INDIANA

Large Group Plans | 2027

OPTIONS Network

(51+ employees)

PHP

HMO | 2027 Indiana Plans

OPTIONS 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 500 HMO 3-Options	$500	$1,000	$3,000	$6,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 500 HMO 4-Options	$500	$1,500	$3,000	$6,000	10%	$20	$40	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 1000 HMO 1 - Options	$1,000	$2,000	$3,000	$6,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 1000 HMO 2 - Options	$1,000	$2,000	$3,000	$6,000	20%	$30	$60	$60	$300 + Coins	$4/$15/$35/$65/15%/25%
Legacy 1000 HMO 3 - Options	$1,000	$2,000	$4,000	$8,000	20%	$20	$40	$50	$300 + Coins	$4/$10/$25/$50/15%/25%
Legacy 1000 HMO 5 - Options	$1,000	$2,000	$4,000	$8,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 1000 HMO 8 - Options	$1,000	$2,000	$5,000	$10,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 1500 HMO 1 - Options	$1,500	$3,000	$4,000	$8,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 1500 HMO 3 - Options	$1,500	$3,000	$5,000	$10,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 1500 HMO 6 - Options	$1,500	$3,000	$5,000	$10,000	20%	$30	$60	$60	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 1500 HMO 7 - Options	$1,500	$3,000	$5,000	$10,000	20%	$35	$70	$70	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 1500 HMO 5 - Options	$1,500	$3,000	$5,000	$10,000	30%	$30	$60	$60	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 2000 HMO 2 - Options	$2,000	$4,000	$5,000	$10,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 2000 HMO 4 - Options	$2,000	$4,000	$5,000	$10,000	20%	$30	$60	$60	$300 + Coins	$4/$15/$35/$65/15%/25%
Legacy 2000 HMO 3 - Options	$2,000	$4,000	$5,000	$10,000	20%	$35	$70	$70	$300 + Coins	$4/$10/$30/$60/15%/25%

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

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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 3 - Options	$5,000	$10,000	$7,350	$14,700	30%	$35	$70	$70	$300 + Coins	$4/$15/$45/$90/15%/25%
Legacy 5000 HMO 5 - Options	$5,000	$10,000	$8,000	$16,000	20%	$40	$80	$80	$300 + Coins	$4/$15/$45/$90/15%/25%
Legacy 6000 HMO 1 - Options	$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

OPTIONS 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 - Options	$3,000	$6,000	$3,000	$6,000	0%	0%	0%	0%	0%	0%
	Legacy 3500 HSA H2 - Options	$3,500	$7,000	$3,500	$7,000	0%	0%	0%	0%	0%	0%
^	Legacy 3500 HSA H8 - Options	$3,500	$7,000	$5,000	$10,000	0%	$30	$60	$60	$300	$4/$15/$35/$65/15%/25%
	Legacy 3500 HSA H7 - Options	$3,500	$7,000	$5,000	$10,000	20%	20%	20%	20%	20%	20%
^	Legacy 3500 HSA H9 - Options	$3,500	$7,000	$5,750	$11,500	0%	0%	0%	0%	0%	$4/$15/$35/$65/15%/25%
	Legacy 3500 HSA H10 - Options	$3,500	$7,000	$6,050	$12,100	20%	20%	20%	20%	20%	20%
	Legacy 4000 HSA H1 - Options	$4,000	$8,000	$4,000	$8,000	0%	0%	0%	0%	0%	0%
^	Legacy 4000 HSA H2 - Options	$4,000	$8,000	$5,000	$10,000	0%	0%	0%	0%	0%	0%
	Legacy 4000 HSA H3 - Options	$4,000	$8,000	$6,000	$12,000	20%	20%	20%	20%	20%	20%
	Legacy 5000 HSA H1 - Options	$5,000	$10,000	$5,000	$10,000	0%	0%	0%	0%	0%	0%

HDHP HMO | 2027 Indiana Plans

OPTIONS 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 - Options	$5,000	$10,000	$6,000	$12,000	0%	0%	0%	0%	0%	$4/$15/$35/$65/15%/25%
^	Legacy 5000 HSA H4 - Options	$5,000	$10,000	$6,650	$13,300	0%	$30	$60	$60	$300	$4/$15/$35/$65/15%/25%
	Legacy 5000 HSA H3 - Options	$5,000	$10,000	$6,650	$13,300	20%	20%	20%	20%	20%	20%
	Legacy 5000 HSA H5 - Options	$5,000	$10,000	$7,500	$15,000	20%	20%	20%	20%	20%	20%
	Legacy 6000 HSA H1 - Options	$6,000	$12,000	$6,000	$12,000	0%	0%	0%	0%	0%	0%
	Legacy 6000 HSA H3 - Options	$6,000	$12,000	$8,000	$16,000	20%	20%	20%	20%	20%	20%
	Legacy 6550 HSA H1 - Options	$6,550	$13,100	$6,550	$13,100	0%	0%	0%	0%	0%	0%
	Legacy 6650 HSA H1 - Options	$6,650	$13,300	$6,650	$13,300	0%	0%	0%	0%	0%	0%
	Legacy 6750 HSA H1 - Options	$6,750	$13,500	$6,750	$13,500	0%	0%	0%	0%	0%	0%
	Legacy 7050 HSA H1 - Options	$7,050	$14,100	$7,050	$14,100	0%	0%	0%	0%	0%	0%
	Legacy 7500 HSA H1 - Options	$7,500	$15,000	$7,500	$15,000	0%	0%	0%	0%	0%	0%

HDHP HMO | 2027 Indiana Plans

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	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
	Legacy 8000 HSA H1 - Options	$8,000	$16,000	$8,000	$16,000	0%	0%	0%	0%	0%	0%
	Legacy 8700 HSA H1 - Options	$8,700	$17,400	$8,700	$17,400	0%	0%	0%	0%	0%	0%

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

PHP's OPTIONS Network is available in the following counties:

- Adams
- Allen
- DeKalb
- Elkhart
- Fulton
- Huntington
- Kosciusko
- LaGrange
- LaPorte
- Marshall
- Miami
- Noble
- Pulaski
- St. Joseph
- Starke
- Steuben
- Wabash
- Wells
- 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.*

1700 Magnavox Way, Suite 201 | Fort Wayne, IN 46804
Phone: 260-432-6690 | **Toll Free:** 1-800-982-6257 | **Fax:** 260-432-0493
Email: custsvc@phpni.com | **phpni.com**