



CELTICARE SAVER HEALTH PLAN





YOUR NEW CHOICE FOR AFFORDABLE HEALTHCARE

Today's changing needs and budgets call for a low-cost, high-quality health plan in Massachusetts. The CeliCare Saver health plan covers important prescription drug, medical and hospitalization costs, and provides you some extra benefits to fit your lifestyle.

HOW TO GET STARTED

When you enroll in the CeliCare Saver health plan you must choose a Primary Care Provider (PCP) participating in the CeliCare provider network. To help you find a participating provider, you can visit www.celticarehealthplan.com, look through the Provider Directory or call Member Services at **1-877-264-6520**. Your PCP sees you on a regular basis and takes care of your basic medical needs. If you have a specific medical problem, condition and/or disease, your PCP can make a referral to a network specialist who can diagnose and treat your specific problem.

In case of an emergency, call 911 or go to the nearest hospital. Your plan includes an ER copayment that is waived if you are admitted to the hospital.

THE CELTICARE SAVER HEALTH PLAN

The CeliCare Saver health plan covers the medically necessary services listed in the benefit chart when they are provided or authorized by your network PCP. Your deductible is calculated each calendar year and must be met before some services will be covered. Most office visits and preventive services are covered in full with a copayment.

While most diagnostic services used to monitor and treat health conditions are subject to the annual deductible and coinsurance.

VALUE-ADDED BENEFITS

The CeliCare Saver health plan offers you the following free resources to make using your health plan easy and rewarding:

- **CentAccount Healthy Rewards Program** – earn up to \$150 per year for completing designated healthy behaviors, starting with your first PCP visit within 90 days of enrollment
- **NurseWise®** – staffed with registered nurses ready to answer your health questions 24 hours a day – everyday of the year.
- **Balance** – free health and wellness program offering resources to help you remove life barriers and focus on a healthier you.

CELTICARE MAKES IT EASY

CeliCare's commitment to quality benefits, expert service and affordability make the CeliCare Saver health plan the logical choice for medical coverage designed to meet your needs today.

This health plan meets the Minimum Creditable Coverage standards and will satisfy the individual mandate that you have health insurance.

CELTICARE SAVER 250

Features/Benefits	Specifics
Plan Type	HMO
Annual Deductibles	\$250 (individual) \$500 (family)
Out-of-Pocket Maximum	\$5,000 (individual) \$10,000 (family)
Office Visits	
Well-child Care Visit	\$0
Routine Adult Physical	\$0
Routine GYN Exam	\$0
Routine Vision Exam (one per 12 months)	\$15
Emergency Room Visit	\$150 (waived if admitted)
Most Other Office Visits	\$25 (Primary Care Provider) \$40 (Specialist)
Prescription Drugs	
Retail	Tier 1: \$15 Tiers 2 and 3: 50% coinsurance after Prescription Drug deductible of \$250 (individual) or \$500 (family)
Mail Order	Tier 1: \$30 Tiers 2 and 3: 50% coinsurance after Prescription Drug deductible of \$250 (individual) or \$500 (family)
X-rays, Labs, and Diagnostic Tests	35% coinsurance after deductible
Inpatient Care (including Maternity Care)	
Semi-private room and board	35% coinsurance after deductible
Outpatient Surgery	35% coinsurance after deductible
Mental Health and Substance Abuse	
Outpatient office visits	\$25
Inpatient Admission	35% coinsurance after deductible
Ambulance	35% coinsurance after deductible
Value-Added Benefits	
CentAccount Healthy Rewards Program	Get rewarded for completing designated healthy behaviors, starting with your first PCP visit within 90 days of enrollment
Nursewise	A free health information phone line staffed with registered nurses ready to answer your health questions 24-hours a day – every day of the year
Balance	Free health and wellness program offering resources to help you remove life barriers and focus on a healthier you

Important Note: The information shown in this summary of benefits and in any accompanying literature is not intended to provide full details and benefits of the CeltiCare HMO plan. Complete terms of coverage are outlined in the individual Evidence of Coverage Booklet. In applying for coverage, the primary insured agrees to be bound by the Evidence of Coverage Booklet. Some services not covered: acupuncture, chiropractic services, cosmetic procedures, dental services, massage therapy, refractive eye surgery and TMJ syndrome. For a complete list of limitations and exclusions refer to the Evidence of Coverage Booklet.

CELTICARE SAVER 2000

Features/Benefits	Specifics
Plan Type	HMO
Annual Deductibles	\$2,000 (individual) \$4,000 (family)
Out-of-Pocket Maximum	\$5,000 (individual) \$10,000 (family)
Office Visits	
Well-child Care Visit	\$0
Routine Adult Physical	\$0
Routine GYN Exam	\$0
Routine Vision Exam (one per 12 months)	\$30
Emergency Room Visit	\$150 after deductible (waived if admitted)
Most Other Office Visits	\$30 (Primary Care Provider) \$45 (Specialist)
Prescription Drugs	
Retail	Tier 1: \$10 Tier 2: \$30 after Prescription Drug deductible of \$250 (individual) or \$500 (family) Tier 3: \$50 after Prescription Drug deductible of \$250 (individual) or \$500 (family)
Mail Order	Tier 1: \$20 Tier 2: \$60 after Prescription Drug deductible of \$250 (individual) or \$500 (family) Tier 3: \$90 after Prescription Drug deductible of \$250 (individual) or \$500 (family)
X-rays, Labs, and Diagnostic Tests	\$0 after deductible
Inpatient Care (including Maternity Care)	
Semi-private room and board	\$500 per admission after deductible
Outpatient Surgery	\$250 per surgery after deductible
Mental Health and Substance Abuse	
Outpatient office visits	\$30
Inpatient Admission	\$500 per admission after deductible
Ambulance	\$0 after deductible
Value-Added Benefits	
CentAccount Healthy Rewards Program	Get rewarded for completing designated healthy behaviors, starting with your first PCP visit within 90 days of enrollment
Nursewise	A free health information phone line staffed with registered nurses ready to answer your health questions 24-hours a day – every day of the year
Balance	Free health and wellness program offering resources to help you remove life barriers and focus on a healthier you

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CELTICARE SAVER HSA

Features/Benefits	Specifics
Plan Type	HMO
Annual Deductibles	\$2,000 (individual) \$4,000 (family)
Out-of-Pocket Maximum	\$5,000 (individual) \$10,000 (family)
Office Visits	
Well-child Care Visit	\$0
Routine Adult Physical	\$0
Routine GYN Exam	\$0
Routine Vision Exam (one per 12 months)	\$25
Emergency Room Visit	\$100 after deductible (waived if admitted)
Most Other Office Visits	\$25 (Primary Care Provider) \$25 (Specialist)
Prescription Drugs	
Retail	Tier 1: \$15 after deductible Tiers 2 and 3: 50% coinsurance after deductible
Mail Order	Tier 1: \$30 Tiers 2 and 3: 50% coinsurance after deductible
X-rays, Labs, and Diagnostic Tests	20% coinsurance after deductible
Inpatient Care (including Maternity Care)	
Semi-private room and board	20% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible
Mental Health and Substance Abuse	
Outpatient office visits	\$25 after deductible
Inpatient Admission	20% coinsurance after deductible
Ambulance	20% coinsurance after deductible
Value-Added Benefits	
CentAccount Healthy Rewards Program	Get rewarded for completing designated healthy behaviors, starting with your first PCP visit within 90 days of enrollment
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