

# Patriot Healthcare Signature Plan I (Consumer-Driven)

Deductible: Single/\$1,200 Employee & Dependent(s)/\$2,400\*

This is only a summary of your benefits. Other conditions and limitations may apply. Please consult your Certificate of Group Health Benefits or call Patriot Member Support for detailed information concerning your benefits.

Service	Patriot Network (Includes Patriot100/Patriot 80)		Out of Network
<b>Preventive Care</b>	The following services are covered in full even if you have not met your deductible: <ul style="list-style-type: none"> <li>• routine physical exam with your PCP, including well child visits</li> <li>• annual gynecological exam</li> <li>• routine prenatal services</li> <li>• routine mammograms</li> <li>• annual pap smears</li> <li>• annual lead screening</li> <li>• annual PSA screening</li> <li>• immunizations</li> <li>• annual colorectal screenings</li> </ul>		After you have met your deductible, Patriot will pay 50% of Allowed Charges, up to \$100,000 per member per year maximum benefit for all out-of-network services.  In addition, any benefit limits that apply to Network services also apply out of Network. You will be responsible for the balance of charges billed by the provider.
<b>Physician Office Visits</b>			
<b>Urgent Care (including out of area)</b>	Covered in full, after you have met your deductible.		
<b>Hospital Outpatient Care</b>	<b>Patriot100 Network</b>	<b>Patriot80 Network</b>	
<b>Hospital Inpatient Care</b>	Covered in full, after you have met your deductible. Prior notice to Patriot is required before you receive these services.	Patriot will pay 80% after you have met your deductible. You are responsible for paying the provider the remaining 20%. Prior notice to Patriot is required before you receive these services. Physical, occupational, and speech therapy is subject to prior approval after the initial 12 visits.	
<b>Ambulatory Surgery</b>			
<b>MRI/CT/PET</b>			
<b>Durable Medical Equipment</b>	Physical, occupational, and speech therapy is subject to prior approval after the initial 12 visits.		
<b>Short-Term Rehabilitative Therapies (PT/OT/ST)</b>			
<b>Skilled Nursing Facility and Physical Rehabilitation Inpatient Care</b>	Patriot will pay up to 100 days inpatient stay per member per calendar year, subject to your deductible.		

**Important!** Please call Member Support at 1.800.597.7728 prior to receiving any of the medical services noted below. This call will ensure that your medical service is covered under your health plan and that you are utilizing the most cost-effective providers.

- Hospital inpatient admission
- Outpatient surgery
- Diagnostic imaging (MRI/CT/PET)
- Outpatient DME greater than \$500
- Short-term rehabilitative therapies (PT/OT/ST)
- Pain management
- Home care and hospice
- Injectable drugs
- Skilled nursing, inpatient rehabilitation, and subacute care
- Mental health
- Substance abuse

<b>Service</b>	<b>Patriot100 Network</b>	<b>Out of Network</b>
<b>Chiropractic Visits</b>	Patriot will pay for up to 12 office visits a year, subject to deductible.	After you have met your deductible, Patriot will pay 50% of Allowed Charges, up to \$100,000 per member per year maximum benefit for all out-of-network services. In addition, any benefit limits that apply to Network services also apply out of Network. You will be responsible for the balance of charges billed by the provider.
<b>Mental Health</b>	All mental health services require prior notification. After you meet your deductible, Patriot will pay up to a total combined maximum of \$3,000 per member per year and \$10,000 per member lifetime for inpatient and outpatient mental health services. These limits do not apply to biologically based illnesses.	
<b>Substance Abuse</b>	All substance abuse services require prior notification. After you meet your deductible, Patriot will pay up to 20 visits per member per year outpatient and up to \$3,000 inpatient per member per year.	
<b>Ambulance</b>	Covered in full, after you have met your deductible (includes coverage outside of the Service Area).	
<b>Emergency Care</b>	You pay \$150 copay for facility charges after you have met your deductible. Copay is waived if ER visit results in an inpatient admission. Includes services outside of the Service Area. You must notify Patriot within 48 hours of an emergency room visit.	
<b>Prescription Drugs</b>	After you have met your deductible, drugs are subject to copayments of \$10 for generic drugs, \$25 for preferred brand drugs, and \$40 for non-preferred brand drugs.	
<b>Maximum Out of Pocket</b>	The maximum amount payable by member for deductible, copays, and in-network coinsurance is \$2,500 per member, \$5,000 per family. Coinsurance payments for out-of-network services do not apply toward the maximum out-of-pocket amount.	
<b>Annual and Lifetime Benefit Limits</b>	\$2 million per member annually. \$4 million per member per lifetime.	

**\* Family Deductible:** Once one or more family members reaches the \$2,400 deductible amount, then Patriot will pay for Covered Services for all members in your family during the remainder of the calendar year. See your Certificate of Group Health Benefits for details.