

LEVEL Solutions Plans | 2024 FREEDOM Network

(5–100 employees)



HMO | 2024 Ohio Plans FREEDOM Network-LEVEL SOLUTIONS (5-100 employees)



Plan Name Deductive Out-of-Pocket Maximum Ooffice Visc Level Urget Primary Care Emergency Care Pharmacy Room Pharmacy Level Solutions 500 Maximum S3000 S3000 S200 S20 S40 S50 S300+coins S4/50/\$25/\$50/15%/25% Level Solutions 500 S500 S1,000 S3,000 S000 10% S20 S40 S50 S300+coins S4/\$10/\$25/\$50/15%/25% Level Solutions 700 S500 S1,500 S1,000 S0,000 S000 20% S20 S40 S50 S300+coins S4/\$10/\$25/\$50/15%/25% Level Solutions 700 MMO 1.0H S750 S1,500 S2,000 S4,000 20% S20 S60 S300+coins S4/\$10/\$30/\$60/15%/25% Level Solutions 1000 MMO 3.0H S1,000 S2,000 S6,000 20% S25 S50 S300 +coins S4/\$10/\$30/\$60/15%/25% Level Solutions 1000 MMO 3.0H S1,000 S2,000 S8,000 20% S25 S50 S300 + coins S4/\$10/\$30/\$60/15%/25% </th <th></th> <th colspan="9">Out_of_Pocket_</th> <th></th>		Out_of_Pocket_									
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Level Solutions 3000		\$3.000	\$6,000	\$5.000	\$10.000	20%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/15%/25%
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		\$3,000	\$6,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/15%/25%

HMO | 2024 Ohio Plans FREEDOM Network-LEVEL SOLUTIONS (5-100 employees)



Plan Name	Deduct	ible	Out-of-P Maxin		Coinsurance	Office \	/isit	Urgent	Emergency	Pharmacy
	Individual	Family	Individual	Family	Level	Primary Care	Specialist	Care	Room	
Level Solutions 3000										
HMO 2 OH	\$3,000	\$6,000	\$8,700	\$17,400	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/15%/25%
Level Solutions 3500										
HMO 1 OH	\$3,500	\$7,000	\$7,000	\$14,000	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 3500										
HMO 5 OH	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Level Solutions 3500										
HMO 2 OH	\$3,500	\$7,000	\$8,700	\$17,400	30%	\$40 \$80 \$		\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 3500										
HMO 3 OH	\$3,500	\$7,000	\$8,700	\$17,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 4000										
HMO 2 OH	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Level Solutions 4000										
HMO 1 OH	\$4,000	\$8,000	\$8,700	\$17,400	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 5000										
HMO 2 OH	\$5,000	\$10,000	\$7,150	\$14,300	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$40/\$70/15%/25%
Level Solutions 5000										
HMO 1 OH	\$5,000	\$10,000	\$8,700	\$17,400	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 6000										
HMO 1 OH	\$6,000	\$12,000	\$8,700	\$17,400	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%

HDHPHMO | 2024 Ohio Plans FREEDOM Network-LEVEL SOLUTIONS (5-100 employees)



