INDIANA

LEVEL Solutions Plans | 2027

FREEDOM Network

(5–100 employees)

PHP

HMO | 2027 Indiana Plans

FREEDOM Network–**LEVEL SOLUTIONS** *(5–100 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*			
Level Solutions 500 HMO 1	$500	$1,000	$1,500	$3,000	20%	$20	$40	$50	$300 + Coins	$4/$10/$25/$50/15%/25%
Level Solutions 1000 HMO 1	$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	$1,000	$2,000	$3,000	$6,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Level Solutions 1000 HMO 4	$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	$1,000	$2,000	$5,000	$10,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Level Solutions 1500 HMO 1	$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	$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	$2,000	$4,000	$4,000	$8,000	20%	$30	$60	$60	$300 + Coins	$4/$15/$35/$75/15%/25%
Level Solutions 2000 HMO 4	$2,000	$4,000	$5,000	$10,000	20%	$30	$60	$60	$300 + Coins	$4/$15/$35/$65/15%/25%
Level Solutions 2000 HMO 5	$2,000	$4,000	$6,000	$12,000	20%	$30	$60	$60	$300 + Coins	$4/$15/$35/$65/15%/25%
Level Solutions 2500 HMO 1	$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	$2,500	$5,000	$8,700	$17,400	20%	$30	$60	$60	$300 + Coins	$4/$15/$35/$75/15%/25%
Level Solutions 3000 HMO 3	$3,000	$6,000	$5,000	$10,000	20%	20%	20%	20%	20%	$4/$10/$30/$60/15%/25%
Level Solutions 3000 HMO 1	$3,000	$6,000	$6,000	$12,000	20%	$30	$60	$60	$300 + Coins	$4/$15/$35/$75/15%/25%
Level Solutions 3000 HMO 2	$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	$3,500	$7,000	$7,000	$14,000	30%	$40	$80	$80	$300 + Coins	$4/$20/$45/$95/15%/25%

HMO | 2027 Indiana Plans

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

Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
	Individual	*Family*	*Individual*	*Family*		*Primary Care*	*Specialist*			
Level Solutions 3500 HMO 5	$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	$3,500	$7,000	$8,700	$17,400	30%	$40	$80	$80	$300 + Coins	$4/$20/$45/$95/15%/25%
Level Solutions 4000 HMO 2	$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	$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	$5,000	$10,000	$7,150	$14,300	20%	$30	$60	$60	$300 + Coins	$4/$20/$40/$70/15%/25%
Level Solutions 5000 HMO 3	$5,000	$10,000	$8,000	$16,000	20%	$40	$80	$80	$300 + Coins	$4/$15/$45/$90/15%/25%
Level Solutions 5000 HMO 1	$5,000	$10,000	$8,700	$17,400	30%	$40	$80	$80	$300 + Coins	$4/$20/$45/$95/15%/25%
Level Solutions 6000 HMO 1	$6,000	$12,000	$8,700	$17,400	30%	$40	$80	$80	$300 + Coins	$4/$20/$45/$95/15%/25%

HDHP HMO | 2027 Indiana Plans

FREEDOM Network–**LEVEL SOLUTIONS** *(5–100 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*			
*	Level Solutions 1750 HSA H2 2027	$1,750	$3,500	$1,750	$3,500	0%	0%	0%	0%	0%	0%
*	Level Solutions 2000 HSA H1 2027	$2,000	$4,000	$2,000	$4,000	0%	0%	0%	0%	0%	0%
*	Level Solutions 3000 HSA H4 2027	$3,000	$6,000	$3,000	$6,000	0%	0%	0%	0%	0%	0%
	Level Solutions 3500 HSA H1 2027	$3,500	$7,000	$3,500	$7,000	0%	0%	0%	0%	0%	0%
^	Level Solutions 3500 HSA H5 2027	$3,500	$7,000	$4,000	$8,000	0%	0%	0%	0%	0%	$4/$10/$30/$60/15%/25%
^	Level Solutions 3500 HSA H6 2027	$3,500	$7,000	$5,000	$10,000	0%	$30	$60	$60	$300	$4/$15/$35/$65/15%/25%
	Level Solutions 3500 HSA H2 2027	$3,500	$7,000	$6,000	$12,000	20%	20%	20%	20%	20%	20%
	Level Solutions 4000 HSA H1 2027	$4,000	$8,000	$4,000	$8,000	0%	0%	0%	0%	0%	0%
	Level Solutions 4000 HSA H2 2027	$4,000	$8,000	$7,000	$14,000	20%	20%	20%	20%	20%	20%
	Level Solutions 4000 HSA H3 2027	$4,000	$8,000	$7,000	$14,000	30%	30%	30%	30%	30%	30%
^	Level Solutions 4000 HSA H4 2027	$4,000	$8,000	$5,000	$10,000	0%	0%	0%	0%	0%	$4/$15/$35/$65/15%/25%

