

Large Group Plans | 2023

Dual Network Plans

(51+ employees)



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Plan Name	IN-NETWORK					OUT-OF-NETWORK					Office Visit		Urgent Care	ER	Pharmacy
	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Primary Care	Specialist			
	Individual	Family	Individual	Family		Individual	Family	Individual	Family						
Legacy DN 1000 HMO 11 23 - Options	\$1,000	\$2,000	\$2,500	\$5,000	20%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy DN 1000 POS 1 23 - Freedom	\$1,000	\$2,000	\$2,500	\$5,000	20%	\$2,000	\$4,000	\$5,000	\$10,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/25%
Legacy DN 1500 HMO 11 23 - Options	\$1,500	\$3,000	\$6,000	\$12,000	30%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
Legacy DN 1500 POS 1 23 - Freedom	\$1,500	\$3,000	\$6,000	\$12,000	30%	\$3,000	\$6,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
Legacy DN 2500 HMO 11 23 - Options	\$2,500	\$5,000	\$4,500	\$9,000	20%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
Legacy DN 2500 POS 1 23 - Freedom	\$2,500	\$5,000	\$4,500	\$9,000	20%	\$5,000	\$10,000	\$9,000	\$18,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/25%
Legacy DN 5000 HMO 11 23 - Options	\$5,000	\$10,000	\$7,500	\$15,000	30%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$40/\$70/25%
Legacy DN 5000 POS 1 23 - Freedom	\$5,000	\$10,000	\$7,500	\$15,000	30%	\$10,000	\$20,000	\$15,000	\$30,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$40/\$70/25%

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	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Primary Care	Specialist			
	Individual	Family	Individual	Family		Individual	Family	Individual	Family						
* Legacy DN 1800 HSA H11 23 - Options	\$1,800	\$3,600	\$1,800	\$3,600	0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	0%	0%	0%	0%	0%
* Legacy DN 1800 HSA P1 23 - Freedom	\$1,800	\$3,600	\$1,800	\$3,600	0%	\$3,600	\$7,200	\$5,400	\$10,800	30%	0%	0%	0%	0%	0%
Legacy DN 3400 HSA H11 23 - Options	\$3,400	\$6,800	\$3,400	\$6,800	0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	0%	0%	0%	0%	0%
Legacy DN 3400 HSA P1 23 - Freedom	\$3,400	\$6,800	\$3,400	\$6,800	0%	\$6,800	\$13,600	\$10,200	\$20,400	30%	0%	0%	0%	0%	0%
Legacy DN 4000 HSA H11 23 - Options	\$4,000	\$8,000	\$6,800	\$13,600	20%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	20%	20%	20%	20%	20%
Legacy DN 4000 HSA P1 23 - Freedom	\$4,000	\$8,000	\$6,800	\$13,600	20%	\$8,000	\$16,000	\$13,600	\$27,200	50%	20%	20%	20%	20%	20%
Legacy DN 4900 HSA H11 23 - Options	\$4,900	\$9,800	\$4,900	\$9,800	0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	0%	0%	0%	0%	0%
Legacy DN 4900 HSA P1 23 - Freedom	\$4,900	\$9,800	\$4,900	\$9,800	0%	\$9,800	\$19,600	\$14,700	\$29,400	30%	0%	0%	0%	0%	0%

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	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Primary Care	Specialist			
	Individual	Family	Individual	Family		Individual	Family	Individual	Family						
Legacy DN 6800 HSA H11 23 - Options	\$6,800	\$13,600	\$6,800	\$13,600	0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	0%	0%	0%	0%	0%
Legacy DN 6800 HSA P1 23 - Freedom	\$6,800	\$13,600	\$6,800	\$13,600	0%	\$13,600	\$27,200	\$20,400	\$40,800	30%	0%	0%	0%	0%	0%

KEY: * = Non-Embedded Plans; All HMO Plans = Options Network; All POS Plans = Freedom Network

PHP Dual Network Plans are 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

Dual Networks allow a group's employees to choose between two networks for their benefit coverage: the **Options network** that offers a lower premium and the **Freedom network** which offers a broader selection of providers. Dual networks are only available to groups with three or more enrolling employees, and approved choices must be available to all employees.

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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