

Small Group Plans | 2023

OPTIONS Network

(2-50 employees)



Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
	Individual	Family	Individual	Family		Primary Care	Specialist			
Platinum HMO 31 23	\$500	\$1,000	\$1,500	\$3,000	20%	\$20	\$40	\$50	\$400 + Coins	\$4/\$10/\$30/\$60/25%
Gold HMO 31 23	\$1,000	\$2,000	\$6,000	\$12,000	30%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 32 23	\$1,500	\$3,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 33 23	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 34 23	\$2,000	\$4,000	\$7,500	\$15,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 35 23	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 36 23	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Silver HMO 33 23	\$3,000	\$6,000	\$7,600	\$15,200	30%	30%	30%	30%	30%	\$4/\$20/\$45/\$95/25%
# Silver HMO 31 23	\$3,100	\$6,200	\$9,100	\$18,200	40%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/25%
# Silver HMO 34 23	\$4,300	\$8,600	\$9,100	\$18,200	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/25%
Silver HMO 36 23	\$5,400	\$10,800	\$9,100	\$18,200	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/25%

KEY: # = RX Deductible \$200; All plans include Pediatric Dental & Vision Coverage

HDHP HMO | 2023

OPTIONS Network-**SMALL GROUP** Plans (2-50 employees)



Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
	Individual	Family	Individual	Family		Primary Care	Specialist			
Gold HSA H32 23	\$3,000	\$6,000	\$3,000	\$6,000	0%	0%	0%	0%	0%	0%
Silver HSA H31 23	\$3,000	\$6,000	\$6,000	\$12,000	30%	30%	30%	30%	30%	30%
Silver HSA H33 23	\$5,000	\$10,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	0%
[^] Silver HSA H34 23	\$5,000	\$10,000	\$7,000	\$14,000	0%	\$30	\$60	\$100	\$400	\$4/\$20/\$45/\$95/25%
Silver HSA H35 23	\$6,000	\$12,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	0%
Bronze HSA H31 23	\$6,000	\$12,000	\$7,000	\$14,000	30%	30%	30%	30%	30%	30%
Bronze HSA H33 23	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%

KEY: [^] = Copays apply after Deductible; All plans include Pediatric Dental & Vision Coverage

PHP's OPTIONS Network is available in the following counties:

- Adams
- Allen
- DeKalb
- Elkhart
- Fulton
- Huntington
- Kosciusko
- LaGrange
- LaPorte
- Marshall
- Miami
- Noble
- Pulaski
- St. Joseph
- Starke
- Steuben
- Wabash
- Wells
- Whitley

NOTE: If not yet approved by the Indiana Department of Insurance, the benefits contained throughout this document may need to be adjusted.

*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 phpni.com. Call **PHP Sales at 260-432-6690, ext. 840** or **Toll Free at 1-800-982-6257, ext. 840** for more information.*

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