

	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
		Individual	Family	Individual	Family		Primary Care	Specialist			
Prime CHA/Prime SHN	Legacy 250 HMO 1	\$250	\$500	\$2,500	\$5,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 250 HMO 2	\$250	\$500	\$3,000	\$6,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 250 HMO 3	\$250	\$500	\$4,000	\$8,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 250 HMO 4	\$250	\$500	\$1,250	\$2,500	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 500 HMO 1	\$500	\$1,000	\$1,500	\$3,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 500 HMO 2	\$500	\$1,000	\$2,500	\$5,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 500 HMO 3	\$500	\$1,000	\$3,000	\$6,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 500 HMO 4	\$500	\$1,000	\$4,000	\$8,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 500 HMO 5	\$500	\$1,000	\$5,000	\$10,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 500 HMO 6	\$500	\$1,000	\$3,000	\$6,000	30%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 500 HMO 7	\$500	\$1,000	\$1,500	\$3,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 500 HMO 8	\$500	\$1,000	\$2,500	\$5,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 500 HMO 9	\$500	\$1,000	\$3,000	\$6,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 500 HMO 10	\$500	\$1,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 500 HMO 11	\$500	\$1,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 750 HMO 1	\$750	\$1,500	\$3,750	\$7,500	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 1000 HMO 1	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 1000 HMO 2	\$1,000	\$2,000	\$2,500	\$5,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 1000 HMO 3	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 1000 HMO 4	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 1000 HMO 5	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 1000 HMO 6	\$1,000	\$2,000	\$2,500	\$5,000	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 1000 HMO 7	\$1,000	\$2,000	\$4,000	\$8,000	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 1000 HMO 8	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 1000 HMO 9	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
	Legacy 1000 HMO 10	\$1,000	\$2,000	\$5,000	\$10,000	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 1000 HMO 11	\$1,000	\$4,500	\$4,000	\$8,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$25/\$50/25%
	Legacy 1500 HMO 1	\$1,500	\$3,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 1500 HMO 2	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%

	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
		Individual	Family	Individual	Family		Primary Care	Specialist			
Prime CHA/Prime SHN	Legacy 1500 HMO 3	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 1500 HMO 4	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 1500 HMO 5	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
	Legacy 1500 HMO 6	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 2000 HMO 1	\$2,000	\$4,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 2000 HMO 2	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 2000 HMO 3	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
	Legacy 2000 HMO 4	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 2500 HMO 1	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
	Legacy 2500 HMO 2	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 2500 HMO 3	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 2500 HMO 4	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 2500 HMO 5	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 2500 HMO 6	\$2,500	\$5,000	\$4,000	\$8,000	20%	20%	20%	20%	20%	\$4/\$10/\$25/\$50/25%
	Legacy 2500 HMO 7	\$2,500	\$5,000	\$4,000	\$8,000	20%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/25%
	Legacy 3000 HMO 1	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 3000 HMO 2	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/25%
	Legacy 3000 HMO 3	\$3,000	\$6,000	\$6,550	\$13,100	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 3000 HMO 4	\$3,000	\$6,000	\$5,000	\$10,000	20%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/25%
	Legacy 3500 HMO 1	\$3,500	\$7,000	\$7,150	\$14,300	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 3500 HMO 2	\$3,500	\$7,000	\$7,150	\$14,300	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$50/\$75/25%
	Legacy 3500 HMO 3	\$3,500	\$7,000	\$7,150	\$14,300	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/25%
	Legacy 4000 HMO 1	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 5000 HMO 1	\$5,000	\$10,000	\$7,150	\$14,300	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Legacy 5000 HMO 2	\$5,000	\$10,000	\$7,150	\$14,300	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/25%
	Legacy 5000 HMO 3	\$5,000	\$10,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	\$4/\$10/\$30/\$60/25%

**Networks are available according to the following counties:**

**Prime SHN Network** - Adams, Allen, Benton, Blackford, Boone, Carroll, Cass, Clinton, DeKalb, Delaware, Elkhart, Fountain, Fulton, Grant, Hamilton, Howard, Huntington, Jasper, Jay, Kosciusko, LaGrange, LaPorte, Madison, Marshall, Miami, Montgomery, Newton, Noble, Pulaski, Randolph, St. Joseph, Starke, Steuben, Tippecanoe, Tipton, Wabash, Warren, Wells, White, and Whitley.

**Prime CHA Network** - Elkhart, Fulton, Kosciusko, LaPorte, Marshall, Pulaski, St. Joseph and Starke.

**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.