



Small Group Plans | 2024

FREEDOM Network

(2-50 employees)



HMO | 2024 Indiana Plans

FREEDOM Network-**SMALL GROUP** (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 500/1500 24	\$500	\$1,000	\$1,500	\$3,000	20%	\$20	\$40	\$50	\$400 + Coins	\$4/\$10/\$30/\$60/15%/25%
Gold HMO 1000/6000 24	\$1,000	\$2,000	\$6,000	\$12,000	30%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 1500/6000 24	\$1,500	\$3,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 2000/5000 24	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 2000/7500 24	\$2,000	\$4,000	\$7,500	\$15,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 2500/5000 24	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 2800/8100 24	\$2,800	\$5,600	\$8,100	\$16,200	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 3000/5000 24	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
# Silver HMO 3100/9100 24	\$3,100	\$6,200	\$9,100	\$18,200	40%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 3400/7800 24	\$3,400	\$6,800	\$7,800	\$15,600	30%	30%	30%	30%	30%	\$4/\$20/\$45/\$95/15%/25%
# Silver HMO 3800/9100 24	\$3,800	\$7,600	\$9,100	\$18,200	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
# Silver HMO 4300/9100 24	\$4,300	\$8,600	\$9,100	\$18,200	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 4800/9400 24	\$4,800	\$9,600	\$9,400	\$18,800	40%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 5400/9400 24	\$5,400	\$10,800	\$9,400	\$18,800	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 6500/9100 24	\$6,500	\$13,000	\$9,100	\$18,200	50%	\$60	\$120	\$120	\$400 + Coins	\$4/\$20/\$55/\$105/15%/25%

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

HDHP HMO | 2024 Indiana Plans

FREEDOM Network-SMALL GROUP (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 HMO 3200/3200 24	\$3,200	\$6,400	\$3,200	\$6,400	0%	0%	0%	0%	0%	0%
	Silver HSA HMO 3200/6000 24	\$3,200	\$6,400	\$6,000	\$12,000	30%	30%	30%	30%	30%	30%
	Gold HSA HMO 3700/3700 24	\$3,700	\$7,400	\$3,700	\$7,400	0%	0%	0%	0%	0%	0%
	Silver HSA HMO 4500/6000 24	\$4,500	\$9,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%
^	Silver HSA HMO 5000/7000 24	\$5,000	\$10,000	\$7,000	\$14,000	0%	\$30	\$60	\$60	\$400	\$4/\$20/\$45/\$95/15%/25%
	Silver HSA HMO 5200/5200 24	\$5,200	\$10,400	\$5,200	\$10,400	0%	0%	0%	0%	0%	0%
	Silver HSA HMO 6000/6000 24	\$6,000	\$12,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	0%
	Bronze HSA HMO 6100/7200 24	\$6,100	\$12,200	\$7,200	\$14,400	30%	30%	30%	30%	30%	30%
	Silver HSA HMO 6500/6500 24	\$6,500	\$13,000	\$6,500	\$13,000	0%	0%	0%	0%	0%	0%
	Bronze HSA HMO 7500/7500 24	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%
M	Bronze HSA HMO MO 8000/8000 24	\$8,000	\$16,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%
	Bronze HSA HMO 8000/8000 24	\$8,000	\$16,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%

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

POS | 2024 Indiana Plans

FREEDOM Network-SMALL GROUP (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						
Platinum POS 500/1500 24	\$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/\$60/15%/25%
Gold POS 1000/6000 24	\$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/\$75/15%/25%
Gold POS 1500/6000 24	\$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/\$75/15%/25%
Gold POS 2000/5000 24	\$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/\$75/15%/25%
Gold POS 2000/7500 24	\$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/\$75/15%/25%
Gold POS 2500/5000 24	\$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/\$75/15%/25%
Gold POS 2800/8100 24	\$2,800	\$5,600	\$8,100	\$16,200	20%	\$5,600	\$11,200	\$16,200	\$32,400	50%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold POS 3000/5000 24	\$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/\$75/15%/25%
# Silver POS 3100/9100 24	\$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/\$95/15%/25%
Silver POS 3400/7800 24	\$3,400	\$6,800	\$7,800	\$15,600	30%	\$6,800	\$13,600	\$15,600	\$31,200	50%	30%	30%	30%	30%	\$4/\$20/\$45/\$95/15%/25%

