

## Celtic Basic Health Plan

### Other Links:

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[Exclusions and Limitations](#)

[Eligibility Information](#)

Note: The Celtic Basic plan is available in areas in which there are preferred provider doctors and hospitals.

Features/Benefits	Specifics
<b>Eligibility</b>	Ages 6 mos. - 64 1/2 years
<b>Plan Type</b>	Physician and Hospital PPO
<b>Coinsurance</b>	80/20 Coverage after deductible of the next \$10,000
<b>Annual Deductibles</b>	\$1,500, \$2,500, & \$5,000    Out-of-network deductible: \$1,500 + Annual Ded.
<b>Lifetime Maximum</b>	\$5,000,000
<b>Non-Preventive office visits to Network Provider</b>	2 visit, \$30 copay per person, per calendar year. 3rd and subsequent visits subject to annual deductible and coinsurance.
<b>Labs and x-rays</b>	Subject to annual deductible and coinsurance.
<b>Emergency Room Deductible</b>	\$250 deductible per visit, (waived if admitted to hospital) + Annual Deductible
<b>Hospital Confinement/Inpatient Services</b>	\$500 deductible per admission + Annual Deductible. Average semi-private room rate. Intensive care at 4 times the average semi-private room rate.
<b>Outpatient Hospital Services (in addition to annual deductible)</b>	\$250 deductible per occurrence + Annual Deductible. Day surgery, major diagnostic procedures and medical services including charges for x-rays, lab test, EKGs and radiation therapy are eligible expenses.
<b>Out-of-Network Services Doctors and Hospitals per occurrence</b>	Eligible charges reduced additional 20%, no cap
<b>Preventive Care (eligibility begins after 12 months of coverage)</b>	Eligible expenses for medical services and supplies incurred for preventive care in an asymptomatic individual are covered first dollar up to \$200 per person, per calendar year.
<b>Home Health Care</b>	20 visits per person, per calendar year, one visit per day.
<b>Rehabilitation Facility</b>	Inpatient - up to 30 days confinement per person, per calendar year.
<b>Transplants</b>	Covered up to amount negotiated by network if Transplant Network used; capped at \$100,000 per procedure if insured goes out of network.
<b>Ambulance</b>	\$3,000 covered per person, per calendar year for emergency air or ground ambulance service.

<p><b>FREE RX Discount Card*</b></p>	<p>Use your card at more than 50,000 participating pharmacies nationwide and receive discounts on prescription drug purchases.</p>
<p><b>Optional Features/Benefits</b></p>	<p><b>Prescription Drug Card Option**</b>  <b>\$500 Deductible</b>  <b>Retail purchases:</b></p> <ul style="list-style-type: none"> <li>● Generic drugs w/no available brand: \$25 copay</li> <li>● Brand drugs w/a generic substitute: \$25 copay + 100% of the cost difference between the brand name drug and the generic</li> <li>● Preferred brand drugs: 35% coinsurance</li> <li>● \$Non-preferred brand and specialty drugs: 50% coinsurance</li> </ul> <p><b>Mail Order purchases: (90 day supply)</b></p> <ul style="list-style-type: none"> <li>● Generic drugs w/no available brand: \$75 copay</li> <li>● Brand drugs w/a generic substitute: \$75 copay + 100% of the cost difference between the brand name drug and the generic</li> <li>● Preferred brand drugs: 35% coinsurance</li> <li>● \$Non-preferred brand and specialty drugs: 50% coinsurance</li> </ul>
<p>* The Rx Discount Card is a value-added feature and not part of the insurance contract.                  ** When the Prescription Drug Card Option is chose, it replaces the Rx Discount Card.                  Note: The total family deductible is the amount equal to three times the per-person deductible.</p>	



**Important Note:** The information contained on this web page and the other linked pages is not intended to provide full details of Celtic plans and may change at the discretion of Celtic Insurance Company. Benefits and Plan details may vary by state. Complete terms of coverage are outlined in the individual Certificate Booklets and set forth in the applicable insurance Policy and Trust agreement. In applying for coverage, the primary insured agrees to be bound by the Certificate. The benefits described in these pages and any accompanying literature are the standard benefits offered by Celtic. Policy provisions vary in some states.