



Large Group Plans | 2025

FREEDOM Network

(51+ employees)



Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
	Individual	Family	Individual	Family		Primary Care	Specialist			
Legacy 500 HMO 3	\$500	\$1,000	\$3,000	\$6,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 500 HMO 4	\$500	\$1,500	\$3,000	\$6,000	10%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 1	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 2	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 1000 HMO 3	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/15%/25%
Legacy 1000 HMO 5	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 4	\$1,000	\$2,000	\$4,000	\$8,000	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 8	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 9	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 1	\$1,500	\$3,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 3	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 6	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 7	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 5	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2000 HMO 1	\$2,000	\$4,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2000 HMO 2	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2000 HMO 4	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2000 HMO 3	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2500 HMO 1	\$2,500	\$5,000	\$4,000	\$8,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2500 HMO 2	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%

Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
	Individual	Family	Individual	Family		Primary Care	Specialist			
Legacy 2500 HMO 3	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2500 HMO 6	\$2,500	\$5,000	\$7,350	\$14,700	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000 HMO 1	\$3,000	\$6,000	\$5,000	\$10,000	20%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000 HMO 2	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000 HMO 3	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 3000 HMO 4	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 3500 HMO 1	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3500 HMO 2	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$50/\$75/15%/25%
Legacy 3500 HMO 3	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 3500 HMO 4	\$3,500	\$7,000	\$7,350	\$14,700	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 4000 HMO 1	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 4000 HMO 2	\$4,000	\$8,000	\$7,350	\$14,700	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 4500 HMO 1	\$4,500	\$9,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 5000 HMO 2	\$5,000	\$10,000	\$7,350	\$14,700	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 5000 HMO 4	\$5,000	\$10,000	\$7,350	\$14,700	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 5000 HMO 3	\$5,000	\$10,000	\$7,350	\$14,700	30%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 6000 HMO 1	\$6,000	\$12,000	\$8,700	\$17,400	20%	\$35	\$60	\$75	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%

HDHP HMO | 2025 Indiana Plans

FREEDOM Network—**LARGE GROUP** (51+ employees)



	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
		Individual	Family	Individual	Family		Primary Care	Specialist			
*	Legacy 3000 HSA H1	\$3,000	\$6,000	\$3,000	\$6,000	0%	0%	0%	0%	0%	0%
	Legacy 3300 HSA H2	\$3,300	\$6,600	\$3,300	\$6,600	0%	0%	0%	0%	0%	0%
^	Legacy 3300 HSA H5	\$3,300	\$6,600	\$4,000	\$8,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
^	Legacy 3300 HSA H8	\$3,300	\$6,600	\$5,000	\$10,000	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Legacy 3300 HSA H7	\$3,300	\$6,600	\$5,000	\$10,000	20%	20%	20%	20%	20%	20%
^	Legacy 3300 HSA H9	\$3,300	\$6,600	\$5,750	\$11,500	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
	Legacy 3300 HSA H10	\$3,300	\$6,600	\$6,050	\$12,100	20%	20%	20%	20%	20%	20%
	Legacy 3500 HSA H2	\$3,500	\$7,000	\$3,500	\$7,000	0%	0%	0%	0%	0%	0%
	Legacy 4000 HSA H1	\$4,000	\$8,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	0%
^	Legacy 4000 HSA H2	\$4,000	\$8,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
	Legacy 4000 HSA H3	\$4,000	\$8,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%

HDHP HMO | 2025 Indiana Plans

FREEDOM Network—**LARGE GROUP** (51+ employees)



	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
		Individual	Family	Individual	Family		Primary Care	Specialist			
	Legacy 4000 HSA H6	\$4,000	\$8,000	\$7,350	\$14,700	20%	20%	20%	20%	20%	20%
	Legacy 4500 HSA H1	\$4,500	\$9,000	\$4,500	\$9,000	0%	0%	0%	0%	0%	0%
	Legacy 5000 HSA H1	\$5,000	\$10,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	0%
^	Legacy 5000 HSA H2	\$5,000	\$10,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
^	Legacy 5000 HSA H4	\$5,000	\$10,000	\$6,650	\$13,300	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Legacy 5000 HSA H3	\$5,000	\$10,000	\$6,650	\$13,300	20%	20%	20%	20%	20%	20%
	Legacy 5500 HSA H1	\$5,500	\$11,000	\$5,500	\$11,000	0%	0%	0%	0%	0%	0%
	Legacy 6000 HSA H1	\$6,000	\$12,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	0%
	Legacy 6550 HSA H1	\$6,550	\$13,100	\$6,550	\$13,100	0%	0%	0%	0%	0%	0%
	Legacy 6650 HSA H1	\$6,650	\$13,300	\$6,650	\$13,300	0%	0%	0%	0%	0%	0%
	Legacy 6750 HSA H1	\$6,750	\$13,500	\$6,750	\$13,500	0%	0%	0%	0%	0%	0%

