

LEVEL Solutions Plans | 2026 FREEDOM Network

(5–100 employees)



HMO | 2026 Ohio Plans



FREEDOM Network-**LEVEL SOLUTIONS** (5–100 employees)

Plan Name	Deducti Individual	ible <i>Family</i>	Out-of-P Maxim <i>Individual</i>		Coinsurance Level	Office \ Primary Care	/isit Specialist	Urgent Care	Emergency Room	Pharmacy
Laval Calutia na F00	marviadar	I dillily	marviadar	runny		Trimary cure	Specialise			
Level Solutions 500 HMO 1 OH	\$500	\$1,000	\$1,500	\$3,000	20%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/15%/25%
Level Solutions 500 HMO 2 OH	\$500	\$1,500	\$3,000	\$6,000	10%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Level Solutions 750		. ,	. ,	. ,						. , . , . , .
HMO 1 OH	\$750	\$1,500	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/15%/25%
Level Solutions 1000 HMO 1 OH	\$1,000	\$2,000	\$2,000	\$4,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/15%/25%
Level Solutions 1000 HMO 3 OH	\$1,000	\$2,000	\$3,000	\$6,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Level Solutions 1000	\$1,000	\$2,000	\$3,000	70,000	2070	323	730	730	3300 i Collis	\$4/\$10/\$30/\$00/13/0/23/0
HMO 4 OH	\$1,000	\$2,000	\$4,000	\$8,000	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Level Solutions 1000 HMO 5 OH	\$1,000	\$2,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Level Solutions 1500	\$1,000	\$2,000	\$3,000	710,000	2070	323	730	730	3300 i Collis	\$4/\$10/\$30/\$00/13/0/23/0
HMO 1 OH	\$1,500	\$3,000	\$4,000	\$8,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Level Solutions 1500										
HMO 2 OH	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Level Solutions 2000 HMO 1 OH	\$2,000	\$4,000	\$4,000	\$8,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/15%/25%
Level Solutions 2000	Ψ=,σσσ	ψ 1,000	ψ ./oσσ	40,000	2070	755	700	700		ψ 1/ψ 20/ψ 20/ψ 10/ 20/0/ 20/0
HMO 4 OH	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Level Solutions 2500 HMO 1 OH	\$2,500	\$5,000	\$5,000	\$10,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/15%/25%
Level Solutions 2500 HMO 2 OH	\$2,500	\$5,000	\$8,700	\$17,400	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/15%/25%
Level Solutions 2500	\$2,500	33,000	\$6,700	717,400	20%	\$30	300	300	3300 + COIIIS	γ4 / γ13/ γ33/ γ13/ 13// 23//
HMO 3 OH	\$2,500	\$5,000	\$8,700	\$17,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 3000										
HMO 3 OH	\$3,000	\$6,000	\$5,000	\$10,000	20%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/15%/25%
Level Solutions 3000 HMO 1 OH	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/15%/25%

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FREEDOM Network-**LEVEL SOLUTIONS** (5–100 employees)

Dian Name	Deduct	ible	Out-of-F		Coinsurance	Office \	√isit	Urgent	Emergency	Di
Plan Name	Individual	Family	Maxin Individual	rum <i>Family</i>	Level	Primary Care	Specialist	Care	Room	Pharmacy
Level Solutions 3000										
HMO 2 OH	\$3,000	\$6,000	\$8,700	\$17,400	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/15%/25%
Level Solutions 3500										
HMO 1 OH	\$3,500	\$7,000	\$7,000	\$14,000	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 3500										
HMO 5 OH	\$3,500	\$7,000	\$7,350	\$14,700	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Level Solutions 3500										
HMO 2 OH	\$3,500	\$7,000	\$8,700	\$17,400 30%		\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 3500										
HMO 3 OH	\$3,500	\$7,000	\$8,700	\$17,400	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 4000										
HMO 2 OH	\$4,000	\$8,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%
Level Solutions 4000										
HMO 1 OH	\$4,000	\$8,000	\$8,700	\$17,400	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 5000										
HMO 2 OH	\$5,000	\$10,000	\$7,150	\$14,300	20%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$40/\$70/15%/25%
Level Solutions 5000										
HMO 1 OH	\$5,000	\$10,000	\$8,700	\$17,400	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%
Level Solutions 6000				4		4	4	4		1.41-1441-1
HMO 1 OH	\$6,000	\$12,000	\$8,700	\$17,400	30%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/15%/25%

