



Small Group Plans | 2025

FREEDOM Network

(2-50 employees)



HMO | 2025 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 25	\$500	\$1,000	\$1,500	\$3,000	20%	\$20	\$40	\$50	\$400 + Coins	\$4/\$10/\$30/\$60/15%/25%
Gold HMO 1000 6000 25	\$1,000	\$2,000	\$6,000	\$12,000	30%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 1500 6000 25	\$1,500	\$3,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 2000 5000 25	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 2000 7500 25	\$2,000	\$4,000	\$7,500	\$15,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 2500 5000 25	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
Gold HMO 3000 5000 25	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%
# Silver HMO 3000 9000 25	\$3,000	\$6,000	\$9,000	\$18,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 3500 8000 25	\$3,500	\$7,000	\$8,000	\$16,000	30%	30%	30%	30%	30%	\$4/\$20/\$45/\$95/15%/25%
# Silver HMO 4000 9000 25	\$4,000	\$8,000	\$9,000	\$18,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
# Silver HMO 4500 9000 25	\$4,500	\$9,000	\$9,000	\$18,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 5000 9000 25	\$5,000	\$10,000	\$9,000	\$18,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 5500 9000 25	\$5,500	\$11,000	\$9,000	\$18,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 6000 9000 25	\$6,000	\$12,000	\$9,000	\$18,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 6500 9000 25	\$6,500	\$13,000	\$9,000	\$18,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 7000 9000 25	\$7,000	\$14,000	\$9,000	\$18,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver HMO 8000 9000 25	\$8,000	\$16,000	\$9,000	\$18,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%

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

HDHP HMO | 2025 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 3300 3300 25	\$3,300	\$6,600	\$3,300	\$6,600	0%	0%	0%	0%	0%	0%
	Gold HSA HMO 3500 3500 25	\$3,500	\$7,000	\$3,500	\$7,000	0%	0%	0%	0%	0%	0%
	Silver HSA HMO 3500 6000 25	\$3,500	\$7,000	\$6,000	\$12,000	30%	30%	30%	30%	30%	30%
	Silver HSA HMO 4500 6000 25	\$4,500	\$9,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%
^	Silver HSA HMO 5000 7000 25	\$5,000	\$10,000	\$7,000	\$14,000	0%	\$30	\$60	\$60	\$400	\$4/\$20/\$45/\$95/15%/25%
	Silver HSA HMO 5200 5200 25	\$5,200	\$10,400	\$5,200	\$10,400	0%	0%	0%	0%	0%	0%
	Silver HSA HMO 5500 5500 25	\$5,500	\$11,000	\$5,500	\$11,000	0%	0%	0%	0%	0%	0%
	Silver HSA HMO 6000 6000 25	\$6,000	\$12,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	0%
	Bronze HSA HMO 6000 7000 25	\$6,000	\$12,000	\$7,000	\$14,000	30%	30%	30%	30%	30%	30%
	Bronze HSA HMO 7500 7500 25	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%
	Bronze HSA HMO 8000 8000 25	\$8,000	\$16,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%
M NC	Bronze HSA HMO MO 8300 8300 25	\$8,300	\$16,600	\$8,300	\$16,600	0%	0%	0%	0%	0%	0%
NC	Bronze HSA HMO 8300 8300 25	\$8,300	\$16,600	\$8,300	\$16,600	0%	0%	0%	0%	0%	0%

KEY: **M** = Includes Morbid Obesity; **^** = Copays apply after Deductible; All plans include Pediatric Dental & Vision Coverage; **NC** = Plan not creditable for 2025 Medicare Part D

POS | 2025 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 25	\$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 25	\$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 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 POS 2000 5000 25	\$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 25	\$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 25	\$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 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%
# Silver POS 3000 9000 25	\$3,000	\$6,000	\$9,000	\$18,000	30%	\$6,000	\$12,000	\$18,000	\$36,000	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
Silver POS 3500 8000 25	\$3,500	\$7,000	\$8,000	\$16,000	30%	\$7,000	\$14,000	\$16,000	\$32,000	50%	30%	30%	30%	30%	\$4/\$20/\$45/\$95/15%/25%
# Silver POS 4000 9000 25	\$4,000	\$8,000	\$9,000	\$18,000	30%	\$8,000	\$16,000	\$18,000	\$36,000	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%

POS | 2025 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 4500 9000 25	\$4,500	\$9,000	\$9,000	\$18,000	30%	\$9,000	\$18,000	\$18,000	\$36,000	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
	Silver POS 5000 9000 25	\$5,000	\$10,000	\$9,000	\$18,000	30%	\$10,000	\$20,000	\$18,000	\$36,000	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
	Silver POS 5500 9000 25	\$5,500	\$11,000	\$9,000	\$18,000	30%	\$11,000	\$22,000	\$18,000	\$36,000	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
	Silver POS 6000 9000 25	\$6,000	\$12,000	\$9,000	\$18,000	30%	\$12,000	\$24,000	\$18,000	\$36,000	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
	Silver POS 6500 9000 25	\$6,500	\$13,000	\$9,000	\$18,000	30%	\$13,000	\$26,000	\$18,000	\$36,000	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
	Silver POS 7000 9000 25	\$7,000	\$14,000	\$9,000	\$18,000	30%	\$14,000	\$28,000	\$18,000	\$36,000	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%
	Silver POS 8000 9000 25	\$8,000	\$16,000	\$9,000	\$18,000	30%	\$16,000	\$32,000	\$18,000	\$36,000	50%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%

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

HDHP POS | 2025 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 3300 3300 25	\$3,300	\$6,600	\$3,300	\$6,600	0%	\$6,600	\$13,200	\$9,900	\$19,800	30%	0%	0%	0%	0%	0%
Gold HSA POS 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 POS 3500 6000 25	\$3,500	\$7,000	\$6,000	\$12,000	30%	\$7,000	\$14,000	\$12,000	\$24,000	50%	30%	30%	30%	30%	30%
Silver HSA POS 4500 6000 25	\$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 25	\$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 25	\$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 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%
Silver HSA POS 6000 6000 25	\$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 6000 7000 25	\$6,000	\$12,000	\$7,000	\$14,000	30%	\$12,000	\$24,000	\$14,000	\$28,000	50%	30%	30%	30%	30%	30%

HDHP POS | 2025 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 25	\$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 25	\$8,000	\$16,000	\$8,000	\$16,000	0%	\$16,000	\$32,000	\$24,000	\$48,000	30%	0%	0%	0%	0%	0%
NC Bronze HSA POS 8300 8300 25	\$8,300	\$16,600	\$8,300	\$16,600	0%	\$16,600	\$33,200	\$24,900	\$49,800	30%	0%	0%	0%	0%	0%

KEY: ^ = Copays apply after Deductible; All plans include Pediatric Dental & Vision Coverage; **NC** = Plan not creditable for 2025 Medicare Part D

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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