



# 2016 Large Group POS Plan Designs

*Non-grandfathered plans*

2016 POS Plans	In-Network			Out-of-Network			Office Visit <i>Primary Care/ Specialist</i>	Emergency Room	Pharmacy <i>5 tier</i>
	Deductible <i>Individual/Family</i>	Out-of-Pocket Maximum <i>Individual/Family</i>	Coinsurance Level	Deductible <i>Individual/Family</i>	Out-of-Pocket Maximum <i>Individual/Family</i>	Coinsurance Level			
<b>P251-16</b>	\$500/\$1,000	\$2,500/\$5,000	20%	\$1,000/\$2,000	\$5,000/\$10,000	50%	\$20/\$40	\$300 + Coinsurance	\$4/\$10/\$25/\$50/25%
<b>P252-16</b>	\$500/\$1,000	\$3,000/\$6,000	20%	\$1,000/\$2,000	\$6,000/\$12,000	50%	\$20/\$40	\$300 + Coinsurance	\$4/\$10/\$25/\$50/25%
<b>P253-16</b>	\$500/\$1,000	\$4,000/\$8,000	20%	\$1,000/\$2,000	\$8,000/\$16,000	50%	\$20/\$40	\$300 + Coinsurance	\$4/\$10/\$25/\$50/25%
<b>P254-16</b>	\$500/\$1,000	\$5,000/\$10,000	20%	\$1,000/\$2,000	\$10,000/\$20,000	50%	\$20/\$40	\$300 + Coinsurance	\$4/\$10/\$25/\$50/25%
<b>P653-16</b>	\$1,000/\$2,000	\$3,000/\$6,000	20%	\$2,000/\$4,000	\$6,000/\$12,000	50%	\$25/\$50	\$300 + Coinsurance	\$4/\$10/\$30/\$60/25%
<b>P654-16</b>	\$1,000/\$2,000	\$4,000/\$8,000	20%	\$2,000/\$4,000	\$8,000/\$16,000	50%	\$25/\$50	\$300 + Coinsurance	\$4/\$10/\$30/\$60/25%
<b>P655-16</b>	\$1,000/\$2,000	\$5,000/\$10,000	20%	\$2,000/\$4,000	\$10,000/\$20,000	50%	\$25/\$50	\$300 + Coinsurance	\$4/\$10/\$30/\$60/25%
<b>P800-16</b>	\$1,500/\$3,000	\$4,000/\$8,000	20%	\$3,000/\$6,000	\$8,000/\$16,000	50%	\$25/\$50	\$300 + Coinsurance	\$4/\$10/\$30/\$60/25%
<b>P802-16</b>	\$1,500/\$3,000	\$5,000/\$10,000	20%	\$3,000/\$6,000	\$10,000/\$20,000	50%	\$25/\$50	\$300 + Coinsurance	\$4/\$10/\$30/\$60/25%
<b>P840-16</b>	\$2,000/\$4,000	\$4,000/\$8,000	20%	\$4,000/\$8,000	\$8,000/\$16,000	50%	\$25/\$50	\$300 + Coinsurance	\$4/\$10/\$30/\$60/25%
<b>P841-16</b>	\$2,000/\$4,000	\$5,000/\$10,000	20%	\$4,000/\$8,000	\$10,000/\$20,000	50%	\$25/\$50	\$300 + Coinsurance	\$4/\$10/\$30/\$60/25%
<b>P877-16</b>	\$2,500/\$5,000	\$4,000/\$8,000	20%	\$5,000/\$10,000	\$8,000/\$16,000	50%	20%/20%	20%	\$4/\$10/\$30/\$60/25%
<b>P850-16</b>	\$2,500/\$5,000	\$5,000/\$10,000	20%	\$5,000/\$10,000	\$10,000/\$20,000	50%	\$25/\$50	\$300 + Coinsurance	\$4/\$10/\$30/\$60/25%
<b>P854-16</b>	\$3,000/\$6,000	\$6,000/\$12,000	20%	\$6,000/\$12,000	\$12,000/\$24,000	50%	\$30/\$60	\$300 + Coinsurance	\$4/\$10/\$30/\$60/25%
<b>P355-16</b>	\$3,500/\$7,000	\$6,850/\$13,700	20%	\$7,000/\$14,000	\$13,700/\$27,400	50%	\$25/\$50	\$300 + Coinsurance	\$4/\$10/\$30/\$60/25%
<b>P887-16</b>	\$5,000/\$10,000	\$6,000/\$12,000	No Coinsurance	\$10,000/\$20,000	\$20,000/\$40,000	50%	No Coinsurance/No Coinsurance	No Coinsurance	\$4/\$10/\$30/\$60/25%

**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](http://www.phpni.com). Call a PHP Sales Representative today at (260) 432-6690 or toll free at 1-800-982-6257 for more information.**