



Small Group Plans | 2024

Dual Network Plans

(2-50 employees)



Dual Network Plans | 2024

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 OPT DN 1500/5600 24	\$1,500	\$3,000	\$5,600	\$11,200	30%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$20	\$40	\$40	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold POS DN 1500/5600 24	\$1,500	\$3,000	\$5,600	\$11,200	30%	\$3,000	\$6,000	\$11,200	\$22,400	50%	\$20	\$40	\$40	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Silver OPT DN 2800/9400 24	\$2,800	\$5,600	\$9,400	\$18,800	50%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver POS DN 2800/9400 24	\$2,800	\$5,600	\$9,400	\$18,800	50%	\$5,600	\$11,200	\$18,800	\$37,600	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Gold HSA OPT DN 3500/3500 24	\$3,500	\$7,000	\$3,500	\$7,000	0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	0%	0%	0%	0%	0%
Gold HSA POS DN 3500/3500 24	\$3,500	\$7,000	\$3,500	\$7,000	0%	\$7,000	\$14,000	\$10,500	\$21,000	30%	0%	0%	0%	0%	0%
Silver HSA OPT DN 5100/5100 24	\$5,100	\$10,200	\$5,100	\$10,200	0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	0%	0%	0%	0%	0%
Silver HSA POS DN 5100/5100 24	\$5,100	\$10,200	\$5,100	\$10,200	0%	\$10,200	\$20,400	\$15,300	\$30,600	30%	0%	0%	0%	0%	0%

Dual Network Plans | 2024

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						
Bronze HSA OPT DN 6400/7200 24	\$6,400	\$12,800	\$7,200	\$14,400	20%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	20%	20%	20%	20%	20%
Bronze HSA POS DN 6400/7200 24	\$6,400	\$12,800	\$7,200	\$14,400	20%	\$12,800	\$25,600	\$14,400	\$28,800	50%	20%	20%	20%	20%	20%

KEY: All plans include Pediatric Dental & Vision Coverage; 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

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

