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Purchaser Guide

Your guide to buying Indigo Individual™ PHP's health plans for individuals and families



The insurance your health deserves.

www.phpni.com



Indigo Individual™

*Healthcare insurance
coverage for
individuals and families*

Our commitment to you.

Excellence in customer service and greater freedom are only a few reasons our members are happy with PHP year after year. We are committed to providing you with the best service. Because we are based right here in Northern Indiana, we offer easy access to the largest local network of healthcare providers, hassle-free claims processing, unmatched personal attention, and helpful resources for the health and well-being of our community.

An ounce of prevention is worth a pound of cure.

There is no substitute for good health and quality of life. Our philosophy for good health means helping you stay active and healthy so you may enjoy all life has to offer. We pay 100% of many important preventive medical services and supplies including well-baby care, immunizations, mammograms, pap tests, and annual physical exams when ordered by a participating provider.

Emergency care benefits that apply anywhere in the world.

The last thing that you need to worry about in the case of an emergency is insurance coverage. That's why we cover emergency services anywhere you travel. We also provide you, free-of-charge, our Travel Card program that is designed to help you locate a healthcare provider and save money on the cost of care while traveling outside our service area.

More doctors, hospitals, and healthcare providers to choose from.

You deserve the freedom to choose the best health plan for you, and to choose the doctors you trust. We offer more doctors, hospitals, and healthcare providers than any other health plan located in Northern Indiana. And with our open-access network, you have more power to decide what provider you want to see to best manage healthcare for you and your family.

We have an individual or family health insurance plan designed just for you, and it's backed by the high-level of quality and customer service we're famous for.

You will automatically have access to the best features of our plans, including:

- First-dollar coverage for many preventive health services
- An extensive open-access network of providers
- Hassle-free claims processing
- Interactive online tools and health resources
- Member discounts with many health and community organizations

Value-added services included with every Indigo Individual™ health plan

MyNurse 24/7

Health concerns don't always arise while your doctor's office is open. Our members have access to a toll-free, 24-hour nurse line service for noncritical situations. Members can speak with experienced, knowledgeable nurses who will answer questions with sound, clinically based information day or night.

MyHealth 24/7

This interactive, online health resource acts as a 24-hour medical advisor to help find solutions to the most common health problems. Evaluate symptoms and overall health, use the quizzes and calculators to improve and maintain weight, or search the pharmacy section to compare drugs and lower expenses.

Smoking Cessation Programs

Being nicotine-free can greatly reduce the occurrence of coronary heart disease and other forms of cardiovascular disease. In keeping with our goal of encouraging preventive health maintenance, we have a reimbursement program if a member remains nicotine-free for at least one year after the end of the therapy. Information on tobacco intervention programs, community classes, and support groups to quit smoking are also provided.

Weight Loss Programs

The best and safest way to achieve and maintain one's optimum weight is with the help and advice of medical experts. Our *Inches Away* program is designed to encourage, support and reward efforts in achieving a healthy weight goal. This program reimburses portions, or in some cases the total cost, of an approved weight management program.

HealthNEWS Newsletter

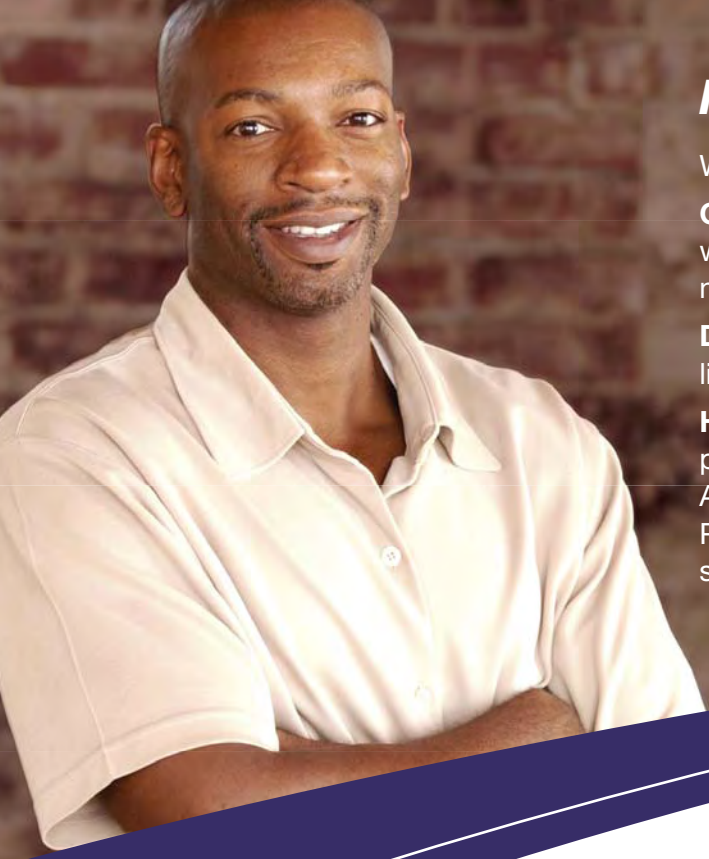
Our members receive a quarterly newsletter, which offers everyday health and wellness information, from nutrition, exercise and child safety, to seasonal health concerns and medical news. Each issue also includes an update of our participating providers as well as local events and member discounts.

