OHIO

Large Group Plans | 2027

FREEDOM Network

(51+ employees)

PHP

HMO | 2027 Ohio 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 1000 HMO 3 OH	$1,000	$2,000	$4,000	$8,000	20%	$20	$40	$50	$300 + Coins	$4/$10/$25/$50/15%/25%
Legacy 1000 HMO 8 OH	$1,000	$2,000	$5,000	$10,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 1500 HMO 3 OH	$1,500	$3,000	$5,000	$10,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 2000 HMO 2 OH	$2,000	$4,000	$5,000	$10,000	20%	$25	$50	$50	$300 + Coins	$4/$10/$30/$60/15%/25%
Legacy 3000 HMO 3 OH	$3,000	$6,000	$6,000	$12,000	20%	$30	$60	$60	$300 + Coins	$4/$15/$35/$65/15%/25%
Legacy 3500 HMO 3 OH	$3,500	$7,000	$7,350	$14,700	20%	$40	$80	$80	$300 + Coins	$4/$15/$45/$90/15%/25%
Legacy 5000 HMO 4 OH	$5,000	$10,000	$7,350	$14,700	20%	$40	$80	$80	$300 + Coins	$4/$15/$45/$90/15%/25%

HDHP HMO | 2027 Ohio 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 3500 HSA H2 OH	$3,500	$7,000	$3,500	$7,000	0%	0%	0%	0%	0%	0%
^	Legacy 3500 HSA H9 OH	$3,500	$7,000	$5,750	$11,500	0%	0%	0%	0%	0%	$4/$15/$35/$65/15%/25%
	Legacy 4000 HSA H3 OH	$4,000	$8,000	$6,000	$12,000	20%	20%	20%	20%	20%	20%
	Legacy 5000 HSA H1 OH	$5,000	$10,000	$5,000	$10,000	0%	0%	0%	0%	0%	0%
	Legacy 6000 HSA H1 OH	$6,000	$12,000	$6,000	$12,000	0%	0%	0%	0%	0%	0%
	Legacy 7500 HSA H1 OH	$7,500	$15,000	$7,500	$15,000	0%	0%	0%	0%	0%	0%
	Legacy 8000 HSA H11 OH	$8,000	$16,000	$8,000	$16,000	0%	0%	0%	0%	0%	0%

KEY: **^** = Copays apply after Deductible

POS | 2027 Ohio 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 1000 POS 3 OH	$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 8 OH	$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 1500 POS 3 OH	$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 2000 POS 2 OH	$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 3000 POS 3 OH	$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 3500 POS 3 OH	$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 5000 POS 4 OH	$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%

HDHP POS | 2027 Ohio 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 3500 HSA P2 OH	$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 P9 OH	$3,500	$7,000	$5,750	$11,500	0%	$7,000	$14,000	$10,500	$21,000	30%	0%	0%	0%	0%	$4/$15/$35/ $65/15%/ 25%
	Legacy 4000 HSA P3 OH	$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 OH	$5,000	$10,000	$5,000	$10,000	0%	$5,000	$10,000	$10,000	$20,000	30%	0%	0%	0%	0%	0%
	Legacy 6000 HSA P1 OH	$6,000	$12,000	$6,000	$12,000	0%	$12,000	$24,000	$18,000	$36,000	30%	0%	0%	0%	0%	0%
	Legacy 7500 HSA P1 OH	$7,500	$15,000	$7,500	$15,000	0%	$15,000	$30,000	$22,500	$45,000	30%	0%	0%	0%	0%	0%
	Legacy 8000 HSA P1 OH	$8,000	$16,000	$8,000	$16,000	0%	$16,000	$32,000	$24,000	$48,000	30%	0%	0%	0%	0%	0%

KEY: **^** = Copays apply after Deductible

9/01/2026

PHP's Large Group Plans are available in the following Ohio counties:

- Allen
- Defiance
- Mercer
- Paulding
- Van Wert
- Williams

NOTE: *If not yet approved by the 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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Email: custsvc@phpni.com | **phpni.com**