

		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 1500 HSA P1		\$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		\$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		\$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		\$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		\$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		\$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		\$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		\$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 P4		\$3,000	\$6,000	\$6,050	\$12,100	20%	\$6,000	\$12,000	\$12,100	\$24,200	50%	20%	20%	20%	20%	20%
Legacy 3000 HSA P5		\$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%
Legacy 3000 HSA P6		\$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%

Plan Name	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	Primary Care	Specialist			
	Individual	Family	Individual	Family		Individual	Family	Individual	Family						
Legacy 3500 HSA P1	\$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	\$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	\$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 P3	\$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 P4	\$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 P4	\$5,000	\$10,000	\$5,000	\$10,000	0%	\$5,000	\$10,000	\$10,000	\$20,000	30%	0%	0%	0%	0%	0%
Legacy 5000 HSA P1	\$5,000	\$10,000	\$6,550	\$13,100	20%	\$10,000	\$20,000	\$13,100	\$26,200	50%	20%	20%	20%	20%	20%
Legacy 5000 HSA P2	\$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	\$5,000	\$10,000	\$6,550	\$13,100	0%	\$10,000	\$20,000	\$15,000	\$30,000	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/25%
Legacy 6000 HSA P1	\$6,000	\$12,000	\$6,000	\$12,000	0%	\$12,000	\$24,000	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%

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. Call a PHP Sales Representative today at (260)432-6690 or toll free at 1-800-982-6257 for more information.

KEY: * = Non-Embedded Plans

Copays apply after deductible