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	Plan Name	Deduct Individual	tible Family	Out-of-P Maxim Individual		Coinsurance Level	Office	Visit Specialist	Urgent Care	Emergency Room	Pharmacy
*	Level Solutions 2000 HSA H1 OH	\$2,000	\$4,000	\$2,000	\$4,000	0%	0%	0%	0%	0%	0%
*	Level Solutions 3000 HSA H4 OH	\$3,000	\$6,000	\$3,000	\$6,000	0%	0%	0%	0%	0%	0%
	Level Solutions 3500 HSA H1 OH	\$3,500	\$7,000	\$3,500	\$7,000	0%	0%	0%	0%	0%	0%
۸	Level Solutions 3500 HSA H5 OH	\$3,500	\$7,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	\$4/\$10/\$30/\$60/15%/25%
^	Level Solutions 3500 HSA H6 OH	\$3,500	\$7,000	\$5,000	\$10,000	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
^	Level Solutions 3500 HSA H7 OH	\$3,500	\$7,000	\$5,750	\$11,500	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
	Level Solutions 3500 HSA H2 OH	\$3,500	\$7,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%
	Level Solutions 4000 HSA H1 OH	\$4,000	\$8,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	0%
٨	Level Solutions 4000 HSA H4 OH	\$4,000	\$8,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
۸	Level Solutions 4000 HSA H5 OH	\$4,000	\$8,000	\$6,000	\$12,000	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Level Solutions 4000 HSA H2 OH	\$4,000	\$8,000	\$7,000	\$14,000	20%	20%	20%	20%	20%	20%
	Level Solutions 4000 HSA H3 OH	\$4,000	\$8,000	\$7,000	\$14,000	30%	30%	30%	30%	30%	30%

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	Plan	Deduct	ible	Out-of-P Maxim		Coinsurance	Office \	Visit	Urgent	Emergency	Pharmacy
	Name	Individual	Family	Individual	Family	Level	Primary Care	Specialist	Care	Room	
	Level Solutions 5000 HSA H1 OH	\$5,000	\$10,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	0%
^	Level Solutions 5000 HSA H2 OH	\$5,000	\$10,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
^	Level Solutions 5000 HSA H4 OH	\$5,000	\$10,000	\$6,650	\$13,300	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
	Level Solutions 5000 HSA H3 OH	\$5,000	\$10,000	\$6,650	\$13,300	20%	20%	20%	20%	20%	20%
	Level Solutions 6000 HSA H1 OH	\$6,000	\$12,000	\$6,000	\$12,000	0%	0%	0%	0%	0%	0%
	Level Solutions 6550 HSA H1 OH	\$6,550	\$13,100	\$6,550	\$13,100	0%	0%	0%	0%	0%	0%
	Level Solutions 7000 HSA H1 OH	\$7,000	\$14,000	\$7,000	\$14,000	0%	0%	0%	0%	0%	0%
	Level Solutions 7500 HSA H1 OH	\$7,500	\$15,000	\$7,500	\$15,000	0%	0%	0%	0%	0%	0%
	Level Solutions 8000 HSA H1 OH	\$8,000	\$16,000	\$8,000	\$16,000	0%	0%	0%	0%	0%	0%
	Level Solutions 8500 HSA H1 OH	\$8,500	\$17,000	\$8,500	\$17,000	0%	0%	0%	0%	0%	0%

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

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		IN	I-NETWORI	K			OUT	-OF-NETW	ORK]				
Plan Name	Deduc Individual	tible Family	Out-of-F Maxin		Coinsur -ance Level	Deduc Individual	tible Family	Out-of-F Maxin		Coinsur -ance Level	Offic Primary Care	e Visit Specialist	Urgent Care	ER	Pharmacy
Level Solutions 500 POS 1 OH	\$500	\$1,000	\$1,500	\$3,000	20%	\$1,000	\$2,000	\$3,000	\$6,000	50%	\$20	\$40	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/ 15%/25%
Level Solutions 500 POS 2 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%
Level Solutions 750 POS 1 OH	\$750	\$1,500	\$5,000	\$10,000	20%	\$1,500	\$3,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$25/\$50/ 15%/25%
Level Solutions 1000 POS 1 OH	\$1,000	\$2,000	\$2,000	\$4,000	20%	\$2,000	\$4,000	\$4,000	\$8,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/ 15%/25%
Level Solutions 1000 POS 3 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%
Level Solutions 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%
Level Solutions 1000 POS 5 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%
Level Solutions 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%
Level Solutions 1500 POS 2 OH	\$1,500	\$3,000	\$5,000	\$10,000	30%	\$3,000	\$6,000	\$10,000	\$20,000	50%	\$25	\$50	\$50	\$300 + Coins	\$4/\$15/\$35/\$65/ 15%/25%

