

Conditional Receipt for Celtic Short-Term Health Plan

Always collect the total premium and give the applicant this conditional receipt.

No insurance will become effective prior to the Certificate delivery. Except, insurance may become effective prior to the Certificate delivery if and when each and every condition in this receipt is met. No producer or broker is authorized to alter or waive any of the following conditions:

Applicant's Name: _____
Social Security Number: _____
Amount Received: _____
Date: _____

The conditions under which insurance may become effective prior to Certificate delivery are as follows:

- A. If QuikCoverage has been granted over the phone (please indicate authorization code: _____), coverage is effective at the moment that approval was given over the phone, provided that:
1. The answers on the completed and signed application agree with those answers that were given to QuikQuote.
 2. The application and the total premium are postmarked no later than the next business day after the QuikCoverage call took place, and the total premium is received within ten (10) working days of the time QuikCoverage approval was granted. **NOTE: Metered mail is not an acceptable postmark.**

Important: This receipt is void if any check or credit card draft given in exchange for it is not honored in full when presented for payment.

Coordination of Benefits

Celtic Short-Term is often purchased while waiting for permanent medical coverage to become effective. If, after your Celtic Short-Term Policy becomes effective, you obtain other coverage, your Celtic Short-Term Policy will remain in force for the full period for which it was issued. (Unused premium is non-refundable.) Normal coordination of benefit provisions will apply.

OnlineAdviser support, quotes and secure online enrollment at www.CelticEnrollment.com



Short-Term Health Plan

Affordable Temporary Coverage

Connecticut

Earning Your Trust, Every Day

CELTIC

Affordable coverage for changing lives

If there's one thing you can count on, it's that nothing stays the same. Every day people change jobs, finish college and leave the military. And every day they're at risk if they don't have health insurance. That's why there's the Celtic Short-Term Health Plan®, the affordable solution for anyone in need of a high quality, temporary health care plan.

What is Celtic Short-Term?

Celtic Short-Term is the flexible, inexpensive health plan that covers most injuries and illness. You can apply for up to three terms for a total of 12 months of coverage. Just choose a deductible level that best suits your budget, and the desired length of coverage, up to 6 months.

Who's eligible?

U.S. residents between the ages of six months and 64½ years old, not currently pregnant or covered under any other medical expense plan, are eligible for Celtic Short-Term. Foreign residents living in the U.S. for at least two years are also eligible for coverage with proof of an Alien Registration Receipt Card or "Green Card."

How does the plan work?

Benefits are paid on covered expenses subject to the deductible you select. Once the deductible is satisfied, Celtic Short-Term pays 80% of the next \$5,000 of covered expenses. After that, Short-Term pays 100% of covered expenses up to \$2,000,000 per insured. The following chart shows the most you will ever pay per person, per period (excluding premium payments), based on your deductible and eligible expenses.

YOUR DEDUCTIBLE	+20% OF THE NEXT \$5,000	=MAXIMUM OUT-OF-POCKET
\$500	+\$1,000	=\$1,500
\$1,000	+\$1,000	=\$2,000
\$2,500	+\$1,000	=\$3,500

What does Short-Term cover?

- Hospital semi-private room-and-board charges
- Hospital intensive care charges
- Hospital outpatient charges
- Inpatient psychiatric care
- Other miscellaneous hospital and physician services
- Doctor office visits and surgical charges
- Prescription drugs and blood products
- Radiology and laboratory charges
- Manipulative therapy

What is NOT covered?

The Celtic Short-Term Health Plan is not designed to cover pre-existing conditions. Specifically, a pre-existing condition is a medical condition that was present prior to the effective date of coverage, for which any medical advice, consultation, diagnosis, care or treatment was recommended or received before the effective date. Expenses resulting from a normal pregnancy, "well care" (such as routine physical exams), dental care (except as a result of bodily injury), cosmetic surgery and outpatient psychiatric care are also excluded from coverage. Other limitations and exclusions are listed in the Celtic Short-Term policy and may vary according to the state in which you reside.

Please note: Celtic's Short-Term Health Plan is not renewable. If your temporary need continues beyond your policy term, you may apply for a new plan after a 90 day waiting period (from the termination date of the last policy to the signature date of the new application) if there has been no significant change in your health status.

Celtic's Short-Term Health Plan excludes coverage for conditions for which medical advice, diagnosis, care or treatment was recommended or received during the twelve months immediately preceding the effective date of coverage.

How much will it cost?

Premiums are based on a number of factors, including choice of deductible, number of people covered, length of coverage, age, sex, and where you live. Your agent will run a personalized premium quote for you. Payment for the entire period of coverage must accompany this application, and no refunds are issued in the event that coverage is not required for the full benefit period selected. Payment may be made by check, Visa®, MasterCard® or Discover®. If paying by credit card, complete the payment section on the application.

How do I file a claim?

Submitting a claim couldn't be easier. There are no forms to complete and payments are made quickly. Questions? Contact customer service at 1-800-477-7870.

When does coverage begin and end?

Coverage begins at 12:01 a.m. on the requested effective date. However, the effective date cannot be on or before the day your envelope is postmarked or on the 29th, 30th or 31st of the month. Coverage ends when your policy term has expired.