

Small Group Plans | 2023

FREEDOM 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 1 23	\$500	\$1,000	\$1,500	\$3,000	20%	\$20	\$40	\$50	\$400 + Coins	\$4/\$10/\$30/\$60/25%
Gold HMO 1 23	\$1,000	\$2,000	\$6,000	\$12,000	30%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 2 23	\$1,500	\$3,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 3 23	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 4 23	\$2,000	\$4,000	\$7,500	\$15,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 5 23	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 9 23	\$2,800	\$5,600	\$8,300	\$16,600	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold HMO 6 23	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Silver HMO 3 23	\$3,000	\$6,000	\$7,600	\$15,200	30%	30%	30%	30%	30%	\$4/\$20/\$45/\$95/25%
# Silver HMO 1 23	\$3,100	\$6,200	\$9,100	\$18,200	40%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/25%
# Silver HMO 4 23	\$4,300	\$8,600	\$9,100	\$18,200	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/25%
Silver HMO 6 23	\$5,400	\$10,800	\$9,100	\$18,200	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/25%
Silver HMO 9 23	\$6,500	\$13,000	\$9,100	\$18,200	50%	\$60	\$120	\$120	\$400 + Coins	\$4/\$25/\$55/\$105/25%

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

HDHP HMO | 2023

FREEDOM 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 H2 23	\$3,000	\$6,000	\$3,000	\$6,000	0%	0%	0%	0%	0%	0%
	Silver HSA H1 23	\$3,000	\$6,000	\$6,000	\$12,000	30%	30%	30%	30%	30%	30%
	Silver HSA H3 23	\$5,000	\$10,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	0%
^	Silver HSA H4 23	\$5,000	\$10,000	\$7,000	\$14,000	0%	\$30	\$60	\$100	\$400	\$4/\$20/\$45/\$95/25%
	Silver HSA H5 23	\$6,000	\$12,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	0%
	Bronze HSA H1 23	\$6,000	\$12,000	\$7,000	\$14,000	30%	30%	30%	30%	30%	30%
	Bronze HSA H3 23	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%
M	Bronze HSA H4 23	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%

KEY: M = Includes Morbid Obesity; ^ = Copays apply after Deductible; All plans include Pediatric Dental & Vision Coverage

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						
Platinum POS 1 23	\$500	\$1,000	\$1,500	\$3,000	20%	\$1,000	\$2,000	\$3,000	\$6,000	50%	\$20	\$40	\$50	\$400 + Coins	\$4/\$10/\$30/\$60/25%
Gold POS 1 23	\$1,000	\$2,000	\$6,000	\$12,000	30%	\$2,000	\$4,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold POS 2 23	\$1,500	\$3,000	\$6,000	\$12,000	20%	\$3,000	\$6,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold POS 3 23	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold POS 4 23	\$2,000	\$4,000	\$7,500	\$15,000	20%	\$4,000	\$8,000	\$15,000	\$30,000	50%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold POS 5 23	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Gold POS 6 23	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$6,000	\$12,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/25%
Silver POS 3 23	\$3,000	\$6,000	\$7,600	\$15,200	30%	\$6,000	\$12,000	\$15,200	\$30,400	50%	30%	30%	30%	30%	\$4/\$20/\$45/\$95/25%
# Silver POS 1 23	\$3,100	\$6,200	\$9,100	\$18,200	40%	\$6,200	\$12,400	\$18,200	\$36,400	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/25%
# Silver POS 4 23	\$4,300	\$8,600	\$9,100	\$18,200	30%	\$8,600	\$17,200	\$18,200	\$36,400	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/25%
Silver POS 6 23	\$5,400	\$10,800	\$9,100	\$18,200	30%	\$10,800	\$21,600	\$18,200	\$36,400	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/25%

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

HDHP POS | 2023

FREEDOM Network-SMALL GROUP Plans (2-50 employees)



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						
Gold HSA P2 23	\$3,000	\$6,000	\$3,000	\$6,000	0%	\$6,000	\$12,000	\$9,000	\$18,000	30%	0%	0%	0%	0%	0%
Silver HSA P1 23	\$3,000	\$6,000	\$6,000	\$12,000	30%	\$6,000	\$12,000	\$12,000	\$24,000	50%	30%	30%	30%	30%	30%
Silver HSA P3 23	\$5,000	\$10,000	\$5,000	\$10,000	0%	\$10,000	\$20,000	\$15,000	\$30,000	30%	0%	0%	0%	0%	0%
[^] Silver HSA P4 23	\$5,000	\$10,000	\$7,000	\$14,000	0%	\$10,000	\$20,000	\$14,000	\$28,000	30%	\$30	\$60	\$100	\$400	\$4/\$20/\$45/\$95/25%
Silver HSA P5 23	\$6,000	\$12,000	\$6,000	\$12,000	0%	\$12,000	\$24,000	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
Bronze HSA P1 23	\$6,000	\$12,000	\$7,000	\$14,000	30%	\$12,000	\$24,000	\$14,000	\$28,000	50%	30%	30%	30%	30%	30%
Bronze HSA P3 23	\$7,500	\$15,000	\$7,500	\$15,000	0%	\$15,000	\$30,000	\$22,500	\$45,000	30%	0%	0%	0%	0%	0%

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

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

- Adams
- Allen
- Benton
- Blackford
- Boone
- Carroll
- Cass
- Clinton
- DeKalb
- Delaware
- Elkhart
- Fountain
- Fulton
- Grant
- Hamilton
- Hendricks
- Howard
- Huntington
- Jasper
- Jay
- Kosciusko
- LaGrange
- Lake
- LaPorte
- Madison
- Marion
- Marshall
- Miami
- Montgomery
- Morgan
- Newton
- Noble
- Porter
- Pulaski
- Randolph
- St. Joseph
- Shelby
- Starke
- Steuben
- Tippecanoe
- Tipton
- Wabash
- Warren
- Wells
- White
- 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.*

1700 Magnavox Way, Suite 201 | Fort Wayne, IN 46804

Phone: 260-432-6690 | **Toll Free:** 1-800-982-6257 | **Fax:** 260-432-0493

Email: custsvc@phpni.com | phpni.com

