

	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			
Platinum 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/\$30/\$60/25%
Gold POS 1	\$500	\$1,000	\$5,000	\$10,000	20%	\$1,000	\$2,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%
Gold POS 2	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$2,000	\$4,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%
Gold POS 3	\$1,500	\$3,000	\$4,000	\$8,000	20%	\$3,000	\$6,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$75/25%
Silver POS 1	\$2,000	\$4,000	\$7,150	\$14,300	30%	\$4,000	\$8,000	\$14,300	\$28,600	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$20/\$45/\$95/25%
Silver POS 2	\$2,500	\$5,000	\$5,500	\$11,000	30%	\$5,000	\$10,000	\$11,000	\$22,000	50%	30%	30%	30%	30%	\$4/\$15/\$35/\$75/25%
Silver POS 3	\$2,500	\$5,000	\$7,150	\$14,300	30%	\$5,000	\$10,000	\$14,300	\$28,600	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$20/\$45/\$95/25%
Silver POS 4	\$3,000	\$6,000	\$5,500	\$11,000	20%	\$6,000	\$12,000	\$11,000	\$22,000	50%	20%	20%	20%	20%	\$4/\$15/\$35/\$75/25%
Silver POS 5	\$3,000	\$6,000	\$7,150	\$14,300	30%	\$6,000	\$12,000	\$14,300	\$28,600	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
Silver POS 6	\$3,500	\$7,000	\$7,150	\$14,300	20%	\$7,000	\$14,000	\$14,300	\$28,600	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
Silver POS 7	\$4,000	\$8,000	\$5,500	\$11,000	20%	\$8,000	\$16,000	\$11,000	\$22,000	50%	20%	20%	20%	20%	\$4/\$15/\$35/\$75/25%
Silver POS 8	\$4,500	\$9,000	\$7,150	\$14,300	20%	\$9,000	\$18,000	\$14,300	\$28,600	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$45/\$95/25%
Silver POS 9	\$5,000	\$10,000	\$6,000	\$12,000	0%	\$10,000	\$20,000	\$15,000	\$30,000	30%	0%	0%	0%	0%	\$4/\$15/\$35/\$75/25%

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.

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.