INDIANA

Small Group Plans | 2027

OPTIONS Network

(2–50 employees)

PHP

HMO | 2027 Indiana Plans

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

OPTIONS 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*			
	Gold HSA OPT 3500 3500 27	$3,500	$7,000	$3,500	$7,000	0%	0%	0%	0%	0%	0%
	Silver HSA OPT 3500 7100 27	$3,500	$7,000	$7,100	$14,200	30%	30%	30%	30%	30%	30%
	Gold HSA OPT 4000 4000 27	$4,000	$8,000	$4,000	$8,000	0%	0%	0%	0%	0%	0%
	Gold HSA OPT 4400 4400 27	$4,400	$8,800	$4,400	$8,800	0%	0%	0%	0%	0%	0%
^	Silver HSA OPT 5000 7000 27	$5,000	$10,000	$7,000	$14,000	0%	$30	$60	$60	$400	$4/$20/$45/$95/15%/25%
	Silver HSA OPT 5750 5750 27	$5,750	$11,500	$5,750	$11,500	0%	0%	0%	0%	0%	0%
	Silver HSA OPT 6000 6000 27	$6,000	$12,000	$6,000	$12,000	0%	0%	0%	0%	0%	0%
	Bronze HSA OPT 6750 8000 27	$6,750	$13,500	$8,000	$16,000	30%	30%	30%	30%	30%	30%
	Silver HSA OPT 7000 7000 27	$7,000	$14,000	$7,000	$14,000	0%	0%	0%	0%	0%	0%
	Bronze HSA OPT 8000 8000 27	$8,000	$16,000	$8,000	$16,000	0%	0%	0%	0%	0%	0%
	Bronze HSA OPT 8700 8700 27	$8,700	$17,400	$8,700	$17,400	0%	0%	0%	0%	0%	0%

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

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.*

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