	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
		Individual	Family	Individual	Family		Primary Care	Specialist			
	Legacy 7050 HSA H1	\$7,050	\$14,100	\$7,050	\$14,100	0%	0%	0%	0%	0%	0%
	Legacy 7500 HSA H1	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%
	Legacy 8000 HSA H11	\$8,000	\$16,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%
NC	Legacy 8300 HSA H1	\$8,300	\$16,600	\$8,300	\$16,600	0%	0%	0%	0%	0%	0%

KEY: * = Non-embedded plans; ^ = Copays apply after Deductible; **NC** = Plan not creditable for 2025 Medicare Part D

POS | 2025 Indiana Plans

FREEDOM Network—**LARGE GROUP** (51+ employees)



	IN-NETWORK					OUT-OF-NETWORK									
Plan Name	Deductible		Out-of-Pocket Maximum		Coinsur-ance Level	Deductible		Out-of-Pocket Maximum		Coinsur-ance Level	Office Visit		Urgent Care	ER	Pharmacy
	Individual	Family	Individual	Family		Individual	Family	Individual	Family		Primary Care	Specialist			
Legacy 500 POS 3	\$500	\$1,000	\$3,000	\$6,000	20%	\$1,000	\$2,000	\$6,000	\$12,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 500 POS 4	\$500	\$1,500	\$3,000	\$6,000	10%	\$1,000	\$3,000	\$6,000	\$12,000	30%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 POS 1	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$2,000	\$4,000	\$6,000	\$12,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 POS 2	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$2,000	\$4,000	\$6,000	\$12,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 1000 POS 3	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$2,000	\$4,000	\$8,000	\$16,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/15%/25%
Legacy 1000 POS 5	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$2,000	\$4,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 POS 4	\$1,000	\$2,000	\$4,000	\$8,000	30%	\$2,000	\$4,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 POS 8	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$2,000	\$4,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 POS 9	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$2,000	\$4,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 POS 1	\$1,500	\$3,000	\$4,000	\$8,000	20%	\$3,000	\$6,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 POS 3	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 POS 6	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%

POS | 2025 Indiana Plans

FREEDOM Network—**LARGE GROUP** (51+ employees)



	IN-NETWORK					OUT-OF-NETWORK									
Plan Name	Deductible		Out-of-Pocket Maximum		Coinsur-ance Level	Deductible		Out-of-Pocket Maximum		Coinsur-ance Level	Office Visit		Urgent Care	ER	Pharmacy
	Individual	Family	Individual	Family		Individual	Family	Individual	Family		Primary Care	Specialist			
Legacy 1500 POS 7	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 POS 5	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2000 POS 1	\$2,000	\$4,000	\$4,000	\$8,000	20%	\$4,000	\$8,000	\$8,000	\$16,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2000 POS 2	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2000 POS 4	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2000 POS 3	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$4,000	\$8,000	\$10,000	\$20,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2500 POS 1	\$2,500	\$5,000	\$4,000	\$8,000	20%	\$5,000	\$10,000	\$8,000	\$16,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2500 POS 2	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2500 POS 3	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2500 POS 6	\$2,500	\$5,000	\$7,350	\$14,700	20%	\$5,000	\$10,000	\$14,700	\$29,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000 POS 1	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$6,000	\$12,000	\$10,000	\$20,000	50%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000 POS 2	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$6,000	\$12,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%

POS | 2025 Indiana Plans

FREEDOM Network—**LARGE GROUP** (51+ employees)



