

		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				
Classic Network	Platinum POS 2	\$500	\$1,000	\$1,500	\$3,000	20%	\$1,000	\$2,000	\$3,000	\$6,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%	
	Gold POS 11	\$0	\$0	\$7,350	\$14,700	50%	\$1,000	\$2,000	\$14,700	\$29,400	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%	
	Gold POS 12	\$750	\$1,500	\$5,000	\$10,000	20%	\$1,500	\$3,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/25%	
	Gold POS 13	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$2,000	\$4,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%	
	Gold POS 14	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%	
	Gold POS 15	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%	
	Gold POS 17	\$2,000	\$4,000	\$7,350	\$14,700	20%	\$4,000	\$8,000	\$14,700	\$29,400	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/25%	
	Gold POS 18	\$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/\$75/25%	
	Gold POS 19	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$35/\$75/25%	
	Gold POS 20	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/25%	
	Silver POS 10	\$2,500	\$5,000	\$7,350	\$14,700	40%	\$5,000	\$10,000	\$14,700	\$29,400	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$20/\$45/\$95/25%	
	Silver POS 11	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$6,000	\$12,000	\$12,000	\$24,000	50%	20%	20%	20%	20%	\$4/\$15/\$35/\$75/25%	
	Silver POS 12	\$3,000	\$6,000	\$7,350	\$14,700	30%	\$6,000	\$12,000	\$14,700	\$29,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/25%	
	Silver POS 13	\$3,500	\$7,000	\$7,350	\$14,700	30%	\$7,000	\$14,000	\$14,700	\$29,400	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$20/\$45/\$95/25%	

<b>Classic</b>	Silver POS 14	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$8,000	\$16,000	\$12,000	\$24,000	50%	20%	20%	20%	20%	\$4/\$15/\$35/\$75/25%
	Silver POS 15	\$4,500	\$9,000	\$7,350	\$14,700	30%	\$9,000	\$18,000	\$14,700	\$29,400	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
	Silver POS 16	\$5,000	\$10,000	\$7,350	\$14,700	30%	\$10,000	\$20,000	\$14,700	\$29,400	50%	\$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.