

Large Group Plans | 2024 FREEDOM Network

(51+ employees)



HMO | 2024 Ohio Plans





Plan Name	Deducti Individual	ible <i>Family</i>	Out-of-P Maxim <i>Individual</i>		Coinsurance Level	Office \ Primary Care		Urgent Care	Emergency Room	Pharmacy
Legacy 500 HMO	4	4	4	4		4	4	4		4 - (4 (4 (4 (4)
3 OH	\$500	\$1,000	\$3,000	\$6,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 500 HMO	4500	64 500	42.000	åc 000	400/	420	Ć 40	450	d200 - 0 -	\$4 \\$4 \Q\\$2 \\$\$ \\$6 \\$4 \\$\\$2 \\$5 \\$4 \\$6 \\$6 \\$6 \\$6 \\$6 \\$6 \\$6 \\$6 \\$6 \\$6
4 OH	\$500	\$1,500	\$3,000	\$6,000	10%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 1 OH	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000	\$1,000	\$2,000	\$3,000	30,000	20%	\$25	\$30	\$50 -	\$500 + COITS	\$4/\$10/\$30/\$60/13%/23%
HMO 2 OH	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 1000	71,000	72,000	\$3,000	70,000	2070	730	700	700	\$300 · COIII3	ψ-1, ψ13, ψ33, ψ33, 1370, 2370
HMO 3 OH	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/15%/25%
Legacy 1000	. ,	. ,	. ,	. ,		·			·	, , , , , , ,
HMO 5 OH	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000										
HMO 4 OH	\$1,000	\$2,000	\$4,000	\$8,000	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000										
HMO 8 OH	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000										
HMO 9 OH	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500	4	4	4	4		4	4	4		
HMO 1 OH	\$1,500	\$3,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500	ć4 F00	ć2.000	¢5.000	ć10 000	200/	Ć2F	ćEO	ćco	6300 · C-1	¢ 4 /¢ 4 0 /¢ 20 /¢ 60 /4 F0/ /2 F0/
HMO 3 OH	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 6 OH	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500	\$1,300	33,000	93,000	\$10,000	20%	,30 ,	300	300	2200 4 COIIIS	→+/ →10/ →50/ →50/ 15%/ ×5%
HMO 7 OH	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500	71,500	73,000	75,000	710,000	20/0	755	770	770	\$300 · COIII3	7-1710173017001137012370
HMO 5 OH	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2000	, , , , , , , , , , , , , , , , , , , ,	, , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,,,		,	,			, , , , , , , , , , , , , , , , , , , ,
HMO 2 OH	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%

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Plan Name	Deduct Individual	ible Family	Out-of-P Maxim Individual		Coinsurance Level	Office \ Primary Care		Urgent Care	Emergency Room	Pharmacy
Legacy 2000										
HMO 4 OH	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2000										
HMO 3 OH	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2500										
HMO 1 OH	\$2,500	\$5,000	\$4,000	\$8,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2500										
HMO 2 OH	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2500										
HMO 3 OH	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2500	42.500	4= 000	47.050	444700	200/	440	400	400	4000 0 :	A 4 1 A 4 0 1 A 9 0 1 A 5 0 1 A 5 0 1 D 5 0 1
HMO 6 OH	\$2,500	\$5,000	\$7,350	\$14,700	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000	¢2.000	¢c 000	¢5.000	ć10 000	200/	200/	200/	200/	200/	¢ 4 /¢ 4 0 /¢ 2 0 /¢ C0 /4 F0/ /2 F0/
HMO 1 OH	\$3,000	\$6,000	\$5,000	\$10,000	20%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000 HMO 2 OH	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000	\$3,000	30,000	\$6,000	\$12,000	20%	\$50	300	300	\$500 + COIIIS	\$4/\$10/\$30/\$60/13%/23%
HMO 3 OH	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 3000	ψ3,000	70,000	70,000	712,000	2070	750	700	700	\$300 · COIII3	\$4,\$13,\$33,\$63,1370,2370
HMO 4 OH	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 3500	40,000	+ = / = = =	70,000	7 = 7,000		7-5-5	7.5	4.5	7000 00	+ 1, + 20, + 10, + 00, 2013, 2013
HMO 1 OH	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3500						·			-	
HMO 2 OH	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$50/\$75/15%/25%
Legacy 3500										
HMO 3 OH	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 3500										
HMO 4 OH	\$3,500	\$7,000	\$7,350	\$14,700	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 4000										
HMO 1 OH	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%