	Plan	Deduct	ible	Out-of-Po Maxim		Coinsurance	Office	Visit	Urgent	Emergency	Pharmacy
	Name	Individual	Family	Individual	Family	Level	Primary Care	Specialist	Care	Room	,
*	Level Solutions 2000 HSA H1 OH	\$2,000	\$4,000	\$2,000	\$4,000	0%	0%	0%	0%	0%	0%
*	Level Solutions 3000 HSA H4 OH	\$3,000	\$6,000	\$3,000	\$6,000	0%	0%	0%	0%	0%	0%
	Level Solutions 3200 HSA H1 OH	\$3,200	\$6,400	\$3,200	\$6,400	0%	0%	0%	0%	0%	0%
^	Level Solutions 3200 HSA H5 OH	\$3,200	\$6,400	\$4,000	\$8,000	0%	0%	0%	0%	0%	\$4/\$10/\$30/\$60/15%/25%
^	Level Solutions 3200 HSA H6 OH	\$3,200	\$6,400	\$5,000	\$10,000	0%	\$30 \$60		\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
^	Level Solutions 3200 HSA H7 OH	\$3,200	\$6 <i>,</i> 400	\$5,750	\$11,500	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
	Level Solutions 3200 HSA H2 OH	\$3,200	\$6 <i>,</i> 400	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%
	Level Solutions 4000 HSA H1 OH	\$4,000	\$8,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	0%
^	Level Solutions 4000 HSA H4 OH	\$4,000	\$8,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
^	Level Solutions 4000 HSA H5 OH	\$4,000	\$8,000	\$6,000	\$12,000	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Level Solutions 4000 HSA H2 OH	\$4,000	\$8,000	\$7,000	\$14,000	20%	20%	20%	20%	20%	20%
	Level Solutions 4000 HSA H3 OH	\$4,000	\$8,000	\$7,000	\$14,000	30%	30%	30%	30%	30%	30%

HDHPHMO | 2024 Ohio Plans FREEDOM Network-LEVEL SOLUTIONS (5-100 employees)



	Plan	Deduct		line xinnann		Coinsurance	Office		Urgent	Emergency	Pharmacy
	Name	Individual	Family	Individual	Family	Level	Primary Care	Specialist	Care	Room	
	Level Solutions 5000 HSA H1 OH	\$5,000	\$10,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	0%
^	Level Solutions 5000 HSA H2 OH	\$5,000	\$10,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
^	Level Solutions 5000 HSA H4 OH	\$5,000	\$10,000	\$6,650	\$13,300	0%	\$30 \$60		\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Level Solutions 5000 HSA H3 OH	\$5,000	\$10,000	\$6,650	\$13,300	20%	20% 20%		20%	20%	20%
	Level Solutions 6000 HSA H1 OH	\$6,000	\$12,000	\$6,000	\$12,000	0%	0% 0%		0%	0%	0%
	Level Solutions 6550 HSA H1 OH	\$6,550	\$13,100	\$6,550	\$13,100	0%	0%	0%	0%	0%	0%
	Level Solutions 7000 HSA H1 OH	\$7,000	\$14,000	\$7,000	\$14,000	0%	0%	0%	0%	0%	0%
	Level Solutions 7500 HSA H1 OH	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%
	Level Solutions 8000 HSA H1 OH	\$8,000	\$16,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%

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

POS | 2024 Ohio Plans FREEDOM Network-LEVEL SOLUTIONS (5-100 employees)



		II	N-NETWOR	к		OUT-OF-NETWORK									
Plan Name	Deduc Individual	tible Family	Out-of-l Maxir Individual		Coinsur -ance Level	Deduc Individual	tible Family	Out-of-I Maxin Individual		Coinsur -ance Level	Offic Primary Care	e Visit Specialist	Urgent Care	ER	Pharmacy
Level Solutions 500 POS 1 OH	\$500	\$1,000	\$1,500	\$3,000	20%	\$1,000	\$2,000	\$3,000	\$6,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/ 15%/25%
Level Solutions 500 POS 2 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%
Level Solutions 750 POS 1 OH	\$750	\$1,500	\$5,000	\$10,000	20%	\$1,500	\$3,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/ 15%/25%
Level Solutions 1000 POS 1 OH	\$1,000	\$2,000	\$2,000	\$4,000	20%	\$2,000	\$4,000	\$4,000	\$8,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/ 15%/25%
Level Solutions 1000 POS 3 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%
Level Solutions 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%
Level Solutions 1000 POS 5 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%
Level Solutions 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%
Level Solutions 1500 POS 2 OH	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$65/ 15%/25%

POS | 2024 Ohio Plans FREEDOM Network-LEVEL SOLUTIONS (5-100 employees)



