

	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
		Individual	Family	Individual	Family		Primary Care	Specialist			
Options - FW	Silver HMO 10	\$2,000	\$4,000	\$7,150	\$14,300	30%	\$35	\$70	\$70	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 11	\$2,500	\$5,000	\$5,500	\$11,000	30%	30%	30%	30%	30%	\$4/\$15/\$35/\$75/25%
	Silver HMO 12	\$2,500	\$5,000	\$7,150	\$14,300	30%	\$35	\$70	\$70	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 13	\$3,000	\$6,000	\$5,500	\$11,000	20%	20%	20%	20%	20%	\$4/\$15/\$35/\$75/25%
	Silver HMO 14	\$3,000	\$6,000	\$7,150	\$14,300	30%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 15	\$3,500	\$7,000	\$7,150	\$14,300	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 16	\$4,000	\$8,000	\$5,500	\$11,000	20%	20%	20%	20%	20%	\$4/\$15/\$35/\$75/25%
	Silver HMO 17	\$4,500	\$9,000	\$7,150	\$14,300	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 18	\$5,000	\$10,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$75/25%
Options - SB	Silver HMO 19	\$2,000	\$4,000	\$7,150	\$14,300	30%	\$35	\$70	\$70	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 20	\$2,500	\$5,000	\$5,500	\$11,000	30%	30%	30%	30%	30%	\$4/\$15/\$35/\$75/25%
	Silver HMO 21	\$2,500	\$5,000	\$7,150	\$14,300	30%	\$35	\$70	\$70	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 22	\$3,000	\$6,000	\$5,500	\$11,000	20%	20%	20%	20%	20%	\$4/\$15/\$35/\$75/25%
	Silver HMO 23	\$3,000	\$6,000	\$7,150	\$14,300	30%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 24	\$3,500	\$7,000	\$7,150	\$14,300	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 25	\$4,000	\$8,000	\$5,500	\$11,000	20%	20%	20%	20%	20%	\$4/\$15/\$35/\$75/25%
	Silver HMO 26	\$4,500	\$9,000	\$7,150	\$14,300	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver HMO 27	\$5,000	\$10,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$75/25%

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:

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