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FREEDOM Network-**LEVEL SOLUTIONS** (5–100 employees)

		IN	N-NETWOR	K			OUT	-OF-NETW	ORK						
Plan Name	Deduc	tible	Out-of- Maxir		Coinsur -ance Level	Deduc	tible	Out-of-l Maxir		Coinsur -ance Level	Office Primary	ce Visit	Urgent Care	ER	Pharmacy
	Individual	Family	Individual	Family	Level	Individual	Family	Individual	Family	Level	Care	Specialist			
Level Solutions 2000 POS 1 OH	\$2,000	\$4,000	\$4,000	\$8,000	20%	\$4,000	\$8,000	\$8,000	\$16,000	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/ 15%/25%
Level Solutions 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%
Level Solutions 2500 POS 1 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/\$75/ 15%/25%
Level Solutions 2500 POS 2 OH	\$2,500	\$5,000	\$8,700	\$17,400	20%	\$5,000	\$10,000	\$17,400	\$34,800	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/ 15%/25%
Level Solutions 2500 POS 3 OH	\$2,500	\$5,000	\$8,700	\$17,400	50%	\$5,000	\$10,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%
Level Solutions 3000 POS 3 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%
Level Solutions 3000 POS 1 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/\$75/ 15%/25%
Level Solutions 3000 POS 2 OH	\$3,000	\$6,000	\$8,700	\$17,400	20%	\$6,000	\$12,000	\$17,400	\$34,800	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$75/ 15%/25%
Level Solutions 3500 POS 1 OH	\$3,500	\$7,000	\$7,000	\$14,000	30%	\$7,000	\$14,000	\$14,000	\$28,000	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%

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		IN	I-NETWOR	K			OUT	-OF-NETW	ORK						
Plan Name	Deduc		Out-of-l Maxir	num	Coinsur -ance Level	Deduc		Out-of- Maxir	num	Coinsur -ance Level	Primary	e Visit	Urgent Care	ER	Pharmacy
Level Solutions 3500 POS 5 OH	Individual	\$7,000	Individual	\$14,700	20%	\$7,000	\$14,000	\$14,700	<i>Family</i> \$29,400	50%	<i>\$</i> 25	Specialist \$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/ 15%/25%
Level Solutions 3500 POS 2 OH	\$3,500	\$7,000	\$8,700	\$17,400	30%	\$7,000	\$14,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%
Level Solutions 3500 POS 3 OH	\$3,500	\$7,000	\$8,700	\$17,400	50%	\$7,000	\$14,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%
Level Solutions 4000 POS 2 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%
Level Solutions 4000 POS 1 OH	\$4,000	\$8,000	\$8,700	\$17,400	30%	\$8,000	\$16,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%
Level Solutions 5000 POS 2 OH	\$5,000	\$10,000	\$7,150	\$14,300	20%	\$10,000	\$20,000	\$14,300	\$28,600	50%	\$30	\$60	\$60	\$300 + Coins	\$4/\$20/\$40/\$70/ 15%/25%
Level Solutions 5000 POS 1 OH	\$5,000	\$10,000	\$8,700	\$17,400	30%	\$10,000	\$20,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%
Level Solutions 6000 POS 1 OH	\$6,000	\$12,000	\$8,700	\$17,400	30%	\$12,000	\$24,000	\$17,400	\$34,800	50%	\$40	\$80	\$80	\$300 + Coins	\$4/\$20/\$45/\$95/ 15%/25%

