

	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
		Individual	Family	Individual	Family		Primary Care	Specialist			
Classic Network	Platinum HMO 4	\$500	\$1,000	\$1,500	\$3,000	20%	\$20	40	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
	Gold HMO 31	\$0	\$0	\$7,350	\$14,700	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%
	Gold HMO 32	\$750	\$1,500	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/25%
	Gold HMO 33	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%
	Gold HMO 34	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%
	Gold HMO 35	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%
	Gold HMO 37	\$2,000	\$4,000	\$7,350	\$14,700	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/25%
	Gold HMO 38	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/25%
	Gold HMO 39	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$35/\$75/25%
	Gold HMO 40	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/25%
	Silver HMO 26	\$2,500	\$5,000	\$7,350	\$14,700	40%	\$35	\$70	\$70	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 27	\$3,000	\$6,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	\$4/\$15/\$35/\$75/25%
	Silver HMO 28	\$3,000	\$6,000	\$7,350	\$14,700	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 29	\$3,500	\$7,000	\$7,350	\$14,700	30%	\$35	\$70	\$70	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 30	\$4,000	\$8,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	\$4/\$15/\$35/\$75/25%
	Silver HMO 31	\$4,500	\$9,000	\$7,350	\$14,700	30%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 32	\$5,000	\$10,000	\$7,350	\$14,700	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/25%

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

**Classic-** Elkhart, Fulton, Kosciusko, LaPorte, Marshall, Pulaski, St. Joseph, and Starke.

**KEY:**

All plans include Pediatric Dental & Vision Coverage

**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.