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HMO | 2024 Ohio Plans





Plan Name	Deduct	ible	Out-of-P Maxim		Coinsurance	Office \	/isit	Urgent	Emergency	Pharmacy
Plati Natile	Individual	Family	Individual	Family	Level	Primary Care	Specialist	Care	Room	Filatiliacy
Legacy 5000										
HMO 2 OH	\$5,000	\$5,000 \$10,000 \$7,350 \$14,700		\$14,700	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 5000										
HMO 4 OH	\$5,000	\$10,000	\$7,350	\$14,700	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 5000										
HMO 3 OH	\$5,000	\$10,000	\$7,350	\$7,350 \$14,700		\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%

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HDHP HMO | 2024 Ohio Plans





	Plan	Deducti		Out-of-l Maxin	num	Coinsurance Level	Office \		Urgent Care	Emergency Room	Pharmacy
	Name	Individual	Family	Individual	Family	Level	Primary Care	Specialist	Carc	Koom	
*	Legacy 3000 HSA H1 OH	\$3,000	\$6,000	\$3,000	\$6,000	0%	0%	0%	0%	0%	0%
	Legacy 3200 HSA H2 OH	\$3,200	\$6,400	\$3,200	\$6,400	0%	0%	0%	0%	0%	0%
٨	Legacy 3200 HSA H5 OH	\$3,200	\$6,400	\$4,000	\$8,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
٨	Legacy 3200 HSA H8 OH	\$3,200	\$6,400	\$5,000	\$10,000	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Legacy 3200 HSA H7 OH	\$3,200	\$6,400	\$5,000	\$10,000	20%	20%	20%	20%	20%	20%
٨	Legacy 3200 HSA H9 OH	\$3,200	\$6,400	\$5,750	\$11,500	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
	Legacy 3200 HSA H10 OH	\$3,200	\$6,400	\$6,050	\$12,100	20%	20%	20%	20%	20%	20%
	Legacy 4000 HSA H1 OH	\$4,000	\$8,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	0%
٨	Legacy 4000 HSA H2 OH	\$4,000	\$8,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
	Legacy 4000 HSA H3 OH	\$4,000	\$8,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%

HDHP HMO | 2024 Ohio Plans





	Plan Name	Deduct Individual	tible Family	Out-of-l Maxir Individual		Coinsurance Level	Office Primary Care	e Visit Specialist	Urgent Care	Emergency Room	Pharmacy
	Legacy 5000 HSA H1 OH	\$5,000	\$10,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	0%
۸	Legacy 5000 HSA H2 OH	\$5,000	\$10,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
۸	Legacy 5000 HSA H4 OH	\$5,000	\$10,000	\$6,650	\$13,300	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Legacy 5000 HSA H3 OH	\$5,000	\$10,000	\$6,650	\$13,300	20%	20%	20%	20%	20%	20%
	Legacy 6000 HSA H1 OH	\$6,000	\$12,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	0%
	Legacy 6550 HSA H1 OH	\$6,550	\$13,100	\$6,550	\$13,100	0%	0%	0%	0%	0%	0%
	Legacy 6650 HSA H1 OH	\$6,650	\$13,300	\$6,650	\$13,300	0%	0%	0%	0%	0%	0%
	Legacy 6750 HSA H1 OH	\$6,750	\$13,500	\$6,750	\$13,500	0%	0%	0%	0%	0%	0%
	Legacy 7050 HSA H1 OH	\$7,050	\$14,100	\$7,050	\$14,100	0%	0%	0%	0%	0%	0%
	Legacy 7500 HSA H1 OH	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%

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Plan Name	Deduct Individual	ible <i>Family</i>	Out-of-l Maxir <i>Individual</i>	num	Coinsurance Level	Office		Urgent Care	Emergency Room	Pharmacy
Legacy 8000 HSA H11 OH	\$8,000	\$16,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%

KEY: * = Non-embedded plans; ^ = Copays apply after Deductible

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		-18	I-NETWORK	/			OLIT	-OF-NETW() PV						
Plan Name	Deduc	tible	Out-of-F Maxin	Pocket num	Coinsur -ance Level	Deduc	tible	Out-of-F Maxin	Pocket num	Coinsur -ance Level	Primary	ce Visit	Urgent Care	ER	Pharmacy
Legacy 500 POS 3 OH	Individual \$500	\$1,000	\$3,000	\$6,000	20%	\$1,000	\$2,000	\$6,000	\$12,000	50%	Care \$25	Specialist \$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 500 POS 4 OH	\$500	\$1,500	\$3,000	\$6,000	10%	\$1,000	\$3,000	\$6,000	\$12,000	30%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 1000 POS 1 OH	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$2,000	\$4,000	\$6,000	\$12,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 1000 POS 2 OH	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$2,000	\$4,000	\$6,000	\$12,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15% /25%
Legacy 1000 POS 3 OH	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$2,000	\$4,000	\$8,000	\$16,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/15% /25%
Legacy 1000 POS 5 OH	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$2,000	\$4,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 1000 POS 4 OH	\$1,000	\$2,000	\$4,000	\$8,000	30%	\$2,000	\$4,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 1000 POS 8 OH	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$2,000	\$4,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 1000 POS 9 OH	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$2,000	\$4,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 1500 POS 1 OH	\$1,500	\$3,000	\$4,000	\$8,000	20%	\$3,000	\$6,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 1500 POS 3 OH	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 1500 POS 6 OH	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%