		II	NETWOR	к		OUT-OF-NETWORK									
Plan Name	Deduc Individual	tible Family	Out-of-I Maxin Individual		Coinsur -ance Level	Deduc Individual	tible Family	Out-of-l Maxir Individual		Coinsur -ance Level	Offic Primary Care	e Visit Specialist	Urgent Care	ER	Pharmacy
Level Solutions 2000 POS 1 OH	\$2,000	\$4,000	\$4,000	\$8,000	20%	\$4,000	\$8,000	\$8,000	\$16,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/ 15%/25%
Level Solutions 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%
Level Solutions 2500 POS 1 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/\$75/ 15%/25%
Level Solutions 2500 POS 2 OH	\$2,500	\$5,000	\$8,700	\$17,400	20%	\$5,000	\$10,000	\$17,400	\$34,800	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/ 15%/25%
Level Solutions 2500 POS 3 OH	\$2,500	\$5,000	\$8,700	\$17,400	50%	\$5,000	\$10,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%
Level Solutions 3000 POS 3 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%
Level Solutions 3000 POS 1 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/\$75/ 15%/25%
Level Solutions 3000 POS 2 OH	\$3,000	\$6,000	\$8,700	\$17,400	20%	\$6,000	\$12,000	\$17,400	\$34,800	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/ 15%/25%
Level Solutions 3500 POS 1 OH	\$3,500	\$7,000	\$7,000	\$14,000	30%	\$7,000	\$14,000	\$14,000	\$28,000	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%

POS | 2024 Ohio Plans FREEDOM Network-LEVEL SOLUTIONS (5-100 employees)



		II	NETWOR	K		OUT-OF-NETWORK									
Plan Name	Deduc	tible	Out-of-I Maxir		Coinsur -ance Level	Deduc	tible	Out-of- Maxiı		Coinsur -ance Level	Offic Primary	e Visit	Urgent Care	ER	Pharmacy
	Individual	Family	Individual	Family	Level	Individual	Family	Individual	Family	Lever	Care	Specialist			
Level Solutions 3500 POS 5 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%
Level Solutions 3500 POS 2 OH	\$3,500	\$7,000	\$8,700	\$17,400	30%	\$7,000	\$14,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%
Level Solutions 3500 POS 3 OH	\$3,500	\$7,000	\$8,700	\$17,400	50%	\$7,000	\$14,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%
Level Solutions 4000 POS 2 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%
Level Solutions 4000 POS 1 OH	\$4,000	\$8,000	\$8,700	\$17,400	30%	\$8,000	\$16,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%
Level Solutions 5000 POS 2 OH	\$5,000	\$10,000	\$7,150	\$14,300	20%	\$10,000	\$20,000	\$14,300	\$28,600	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$40/\$70/ 15%/25%
Level Solutions 5000 POS 1 OH	\$5,000	\$10,000	\$8,700	\$17,400	30%	\$10,000	\$20,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%
Level Solutions 6000 POS 1 OH	\$6,000	\$12,000	\$8,700	\$17,400	30%	\$12,000	\$24,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%

