

**Quick Comparison of 2010 Celtic Health Insurance Plans**



Features/Benefits	CeltiCare II	CeltiCare Preferred	Celtic Saver HSA	Celtic Basic
<b>Eligibility</b>	6 mos. - 64 ½ yrs	6 mos. - 64 ½ yrs	18- 64 ½ yrs	6 mos.- 64 ½ yrs
<b>Plan Type (s)</b>	Select PPO (doctor and hospital PPO) Any Doc PPO (hospital PPO) Managed Indemnity	Select PPO (doctor and hospital PPO) Any Doc PPO (hospital PPO) Managed Indemnity	PPO (doctor and hospital) Managed Indemnity	PPO (doctor and hospital)
<b>Annual Deductibles</b>	\$500, \$1,000, \$1,500, \$2,500, \$5,000	\$500, \$1,000, \$1,500, \$2,500, \$5,000	Individual: \$1,500 (80/20% of the next \$18,000 or 100%) \$2,600 (80/20% of the next \$12,000 or 100%) \$5,000 (100%)  Family: \$3,000 (80/20% of the next \$36,000 or 100%) \$5,150 (80/20% of the next \$24,000 or 100%) \$10,000 (100%)	\$1,500, \$2,500, \$5,000
<b>Choices of Coinsurance after the deductible</b>	80/20% of the next \$10,000 & 100% thereafter; or 100% (100% only available w/\$2,500 & \$5,000 deductibles)	80/20% of the next \$10,000 & 100% thereafter; or 100% (100% only available w/\$2,500 & \$5,000 deductibles)	80/20% of the next \$10,000	80/20% of the next \$10,000
<b>Deductibles in addition to annual deductible</b>	\$250 ER ded., waived if admitted	\$250 ER ded., waived if admitted	\$250 ER ded., waived if admitted	\$250 ER ded., waived if admitted \$500 Inpatient hospital <b>\$350 Outpatient hospital</b>
<b>Lifetime Max.</b>	\$7,000,000	\$7,000,000	\$7,000,000	\$5,000,000
<b>Out-of-network services (in addition to annual plan deductible)</b>	\$1,500 annual deductible; eligible charges reduced additional 20% per occurrence	\$1,500 annual deductible; eligible charges reduced additional 20% per occurrence	Eligible charges reduced additional 20% per occurrence	\$1,500 annual deductible; eligible charges reduced additional 20% per occurrence
<b>Non-preventive Office Visits to Network Provider</b>	Select: \$15 copay Any Doc: \$35 copay  6 visits per person, per calendar year; 7+ visits subject to ded./coins.	Select: \$15 copay Any Doc: \$35 copay  <b>2 visits per person, per calendar year; 3+ visits subject to ded./coins.</b>	Covered after deductible and subject to coinsurance	\$30 copay  2 visits per person, per calendar year; 3+ visits subject to ded./coins.
<b>Labs and X-rays</b>	100% up to \$200 per person, per calendar year, then subject to ded./coins.	Subject to annual deductible and coinsurance	Subject to annual deductible and coinsurance	Subject to annual deductible and coinsurance
<b>Preventive Care</b>	Part of CeltiCare II Plus Option: \$300 per person per calendar year; eligibility begins after 90 days of coverage	<b>First-dollar \$300 per person, per calendar year; eligibility begins after 90 days of coverage</b>	Subject to Ded & Coins – Eligible Expenses Covered up to \$300 per person per calendar year Incl. annual eye exam; <b>eligibility begins after 90 days of coverage</b> <b>Stand- alone Option:</b> <b>First-dollar \$300 per person, per calendar year; eligibility begins after 90 days of coverage</b>	<b>First-dollar \$200 per person, per calendar year; eligibility begins after 3 months of coverage</b>

