

Large Group Plans | 2026 FREEDOM Network

(51+ employees)



HMO | 2026 Ohio Plans





Plan Name	Deduct <i>Individual</i>	ible <i>Family</i>	Out-of-F Maxin Individual		Coinsurance Level	Office \		Urgent Care	Emergency Room	Pharmacy
	marviadar	runny	maividadi	runniy		Timury care	Specialise			
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	44.000	40.000	44.000	40.000	200/	400	440	450	4000 0 1	A 4 (A 4 0 (A 5 0 (A 5 0) A 5 0) (A 5 0)
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	¢1.000	¢2.000	¢4.000	¢0.000	200/	ĆOF	ĊE0	ĆE0	¢200 i Caina	¢4/¢40/¢20/¢60/450//250/
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	71,000	72,000	34,000	70,000	3070	723	750	730	7300 T COITS	\$47\$107\$307\$007137072370
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	φ=/σσσ	7-/000	φο,σσσ	720,000	2070	723	755	755	φοσο v σσσ	Ţ :,Ţ = 0,Ţ 0 0,Ţ 0 0,
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										
нмо з он	\$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	4.					4.		4.	4	1.41414
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	¢2.000	¢4.000	¢r 000	¢10.000	2007	ćar	ćEO	¢E0	¢200 + C-1-	¢4/¢40/¢20/¢60/450//250/
HMO 2 OH	\$2,000	\$4,000	\$5,000	\$10,000	20%	\$25	\$50	\$50	\$300 + Coins	\$4/\$10/\$30/\$60/15%/25%

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Plan Name	Deduct <i>Individual</i>	ible <i>Family</i>	Out-of-P Maxim Individual		Coinsurance Level	Office \ Primary Care		Urgent Care	Emergency Room	Pharmacy
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	4	4	4	4						4 - 44 44 44 45
HMO 1 OH	\$3,000	\$6,000	\$5,000	\$10,000	20%	20%	20%	20%	20%	\$4/\$10/\$30/\$60/15%/25%
Legacy 3000	42.000	åc 000	dc 000	642.000	200/	620	650	460	d200 - 0 -	\$ 1 \tau 1 \tau 2 \tau 2 \tau 1 \tau 1 \tau 2 \tau 1 \tau
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	ć12.000	20%	¢20	\$60	\$60	\$300 + Coins	\$4/\$15/\$35/\$65/15%/25%
Legacy 3000	\$3,000	\$6,000	\$6,000	\$12,000	20%	\$30	\$60	\$60	\$300 + Coms	\$4/\$15/\$35/\$65/15%/25%
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	73,000	70,000	30,000	712,000	2070	755	7/0	770	7300 T COITS	\$47\$137\$437\$307137072370
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	40,000	71/000	71,000	7 = 1/1 = 0		7-5	700	777	7000 00	+ 1, + 20, + 20, + 20, + 20, 1
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										, , , , , , ,
нмо з он	\$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%

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Plan Name	Deduct	ible	Out-of-P Maxim		Coinsurance	Office \	/isit	Urgent	Emergency	Pharmacy
Platt Name	Individual	Family	Individual	Family	Level	Primary Care	Specialist	Care	Room	Filatiliacy
Legacy 5000	4									
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	75,000 710,000									
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%

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FREEDOM Network-LARGE GROUP (51+ employees)

	an	Deduct	ible	Out-of-I Maxin	num	Coinsurance	Office \		Urgent Care	Emergency	Pharmacy
Na	me	Individual	Family	Individual	Family	Level	Primary Care	Specialist		Room	
_	gacy O HSA										
	ОН	\$3,000	\$6,000	\$3,000	\$6,000	0%	0%	0%	0%	0%	0%
3500	gacy D HSA OH	\$3,500	\$7,000	\$3,500	\$7,000	0%	0%	0%	0%	0%	0%
Leg 3500	gacy O HSA	\$3,500	\$7,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
Leg 3500	gacy D HSA OH	\$3,500	\$7,000	\$5,000	\$10,000	0%	\$30	\$60	\$60	\$300	\$4/\$15/\$35/\$65/15%/25%
3500	gacy O HSA OH	\$3,500	\$7,000	\$5,000	\$10,000	20%	20%	20%	20%	20%	20%
^ 3500	gacy O HSA OH	\$3,500	\$7,000	\$5,750	\$11,500	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
3500	gacy O HSA O OH	\$3,500	\$7,000	\$6,050	\$12,100	20%	20%	20%	20%	20%	20%
4000	gacy D HSA OH	\$4,000	\$8,000	\$4,000	\$8,000	0%	0%	0%	0%	0%	0%
4000	gacy O HSA OH	\$4,000	\$8,000	\$5,000	\$10,000	0%	0%	0%	0%	0%	\$4/\$15/\$35/\$65/15%/25%
4000	gacy D HSA OH	\$4,000	\$8,000	\$6,000	\$12,000	20%	20%	20%	20%	20%	20%

HDHP HMO | 2026 Ohio Plans





	Plan	Deduct	ible	Out-of-l Maxin		Coinsurance	Office '	Visit	Urgent Care	Emergency	Pharmacy
	Name	Individual	Family	Individual	Family	Level	Primary Care	Specialist		Room	
	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%

