INDIANA

Small Group Plans | 2027

FREEDOM Network

(2–50 employees)

PHP

HMO | 2027 Indiana Plans

FREEDOM Network–**SMALL GROUP** *(2-50 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*			
Platinum HMO 1000 2500 27	$1,000	$2,000	$2,500	$5,000	20%	$20	$40	$50	$400 + Coins	$4/$10/$30/$60/15%/25%
Gold HMO 1000 6600 27	$1,000	$2,000	$6,600	$13,200	30%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15%/25%
Gold HMO 1500 6600 27	$1,500	$3,000	$6,600	$13,200	20%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15%/25%
Gold HMO 2000 6000 27	$2,000	$4,000	$6,000	$12,000	20%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15%/25%
Gold HMO 2500 5500 27	$2,500	$5,000	$5,500	$11,000	30%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15%/25%
Gold HMO 3000 5500 27	$3,000	$6,000	$5,500	$11,000	20%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15%/25%
Gold HMO 3000 8500 27	$3,000	$6,000	$8,500	$17,000	30%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15%/25%
Silver HMO 3500 12000 27	$3,500	$7,000	$12,000	$24,000	30%	$45	$90	$90	$400 + Coins	$4/$20/$45/$95/15%/25%
Gold HMO 4000 6500 27	$4,000	$8,000	$6,500	$13,000	30%	$40	$80	$80	$400 + Coins	$4/$20/$45/$95/15%/25%
Silver HMO 4000 8500 27	$4,000	$8,000	$8,500	$17,000	30%	30%	30%	30%	30%	$4/$20/$45/$95/15%/25%
Silver HMO 4000 12000 27	$4,000	$8,000	$12,000	$24,000	30%	$45	$90	$90	$400 + Coins	$4/$20/$45/$95/15%/25%
Silver HMO 4500 12000 27	$4,500	$9,000	$12,000	$24,000	30%	$40	$80	$80	$400 + Coins	$4/$20/$45/$95/15%/25%
Silver HMO 5500 12000 27	$5,500	$11,000	$12,000	$24,000	30%	$40	$80	$80	$400 + Coins	$4/$20/$45/$95/15%/25%
Silver HMO 6000 12000 27	$6,000	$12,000	$12,000	$24,000	30%	$40	$80	$80	$400 + Coins	$4/$20/$45/$95/15%/25%

KEY: All plans include Pediatric Dental & Vision Coverage

** **Primary Care Office Visits** - For copay plans only, there is no charge for the first visit for which a copay would normally apply.*

HDHP HMO | 2027 Indiana Plans

FREEDOM Network–**SMALL GROUP** *(2-50 employees)*

	Plan Name	Deductible		Out-of-Pocket Maximum		Coinsurance Level	Office Visit		Urgent Care	Emergency Room	Pharmacy
		Individual	*Family*	*Individual*	*Family*		*Primary Care*	*Specialist*			
	Silver HSA HMO 3500 7100 27	$3,500	$7,000	$7,100	$14,200	30%	30%	30%	30%	30%	30%
	Gold HSA HMO 4000 4000 27	$4,000	$8,000	$4,000	$8,000	0%	0%	0%	0%	0%	0%
	Gold HSA HMO 4400 4400 27	$4,400	$8,800	$4,400	$8,800	0%	0%	0%	0%	0%	0%
^	Silver HSA HMO 5000 7000 27	$5,000	$10,000	$7,000	$14,000	0%	$30	$60	$60	$400	$4/$20/$45/$95/15%/25%
	Silver HSA HMO 5750 5750 27	$5,750	$11,500	$5,750	$11,500	0%	0%	0%	0%	0%	0%
	Silver HSA HMO 6000 6000 27	$6,000	$12,000	$6,000	$12,000	0%	0%	0%	0%	0%	0%
	Bronze HSA HMO 6750 8000 27	$6,750	$13,500	$8,000	$16,000	30%	30%	30%	30%	30%	30%
	Silver HSA HMO 7000 7000 27	$7,000	$14,000	$7,000	$14,000	0%	0%	0%	0%	0%	0%
	Bronze HSA HMO 8000 8000 27	$8,000	$16,000	$8,000	$16,000	0%	0%	0%	0%	0%	0%
	Bronze HSA HMO 8700 8700 27	$8,700	$17,400	$8,700	$17,400	0%	0%	0%	0%	0%	0%
M	Bronze HSA HMO MO 8700 8700 27	$8,700	$17,400	$8,700	$17,400	0%	0%	0%	0%	0%	0%

KEY: **M =** Includes Morbid Obesity; **^** = Copays apply after Deductible; All plans include Pediatric Dental & Vision Coverage

