



CelticSaver HSA Health Plan

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CelticSaver HSA Health Plan

Plan Summary

Features/Benefits	Specifics	
Eligibility	Ages 18-64 1/2 years*	
Plan Options	PPO** or Managed Indemnity	
Annual Plan Deductibles and Coinsurance	Individual \$1,500 (80/20 of the next \$18,000) \$2,600 (80/20 of the next \$12,000) \$1,500 (100%) \$2,600 (100%) \$5,000 (100%)	Family \$3,000 (80/20 of the next \$36,000) \$5,150 (80/20 of the next \$24,000) \$3,000 (100%) \$5,150 (100%) \$10,000 (100%)
Lifetime Maximum	\$7,000,000 per person	
Non-Preventive office visits	100% after deductible	
Emergency Room Deductible (in addition to annual plan deductible)	\$250 per visit (waived if admitted to hospital)	
Prescription Drugs	100% after deductible	
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 \$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 per 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, one visit per day.
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 covered per person, per calendar year for emergency air or ground ambulance service.
Value-Added Features/Benefits	Preferred Rates - Preferred rates are available for qualifying applicants. Applicants and/or their spouses who have not used tobacco in the past 12 months will also receive additional premium savings.

*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.