



# 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 OH	\$500	\$1,000	\$3,000	\$6,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 500 HMO 4 OH	\$500	\$1,500	\$3,000	\$6,000	10%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 1 OH	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 2 OH	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 1000 HMO 3 OH	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/15%/25%
Legacy 1000 HMO 5 OH	\$1,000	\$2,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 4 OH	\$1,000	\$2,000	\$4,000	\$8,000	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 8 OH	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1000 HMO 9 OH	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 1 OH	\$1,500	\$3,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 3 OH	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 6 OH	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 7 OH	\$1,500	\$3,000	\$5,000	\$10,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 1500 HMO 5 OH	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2000 HMO 2 OH	\$2,000	\$4,000	\$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 2000 HMO 4 OH	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2000 HMO 3 OH	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2500 HMO 1 OH	\$2,500	\$5,000	\$4,000	\$8,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2500 HMO 2 OH	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 2500 HMO 3 OH	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 2500 HMO 6 OH	\$2,500	\$5,000	\$7,350	\$14,700	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000 HMO 1 OH	\$3,000	\$6,000	\$5,000	\$10,000	20%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000 HMO 2 OH	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000 HMO 3 OH	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 3000 HMO 4 OH	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 3500 HMO 1 OH	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 3500 HMO 2 OH	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$50/\$75/15%/25%
Legacy 3500 HMO 3 OH	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 3500 HMO 4 OH	\$3,500	\$7,000	\$7,350	\$14,700	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 4000 HMO 1 OH	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$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 5000 HMO 2 OH	\$5,000	\$10,000	\$7,350	\$14,700	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Legacy 5000 HMO 4 OH	\$5,000	\$10,000	\$7,350	\$14,700	20%	\$40	\$80	\$80	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%
Legacy 5000 HMO 3 OH	\$5,000	\$10,000	\$7,350	\$14,700	30%	\$35	\$70	\$70	\$300 + Coins	\$4/\$15/\$45/\$90/15%/25%

# HDHP HMO | 2025 Ohio 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 OH	\$3,000	\$6,000	\$3,000	\$6,000	0%	0%	0%	0%	0%	0%
Legacy 3300 HSA H2 OH	\$3,300	\$6,600	\$3,300	\$6,600	0%	0%	0%	0%	0%	0%
^ Legacy 3300 HSA H5 OH	\$3,300	\$6,600	\$4,000	\$8,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
^ Legacy 3300 HSA H8 OH	\$3,300	\$6,600	\$5,000	\$10,000	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
Legacy 3300 HSA H7 OH	\$3,300	\$6,600	\$5,000	\$10,000	20%	20%	20%	20%	20%	20%
^ Legacy 3300 HSA H9 OH	\$3,300	\$6,600	\$5,750	\$11,500	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
Legacy 3300 HSA H10 OH	\$3,300	\$6,600	\$6,050	\$12,100	20%	20%	20%	20%	20%	20%
Legacy 4000 HSA H1 OH	\$4,000	\$8,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	0%
^ Legacy 4000 HSA H2 OH	\$4,000	\$8,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
Legacy 4000 HSA H3 OH	\$4,000	\$8,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%

# HDHP HMO | 2025 Ohio 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 5000 HSA H1 OH	\$5,000	\$10,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	0%
Legacy 5000 HSA H2 OH	\$5,000	\$10,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
Legacy 5000 HSA H4 OH	\$5,000	\$10,000	\$6,650	\$13,300	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
Legacy 5000 HSA H3 OH	\$5,000	\$10,000	\$6,650	\$13,300	20%	20%	20%	20%	20%	20%
Legacy 6000 HSA H1 OH	\$6,000	\$12,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	0%
Legacy 6550 HSA H1 OH	\$6,550	\$13,100	\$6,550	\$13,100	0%	0%	0%	0%	0%	0%
Legacy 6650 HSA H1 OH	\$6,650	\$13,300	\$6,650	\$13,300	0%	0%	0%	0%	0%	0%
Legacy 6750 HSA H1 OH	\$6,750	\$13,500	\$6,750	\$13,500	0%	0%	0%	0%	0%	0%
Legacy 7050 HSA H1 OH	\$7,050	\$14,100	\$7,050	\$14,100	0%	0%	0%	0%	0%	0%
Legacy 7500 HSA H1 OH	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%

# HDHP HMO | 2025 Ohio 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 8000 HSA H11 OH	\$8,000	\$16,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%

**KEY:** \* = Non-embedded plans; ^ = Copays apply after Deductible

# POS | 2025 Ohio Plans

**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	Primary Care	Specialist			
	Individual	Family	Individual	Family		Individual	Family	Individual	Family						
Legacy 500 POS 3 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 Ohio Plans  
**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	Primary Care	Specialist			
	Individual	Family	Individual	Family		Individual	Family	Individual	Family						
Legacy 1500 POS 7 OH	\$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 OH	\$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 2 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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%
Legacy 3000 POS 3 OH	\$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%

**POS** | 2025 Ohio Plans  
**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	Primary Care	Specialist			
	Individual	Family	Individual	Family		Individual	Family	Individual	Family						
Legacy 3000 POS 4 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 5000 POS 2 OH	\$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 OH	\$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 OH	\$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%

# HDHP POS | 2025 Ohio Plans

**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	Primary Care	Specialist			
	Individual	Family	Individual	Family		Individual	Family	Individual	Family						
* Legacy 3000 HSA P1 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$3,300	\$6,600	\$6,050	\$12,100	20%	\$6,600	\$13,200	\$12,100	\$24,200	50%	20%	20%	20%	20%	20%
Legacy 4000 HSA P1 OH	\$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 OH	\$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 P3 OH	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$8,000	\$16,000	\$12,000	\$24,000	50%	20%	20%	20%	20%	20%
Legacy 5000 HSA P1 OH	\$5,000	\$10,000	\$5,000	\$10,000	0%	\$5,000	\$10,000	\$10,000	\$20,000	30%	0%	0%	0%	0%	0%

# HDHP POS | 2025 Ohio Plans

**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	Primary Care	Specialist			
	Individual	Family	Individual	Family		Individual	Family	Individual	Family						
^ Legacy 5000 HSA P2 OH	\$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 OH	\$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 OH	\$5,000	\$10,000	\$6,650	\$13,300	20%	\$10,000	\$20,000	\$13,300	\$26,600	50%	20%	20%	20%	20%	20%
Legacy 6000 HSA P1 OH	\$6,000	\$12,000	\$6,000	\$12,000	0%	\$12,000	\$24,000	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
Legacy 6550 HSA P1 OH	\$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 OH	\$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 OH	\$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 OH	\$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 OH	\$7,500	\$15,000	\$7,500	\$15,000	0%	\$15,000	\$30,000	\$22,500	\$45,000	30%	0%	0%	0%	0%	0%
Legacy 8000 HSA P1 OH	\$8,000	\$16,000	\$8,000	\$16,000	0%	\$16,000	\$32,000	\$24,000	\$48,000	30%	0%	0%	0%	0%	0%

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

## PHP's Large Group Plans are available in the following Ohio counties:

- Allen
- Defiance
- Mercer
- Paulding
- Van Wert
- Williams

*NOTE: If not yet approved by the 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](http://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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**Phone:** 260-432-6690 | **Toll Free:** 1-800-982-6257 | **Fax:** 260-432-0493

**Email:** [custsvc@phpni.com](mailto:custsvc@phpni.com) | [phpni.com](http://phpni.com)