HDHP HMO | 2027 Indiana Plans

FREEDOM Network–**LEVEL SOLUTIONS** *(5–100 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*			
	Level Solutions 5000 HSA H1 2027	$5,000	$10,000	$5,000	$10,000	0%	0%	0%	0%	0%	0%
^	Level Solutions 5000 HSA H2 2027	$5,000	$10,000	$6,000	$12,000	0%	0%	0%	0%	0%	$4/$15/$35/$65/15%/25%
	Level Solutions 6000 HSA H1 2027	$6,000	$12,000	$6,000	$12,000	0%	0%	0%	0%	0%	0%
	Level Solutions 6550 HSA H1 2027	$6,550	$13,100	$6,550	$13,100	0%	0%	0%	0%	0%	0%
	Level Solutions 7000 HSA H1 2027	$7,000	$14,000	$7,000	$14,000	0%	0%	0%	0%	0%	0%
	Level Solutions 7500 HSA H1 2027	$7,500	$15,000	$7,500	$15,000	0%	0%	0%	0%	0%	0%
NC	Level Solutions 8000 HSA H1 2027	$8,000	$16,000	$8,000	$16,000	0%	0%	0%	0%	0%	0%
NC	Level Solutions 8500 HSA H1 2027	$8,500	$17,000	$8,500	$17,000	0%	0%	0%	0%	0%	0%
	Level Solutions 5000 HSA H5 2027	$5,000	$10,000	$7,500	$15,000	20%	20%	20%	20%	20%	20%
	Level Solutions 5000 HSA H1 2027	$5,000	$10,000	$5,000	$10,000	0%	0%	0%	0%	0%	0%
	Level Solutions 5000 HSA H2 2027	$5,000	$10,000	$6,000	$12,000	0%	0%	0%	0%	0%	$4/$15/$35/$65/15%/25%

HDHP HMO | 2027 Indiana Plans

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

	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
		Individual	*Family*	*Individual*	*Family*		*Primary Care*	*Specialist*			
NC	Level Solutions 6000 HSA H2 2027	$6,000	$12,000	$8,000	$16,000	20%	20%	20%	20%	20%	20%
NC	Level Solutions 8700 HSA H1 2027	$8,700	$17,400	$8,700	$17,400	0%	0%	0%	0%	0%	0%

KEY: ***** = Non-embedded plans, **^** = Copays apply after Deductible; **NC =** Medicare Part D Non-Creditable

POS | 2027 Indiana Plans

FREEDOM Network–**LEVEL SOLUTIONS** *(5–100 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*			
Level Solutions 500 POS 1	$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 1000 POS 1	$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 2	$1,000	$2,000	$3,000	$6,000	20%	$2,000	$4,000	$6,000	$12,000	50%	$50	$60	$60	$300 + Coins	$4/$15/$35/$60/ 15%/25%
Level Solutions 1000 POS 3	$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	$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	$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	$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	$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%
Level Solutions 2000 POS 1	$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	$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 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%
Level Solutions 2500 POS 1	$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	$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%

	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*			
Level Solutions 3000 POS 1	$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	$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 3000 POS 3	$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 3500 POS 1	$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%
Level Solutions 3500 POS 2	$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 4	$3,500	$7,000	$6,000	$12,000	30%	$7,000	$14,000	$12,000	$24,000	50%	$45	$55	$55	$300 + Coins	$4/$25/$45/$75/ 15%/25%
Level Solutions 3500 POS 5	$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%
Level Solutions 4000 POS 1	$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 4000 POS 2	$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 4500 POS 1	$4,500	$9,000	$8,700	$17,400	30%	$9,000	$18,000	$17,400	$34,800	50%	$45	$55	$55	$300 + Coins	$4/$25/$45/$75/ 15%/25%

Level Solutions 5000 POS 1	$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%

	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*			
Level Solutions 5000 POS 2	$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 3	$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%
Level Solutions 6000 POS 1	$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%

HDHP POS | 2027 Indiana Plans

FREEDOM Network–**LEVEL SOLUTIONS** *(5–100 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*			
*	Level Solutions 1750 HSA P2	$1,750	$3,500	$1,750	$3,450	0%	$3,500	$7,000	$5,240	$10,500	30%	0%	0%	0%	0%	0%
*	Level Solutions 2000 HSA P1	$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 P4	$3,000	$6,000	$3,000	$6,000	0%	$6,000	$12,000	$9,000	$18,000	30%	0%	0%	0%	0%	0%
*	Level Solutions 3500 HSA P1	$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 P5	$3,500	$7,000	$4,000	$8,000	0%	$7,000	$14,000	$10,500	$21,000	30%	0%	0%	0%	0%	$4/$10/$30/ $60/15%/25 %
^	Level Solutions 3500 HSA P6	$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 %
	Level Solutions 3500 HSA P2	$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	$4,000	$8,000	$4,000	$8,000	0%	$8,000	$16,000	$12,000	$24,000	30%	0%	0%	0%	0%	0%
^	Level Solutions 4000 HSA P4	$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 %

HDHP POS | 2027 Indiana Plans

FREEDOM Network–**LEVEL SOLUTIONS** *(5–100 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*			
	Level Solutions 4000 HSA P2	$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	$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	$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	$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 %
	Level Solutions 5000 HSA P5 2027	$5,000	$10,000	$7,500	$15,000	20%	$10,000	$20,000	$15,000	$30,000	50%	20%	20%	20%	20%	20%
	Level Solutions 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%
NC	Level Solutions 6000 HSA P2	$6,000	$12,000	$8,000	$16,000	20%	$12,000	$24,000	$16,000	$32,000	50%	20%	20%	20%	20%	20%
	Level Solutions 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%
	Level Solutions 7000 HSA P1	$7,000	$14,000	$7,000	$14,000	0%	$14,000	$28,000	$21,000	$42,000	30%	0%	0%	0%	0%	0%

HDHP POS | 2027 Indiana Plans

FREEDOM Network–**LEVEL SOLUTIONS** *(5–100 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*			
	Level Solutions 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%
NC	Level Solutions 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%
NC	Level Solutions 8500 HSA P1	$8,500	$17,000	$8,500	$17,000	0%	$17,000	$34,000	$25,500	$51,000	30%	0%	0%	0%	0%	0%
NC	Level Solutions 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; **NC =** Medicare Part D Non-Creditable

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

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- Benton
- Blackford
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- Carroll
- Cass
- Clinton
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- 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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