



Plans4Health Benefit Plan Options

Sample high deductible plans

The benefits described below apply to all of the Plans4Health options listed at right.

Preventive Health Services

Services rated 'A' or 'B' by the U.S. Preventive Services Task Force are included in all plans, as well as immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

Preventive care and screenings for women and children are covered as recommended by the Health Resources and Services Administration.

After the deductible has been met, coinsurance applies to a variety of benefit services under an HMO plan or with out-of-network services:

Medical Services in a Doctor's Office

- Office visit
- Routine vision exam

Diagnostic Services

- Lab
- Radiology

Inpatient Hospital Services

- Semi-private room or intensive care unit
- Professional services
- Radiation therapy
- Rehabilitation services (limited to 60 days combined in-network and out-of-network benefits per calendar year)

Outpatient Services

- Surgical services and supplies,
- Professional services
- Radiation therapy
- Rehabilitation services (limited to 30 days combined in-network and out-of-network benefits per calendar year)

Emergency Room Care

Ambulance Service

Urgent Care

Prescription Drugs

- Up to a 30-day supply per prescription or refill (includes oral contraceptives)

All services listed under out-of-network benefits are subject to reasonable and customary charges, except for out-of-network emergency benefits. The information contained in this summary is not intended to provide a full description of eligible benefits, requirements, and limitations. However, the full descriptions will be provided to you upon request.

If you have questions, please contact the PHP Sales Department at (260) 432-6690, (800) 982-6257, or via email at sales@phpni.com.

HMO Plans

2012 Plan	Calendar-year deductible Single/Family	Benefit Coverage In-Network	Out-of-Pocket Maximum Single/Family
QH10	\$1,200 / \$2,400	80%	\$3,000 / \$6,000
QH11	\$1,200 / \$2,400	80%	\$5,000 / \$10,000
QH12	\$2,000 / \$4,000	100%	\$2,000 / \$4,000
QH13	\$2,000 / \$4,000	80%	\$3,000 / \$6,000
QH14	\$2,000 / \$4,000	80%	\$5,000 / \$10,000
QH15 QH50*	\$2,500 / \$5,000	100%	\$2,500 / \$5,000
QH16 QH51*	\$2,500 / \$5,000	80%	\$5,000 / \$10,000
QH17 QH52*	\$3,000 / \$6,000	100%	\$3,000 / \$6,000
QH18 QH53*	\$3,000 / \$6,000	80%	\$5,000 / \$10,000
QH19	\$1,500 / \$3,000	100%	\$1,500 / \$3,000
QH23	\$1,500 / \$3,000	80%	\$2,500 / \$5,000
QH24	\$1,500 / \$3,000	80%	\$5,000 / \$8,000
QH54*	\$5,000 / \$10,000	100%	\$5,000 / \$10,000
QH97*	\$5,950 / \$11,900	100%	\$5,950 / \$11,900

Point of Service Plans

2012 Plan	Calendar-year deductible Single/Family	Benefit Coverage In-Network/ Out-of-Network	Out-of-Pocket Maximum Single/Family
QP10	\$1,200 / \$2,400 (Out-of-Network \$2,400/\$4,800)	80% / 60%	\$3,000 / \$6,000 (Out-of-Network \$6,000/\$12,000)
QP11	\$1,200 / \$2,400 (Out-of-Network \$2,400/\$4,800)	80% / 60%	\$5,000 / \$10,000 (Out-of-Network \$10,000/\$20,000)
QP12	\$2,000 / \$4,000 (Out-of-Network \$4,000/\$8,000)	100% / 80%	\$2,000 / \$4,000 (Out-of-Network \$6,000/\$12,000)
QP13	\$2,000 / \$4,000 (Out-of-Network \$4,000/\$8,000)	80% / 60%	\$3,000 / \$6,000 (Out-of-Network \$6,000/\$12,000)
QP14	\$2,000 / \$4,000 (Out-of-Network \$4,000/\$8,000)	80% / 60%	\$5,000 / \$10,000 (Out-of-Network \$10,000/\$20,000)
QP15 QP50*	\$2,500 / \$5,000 (Out-of-Network \$5,000/\$10,000)	100% / 80%	\$2,500 / \$5,000 (Out-of-Network \$7,500/\$15,000)
QP16 QP51*	\$2,500 / \$5,000 (Out-of-Network \$5,000/\$10,000)	80% / 60%	\$5,000 / \$10,000 (Out-of-Network \$10,000/\$20,000)
QP17 QP52*	\$3,000 / \$6,000 (Out-of-Network \$6,000/\$12,000)	100% / 80%	\$3,000 / \$6,000 (Out-of-Network \$9,000/\$18,000)
QP18 QP53*	\$3,000 / \$6,000 (Out-of-Network \$6,000/\$12,000)	80% / 60%	\$5,000 / \$10,000 (Out-of-Network \$10,000/\$20,000)
QP19	\$1,500 / \$3,000 (Out-of-Network \$3,000/\$6,000)	100% / 80%	\$1,500 / \$3,000 (Out-of-Network \$4,500/\$9,000)
QP23	\$1,500 / \$3,000 (Out-of-Network \$3,000/\$6,000)	80% / 60%	\$2,500 / \$5,000 (Out-of-Network \$5,000/\$10,000)
QP24	\$1,500 / \$3,000 (Out-of-Network \$5,000/\$10,000)	80% / 60%	\$5,000 / \$8,000 (Out-of-Network \$10,000/\$16,000)
QP54*	\$5,000 / \$10,000 (Out-of-Network \$5,000/\$10,000)	100% / 80%	\$5,000 / \$10,000 (Out-of-Network \$10,000/\$20,000)
QP97*	\$5,950 / \$11,900 (Out-of-Network \$5,950/\$11,900)	100% / 80%	\$5,950 / \$11,900 (Out-of-Network \$11,900/\$23,800)

*Plans with embedded deductibles.