

Small Group Plans | 2026 OPTIONS Network

(2–50 employees)



HMO | 2026 Indiana Plans





Plan Name	Deductible Individual Family		Out-of-Pocket Maximum Individual Family		Coinsurance Level	Office Visit Primary Care* Specialist		Urgent Care	Emergency Room	Pharmacy	
Platinum OPT 500											
1500 26	\$500	\$1,000	\$1,500	\$3,000	20%	\$20	\$40	\$50	\$400 + Coins	\$4/\$10/\$30/\$60/15%/25%	
Gold OPT 1000 6000											
26	\$1,000	\$2,000	\$6,000	\$12,000	30%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%	
Gold OPT 1500 6000											
26	\$1,500	\$3,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%	
Gold OPT 2000 5500											
26	\$2,000	\$4,000	\$5,500	\$11,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%	
Gold OPT 2000 7500											
26	\$2,000	\$4,000	\$7,500	\$15,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%	
Gold OPT 2500 5000		4	4	4		4	4	4			
26	\$2,500	\$5,000	\$5,000	\$10,000	30%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%	
Gold OPT 3000 5000	40.000	45.000	45.000	440.000	2001	400	450	450	4400 0 :	A 4 /A 4 5 /A 5 /A 5 /A 5 6 /A	
26	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$400 + Coins	\$4/\$15/\$35/\$75/15%/25%	
Silver OPT 3000 10150 26	¢2.000	¢6,000	¢10.1F0	¢20,200	30%	\$45	\$90	\$90	¢400 + Coins	¢4/¢30/¢45/¢05/450//350/	
Silver OPT 3500	\$3,000	\$6,000	\$10,150	\$20,300	30%	Ş 4 5	\$90	\$90	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%	
8000 26	\$3,500	\$7,000	\$8,000	\$16,000	30%	30%	30%	30%	30%	\$4/\$20/\$45/\$95/15%/25%	
Gold OPT 4000 6500		\$7,000	\$8,000	\$10,000	30%	30%	3070	30/0	30%	34/320/343/353/13/6/23/6	
26	\$4,000	\$8,000	\$6,500	\$13,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%	
Silver OPT 4000	Ţ - ,000	70,000	\$0,500	713,000	3070	у 1 0	700	700	\$400 ° COIII3	\$\frac{\pi_{+}}{\pi_{2}}\frac{\pi_{+}}{\pi_{+}}\frac{\pi_{2}}{\pi_{2	
10150 26	\$4,000	\$8,000	\$10,150	\$20,300	30%	\$45	\$90	\$90	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%	
Silver OPT 4500	¥ 1,000	70,000	\$10,130	Ψ20,300	3070	ψ13	750	Ψ30	y 100 × coms	\$ 1, \$2.0,\$ 1.3,\$ \$3.0,\$ 1.3,\$ \$1.0,\$ \$2.0,\$ \$2.0,\$ \$2.0,\$ \$2.0,\$ \$1.0,\$ \$2.0,\$ \$1.0,\$ \$2.0,\$ \$1.0,\$	
10150 26	\$4,500	\$9,000	\$10,150	\$20,300	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%	
Silver OPT 5000	. ,	. ,	. ,	. ,					·	. , . , . , . , . ,	
10000 26	\$5,000	\$10,000	\$10,000	\$20,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%	
Silver OPT 5500											
10000 26	\$5,500	\$11,000	\$10,000	\$20,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%	
Silver OPT 6000											
10000 26	\$6,000	\$12,000	\$10,000	\$20,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%	
Silver OPT 6500											
10000 26	\$6,500	\$13,000	\$10,000	\$20,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%	
Silver OPT 7000											
10000 26	\$7,000	\$14,000	\$10,000	\$20,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%	

9/1/2025





Plan Name	Deductible Individual Family		Out-of-Pocket Maximum Individual Family		Coinsurance Level	Office V	isit <i>Specialis</i> t	Urgent Care	Emergency Room	Pnarmacy	
Silver OPT 8000 10000 26	\$8,000	\$16,000	\$10,000	\$20,000	30%	\$40	\$80	\$80	\$400 + Coins	\$4/\$20/\$45/\$95/15%/25%	

KEY: All plans include Pediatric Dental & Vision Coverage

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^{*} **Primary Care Office Visits** - For copay plans only, there is no charge for the first visit for which a copay would normally apply.

HDHP HMO | 2026 Indiana Plans





OPTIONS Network-**SMALL GROUP** (2-50 employees)

	Plan Name	Deductible Individual Family		Out-of-Pocket Maximum Individual Family		Coinsurance Level	Office Visit Primary Care Specialist		Urgent Care	Emergency Room	Pharmacy
	Gold HSA OPT 3500				· ·		•				
	3500 26	\$3,500	\$7,000	\$3,500	\$7,000	0%	0%	0%	0%	0%	0%
	Silver HSA OPT 3500	73,300	77,000	\$3,300	\$7,000	070	070	070	070	070	070
	6500 26	\$3,500	\$7,000	\$6,500	\$13,000	30%	30%	30%	30%	30%	30%
	Gold HSA OPT 4000	ψ3,300	ψ,,σσσ	\$0,500	\$13,000	3070	3070	3070	3070	3070	3070
	4000 26	\$4,000	\$8,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	0%
	Silver HSA OPT 4500	¥ 1/000	7 - 7 - 7 - 7	7 1/222	70,000						
	6000 26	\$4,500	\$9,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%
^	Silver HSA OPT 5000			. ,	•						
^	7000 26	\$5,000	\$10,000	\$7,000	\$14,000	0%	\$30	\$60	\$60	\$400	\$4/\$20/\$45/\$95/15%/25%
	Silver HSA OPT 5500										
	5500 26	\$5,500	\$11,000	\$5,500	\$11,000	0%	0%	0%	0%	0%	0%
	Silver HSA OPT 6000										
	6000 26	\$6,000	\$12,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	0%
	Bronze HSA OPT 6000										
	7500 26	\$6,000	\$12,000	\$7,500	\$15,000	30%	30%	30%	30%	30%	30%
	Bronze HSA OPT 7500										
	7500 26	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%
	Bronze HSA OPT 8000										
	8000 26	\$8,000	\$16,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%
	Bronze HSA OPT 8500										
	8500 26	\$8,500	\$17,000	\$8,500	\$17,000	0%	0%	0%	0%	0%	0%

KEY: ^ = Copays apply after Deductible; All plans include Pediatric Dental & Vision Coverage

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PHP's OPTIONS Network is 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.



Email: custsvc@phpni.com | phpni.com