HDHP POS | 2024 Ohio Plans

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		IN-NETWORK Out-of-Pocket						OUT-	OF-NETWO	RK						
	Plan Name	Deduc		Maxi	mum	Coinsur- ance Level	Dedu		Out-of-I Maxir	num	Coinsur -ance Level	Primary	e Visit	Urgent Care	ER	Pharmacy
*	Level Solutions 2000 HSA P1 OH	Individual \$2,000	<i>Family</i> \$4,000	Individual \$2,000	<i>Family</i> \$4,000	0%	Individual \$4,000	<i>Family</i> \$8,000	Individual \$6,000	<i>Family</i> \$12,000	30%	Care 0%	Specialist	0%	0%	0%
*	Level Solutions 3000 HSA P4 OH	\$3,000	\$6,000	\$3,000	\$6,000	0%	\$6,000	\$12,000	\$9,000	\$18,000	30%	0%	0%	0%	0%	0%
	Level Solutions 3200 HSA P1 OH	\$3,200	\$6,400	\$3,200	\$6,400	0%	\$6,400	\$12,800	\$9,600	\$19,200	30%	0%	0%	0%	0%	0%
^	Level Solutions 3200 HSA P5 OH	\$3,200	\$6,400	\$4,000	\$8,000	0%	\$6,400	\$12,800	\$10,000	\$20,000	30%	0%	0%	0%	0%	\$4/\$10/\$30/ \$60/15%/ 25%
^	Level Solutions 3200 HSA P6 OH	\$3,200	\$6,400	\$5,000	\$10,000	0%	\$6,400	\$12,800	\$9,600	\$19,200	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/ \$65/15%/ 25%
^	Level Solutions 3200 HSA P7 OH	\$3,200	\$6,400	\$5,750	\$11,500	0%	\$6,400	\$12,800	\$9,600	\$19,200	30%	0%	0%	0%	0%	\$4/\$15/\$35/ \$65/15%/ 25%
	Level Solutions 3200 HSA P2 OH	\$3,200	\$6,400	\$6,000	\$12,000	20%	\$6,400	\$12,800	\$12,000	\$24,000	50%	20%	20%	20%	20%	20%

HDHP POS | 2024 Ohio Plans

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FREEDOM	Network- LEVEL	SOLUTIONS	(5–100 employees)
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				IN-NETWO	ORK			OUT-	OF-NETWO	RK						
	Plan Name	Deduc	tible	Out-of- Maxi	Pocket mum	Coinsur- ance Level	Dedu	ctible	Out-of-F Maxin		Coinsur -ance Level	Offic Primary	e Visit	Urgent Care	ER	Pharmacy
_		Individual	Family	Individual	Family		Individual	Family	Individual	Family	Level	Care	Specialist			
	Level Solutions 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%
	Level Solutions 4000 HSA P4 A OH	\$4,000	\$8,000	\$5,000	\$10,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	0%	0%	0%	0%	\$4/\$15/\$35/ \$65/15%/ 25%
	Level Solutions 4000 HSA P5 OH	\$4,000	\$8,000	\$6,000	\$12,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/ \$65/15%/ 25%
	Level Solutions 4000 HSA P2 OH	\$4,000	\$8,000	\$7,000	\$14,000	20%	\$8,000	\$16,000	\$14,000	\$28,000	50%	20%	20%	20%	20%	20%
	Level Solutions 4000 HSA P3 OH	\$4,000	\$8,000	\$7,000	\$14,000	30%	\$8,000	\$16,000	\$14,000	\$28,000	50%	30%	30%	30%	30%	30%
	Level Solutions 5000 HSA P1 OH	\$5,000	\$10,000	\$5,000	\$10,000	0%	\$10,000	\$20,000	\$15,000	\$30,000	30%	0%	0%	0%	0%	0%
	Level Solutions 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%
	Level Solutions 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%

HDHP POS | 2024 Ohio Plans



FREEDOM	Network- LEVEL	SOLUTIONS	(5–100 employees)
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				IN-NETWO	DRK		OUT-OF-NETWORK									
	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsur- ance Level	Deductible		Out-of-Pocket Maximum		Coinsur -ance Level	Office Visit Primary		Urgent Care	ER	Pharmacy
	Level	Individual	Family	Individual	Family		Individual	Family	Individual	Family		Care	Specialist			
_	olutions 00 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%
_	Level olutions 00 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%
_	Level olutions 50 HSA P1 OH	\$6,550	\$13,100	\$6,550	\$12,000	0%	\$13,100	\$26,200	\$19,650	\$39,300	30%	0%	0%	0%	0%	0%
_	Level olutions 00 HSA P1 OH	\$7,000	\$14,000	\$7,000	\$14,000	0%	\$14,000	\$28,000	\$21,000	\$42,000	30%	0%	0%	0%	0%	0%
_	Level olutions 00 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%
	Level olutions 00 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

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.

 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

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