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				IN-NETWC)RK			OUT-	OF-NETWO	RK						
	Plan Name	Deduc		Out-of- Maxi	Pocket mum	Coinsur- ance Level	Dedu	ctible	Out-of-F Maxin	Pocket num	Coinsur -ance Level	Primary	e Visit	Urgent Care	ER	Pharmacy
	Level	Individual	Family	Individual	Family		Individual	Family	Individual	Family		Care	Specialist			
	* Solutions 2000 HSA P1 OH	\$2,000	\$4,000	\$2,000	\$4,000	0%	\$4,000	\$8,000	\$6,000	\$12,000	30%	0%	0%	0%	0%	0%
	* Level Solutions 3000 HSA			40.000	4		4	4	4		,					
-	P4 OH Level	\$3,000	\$6,000	\$3,000	\$6,000	0%	\$6,000	\$12,000	\$9,000	\$18,000	30%	0%	0%	0%	0%	0%
	Solutions 3500 HSA P1 OH	\$3,500	\$7,000	\$3,500	\$7,000	0%	\$7,000	\$14,000	\$10,500	\$21,000	30%	0%	0%	0%	0%	0%
	Level Solutions 3500 HSA															\$4/\$10/\$30/ \$60/15%/
_	P5 OH Level	\$3,500	\$7,000	\$4,000	\$8,000	0%	\$7,000	\$14,000	\$10,500	\$21,000	30%	0%	0%	0%	0%	25%
	Solutions 3500 HSA P6 OH	\$3,500	\$7,000	\$5,000	\$10,000	0%	\$7,000	\$14,000	\$10,500	\$21,000	30%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/ \$65/15%/ 25%
	Solutions 3500 HSA P7 OH	\$3,500	\$7,000	\$5,750	\$11,500	0%	\$7,000	\$14,000	\$10,500	\$21,000	30%	0%	0%	0%	0%	\$4/\$15/\$35/ \$65/15%/ 25%
	Level Solutions 3500 HSA P2 OH	\$3,500	\$7,000	\$6,000	\$12,000	20%	\$7,000	\$14,000	\$12,000	\$24,000	50%	20%	20%	20%	20%	20%
	Level Solutions 4000 HSA				. ,			. ,		. ,						
	P1 OH Level Solutions 4000 HSA	\$4,000	\$8,000	\$4,000	\$8,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	0%	0%	0%	0%	0% \$4/\$15/\$35/ \$65/15%/
	P4 OH	\$4,000	\$8,000	\$5,000	\$10,000	0%	\$8,000	\$16,000	\$12,000	\$24,000	30%	0%	0%	0%	0%	25%

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			IN-NETWC)RK			OUT-	OF-NETWO	RK						
Plan Name	Deduc	tible Family	Out-of- Maxi Individual		Coinsur- ance Level	Dedu Individual	ctible Family	Out-of-F Maxin		Coinsur -ance Level	Office Primary Care	e Visit Specialist	Urgent Care	ER	Pharmacy
Level Solutions 4000 HSA P5 OH	\$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%
Level Solutions 4000 HSA P2 OH	\$4,000	\$8,000	\$7,000	\$14,000	20%	\$8,000	\$16,000	\$14,000	\$28,000	50%	20%	20%	20%	20%	20%
Level Solutions 4000 HSA P3 OH	\$4,000	\$8,000	\$7,000	\$14,000	30%	\$8,000	\$16,000	\$14,000	\$28,000	50%	30%	30%	30%	30%	30%
Level Solutions 5000 HSA P1 OH	\$5,000	\$10,000	\$5,000	\$10,000	0%	\$10,000	\$20,000	\$15,000	\$30,000	30%	0%	0%	0%	0%	0%
Level Solutions 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%
Solutions 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%
Level Solutions 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%
Level Solutions 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%

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											1				
			IN-NETWO	DRK			OUT-	OF-NETWO	RK						
Plan Name	Deduc	tible	Out-of-Pocket Maximum		Coinsur- ance Level	Dedu	ctible	Out-of-F Maxin		Coinsur -ance		e Visit	Urgent Care	ER	Pharmacy
Name	Individual	Family	Individual	Family	unce Level	Individual	Family	Individual	Family	Level	Primary Care	Specialist	care		
Level Solutions 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%
Level Solutions 7000 HSA P1 OH	\$7,000	\$14,000	\$7,000	\$14,000	0%	\$14,000	\$28,000	\$21,000	\$42,000	30%	0%	0%	0%	0%	0%
Level Solutions 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%
Level Solutions 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%
Level Solutions 8500 HSA P1 OH	\$8,500	\$17,000	\$8,500	\$17,000	0%	\$17,000	\$34,000	\$25,500	\$51,000	30%	0%	0%	0%	0%	0%

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

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. 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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