



Choice POS Plans Benefit Comparison

| 2012 POS ² Plans | In-Network | | | Out-of-Network | | | Office Visit | Pharmacy ¹ | ER Visit | Urgent Care |
|-----------------------------------|-----------------------------|---|---------------------------|-----------------------------|---|---------------------------|------------------|-----------------------|------------------|------------------|
| | Deductible Single/Family | Out-of-Pocket Max (Includes Deductible) Single/Family | Co-ins (After Ded.) | Deductible Single/Family | Out-of-Pocket Max (Includes Deductible) Single/Family | Co-ins (After Ded.) | | | | |
| P251-12 | \$500/\$1,000 | \$2,500/\$5,000 | 20% | \$1,000/\$2,000 | \$5,000/\$10,000 | 40% | \$20 | \$10/\$25/\$50 | \$200 | \$40 |
| P252-12 | \$500/\$1,000 | \$3,000/\$6,000 | 20% | \$1,000/\$2,000 | \$6,000/\$12,000 | 40% | \$20 | \$10/\$25/\$50 | \$200 | \$40 |
| P253-12 | \$500/\$1,000 | \$4,000/\$8,000 | 20% | \$1,000/\$2,000 | \$8,000/\$16,000 | 40% | \$20 | \$10/\$25/\$50 | \$200 | \$40 |
| P254-12 | \$500/\$1,000 | \$5,000/\$10,000 | 20% | \$1,000/\$2,000 | \$10,000/\$20,000 | 40% | \$20 | \$10/\$25/\$50 | \$200 | \$40 |
| P653-12 | \$1,000/\$2,000 | \$3,000/\$6,000 | 20% | \$2,000/\$4,000 | \$6,000/\$12,000 | 40% | \$25 | \$10/\$30/\$60 | \$200 | \$40 |
| P654-12 | \$1,000/\$2,000 | \$4,000/\$8,000 | 20% | \$2,000/\$4,000 | \$8,000/\$16,000 | 40% | \$25 | \$10/\$30/\$60 | \$200 | \$40 |
| P655-12 | \$1,000/\$2,000 | \$5,000/\$10,000 | 20% | \$2,000/\$4,000 | \$10,000/\$20,000 | 40% | \$25 | \$10/\$30/\$60 | \$200 | \$40 |
| P800-12 | \$1,500/\$3,000 | \$4,000/\$8,000 | 20% | \$3,000/\$6,000 | \$8,000/\$16,000 | 40% | \$25 | \$10/\$30/\$60 | \$200 | \$40 |
| P802-12 | \$1,500/\$3,000 | \$5,000/\$10,000 | 20% | \$3,000/\$6,000 | \$10,000/\$20,000 | 40% | \$25 | \$10/\$30/\$60 | \$200 | \$40 |
| P840-12 | \$2,000/\$4,000 | \$4,000/\$8,000 | 20% | \$4,000/\$8,000 | \$8,000/\$16,000 | 40% | \$25 | \$10/\$30/\$60 | \$200 | \$40 |
| P841-12 | \$2,000/\$4,000 | \$5,000/\$10,000 | 20% | \$4,000/\$8,000 | \$10,000/\$20,000 | 40% | \$25 | \$10/\$30/\$60 | \$200 | \$40 |
| P850-12 | \$2,500/\$5,000 | \$5,000/\$10,000 | 20% | \$5,000/\$10,000 | \$10,000/\$20,000 | 40% | \$25 | \$10/\$30/\$60 | \$200 | \$40 |
| P853-12 | \$5,000/\$10,000 | \$10,000/\$20,000 | 20% | \$10,000/\$20,000 | \$20,000/\$40,000 | 40% | \$30 | \$10/\$30/\$60 | \$200 | \$40 |
| P854-12 | \$3,000/\$6,000 | \$6,000/\$12,000 | 20% | \$6,000/\$12,000 | \$12,000/\$24,000 | 40% | \$30 | \$10/\$30/\$60 | \$200 | \$40 |
| P855-12 | \$3,500/\$7,000 | \$7,000/\$14,000 | 20% | \$7,000/\$14,000 | \$14,000/\$28,000 | 40% | \$25 | \$10/\$30/\$60 | \$200 | \$40 |
| P857-12 | \$5,000/\$10,000 | \$10,000/\$20,000 | 50% | \$10,000/\$20,000 | \$20,000/\$40,000 | 50% | \$30 | \$10/\$30/\$60 | \$200 | \$40 |
| P877-12 | \$2,500/\$5,000 | \$4,000/\$8,000 | 20% | \$5,000/\$10,000 | \$8,000/\$16,000 | 40% | 20% ³ | \$10/\$30/\$60 | 20% ³ | 20% ³ |
| P887-12 | \$5,000/\$10,000 | \$5,000/\$10,000 | 0% ³ | \$10,000/\$20,000 | \$20,000/\$40,000 | 50% ³ | 0% ³ | \$10/\$30/\$60 | 0% ³ | 0% ³ |

¹Pharmacy co-payments are shown as generic/formulary/non-formulary at a 30-day supply (does not reflect drugs obtained through mail order services.)
²A point-of-service product combines the HMO benefit package with out-of-network benefit coverage, which allows members the choice to receive healthcare services from a non-participating provider. Out-of-network services are subject to reasonable and customary fees.
³Coinsurance applies after the deductible is met.

NOTE: 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 www.phpni.com. Call a PHP Sales Representative today at (260) 432-6690 or toll free at (800) 982-6257 for more information.