



2016 Large Group HDHP Plan Designs

Non-grandfathered plans

2016 HDHP HMO Plans		Deductible	Out-of-Pocket Maximum	Coverage Level
<i>PHP Classic Network</i>	<i>PHP Options Network</i>	<i>Individual/Family</i>	<i>Individual/Family</i>	
QH12-16	QH12O16	\$2,000/\$4,000	\$2,000/\$4,000	No Coinsurance
QH15-16	QH15O16	\$2,500/\$5,000	\$2,500/\$5,000	No Coinsurance
QH17-16 QH52-16*	QH17O16 QH52O16*	\$3,000/\$6,000	\$3,000/\$6,000	No Coinsurance
QH53-16*	QH53O16*	\$3,000/\$6,000	\$5,000/\$10,000	20%
QH54-16*	QH54O16*	\$5,000/\$10,000	\$5,000/\$10,000	No Coinsurance
QH57-16*	QH57O16*	\$4,000/\$8,000	\$4,000/\$8,000	No Coinsurance
QH29-16	QH29O16	\$1,500/\$3,000	\$3,000/\$6,000	20%
QH89-16*	QH89O16*	\$6,000/\$12,000	\$6,000/\$12,000	No Coinsurance
QH90-16*	QH90O16*	\$3,000/\$6,000	\$4,000/\$8,000	No Coinsurance**
QH91-16*	QH91O16*	\$4,000/\$8,000	\$5,000/\$10,000	No Coinsurance**
QH92-16*	QH92O16*	\$5,000/\$10,000	\$6,000/\$12,000	No Coinsurance**
QH93-16*	QH93O16*	\$3,000/\$6,000	\$5,000/\$10,000	No Coinsurance***
QH94-16*	QH94O16*	\$4,000/\$8,000	\$6,000/\$12,000	No Coinsurance***
QH96-16*	QH96O16*	\$5,000/\$10,000	\$6,550/\$13,100	No Coinsurance***

2016 HDHP POS Plans	Deductible	Out-of-Pocket Maximum	Coverage Level
<i>PHP Classic Network</i>	<i>Individual/Family</i> (Out-of-Network levels)	<i>Individual/Family</i>	(In-Network/ Out-of-Network)
QP12-16	\$2,000/\$4,000 (\$4,000/\$8,000)	\$2,000/\$4,000 (\$6,000/\$12,000)	No Coinsurance/ 30%
QP15-16	\$2,500/\$5,000 (\$5,000/\$10,000)	\$2,500/\$5,000 (\$7,500/\$15,000)	No Coinsurance/ 30%
QP17-16 QP52-16*	\$3,000/\$6,000 (\$6,000/\$12,000)	\$3,000/\$6,000 (\$9,000/\$18,000)	No Coinsurance/ 30%
QP53-16*	\$3,000/\$6,000 (\$6,000/\$12,000)	\$5,000/\$10,000 (\$10,000/\$20,000)	20% / 50%
QP54-16*	\$5,000/\$10,000 (\$5,000/\$10,000)	\$5,000/\$10,000 (\$10,000/\$20,000)	No Coinsurance/ 30%
QP57-16*	\$4,000/\$8,000 (\$8,000/\$16,000)	\$4,000/\$8,000 (\$12,000/\$24,000)	No Coinsurance/ 30%
QP29-16	\$1,500/\$3,000 (\$3,000/\$6,000)	\$3,000/\$6,000 (\$6,000/\$12,000)	20% / 50%
QP89-16*	\$6,000/\$12,000 (\$12,000/\$24,000)	\$6,000/\$12,000 (\$18,000/\$36,000)	No Coinsurance/ 30%
QP90-16*	\$3,000/\$6,000 (\$6,000/\$12,000)	\$4,000/\$8,000 (\$9,000/\$18,000)	No Coinsurance/ 30%**
QP91-16*	\$4,000/\$8,000 (\$8,000/\$16,000)	\$5,000/\$10,000 (\$12,000/\$24,000)	No Coinsurance/ 30%**
QP92-16*	\$5,000/\$10,000 (\$10,000/\$20,000)	\$6,000/\$12,000 (\$15,000/\$30,000)	No Coinsurance/ 30%**
QP93-16*	\$3,000/\$6,000 (\$6,000/\$12,000)	\$5,000/\$10,000 (\$9,000/\$18,000)	No Coinsurance/ 30%***
QP94-16*	\$4,000/\$8,000 (\$8,000/\$16,000)	\$6,000/\$12,000 (\$12,000/\$24,000)	No Coinsurance/ 30%***
QP96-16*	\$5,000/\$10,000 (\$10,000/\$20,000)	\$6,550/\$13,100 (\$15,000/\$30,000)	No Coinsurance/ 30%***

* Plans with embedded deductibles.

** Rx Copays after deductible (\$4/\$15/\$35/\$65/25%).

*** \$30/\$60 Office Visit, \$60 Urgent Care, \$300 Emergency Room, and \$4/\$15/\$35/\$65/25% Rx Copays after deductible.

NOTE: This summary is not intended to provide a full description of eligible benefits, requirements and limitations. Additional benefit plans, options, and products are available, and can be accessed online at www.phpni.com. Call a PHP Sales Representative today at (260) 432-6690 or toll free at 1-800-982-6257 for more information.