INDIANA

Large Group Plans | 2027

FREEDOM Network

(51+ employees)

PHP

HMO | 2027 Indiana Plans

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

PHP

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 8	$1,000	$2,000	$5,000	$10,000	20%	$25	$50	$50	$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 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 2000 HMO 6	$2,000	$4,000	$6,000	$12,000	20%	$30	$60	$60	$300 + Coins	$4/$15/$35/$65/15%/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 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 5000 HMO 5	$5,000	$10,000	$8,000	$16,000	20%	$40	$80	$80	$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 | 2027 Indiana Plans

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

PHP

	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 3500 HSA H2	$3,500	$7,000	$3,500	$7,000	0%	0%	0%	0%	0%	0%
^	Legacy 3500 HSA H8	$3,500	$7,000	$5,000	$10,000	0%	$30	$60	$60	$300	$4/$15/$35/$65/15%/25%
	Legacy 3500 HSA H7	$3,500	$7,000	$5,000	$10,000	20%	20%	20%	20%	20%	20%
^	Legacy 3500 HSA H9	$3,500	$7,000	$5,750	$11,500	0%	0%	0%	0%	0%	$4/$15/$35/$65/15%/25%
	Legacy 3500 HSA H10	$3,500	$7,000	$6,050	$12,100	20%	20%	20%	20%	20%	20%
	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%
	Legacy 5000 HSA H1	$5,000	$10,000	$5,000	$10,000	0%	0%	0%	0%	0%	0%

HDHP HMO | 2027 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 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%	0%	$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 5000 HSA H5	$5,000	$10,000	$7,500	$15,000	20%	20%	20%	20%	20%	20%
	Legacy 6000 HSA H1	$6,000	$12,000	$6,000	$12,000	0%	0%	0%	0%	0%	0%
	Legacy 6000 HSA H3	$6,000	$12,000	$8,000	$16,000	20%	20%	20%	20%	20%	20%
	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%
	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%

HDHP HMO | 2027 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 8000 HSA H11	$8,000	$16,000	$8,000	$16,000	0%	0%	0%	0%	0%	0%
Legacy 8700 HSA H1	$8,700	$17,400	$8,700	$17,400	0%	0%	0%	0%	0%	0%

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

POS | 2027 Indiana Plans

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

PHP

	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 | 2027 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 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 2000 POS 5	$2,000	$4,000	$6,000	$12,000	20%	$4,000	$8,000	$12,000	$24,000	50%	$30	$60	$60	$300 + Coins	$4/$15/$35/$65/15%/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 | 2027 Indiana Plans

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

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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 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 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%
Legacy 5000 POS 5	$5,000	$10,000	$8,000	$16,000	20%	$10,000	$20,000	$16,000	$32,000	50%	$40	$80	$80	$300 + Coins	$4/$15/$45/$90/15% /25%

POS | 2027 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 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%

HDHP POS | 2027 Indiana Plans

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

PHP

		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 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 3500 HSA P8	$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	$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	$3,500	$7,000	$5,750	$11,500	0%	$7,000	$14,000	$11,500	$23,000	30%	0%	0%	0%	0%	$4/$15/$35/$65/15%/25%
	Legacy 3500 HSA P10	$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	$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 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 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%

HDHP POS | 2027 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 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 5000 HSA P5	$5,000	$10,000	$7,500	$15,000	20%	$10,000	$20,000	$15,000	$30,000	50%	20%	20%	20%	20%	20%
	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 6000 HSA P3	$6,000	$12,000	$8,000	$16,000	20%	$12,000	$24,000	$16,000	$32,000	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%

HDHP POS | 2027 Indiana Plans

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

	Plan Name	IN-NETWORK					OUT-OF-NETWORK									
		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 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%
	Legacy 8700 HSA P1	$8,700	$17,400	$8,700	$17,400	0%	$17,400	$34,800	$26,100	$52,200	30%	0%	0%	0%	0%	0%

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

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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