POS | 2024 Indiana Plans

FREEDOM Network-SMALL GROUP (2-50 employees)



#	Plan Name	IN-NETWORK				OUT-OF-NETWORK						Office Visit		Urgent Care	ER	Pharmacy
		Deductible		Out-of-Pocket Maximum		Coinsur-ance Level	Deductible		Out-of-Pocket Maximum		Coinsur-ance Level	Primary Care	Specialist			
		Individual	Family	Individual	Family		Individual	Family	Individual	Family						
#	Silver POS 3800/9100 24	\$3,800	\$7,600	\$9,100	\$18,200	30%	\$7,600	\$15,200	\$18,200	\$36,400	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
#	Silver POS 4300/9100 24	\$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/\$95/15%/25%
	Silver POS 4800/9400 24	\$4,800	\$9,600	\$9,400	\$18,800	40%	\$9,600	\$19,200	\$18,800	\$37,600	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
	Silver POS 5400/9400 24	\$5,400	\$10,800	\$9,400	\$18,800	30%	\$10,800	\$21,600	\$18,800	\$37,600	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
	Silver POS 6500/9100 24	\$6,500	\$13,000	\$9,100	\$18,200	50%	\$13,000	\$26,000	\$18,200	\$36,400	50%	\$60	\$120	\$120	\$400 + Coins	\$4/\$20/\$55/\$105/15%/25%

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

HDHP POS | 2024 Indiana Plans

FREEDOM Network-**SMALL GROUP** (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 POS 3200/3200 24	\$3,200	\$6,400	\$3,200	\$6,400	0%	\$6,400	\$12,800	\$9,600	\$19,200	30%	0%	0%	0%	0%	0%
Silver HSA POS 3200/6000 24	\$3,200	\$6,400	\$6,000	\$12,000	30%	\$6,400	\$12,800	\$12,000	\$24,000	50%	30%	30%	30%	30%	30%
Gold HSA POS 3700/3700 24	\$3,700	\$7,400	\$3,700	\$7,400	0%	\$7,400	\$14,800	\$11,100	\$22,200	30%	0%	0%	0%	0%	0%
Silver HSA POS 4500/6000 24	\$4,500	\$9,000	\$6,000	\$12,000	20%	\$9,000	\$18,000	\$12,000	\$24,000	50%	20%	20%	20%	20%	20%
[^] Silver HSA POS 5000/7000 24	\$5,000	\$10,000	\$7,000	\$14,000	0%	\$10,000	\$20,000	\$14,000	\$28,000	30%	\$30	\$60	\$60	\$400	\$4/\$20/\$45/\$95/15%/25%
Silver HSA POS 5200/5200 24	\$5,200	\$10,400	\$5,200	\$10,400	0%	\$10,400	\$20,800	\$15,600	\$31,200	30%	0%	0%	0%	0%	0%
Silver HSA POS 6000/6000 24	\$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 POS 6100/7200 24	\$6,100	\$12,200	\$7,200	\$14,400	30%	\$12,200	\$24,400	\$14,400	\$28,800	50%	30%	30%	30%	30%	30%
Silver HSA POS 6500/6500 24	\$6,500	\$13,000	\$6,500	\$13,000	0%	\$13,000	\$26,000	\$19,500	\$39,000	30%	0%	0%	0%	0%	0%

HDHP POS | 2024 Indiana Plans

FREEDOM Network-**SMALL GROUP** (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						
Bronze HSA POS 7500/7500 24	\$7,500	\$15,000	\$7,500	\$15,000	0%	\$15,000	\$30,000	\$22,500	\$45,000	30%	0%	0%	0%	0%	0%
Bronze HSA POS 8000/8000 24	\$8,000	\$16,000	\$8,000	\$16,000	0%	\$16,000	\$32,000	\$24,000	\$48,000	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.*

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