



2026 PATRIOT MEDICAL PLAN COMPARISON

CIGNA PPO NETWORK • 4 PLAN OPTIONS • QUICK REFERENCE

YOUR KNOWLEDGE
BUILDS TRUST.
YOUR SERVICE
BUILDS LOYALTY.

Better Knowledge. Better Support. Better Medical Benefits.



IMPORTANT

- Effective date approval required.
- Refer to SBC for complete details.



PLAN YEAR

- 12-Month Rate Guarantee
- Calendar Year Benefits
- January 1 Deductible Reset

WHY CHOOSE PATRIOT?

- ✓ Nationwide Cigna PPO Network
- ✓ ACA MEC & Minimum Value Compliant
- ✓ Available in All 50 States
- ✓ Competitive Monthly Premiums
- ✓ Comprehensive PPO Coverage
- ✓ Preventive Care Covered 100%

HARBOR GROUP ADVANTAGE

- ✓ Dedicated Broker Support
- ✓ Fast Underwriting
- ✓ Responsive Claims Assistance
- ✓ Concierge Member Services

PATRIOT MEDICAL PLANS



SCAN TO LEARN MORE



BENEFIT

ULTRA 8000 HSA cigna

ULTRA 6000 cigna

ULTRA 3000 cigna

ULTRA 1000 cigna

NETWORK	Cigna PPO Network	Cigna PPO Network	Cigna PPO Network	Cigna PPO Network
PLAN TYPE	Qualified HSA Health Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan	Traditional Co-Pay Plan
PLAN AVAILABILITY	All 50 States	All 50 States	All 50 States	All 50 States
MEMBER	\$867	\$948	\$1,084	\$1,458
MEMBER + SPOUSE	\$1,563	\$1,722	\$1,973	\$2,664
MEMBER + CHILD(REN)	\$1,398	\$1,531	\$1,754	\$2,366
FAMILY	\$2,070	\$2,269	\$2,601	\$3,516
DEDUCTIBLE				
Individual Deductible	\$8,000	\$6,000	\$3,000	\$1,000
Family Deductible	\$16,000	\$12,000	\$6,000	\$2,000
OUT-OF-POCKET MAXIMUM				
Individual Max Out of Pocket	\$8,000	\$9,200	\$9,200	\$5,000
Family Max Out of Pocket	\$16,000	\$18,400	\$18,400	\$10,000
COINSURANCE	None	30%	30%	20%
PREVENTIVE CARE	Covered 100%	Covered 100%	Covered 100%	Covered 100%
LIFETIME MAXIMUM	No Maximum	No Maximum	No Maximum	No Maximum
PRIMARY CARE COPAY	0% after deductible	\$30	\$30	\$20
SPECIALIST COPAY	0% after deductible	\$60	\$60	\$40
URGENT CARE COPAY	0% after deductible	\$60	\$60	\$40
DIAGNOSTIC TEST (LABS)	0% after deductible	\$30 copay/visit	\$30 copay/visit	20% after deductible
IMAGING (CT, PET, MRI'S)	0% after deductible	30% after deductible	30% after deductible	20% after deductible
FACILITY & PROFESSIONAL SERVICES				
ER - PROFESSIONAL FEE	0% after deductible	30% after deductible	30% after deductible	20% after deductible
ER - FACILITY	0% after deductible	30% after deductible	30% after deductible	20% after deductible
INPATIENT - PHYSICIAN FEES	0% after deductible	30% after deductible	30% after deductible	20% after deductible
INPATIENT - FACILITY	0% after deductible	30% after deductible	30% after deductible	20% after deductible
OUTPATIENT - PHYSICIAN	0% after deductible	30% after deductible	30% after deductible	20% after deductible
OUTPATIENT HOSPITAL - FACILITY	0% after deductible	30% after deductible	30% after deductible	20% after deductible
OUT-OF-NETWORK				
DEDUCTIBLE (Individual / Family)	\$16,000 / \$32,000	\$12,000 / \$24,000	\$6,000 / \$12,000	\$2,000 / \$4,000
MOOP (Individual / Family)	\$16,000 / \$32,000	\$18,400 / \$36,800	\$18,400 / \$36,800	\$10,000 / \$20,000
COINSURANCE	40%	40%	40%	40%
REIMBURSEMENT	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee	Plans Allowable Fee
PRESCRIPTION DRUG BENEFIT				
GENERIC	0% after deductible	\$15	\$15	\$15
PREFERRED BRAND	0% after deductible	\$65	\$65	\$45
NON-PREFERRED BRAND	0% after deductible	\$100	\$100	\$85



TOOLS & RESOURCES
TO HELP YOU SUCCEED



FAST, RESPONSIVE
SUPPORT



PLANS DESIGNED FOR
REAL LIFE NEEDS



A PARTNER YOU CAN
COUNT ON



TOGETHER, WE PROTECT
WHAT MATTERS MOST

HARBOR GROUP USA

Helping Brokers Protect More Families. Care More. Earn More.

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Rates and benefits shown are illustrative examples of our pricing structure and available plan designs. Final premiums, benefits, eligibility, and plan availability are subject to underwriting approval, effective date, geographic location, and carrier guidelines. Please refer to the Summary of Benefits and Coverage (SBC) for complete plan details.

Plan leases the Cigna PPO network and not directly insured by Cigna Healthcare.

Rates include \$10 Association Fee