

	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	ER	Pharmacy
		Individual	Family	Individual	Family		Primary Care	Specialist			
Options - FW	* Gold HSA H2	\$2,500	\$5,000	\$2,500	\$5,000	0%	0%	0%	0%	0%	0%
	Silver HSA H5	\$3,000	\$6,000	\$4,500	\$9,000	20%	20%	20%	20%	20%	20%
	^ Silver HSA H6	\$3,000	\$6,000	\$5,000	\$10,000	0%	\$25	\$50	\$50	\$300	\$4/\$15/\$35/\$75/25%
	Silver HSA H7	\$3,750	\$7,500	\$3,750	\$7,500	0%	0%	0%	0%	0%	0%
	Silver HSA H8	\$4,000	\$8,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	0%
	Bronze HSA H7	\$2,700	\$5,400	\$6,650	\$13,300	50%	50%	50%	50%	50%	50%
	Bronze HSA H8	\$5,000	\$10,000	\$6,650	\$13,300	20%	20%	20%	20%	20%	20%
	^ Bronze HSA H9	\$6,000	\$12,000	\$6,650	\$13,300	0%	0%	0%	0%	0%	\$4/\$20/\$45/\$95/25%
	Bronze HSA H10	\$6,350	\$12,700	\$6,350	\$12,700	0%	0%	0%	0%	0%	0%
	Bronze HSA H11	\$6,650	\$13,300	\$6,650	\$13,300	0%	0%	0%	0%	0%	0%
Options - SB	* Gold HSA H3	\$2,500	\$5,000	\$2,500	\$5,000	0%	0%	0%	0%	0%	0%
	Silver HSA H9	\$3,000	\$6,000	\$4,500	\$9,000	20%	20%	20%	20%	20%	20%
	^ Silver HSA H10	\$3,000	\$6,000	\$5,000	\$10,000	0%	\$25	\$50	\$50	\$300	\$4/\$15/\$35/\$75/25%
	Silver HSA H11	\$3,750	\$7,500	\$3,750	\$7,500	0%	0%	0%	0%	0%	0%
	Silver HSA H12	\$4,000	\$8,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	0%
	Bronze HSA H12	\$2,700	\$5,400	\$6,650	\$13,300	50%	50%	50%	50%	50%	50%
	Bronze HSA H13	\$5,000	\$10,000	\$6,650	\$13,300	20%	20%	20%	20%	20%	20%
	^ Bronze HSA H14	\$6,000	\$12,000	\$6,650	\$13,300	0%	0%	0%	0%	0%	\$4/\$20/\$45/\$95/25%
	Bronze HSA H15	\$6,350	\$12,700	\$6,350	\$12,700	0%	0%	0%	0%	0%	0%
	Bronze HSA H16	\$6,650	\$13,300	\$6,650	\$13,300	0%	0%	0%	0%	0%	0%

Networks are available according to the following counties:

Options FW (Fort Wayne area) Network - Adams, Allen, DeKalb, Huntington, LaGrange, Miami, Noble, Steuben, Wabash, Wells, and Whitley.

Options SB (South Bend/Elkhart area) Network - Elkhart, Fulton, Kosciusko, LaPorte, Marshall, Pulaski, St. Joseph, and Starke.

KEY:

* = Non-embedded deductible plans

^ = Copays apply after deductible

All Plans include Pediatric Vision & Dental 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. Call a PHP Sales Representative today at (260)432-6690 or toll free at 1-800-982-6257 for more information.