


		In-Network					Out-of-Network					Office Visit		Urgent Care	ER	Pharmacy
		Deductible		Out-of-Pocket Maximum		Coinsurance Level	Deductible		Out-of-Pocket Maximum		Coinsurance Level					
		Plan Name	Individual	Family	Individual		Family		Individual	Family		Individual	Family		Primary Care	Specialist
*	Legacy 1500 HSA P1 - Prime	\$1,500	\$3,000	\$1,500	\$3,000	0%	\$3,000	\$6,000	\$4,500	\$9,000	30%	0%	0%	0%	0%	0%
*	Legacy 1500 HSA P2 - Prime	\$1,500	\$3,000	\$3,000	\$6,000	20%	\$3,000	\$6,000	\$6,000	\$12,000	50%	20%	20%	20%	20%	20%
*	Legacy 2000 HSA P1 - Prime	\$2,000	\$4,000	\$2,000	\$4,000	0%	\$4,000	\$8,000	\$6,000	\$12,000	30%	0%	0%	0%	0%	0%
*	Legacy 2000 HSA P2 - Prime	\$2,000	\$4,000	\$3,000	\$6,000	20%	\$4,000	\$8,000	\$6,000	\$12,000	50%	20%	20%	20%	20%	20%
*	Legacy 2500 HSA P1 - Prime	\$2,500	\$5,000	\$2,500	\$5,000	0%	\$5,000	\$10,000	\$7,500	\$15,000	30%	0%	0%	0%	0%	0%
*	Legacy 3000 HSA P1 - Prime	\$3,000	\$6,000	\$3,000	\$6,000	0%	\$6,000	\$12,000	\$9,000	\$18,000	30%	0%	0%	0%	0%	0%
	Legacy 3000 HSA P2 - Prime	\$3,000	\$6,000	\$3,000	\$6,000	0%	\$6,000	\$12,000	\$9,000	\$18,000	30%	0%	0%	0%	0%	0%
^	Legacy 3000 HSA P3 - Prime	\$3,000	\$6,000	\$4,000	\$8,000	0%	\$6,000	\$12,000	\$9,000	\$18,000	30%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/25%

		In-Network					Out-of-Network									
	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	ER	Pharmacy
		Individual	Family	Individual	Family		Individual	Family	Individual	Family		Primary Care	Specialist			
	Legacy 3000 HSA P4 - Prime	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$6,000	\$12,000	\$10,000	\$20,000	50%	20%	20%	20%	20%	20%
^	Legacy 3000 HSA P5 - Prime	\$3,000	\$6,000	\$5,000	\$10,000	0%	\$6,000	\$12,000	\$9,000	\$18,000	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/25%
	Legacy 3000 HSA P6 - Prime	\$3,000	\$6,000	\$6,050	\$12,100	20%	\$6,000	\$12,000	\$12,100	\$24,200	50%	20%	20%	20%	20%	20%
	Legacy 3500 HSA P1 - Prime	\$3,500	\$7,000	\$3,500	\$7,000	0%	\$7,000	\$14,000	\$10,500	\$21,000	30%	0%	0%	0%	0%	0%
	Legacy 4000 HSA P1 - Prime	\$4,000	\$8,000	\$4,000	\$8,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	0%	0%	0%	0%	0%
^	Legacy 4000 HSA P2 - Prime	\$4,000	\$8,000	\$5,000	\$10,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/25%
	Legacy 4000 HSA P3 - Prime	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$8,000	\$16,000	\$12,000	\$24,000	50%	20%	20%	20%	20%	20%

Legacy 4000 HSA P4 - Prime	\$4,000	\$8,000	\$6,000	\$12,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/25%
Legacy 5000 HSA P1 - Prime	\$5,000	\$10,000	\$5,000	\$10,000	0%	\$5,000	\$10,000	\$10,000	\$20,000	30%	0%	0%	0%	0%	0%

		In-Network					Out-of-Network									
Plan Name		Deductible		Out-of-Pocket Maximum		Coinsurance Level	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	ER	Pharmacy
		Individual	Family	Individual	Family		Individual	Family	Individual	Family		Primary Care	Specialist			
^	Legacy 5000 HSA P2 - Prime	\$5,000	\$10,000	\$6,000	\$12,000	0%	\$10,000	\$20,000	\$15,000	\$30,000	30%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/25%
	Legacy 5000 HSA P3 - Prime	\$5,000	\$10,000	\$6,650	\$13,300	20%	\$10,000	\$20,000	\$13,300	\$26,600	50%	20%	20%	20%	20%	20%
^	Legacy 5000 HSA P4 - Prime	\$5,000	\$10,000	\$6,650	\$13,300	0%	\$10,000	\$20,000	\$15,000	\$30,000	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/25%
	Legacy 6000 HSA P1 - Prime	\$6,000	\$12,000	\$6,000	\$12,000	0%	\$12,000	\$24,000	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%

 PHYSICIANS HEALTH PLAN	8101 West Jefferson Blvd. Fort Wayne, IN 46804-4163 Phone: 260-432-6690 Toll Free: 1-800-982-6257 Fax: 260-432-0493	2018 LARGE GROUP HDHP POS
<p><u>Networks are available according to the following counties:</u></p> <p>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.</p> <p>Prime CHA Network - Elkhart, Fulton, Kosciusko, LaPorte, Marshall, Pulaski, St. Joseph and Starke.</p>		<p>Prime Network Plan Description of Embedded Plans</p> <p>Note: This summary is not intended to provide a full description of embedded benefit 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.</p> <p>Key:</p> <ul style="list-style-type: none"> * Non-Embedded Plans ^ = Copays apply after deductible