	IN-NETWORK					OUT-OF-NETWORK									
Plan Name	Deductible		Out-of-Pocket Maximum		Coinsur-ance Level	Deductible		Out-of-Pocket Maximum		Coinsur-ance Level	Office Visit		Urgent Care	ER	Pharmacy
	Individual	Family	Individual	Family		Individual	Family	Individual	Family		Primary Care	Specialist			
Legacy 3000 POS 3	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$6,000	\$12,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 3000 POS 4	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$6,000	\$12,000	\$12,000	\$24,000	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 3500 POS 1	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$7,000	\$14,000	\$14,700	\$29,400	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3500 POS 2	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$7,000	\$14,000	\$14,700	\$29,400	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$50/\$75/15%/25%
Legacy 3500 POS 3	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$7,000	\$14,000	\$14,700	\$29,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 3500 POS 4	\$3,500	\$7,000	\$7,350	\$14,700	30%	\$7,000	\$14,000	\$14,700	\$29,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 4000 POS 1	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$8,000	\$16,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 4000 POS 2	\$4,000	\$8,000	\$7,350	\$14,700	20%	\$8,000	\$16,000	\$14,700	\$29,400	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 4500 POS 1	\$4,500	\$9,000	\$6,000	\$12,000	20%	\$9,000	\$18,000	\$12,000	\$24,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 5000 POS 2	\$5,000	\$10,000	\$7,350	\$14,700	20%	\$10,000	\$20,000	\$14,700	\$29,400	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 5000 POS 4	\$5,000	\$10,000	\$7,350	\$14,700	20%	\$10,000	\$20,000	\$14,700	\$29,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 5000 POS 3	\$5,000	\$10,000	\$7,350	\$14,700	30%	\$10,000	\$20,000	\$14,700	\$29,400	50%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%

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	IN-NETWORK					OUT-OF-NETWORK									
Plan Name	Deductible		Out-of-Pocket Maximum		Coinsur -ance Level	Deductible		Out-of-Pocket Maximum		Coinsur -ance Level	Office Visit		Urgent Care	ER	Pharmacy
	Individual	Family	Individual	Family		Individual	Family	Individual	Family		Primary Care	Specialist			
Legacy 6000 POS 2	\$6,000	\$12,000	\$8,350	\$16,700	20%	\$12,000	\$24,000	\$16,700	\$33,400	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 6000 POS 1	\$6,000	\$12,000	\$8,700	\$17,400	20%	\$18,000	\$36,000	\$26,100	\$52,200	50%	\$35	\$60	\$75	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%

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FREEDOM Network—**LARGE GROUP** (51+ employees)



		IN-NETWORK					OUT-OF-NETWORK									
	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsur- ance Level	Deductible		Out-of-Pocket Maximum		Coinsur- -ance Level	Office Visit		Urgent Care	ER	Pharmacy
		Individual	Family	Individual	Family		Individual	Family	Individual	Family		Primary Care	Specialist			
*	Legacy 3000 HSA P1	\$3,000	\$6,000	\$3,000	\$6,000	0%	\$6,000	\$12,000	\$9,000	\$18,000	30%	0%	0%	0%	0%	0%
	Legacy 3300 HSA P2	\$3,300	\$6,600	\$3,300	\$6,600	0%	\$6,600	\$13,200	\$9,900	\$19,800	30%	0%	0%	0%	0%	0%
^	Legacy 3300 HSA P5	\$3,300	\$6,600	\$4,000	\$8,000	0%	\$6,600	\$13,200	\$9,900	\$19,800	30%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
^	Legacy 3300 HSA P8	\$3,300	\$6,600	\$5,000	\$10,000	0%	\$6,600	\$13,200	\$9,900	\$19,800	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Legacy 3300 HSA P7	\$3,300	\$6,600	\$5,000	\$10,000	20%	\$6,600	\$13,200	\$10,000	\$20,000	50%	20%	20%	20%	20%	20%
^	Legacy 3300 HSA P9	\$3,300	\$6,600	\$5,750	\$11,500	0%	\$6,600	\$13,200	\$9,900	\$19,800	30%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
	Legacy 3300 HSA P10	\$3,300	\$6,600	\$6,050	\$12,100	20%	\$6,600	\$13,200	\$12,100	\$24,200	50%	20%	20%	20%	20%	20%
	Legacy 3500 HSA P2	\$3,500	\$7,000	\$3,500	\$7,000	0%	\$7,000	\$14,000	\$10,500	\$21,000	30%	0%	0%	0%	0%	0%
	Legacy 4000 HSA P1	\$4,000	\$8,000	\$4,000	\$8,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	0%	0%	0%	0%	0%
^	Legacy 4000 HSA P2	\$4,000	\$8,000	\$5,000	\$10,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
^	Legacy 4000 HSA P5	\$4,000	\$8,000	\$6,000	\$12,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Legacy 4000 HSA P3	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$8,000	\$16,000	\$12,000	\$24,000	50%	20%	20%	20%	20%	20%
	Legacy 4000 HSA P6	\$4,000	\$8,000	\$7,350	\$14,700	20%	\$8,000	\$16,000	\$14,700	\$29,400	50%	20%	20%	20%	20%	20%

