

	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 250 POS 1	\$250	\$500	\$2,500	\$5,000	20%	\$500	\$1,000	\$5,000	\$10,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%	
Legacy 250 POS 2	\$250	\$500	\$3,000	\$6,000	20%	\$500	\$1,000	\$6,000	\$12,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%	
Legacy 250 POS 3	\$250	\$500	\$4,000	\$8,000	20%	\$500	\$1,000	\$8,000	\$16,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%	
Legacy 250 POS 4	\$250	\$500	\$1,250	\$2,500	20%	\$500	\$1,000	\$2,500	\$5,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%	
Legacy 500 POS 1	\$500	\$1,000	\$1,500	\$3,000	20%	\$1,000	\$2,000	\$3,000	\$6,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%	
Legacy 500 POS 2	\$500	\$1,000	\$2,500	\$5,000	20%	\$1,000	\$2,000	\$5,000	\$10,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%	
Legacy 500 POS 3	\$500	\$1,000	\$3,000	\$6,000	20%	\$1,000	\$2,000	\$6,000	\$12,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%	
Legacy 500 POS 4	\$500	\$1,000	\$4,000	\$8,000	20%	\$1,000	\$2,000	\$8,000	\$16,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%	
Legacy 500 POS 5	\$500	\$1,000	\$5,000	\$10,000	20%	\$1,000	\$2,000	\$10,000	\$20,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%	
Legacy 500 POS 6	\$500	\$1,000	\$1,500	\$3,000	20%	\$1,000	\$2,000	\$3,000	\$6,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%	
Legacy 500 POS 7	\$500	\$1,000	\$2,500	\$5,000	20%	\$1,000	\$2,000	\$5,000	\$10,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%	

	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 500 POS 8	\$500	\$1,000	\$3,000	\$6,000	20%	\$1,000	\$2,000	\$6,000	\$12,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 500 POS 9	\$500	\$1,000	\$4,000	\$8,000	20%	\$1,000	\$2,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 500 POS 10	\$500	\$1,000	\$5,000	\$10,000	20%	\$1,000	\$2,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
Legacy 750 POS 1	\$750	\$1,500	\$3,750	\$7,500	30%	\$1,500	\$3,000	\$7,500	\$15,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$50/\$75/25%
Legacy 750 POS 2	\$750	\$1,500	\$3,750	\$7,500	30%	\$1,500	\$3,000	\$7,500	\$15,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
Legacy 1000 POS 1	\$1,000	\$2,000	\$4,000	\$8,000	30%	\$2,000	\$4,000	\$8,000	\$16,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 1000 POS 2	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$2,000	\$4,000	\$8,000	\$16,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%
Legacy 1000 POS 3	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$2,000	\$4,000	\$6,000	\$12,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 1000 POS 4	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$2,000	\$4,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 1000 POS 5	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$2,000	\$4,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 1000 POS 6	\$1,000	\$2,000	\$2,500	\$5,000	30%	\$2,000	\$4,000	\$5,000	\$10,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/25%

	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 1000 POS 7	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$2,000	\$4,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 1000 POS 8	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$2,000	\$4,000	\$6,000	\$12,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
Legacy 1000 POS 9	\$1,000	\$2,000	\$5,000	\$10,000	30%	\$2,000	\$4,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 1500 POS 1	\$1,500	\$3,000	\$4,000	\$8,000	20%	\$3,000	\$6,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 1500 POS 2	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 1500 POS 3	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 1500 POS 4	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 1500 POS 5	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$65/25%
Legacy 1500 POS 6	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
Legacy 1500 POS 7	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 2000 POS 1	\$2,000	\$4,000	\$4,000	\$8,000	20%	\$4,000	\$8,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%

	In-Network					Out-of-Network									
Plan Name	Deductible		Out-of-Pocket Maximum		Coinsur- ance Level	Deductible		Out-of-Pocket Maximum		Coinsur- ance Level	Office Visit		Urgent Care	ER	Pharmacy
	Individual	Family	Individual	Family		Individual	Family	Individual	Family		Primary Care	Specialist			
Legacy 2000 POS 2	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 2000 POS 3	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
Legacy 2000 POS 4	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 2500 POS 1	\$2,500	\$5,000	\$7,150	\$14,300	20%	\$5,000	\$10,000	\$14,300	\$28,600	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 2500 POS 2	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
Legacy 2500 POS 3	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 2500 POS 4	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$45/\$90/25%
Legacy 2500 POS 5	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 2500 POS 6	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 2500 POS 7	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 2500 POS 8	\$2,500	\$5,000	\$4,000	\$8,000	20%	\$5,000	\$10,000	\$8,000	\$16,000	50%	20%	20%	20%	20%	\$4/\$10/\$25/\$50/25%

	In-Network					Out-of-Network									
Plan Name	Deductible		Out-of-Pocket Maximum		Coinsur- ance Level	Deductible		Out-of-Pocket Maximum		Coinsur- ance Level	Office Visit		Urgent Care	ER	Pharmacy
	Individual	Family	Individual	Family		Individual	Family	Individual	Family		Primary Care	Specialist			
Legacy 2500 POS 9	\$2,500	\$5,000	\$4,000	\$8,000	20%	\$5,000	\$10,000	\$8,000	\$16,000	50%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/25%
Legacy 3000 POS 1	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$6,000	\$12,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 3000 POS 2	\$3,000	\$6,000	\$6,000	\$12,000	50%	\$6,000	\$12,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 3000 POS 3	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$6,000	\$12,000	\$12,000	\$24,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/25%
Legacy 3000 POS 4	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$6,000	\$12,000	\$10,000	\$20,000	50%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/25%
Legacy 3500 POS 1	\$3,500	\$7,000	\$7,150	\$14,300	20%	\$7,000	\$14,000	\$14,300	\$28,600	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 3500 POS 2	\$3,500	\$7,000	\$7,150	\$14,300	20%	\$7,000	\$14,000	\$14,300	\$28,600	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$50/\$75/25%
Legacy 3500 POS 3	\$3,500	\$7,000	\$7,150	\$14,300	20%	\$7,000	\$14,000	\$14,300	\$28,600	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/25%
Legacy 3500 POS 4	\$3,500	\$7,000	\$6,000	\$12,000	20%	\$7,000	\$14,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$50/\$80/25%
Legacy 4000 POS 1	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$8,000	\$16,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy 5000 POS 1	\$5,000	\$10,000	\$7,150	\$14,300	20%	\$10,000	\$20,000	\$14,300	\$28,600	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/25%

	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 5000 POS 2	\$5,000	\$10,000	\$7,150	\$14,300	30%	\$10,000	\$20,000	\$14,300	\$28,600	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/25%
Legacy 5000 POS 3	\$5,000	\$10,000	\$7,150	\$14,300	20%	\$10,000	\$20,000	\$14,300	\$28,600	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/25%
Legacy 5000 POS 5	\$5,000	\$10,000	\$6,000	\$12,000	0%	\$10,000	\$20,000	\$20,000	\$40,000	50%	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.