



Small Group Plans | 2025

Dual Network Plans

(2-50 employees)



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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 6000 25	\$1,500	\$3,000	\$6,000	\$12,000	20%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold POS DN 1500 6000 25	\$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 OPT DN 3000 5000 25	\$3,000	\$6,000	\$5,000	\$10,000	20%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold POS DN 3000 5000 25	\$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%
Gold HSA OPT DN 3500 3500 25	\$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 25	\$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 5500 5500 25	\$5,500	\$11,000	\$5,500	\$11,000	0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	0%	0%	0%	0%	0%
Silver HSA POS DN 5500 5500 25	\$5,500	\$11,000	\$5,500	\$11,000	0%	\$11,000	\$22,000	\$16,500	\$33,000	30%	0%	0%	0%	0%	0%

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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 7500 7500 25	\$7,500	\$15,000	\$7,500	\$15,000	0%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	0%	0%	0%	0%	0%
Bronze HSA POS DN 7500 7500 25	\$7,500	\$15,000	\$7,500	\$15,000	0%	\$15,000	\$30,000	\$22,500	\$45,000	30%	0%	0%	0%	0%	0%

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.*

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