POS | 2027 Indiana Plans

FREEDOM Network–**SMALL GROUP** *(2-50 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*			
Platinum POS 1000 2500 27	$1,000	$2,000	$2,500	$5,000	20%	$2,000	$4,000	$5,000	$10,000	50%	$20	$40	$50	$400 + Coins	$4/$10/$30/$60/15% /25%
Gold POS 1000 6600 27	$1,000	$2,000	$6,600	$13,200	30%	$2,000	$4,000	$13,200	$26,400	50%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15% /25%
Gold POS 1500 6600 27	$1,500	$3,000	$6,600	$13,200	20%	$3,000	$6,000	$13,200	$26,400	50%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15% /25%
Gold POS 2000 6000 27	$2,000	$4,000	$6,000	$12,000	20%	$4,000	$8,000	$12,000	$24,000	50%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15% /25%
Gold POS 2500 5500 27	$2,500	$5,000	$5,500	$11,000	30%	$5,000	$10,000	$11,000	$22,000	50%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15% /25%
Gold POS 3000 5500 27	$3,000	$6,000	$5,500	$11,000	20%	$6,000	$12,000	$11,000	$22,000	50%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15% /25%
Gold POS 3000 8500 27	$3,000	$6,000	$8,500	$17,000	30%	$6,000	$12,000	$17,000	$34,000	50%	$30	$60	$60	$400 + Coins	$4/$15/$35/$75/15% /25%
Silver POS 3500 12000 27	$3,500	$7,000	$12,000	$24,000	30%	$7,000	$14,000	$24,000	$48,000	50%	$45	$90	$90	$400 + Coins	$4/$20/$45/$95/15% /25%
Gold POS 4000 6500 27	$4,000	$8,000	$6,500	$13,000	30%	$8,000	$16,000	$13,000	$26,000	50%	$40	$80	$80	$400 + Coins	$4/$20/$45/$95/15% /25%
Silver POS 4000 8500 27	$4,000	$8,000	$8,500	$17,000	30%	$8,000	$16,000	$17,000	$34,000	50%	30%	30%	30%	30%	$4/$20/$45/$95/15% /25%
Silver POS 4000 12000 27	$4,000	$8,000	$12,000	$24,000	30%	$8,000	$16,000	$24,000	$48,000	50%	$45	$90	$90	$400 + Coins	$4/$20/$45/$95/15% /25%

POS | 2027 Indiana Plans

FREEDOM Network–**SMALL GROUP** *(2-50 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*			
Silver POS 4500 12000 27	$4,500	$9,000	$12,000	$24,000	30%	$9,000	$18,000	$24,000	$48,000	50%	$40	$80	$80	$400 + Coins	$4/$20/$45/$95/15%/25%
Silver POS 5500 12000 27	$5,500	$11,000	$12,000	$24,000	30%	$11,000	$22,000	$24,000	$48,000	50%	$40	$80	$80	$400 + Coins	$4/$20/$45/$95/15%/25%
Silver POS 6000 12000 27	$6,000	$12,000	$12,000	$24,000	30%	$12,000	$24,000	$24,000	$48,000	50%	$40	$80	$80	$400 + Coins	$4/$20/$45/$95/15%/25%

KEY: All plans include Pediatric Dental & Vision Coverage

* ***Primary Care Office Visits*** *- For copay plans only (in-network), there is no charge for the first visit for which a copay would normally apply.*

HDHP POS | 2027 Indiana Plans

FREEDOM Network–**SMALL GROUP** *(2-50 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*			
	Gold HSA POS 3500 3500 27	$3,500	$7,000	$3,500	$7,000	0%	$7,000	$14,000	$10,500	$21,000	50%	0%	0%	0%	0%	0%
	Silver HSA POS 3500 7100 27	$3,500	$7,000	$7,100	$14,200	30%	$7,000	$14,000	$14,200	$28,400	50%	30%	30%	30%	30%	30%
	Gold HSA POS 4000 4000 27	$4,000	$8,000	$4,000	$8,000	0%	$8,000	$16,000	$12,000	$24,000	50%	0%	0%	0%	0%	0%
	Gold HSA POS 4400 4400 27	$4,400	$8,800	$4,400	$8,800	0%	$8,800	$17,600	$13,200	$26,400	50%	0%	0%	0%	0%	0%
^	Silver HSA POS 5000 7000 27	$5,000	$10,000	$7,000	$14,000	0%	$10,000	$20,000	$14,000	$28,000	50%	$30	$60	$60	$400	$4/$20/$45/$95/15%/25%
	Silver HSA POS 5750 5750 27	$5,750	$11,500	$5,750	$11,500	0%	$11,500	$23,000	$17,250	$34,500	50%	0%	0%	0%	0%	0%
	Silver HSA POS 6000 6000 27	$6,000	$12,000	$6,000	$12,000	0%	$12,000	$24,000	$18,000	$36,000	50%	0%	0%	0%	0%	0%
	Bronze HSA POS 6750 8000 27	$6,750	$13,500	$8,000	$16,000	30%	$13,500	$27,000	$16,000	$32,000	50%	30%	30%	30%	30%	30%
	Silver HSA POS 7000 7000 27	$7,000	$14,000	$7,000	$14,000	0%	$14,000	$28,000	$21,000	$42,000	50%	0%	0%	0%	0%	0%
	Bronze HSA POS 8000 8000 27	$8,000	$16,000	$8,000	$16,000	0%	$16,000	$32,000	$24,000	$48,000	50%	0%	0%	0%	0%	0%
	Bronze HSA POS 8700 8700 27	$8,700	$17,400	$8,700	$17,400	0%	$17,400	$34,800	$26,100	$52,200	50%	0%	0%	0%	0%	0%

KEY: **^** = Copays apply after Deductible; All plans include Pediatric Dental & Vision Coverage

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.*

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**