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FREEDOM Network—**LARGE GROUP** (51+ 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					
		Individual	Family	Individual	Family		Individual	Family	Individual	Family		Primary Care	Specialist			
	Legacy 4500 HSA P1	\$4,500	\$9,000	\$4,500	\$9,000	0%	\$4,500	\$9,000	\$13,500	\$27,000	30%	0%	0%	0%	0%	0%
	Legacy 5000 HSA P1	\$5,000	\$10,000	\$5,000	\$10,000	0%	\$5,000	\$10,000	\$10,000	\$20,000	30%	0%	0%	0%	0%	0%
^	Legacy 5000 HSA P2	\$5,000	\$10,000	\$6,000	\$12,000	0%	\$10,000	\$20,000	\$15,000	\$30,000	30%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
^	Legacy 5000 HSA P4	\$5,000	\$10,000	\$6,650	\$13,300	0%	\$10,000	\$20,000	\$15,000	\$30,000	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Legacy 5000 HSA P3	\$5,000	\$10,000	\$6,650	\$13,300	20%	\$10,000	\$20,000	\$13,300	\$26,600	50%	20%	20%	20%	20%	20%
	Legacy 5500 HSA P1	\$5,500	\$11,000	\$5,500	\$11,000	0%	\$11,000	\$22,000	\$16,500	\$33,000	30%	0%	0%	0%	0%	0%
	Legacy 6000 HSA P1	\$6,000	\$12,000	\$6,000	\$12,000	0%	\$12,000	\$24,000	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
	Legacy 6000 HSA P2	\$6,000	\$12,000	\$7,650	\$15,300	20%	\$12,000	\$24,000	\$15,300	\$30,600	50%	20%	20%	20%	20%	20%
	Legacy 6550 HSA P1	\$6,550	\$13,100	\$6,550	\$13,100	0%	\$13,100	\$26,200	\$19,650	\$39,300	30%	0%	0%	0%	0%	0%
	Legacy 6650 HSA P1	\$6,650	\$13,300	\$6,650	\$13,300	0%	\$13,300	\$26,600	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
	Legacy 6750 HSA P1	\$6,750	\$13,500	\$6,750	\$13,500	0%	\$13,500	\$27,000	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
	Legacy 7050 HSA P1	\$7,050	\$14,100	\$7,050	\$14,100	0%	\$14,100	\$28,200	\$21,150	\$42,300	30%	0%	0%	0%	0%	0%
	Legacy 7500 HSA P1	\$7,500	\$15,000	\$7,500	\$15,000	0%	\$15,000	\$30,000	\$22,500	\$45,000	30%	0%	0%	0%	0%	0%

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FREEDOM Network—**LARGE GROUP** (51+ 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		Office Visit		Urgent Care	ER	Pharmacy
	Individual	Family	Individual	Family			Individual	Family	Individual	Family			Primary Care	Specialist			
Legacy 8000 HSA P1	\$8,000	\$16,000	\$8,000	\$16,000	0%		\$16,000	\$32,000	\$24,000	\$48,000	30%		0%	0%	0%	0%	0%
NC Legacy 8300 HSA P1	\$8,300	\$16,600	\$8,300	\$16,600	0%		\$16,600	\$33,200	\$24,900	\$49,800	30%		0%	0%	0%	0%	0%

KEY: * = Non-Embedded Plans; ^ = Copays apply after Deductible; **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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