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Features/Benefits	CeltiCare II	CeltiCare Preferred	Celtic Saver HSA	Celtic Basic
<b>Ambulance</b>	\$3,000 maximum per person, per calendar year for emergency air or ground ambulance service	<b>\$5,000</b> maximum per person, per calendar year for emergency air or ground ambulance service	\$3,000 maximum per person, per calendar year for emergency air or ground ambulance service	\$3,000 maximum per person, per calendar year for emergency air or ground ambulance service
<b>Current Rx Drugs</b>	<p><b>Standard Rx benefit:</b>                      -\$500 annual deductible                      -Generic: \$20 copay                      -Pref. Brand: \$40 copay                      -Non-pref/Specialty Brand: \$75 copay                      -Brand w/generic alternative: specified copay + 100% cost difference between Brand &amp; Generic</p> <p><b>Stand-alone or part of Plus Option:</b>                      -No annual deductible for Generic                      -\$100 annual ded. for Brand                      -Generic: \$20 copay                      -Pref. Brand: \$40 copay                      -Non-pref/Specialty Brand: \$75 copay                      -Brand w/generic alternative: specified copay + 100% cost difference between Brand &amp; Generic</p> <p>(Mail order: 90-day supply)</p>	<p>Standard Rx benefit: <b>(SEE NEW RX)</b>                      -<b>Generic: \$20 copay</b></p> <p><b>-\$500 annual deductible</b>                      -Pref. Brand: \$40 copay                      -Non-pref/Specialty Brand: \$75 copay                      -Brand w/generic alternative: specified copay + 100% cost difference between Brand &amp; Generic</p> <p><b>Stand-alone Option:</b>                      -No annual deductible for Generic                      -\$100 annual ded. for Brand                      -Generic: \$20 copay                      -Pref. Brand: \$40 copay                      -Non-pref/Specialty Brand: \$75 copay                      -Brand w/generic alternative: specified copay + 100% cost difference between Brand &amp; Generic</p> <p>(Mail order: 90-day supply)</p>	<p>Rx Discount: standard</p> <p>Covered after deductible and subject to coinsurance</p>	<p><b>Standard Rx benefit: (SEE NEW RX)</b>                      -\$1,000 annual deductible                      -Generic: \$25 copay                      -Pref. Brand: 35% coinsurance                      -Non-pref/Specialty Brand: 50% coinsurance                      -Brand w/generic alternative: \$25 copay + 100% cost difference between Brand &amp; Generic</p> <p><b>Rx Drug Option:</b>                      -\$500 annual deductible                      -Generic: \$25 copay                      -Pref. Brand: 35% coinsurance                      -Non-pref/Specialty Brand: 50% coinsurance                      -Brand w/generic alternative: \$25 copay + 100% cost difference between Brand &amp; Generic</p> <p>(Mail order: 90-day supply)</p>
<b>New Rx Drugs benefit</b>	<p><b>Standard Rx benefit:</b>                      -\$500 annual deductible                      -Generic: \$20 copay                      -Pref. Brand: \$40 copay                      -Non-pref/Specialty Brand: \$75 copay                      -Brand w/generic alternative: specified copay + 100% cost difference between Brand &amp; Generic</p> <p><b>Stand-alone or part of Plus Option:</b>                      -No annual deductible for Generic                      -\$100 annual ded. for Brand</p>	<p><b>Standard Rx benefit:</b>                      -<b>Generic: \$10 copay (No Deductible)</b></p> <p><b>-\$500 annual deductible</b>                      -<b>Pref. Brand: \$40 copay</b>                      -<b>Non-pref/Specialty Brand: 30% coinsurance</b>                      -<b>Brand w/generic alternative: \$10 copay + 100% cost difference between Brand &amp; Generic</b></p>		<p><b>Standard Rx benefit:</b>                      -<b>Generic: \$15 copay (No Deductible)</b></p> <p><b>-\$1,000 annual deductible</b>                      -<b>Pref. Brand: 35% coinsurance</b>                      -<b>Non-pref/Specialty Brand: 50% coinsurance</b>                      -<b>Brand w/generic alternative: \$15 copay + 100% cost difference between Brand &amp; Generic</b></p>

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	-Generic: \$20 copay -Pref. Brand: \$40 copay -Non-pref/Specialty Brand: \$75 copay -Brand w/generic alternative: specified copay + 100% cost difference between Brand & Generic  (Mail order: 90-day supply)	<b>Rx Drug Option:</b> - <u>Generic: \$5 copay (No Deductible)</u>  - <b>\$100 annual ded. for Brand</b> - <b>Pref. Brand: \$40 copay</b> - <b>Non-pref/Specialty Brand: 30% coinsurance</b> - <b>Brand w/generic alternative: \$5 copay + 100% cost difference between Brand &amp; Generic</b>  (Mail order: 2 ½ times retail)		<b>Rx Drug Option:</b> - <u>Generic: \$10 copay (No Deductible)</u>  - <b>\$500 annual deductible</b> - <b>Pref. Brand: 35% coinsurance</b> - <b>Non-pref/Specialty Brand: 50% coinsurance</b> - <b>Brand w/generic alternative: \$10 copay + 100% cost difference between Brand &amp; Generic</b>  (Mail order: 2 ½ times retail)
<b>Supplemental Accident</b>	Part of CeltiCare II Plus Option: Covered at 100% up to \$500 per person, per occurrence	<b>Supplement Accident:</b> Covered at 100% up to \$500 per person, per occurrence	N/A	N/A
<b>Healthy Lifestyle Program</b>	Pays 25% of fees for eligible physical health programs to \$300 max. per person, per year	Pays 25% of fees for eligible physical health programs to \$300 max. per person, per year	<b>Pays 25% of fees for eligible physical health programs to \$300 max. per person, per year</b>	<b>Pays 25% of fees for eligible physical health programs to \$300 max. per person, per year</b>
<b>Psych Coverage</b>	Inpatient: up to \$2,500 per person, per calendar year. Outpatient: paid at 50% of eligible expenses up to a \$40 maximum and limited to a max of \$1,000 per insured, per calendar year. Outpatient prescription Rx: not covered \$10,000 lifetime max per insured for inpatient/outpatient services.	Inpatient: up to \$2,500 per person, per calendar year.  Outpatient: \$1,000 per insured, for physician office visits and outpatient prescription drugs, per calendar year.  \$10,000 lifetime max per insured for inpatient/outpatient services.	Inpatient: up to \$2,500 per person, per calendar year.  Outpatient: \$1,000 per insured, for physician office visits and outpatient prescription drugs, per calendar year.  \$10,000 lifetime max per insured for inpatient/outpatient services.	N/A
<b>Billing Options</b>	Monthly or Quarterly billing, monthly EFT	Monthly or Quarterly billing, monthly EFT	Monthly or Quarterly billing, monthly EFT	Quarterly billing, monthly EFT

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