

## Patriot Healthcare Signature Plan II (Consumer-Driven)

Deductible: Single/\$2,500 Employee & Dependent(s)/\$5,000\*

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/Patriot80)	Out of Network
<b>Preventive Care</b>	<p>The following services are covered in full even if you have not met your deductible:</p> <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>	<p>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.</p> <p>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.</p>
<b>Physician Office Visits</b>	Covered in full, after you have met your deductible.	
<b>Urgent Care</b> <i>(including out of area)</i>		
<b>Hospital Outpatient Care</b>	Covered in full, after you have met your deductible. Prior notice to Patriot is required before you receive these services.	
<b>Hospital Inpatient Care</b>		
<b>Ambulatory Surgery</b>	Physical, occupational, and speech therapy is subject to prior approval after the initial 12 visits.	
<b>MRI/CT/PET</b>		
<b>Durable Medical Equipment</b>		
<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

Service	Patriot Network (Includes Patriot100/Patriot80)	Out of Network
<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>	Emergency Care Services are subject to the deductible. Emergency Care Services are covered even 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 covered in full.	
<b>Maximum Out of Pocket</b>	Once you have met your deductible of \$2,500 per member and \$5,000 per family, you have met your maximum out-of-pocket. Your medical services and drugs will be covered at 100% in-network. 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 \$5,000 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.