \$10,000		
Out-of-Pocket Maximum (includes annual plan deductible)	\$3,000, \$3,500, \$4,500, \$7,000, \$12,000	\$2,500, \$5,000, \$10,000		
Lifetime Maximum	No Maximum			
Labs and X-rays	Non-preventive radiology, pathology and laboratory charges in an outpatient professional setting are paid at 100% up to \$200 per person, per calendar year, then subject to annual plan deductible and coinsurance.			
Preventive Care	Eligible expenses for medical services and supplies incurred for preventive care in an asymptomatic individual are covered first-dollar at 100%.			
Prescription Drugs	<p>Prescription Drugs - \$500 annual deductible. 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.</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Retail: Generic</p> <ul style="list-style-type: none"> • \$20 copay </td> <td style="vertical-align: top;"> <p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs </td> </tr> </table>		<p>Retail: Generic</p> <ul style="list-style-type: none"> • \$20 copay 	<p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs
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Emergency Room Deductible (in addition to annual plan deductible)	\$250 deductible per visit (waived if admitted to hospital).			
Hospital	Average semi-private room rate. Intensive care at 4 times the average semi-private room rate.			
Transplants	Covered up to amount negotiated by network if Transplant Network used.			
Ambulance	\$3,000 maximum per person, per calendar year, for emergency air or ground ambulance service.			

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

Optional Features/Benefits	Specifics		
Prescription Drug Option (stand alone)	<p>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 with a 90 day supply.</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Retail: Generic</p> <ul style="list-style-type: none"> • No deductible • \$20 copay </td> <td style="vertical-align: top;"> <p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$100 annual deductible per person, per calendar year • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs </td> </tr> </table>	<p>Retail: Generic</p> <ul style="list-style-type: none"> • No deductible • \$20 copay 	<p>Brand (Preferred and Nonpreferred/Specialty drugs)</p> <ul style="list-style-type: none"> • \$100 annual deductible per person, per calendar year • \$40 copay for preferred drugs • \$75 copay for nonpreferred/specialty drugs
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Term Life Insurance Option (not available in all states)	Ages 19-64 years \$25,000		

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 II HEALTH PLAN BENEFITS (May vary by state)

The CeliCare II 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 Prescription Drug option and/or a Preferred Provider Organization (PPO) plan is selected and are identified as such.

More detailed descriptions of the CeliCare II 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.

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

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;
- 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, 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;
- 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;
- 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:

- 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);
- 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 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.

Psychiatric Care Charges – Subject to annual deductible and coinsurance.

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.

Prescription Drugs – \$500 annual deductible. 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 3x a one month supply.

Retail:
Generic

- \$20 copay

Brand (Preferred and Nonpreferred/Specialty drugs)

- \$40 copay for preferred drugs
- \$75 copay for nonpreferred/specialty drugs

Preventive Care Benefit – Services for immunizations, annual physical examinations 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.

Reconstructive Breast Surgery – Including initial 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.

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.

The following benefits are only available when the Prescription Drug Option is selected.

Prescription Drug Option – 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 3x a one month supply.

Retail:
Generic

- No deductible
- \$20 copay

Brand (Preferred and Nonpreferred/Specialty drugs)

- \$100 annual deductible per person, per calendar year
- \$40 copay for preferred drugs
- \$75 copay for nonpreferred/specialty drugs

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

CELTICARE II 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 \$15 per visit copayment amount, up to six visits per person, per calendar year. 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 \$1,500 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.

CELTICARE II "ANY DOC" PPO PLAN

Physician Office Visits – Services performed by a physician for a symptomatic insured person in an office setting are covered, subject to a \$35 per visit copayment amount, up to six visits per person, per calendar year. 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 \$1,500 and an additional 20% coinsurance applies for all services received from an out-of-network hospital. This amount does not apply to the out-of-pocket maximum.

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

CELTICARE II 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;
- myringotomy or dilation and curettage and surgical treatment of tonsils, adenoids or hernia within first 6 months of coverage;
- outpatient prescription drugs, unless purchased at a participating pharmacy.

IMPORTANT PLAN INFORMATION

Eligibility Requirements – To qualify for CeltiCare II coverage, a primary applicant must be 19 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.

Underwriting – Your CeltiCare II 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.

Credit for Prior Deductibles – If you choose to replace current insurance coverage with the CeltiCare II 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 II 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 II 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, CeltiCare II 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 19-64 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;

Celtic's Health Care Certification Program – Health Care Certification is a benefit which is automatically included in the CeltiCare II 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.