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		-IA	I-NETWORK	/			OUT	-OF-NETW() PV						
Plan Name	Deduc		Out-of-F Maxin	Pocket	Coinsur -ance Level	Deduc		Out-of-F Maxin	ocket	Coinsur -ance Level	Office Primary Care	e Visit Specialist	Urgent Care	ER	Pharmacy
Legacy 1500 POS 7 OH	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 1500 POS 5 OH	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 2000 POS 2 OH	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 2000 POS 4 OH	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15% /25%
Legacy 2000 POS 3 OH	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 2500 POS 1 OH	\$2,500	\$5,000	\$4,000	\$8,000	20%	\$5,000	\$10,000	\$8,000	\$16,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15% /25%
Legacy 2500 POS 2 OH	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 2500 POS 3 OH	\$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/\$65/15% /25%
Legacy 2500 POS 6 OH	\$2,500	\$5,000	\$7,350	\$14,700	20%	\$5,000	\$10,000	\$14,700	\$29,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 3000 POS 1 OH	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$6,000	\$12,000	\$10,000	\$20,000	50%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/15% /25%
Legacy 3000 POS 2 OH	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$6,000	\$12,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 3000 POS 3 OH	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$6,000	\$12,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15% /25%

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		IN	I-NETWORK	<			OUT	-OF-NETW	ORK						
Plan Name	Deduc	tible Family	Out-of-F Maxin		Coinsur -ance Level	Deduc	tible Family	Out-of-F Maxin		Coinsur -ance Level	Office Primary Care	ce Visit	Urgent Care	ER	Pharmacy
Legacy 3000 POS 4 OH	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$6,000	\$12,000	\$12,000	\$24,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/15% /25%
Legacy 3500 POS 1 OH	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$7,000	\$14,000	\$14,700	\$29,400	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 3500 POS 2 OH	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$7,000	\$14,000	\$14,700	\$29,400	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$50/\$75/15% /25%
Legacy 3500 POS 3 OH	\$3,500	\$7,000	\$7 <i>,</i> 350	\$14,700	20%	\$7,000	\$14,000	\$14,700	\$29,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15% /25%
Legacy 3500 POS 4 OH	\$3,500	\$7,000	\$7,350	\$14,700	30%	\$7,000	\$14,000	\$14,700	\$29,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15% /25%
Legacy 4000 POS 1 OH	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$8,000	\$16,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 5000 POS 2 OH	\$5,000	\$10,000	\$7,350	\$14,700	20%	\$10,000	\$20,000	\$14,700	\$29,400	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15% /25%
Legacy 5000 POS 4 OH	\$5,000	\$10,000	\$7,350	\$14,700	20%	\$10,000	\$20,000	\$14,700	\$29,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15% /25%
Legacy 5000 POS 3 OH	\$5,000	\$10,000	\$7,350	\$14,700	30%	\$10,000	\$20,000	\$14,700	\$29,400	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/15% /25%

