PATRIOT MEDICAL

Major Medical Plans	Ultra 8000 HSA	Ultra 7350	Ultra 6000	Ultra 3000	Ultra 1000
Network	Anthem	Anthem	Anthem	Anthem	Anthem
Type of Plan	Qualified HSA Health Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan
Plan Availability	14 States	14 States	14 States	14 States	14 States
Member:	$763.00	$800.00	$829.00	$940.00	$1,244.00
Member + Spouse	$1,338.00	$1,407.00	$1,460.00	$1,665.00	$2,228.00
Member + Child(ren)	$1,196.00	$1,257.00	$1,304.00	$1,485.00	$1.985.00
Family	$1,744.00	$1,835.00	$1,905.00	$2,176.00	$2,922.00
Benefits					
Individual Deductible	$8,000	$7,350	$6,000	$3,000	$1,000
Family Deductible	$16,000	$14,700	$12,000	$6,000	$2,000
Individual Max Out of Pocket	$8,000	$9,450	$9,450	$9,450	$9,450
Family Max Out of Pocket	$16,000	$18,900	$18,900	$18,900	$37,900
Coinsurance	100%	70%	70%	70%	70%
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Primary Care Copay	0% after deductible	30% after deductible	$30	$30	$30
Specialist Care Copay	0% after deductible	30% after deductible	$60	$60	$60
Urgent Care	0% after deductible	30% after deductible	$60	$60	$60
Laboratory					
Diagnostic Test	0% after deductible	$30 copay/visit	$30 copay/visit	$30 copay/visit	$30 copay/visit
Radiology Services					
Facility (CT, PET, MRI's) up to plan allowance	**Facility:** 0% after deductible **Professional Fees:** 0% after deductible	**Facility:** 30%, deductible does not apply. **Professional Fees:** 30% after deductible	**Facility:** 30%, deductible does not apply. **Professional Fees:** 30% after deductible	**Facility:** 30%, deductible does not apply. **Professional Fees:** 30% after deductible	**Facility:** 30%, deductible does not apply. **Professional Fees:** 30% after deductible
Facility & Professional Services					
Emergency Room - Professional Fee	0% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Emergency Room - Facility	0% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient Hospital - Physician Fees	0% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient - Facility	0% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Outpatient - Physician	0% after deductible	30% after deductible	$30 copay/visit	$30 copay/visit	$30 copay/visit
Outpatient Hospital - Facility	0% after deductible	30% after deductible	$30 copay/visit	$30 copay/visit	$30 copay/visit
Out of Network					
Deductible	$16,000/$32,000	$14,700/$29,400	$12,000/$24,000	$6,000/$12,000	$2,000/$4,000
MOOP	$18,900/$37,900	$14,700/$29,400	$18,900/ $37,900	$18,950/ $37,900	$18,900/ $37,900
Coinsurance	40%	40%	40%	40%	40%
Reimbursement	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee
Prescription Drug Benefit					
Generic	0% after deductible	30% after deductible	$15	$15	$15
Preferred Brand	0% after deductible	30% after deductible	$65	$65	$65
Non-Preferred Brand	0% after deductible	30% after deductible	$100	$100	$100

For Internal Use ONLY

- 12-month rate guarantee from effective date.
- All benefits are on a calendar year basis. (Deducttible and MOOP reset on Janary 1st.)
- All plans will have a One-time Processing fee of $125
- Does not include $10 association fee.
- Disclaimer: This spreadsheet is only a snapshot of benefits. Please refer to the SBC as this is for illustration purposes only. Online rates and benefits supersede this sheet.

****Available in 14 States:** California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, New York, Ohio, Virginia, Wisconsin

11/01/24