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FREEDOM Network-LARGE GROUP (51+ employees)

Plan Name	Deduct Individual	ible <i>Family</i>	Out-of-F Maxin <i>Individual</i>	num	Coinsurance Level	Office \ Primary Care		Urgent Care	Emergency Room	Pharmacy
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

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		IN	I-NETWORK	<			OUT	-OF-NETW	ORK							
Plan Name	Deduc	tible Family	Out-of-F Maxin		Coinsur -ance Level	Deduc Individual	tible Family	Out-of-F Maxin		Coinsur -ance Level	Office Primary Care	e Visit Specialist	Urgent Care	ER	Pharmacy	
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%	

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		IN	I-NETWORI	<			OUT	-OF-NETW(ORK							
Plan Name	Deduc	tible Family	Out-of-F Maxin		Coinsur -ance Level	Deduc	tible Family	Out-of-F Maxin		Coinsur -ance Level	Office Primary Care	e Visit Specialist	Urgent Care	ER	Pharmacy	
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%	

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		IN	I-NETWORK	<			OUT	-OF-NETW(ORK						
Plan Name	Deduc		Out-of-F Maxin Individual	Pocket	Coinsur -ance Level	Deduc Individual		Out-of-F Maxin	ocket	Coinsur -ance Level	Office Primary Care	ce Visit Specialist	Urgent Care	ER	Pharmacy
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 <i>,</i> 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 <i>,</i> 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 <i>,</i> 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%

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			IN-NETWC	PRK			OUT-	OF-NETWO	RK						
Plan Name	Deduc	tible	Out-of- Maxi	Pocket mum	Coinsur- ance Level	Dedu	ctible	Out-of-I Maxir		Coinsur -ance Level	Offic Primary	e Visit	Urgent Care	ER	Pharmacy
	Individual	Family	Individual	Family		Individual	Family	Individual	Family	Level	Care	Specialist			
* 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 3500 HSA P2 OH	\$3,500	\$7,000	\$3,500	\$7,000	0%	\$7,000	\$14,000	\$10,500	\$21,000	30%	0%	0%	0%	0%	0%
Legacy 3500 HSA P5 OH	\$3,500	\$7,000	\$4,000	\$8,000	0%	\$7,000	\$14,000	\$10,500	\$21,000	30%	0%	0%	0%	0%	\$4/\$15/\$35/ \$65/15%/ 25%
Legacy 3500 HSA P8 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%
Legacy 3500 HSA P7 OH	\$3,500	\$7,000	\$5,000	\$10,000	20%	\$7,000	\$14,000	\$10,000	\$20,000	50%	20%	20%	20%	20%	20%
Legacy 3500 HSA P9 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%
Legacy 3500 HSA P10 OH	\$3,500	\$7,000	\$6,050	\$12,100	20%	\$7,000	\$14,000	\$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 | 2026 Ohio Plans





					IN-NETWO	RK			OUT-	OF-NETWO	RK						
		Plan ame	Deduc	tible Family	Out-of- Maxii		Coinsur- ance Level	Dedu Individual		Out-of-F Maxin	Pocket	Coinsur -ance Level	Offic Primary Care	e Visit Specialist	Urgent Care	ER	Pharmacy
	^ 500	egacy 00 HSA															\$4/\$15/\$35/ \$65/15%/
_	^ 500	2 OH egacy 00 HSA 4 OH	\$5,000 \$5,000	\$10,000	\$6,000 \$6,650	\$12,000 \$13,300	0%	\$10,000	\$20,000	\$15,000 \$15,000	\$30,000	30%	\$30	\$60	0% \$60	\$300	25% \$4/\$15/\$35/ \$65/15%/ 25%
	500 P3	egacy 00 HSA 3 OH	\$5,000	\$10,000	\$6,650	\$13,300	20%	\$10,000	\$20,000	\$13,300	\$26,600	50%	20%	20%	20%	20%	20%
	600 P1	egacy 00 HSA 1 OH	\$6,000	\$12,000	\$6,000	\$12,000	0%	\$12,000	\$24,000	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
	655	egacy 50 HSA 1 OH	\$6,550	\$13,100	\$6,550	\$13,100	0%	\$13,100	\$26,200	\$19,650	\$39,300	30%	0%	0%	0%	0%	0%
	665	egacy 50 HSA 1 OH	\$6,650	\$13,300	\$6,650	\$13,300	0%	\$13,300	\$26,600	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
	675	egacy 50 HSA 1 OH	\$6,750	\$13,500	\$6,750	\$13,500	0%	\$13,500	\$27,000	\$18,000	\$36,000	30%	0%	0%	0%	0%	0%
	705	egacy 50 HSA 1 OH	\$7,050	\$14,100	\$7,050	\$14,100	0%	\$14,100	\$28,200	\$21,150	\$42,300	30%	0%	0%	0%	0%	0%
	750	egacy 00 HSA 1 OH	\$7,500	\$15,000	\$7,500	\$15,000	0%	\$15,000	\$30,000	\$22,500	\$45,000	30%	0%	0%	0%	0%	0%
	800	egacy 00 HSA 1 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

Mercer

Van Wert

• Defiance

Paulding

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. 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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