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					INI NIETVA	NDI/			OUT	OF NETWO	DI						
					IN-NETWC				001-	OF-NETWO							
		Plan	Dadus	ethal a	Out-of-		Colinaria	Dedu	ctible	Out-of-l		Coinsur	Offic	e Visit	Harrist		
			Deduc	ubie	Maxi	mum	Coinsur- ance Level			Maxin	num	-ance			Urgent Care	ER	Pharmacy
		Name	Individual	Family	Individual	Family	affice Level	Individual	Family	Individual	Family	Level	Primary Care	Specialist	Care		
		Legacy															
		3000 HSA															
_	*	P1 OH	\$3,000	\$6,000	\$3,000	\$6,000	0%	\$6,000	\$12,000	\$9,000	\$18,000	30%	0%	0%	0%	0%	0%
		Legacy 3200 HSA															
		P2 OH	\$3,200	\$6,400	\$3,200	\$6,400	0%	\$6,400	\$12,800	\$9,600	\$19,200	30%	0%	0%	0%	0%	0%
-		Legacy	. ,	. ,	. ,	. ,		. ,		. ,	. ,						\$4/\$15/\$35/
		3200 HSA						4	4	4	4						\$65/15%/
-	^	P5 OH	\$3,200	\$6,400	\$4,000	\$8,000	0%	\$6,400	\$12,800	\$9,600	\$19,200	30%	0%	0%	0%	0%	25% \$4/\$15/\$35/
		Legacy 3200 HSA															\$65/15%/
	٨	P8 OH	\$3,200	\$6,400	\$5,000	\$10,000	0%	\$6,400	\$12,800	\$9,600	\$19,200	30%	\$30	\$60	\$60	\$300	25%
		Legacy															
		3200 HSA P7 OH	\$3,200	\$6,400	\$5,000	\$10,000	20%	\$6,400	\$12,800	\$10,000	\$20,000	50%	20%	20%	20%	20%	20%
-		Legacy	\$3,200	\$6,400	\$5,000	\$10,000	20%	\$6,400	\$12,800	\$10,000	\$20,000	50%	20%	20%	20%	20%	\$4/\$15/\$35/
		3200 HSA															\$65/15%/
	۸	P9 OH	\$3,200	\$6,400	\$5,750	\$11,500	0%	\$6,400	\$12,800	\$9,600	\$19,200	30%	0%	0%	0%	0%	25%
		Legacy															
		3200 HSA P10 OH	\$3.200	\$6.400	\$6,050	\$12.100	20%	\$6,400	\$12,800	\$12,100	\$24,200	50%	20%	20%	20%	20%	20%
F		Legacy	ψ3, <u>2</u> 00	φο, 100	ψ0,030	Ψ12,100	2070	φο, 100	712,000	712,100	ΨZ 1,200	3070	2070	2070	2070	2070	2070
		4000 HSA															
-		P1 OH	\$4,000	\$8,000	\$4,000	\$8,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	0%	0%	0%	0%	0%
		Legacy 4000 HSA															\$4/\$15/\$35/ \$65/15%/
	٨	P2 OH	\$4,000	\$8,000	\$5,000	\$10,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	0%	0%	0%	0%	25%
		Legacy															
		4000 HSA	¢4.000	¢0.000	¢c 000	642.000	2024	¢0.000	¢4.C 000	ć42.000	624.000	F.00/	2007	200/	2007	2007	2004
F		P3 OH Legacy	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$8,000	\$16,000	\$12,000	\$24,000	50%	20%	20%	20%	20%	20%
		5000 HSA															
		P1 OH	\$5,000	\$10,000	\$5,000	\$10,000	0%	\$5,000	\$10,000	\$10,000	\$20,000	30%	0%	0%	0%	0%	0%

HDHP POS | 2024 Ohio Plans





			IN-NETWC)RK			OUT-	OF-NETWO	RK						
Plan Name	Deduc	tible Family	Out-of- Maxi Individual		Coinsur- ance Level	Dedu	ctible Family	Out-of-F Maxin		Coinsur -ance Level	Offic Primary Care	e Visit Specialist	Urgent Care	ER	Pharmacy
Legacy 5000 HSA P2 OH	\$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/ \$65/15%/ 25%
Legacy 5000 HSA • P4 OH	\$5,000	\$10,000	\$6,650	\$13,300	0%	\$10,000	\$20,000	\$15,000	\$30,000	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/ \$65/15%/ 25%
Legacy 5000 HSA P3 OH	\$5,000	\$10,000	\$6,650	\$13,300	20%	\$10,000	\$20,000	\$13,300	\$26,600	50%	20%	20%	20%	20%	20%
Legacy 6000 HSA P1 OH	\$6,000	\$12,000	\$6,000	\$12,000	0%	\$12,000	\$24,000	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
Legacy 6550 HSA P1 OH	\$6,550	\$13,100	\$6,550	\$13,100	0%	\$13,100	\$26,200	\$19,650	\$39,300	30%	0%	0%	0%	0%	0%
Legacy 6650 HSA P1 OH	\$6,650	\$13,300	\$6,650	\$13,300	0%	\$13,300	\$26,600	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
Legacy 6750 HSA P1 OH	\$6,750	\$13,500	\$6,750	\$13,500	0%	\$13,500	\$27,000	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
Legacy 7050 HSA P1 OH	\$7,050	\$14,100	\$7,050	\$14,100	0%	\$14,100	\$28,200	\$21,150	\$42,300	30%	0%	0%	0%	0%	0%
Legacy 7500 HSA P1 OH	\$7,500	\$15,000	\$7,500	\$15,000	0%	\$15,000	\$30,000	\$22,500	\$45,000	30%	0%	0%	0%	0%	0%
Legacy 8000 HSA P1 OH	\$8,000	\$16,000	\$8,000	\$16,000	0%	\$16,000	\$32,000	\$24,000	\$48,000	30%	0%	0%	0%	0%	0%

KEY: * = Non-Embedded Plans; ^ = Copays apply after Deductible

PHP's Large Group Plans are available in the following Ohio counties:

• Allen

Mercer

Van Wert

Defiance

Paulding

Williams

NOTE: If not yet approved by the 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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Phone: 260-432-6690 | **Toll Free:** 1-800-982-6257 | **Fax:** 260-432-0493