Member Discounts

Our members are eligible to receive a variety of special discounts at select area health clubs, community classes, and facilities such as:

- Free trial memberships, discounts on enrollment fees, annual memberships, and training packages
- Discounts on medically-supervised programs
- Discounts on prescription eyewear
- Discounts for first aid and CPR courses
- Sporting event discounts

A complete listing of member discounts is available in HealthNEWS, as well as on our Web site.



Plan Overview

We offer several plan designs to choose from:

Copay Plans offer copayments for various services along with deductibles and out-of-pocket limits. An optional maternity services benefit is available with the Copay Plans.

Deductible Plans have higher deductibles and out-of-pocket limits than our other plans.

HSA-Compatible Plans are qualified high-deductible health plans that can be used in conjunction with a Health Savings Account (HSA) from the bank of your choice. Some HSA Plans are available with 100% coverage for services after the deductible is met.

Features of our plans:

- Preventive Services are covered at 100%--the deductible is waived!
- All plans are available as an Individual or Family Policy
- Many value-added benefits are automatically included such as a 24-hour nurse line, extensive online health resources, and member discounts for health facilities
- Prescription drug coverage available with all plans
- Competitive premium rates
- Negotiated network provider costs to save you money
- \$3 million lifetime maximum coverage per member
- Effective date option of either the 1st or 15th of the month
- Exceptional customer service to help you understand and make the most of your health insurance coverage

Providing you the tools to manage your healthcare.

You have around-the-clock access to powerful online resources at www.phpni.com. Whether you are looking for a physician, researching drug information, or checking your personal account for benefit, claim, deductible, and out-of-pocket information, our Web site allows you to take charge of your health when it's most convenient for you.

The **MyHealth 24/7** feature offers a health risk assessment to evaluate your current health status, offer suggestions and tips for improvement, and then helps you track your progress toward your health goals. MyHealth 24/7 is a wealth of information, all to empower you in managing the health and well-being of you and your family.

Indigo Individual™ Plans Benefit Summary

Here is a brief comparison of our plan designs. You can compare deductibles, out-of-pocket limits, and the amounts you're responsible for. Optional maternity services coverage is available if purchased with one of our Copay Plans.

Covered Benefits	Copay Plans			Deductible Plans		HSA-Compatible Plans			
Individual Lifetime Maximum	\$3,000,000			\$3,000,000		\$3,000,000			
Separate Lifetime Maximum for Transplant and Rescue Procedures <i>(Does not include cornea transplants)</i>	\$1,000,000			\$1,000,000		\$1,000,000			
	<u>Copay 1</u>	<u>Copay 2</u>	<u>Copay 3</u>	<u>Ded 1</u>	<u>Ded 2</u>	<u>HSA 1</u>	<u>HSA 2</u>	<u>HSA 3</u>	<u>HSA 4</u>
Deductible per Covered Person	\$1,000	\$1,500	\$2,500	\$5,000	\$5,000	N/A	N/A	N/A	N/A
Out-of-Pocket Limit per Covered Person	\$3,000	\$3,500	\$5,000	\$7,500	\$10,000	N/A	N/A	N/A	N/A
Individual HSA-Compatible Plan Deductible	N/A	N/A	N/A	N/A	N/A	\$1,500	\$2,500	\$3,000	\$5,000
Individual HSA-Compatible Plan Out-of-Pocket Limit	N/A	N/A	N/A	N/A	N/A	\$5,000	\$5,000	\$3,000	\$5,000
Deductible per Family	\$2,000	\$3,000	\$5,000	\$10,000	\$10,000	\$3,000	\$5,000	\$6,000	\$10,000
Out-of-Pocket Limit per Family	\$6,000	\$7,000	\$10,000	\$15,000	\$20,000	\$10,000	\$10,000	\$6,000	\$10,000
Pre-existing Period per Member	12 months			12 months		12 months			
Preventive Services <i>Including well-child visits and childhood routine immunizations. The following are limited to one per plan year: routine annual physical exam office visit, urinalysis, cholesterol blood test, hemocult stool test, mammogram, pap smears, and prostate cancer screening.</i>	No charge Deductible waived			No charge Deductible waived		No charge Deductible waived			
Doctor's Office Visit <i>Illness, injury, or sickness</i>	\$30 each for 2 visits per covered person, then 30%*			30%*		<u>HSA 1 & 2</u> 30%*		<u>HSA 3 & 4</u> 0%*	
Diagnostic <i>Routine radiology services (ex. chest x-ray or MRI). Routine lab services (ex. blood and urine tests).</i>	30%*			30%*		30%*		0%*	
Outpatient Services	30%*			30%*		30%*		0%*	
Inpatient Services	30%*			30%*		30%*		0%*	
Hospital Emergency Room	\$100 per visit plus 30%* of the remaining charges			\$100 per visit plus 30%* of the remaining charges		30%*		0%*	
Urgent Care Center	\$50 per visit plus 30%* of other charges			30%*		30%*		0%*	
Ambulance Service	30%*			30%*		30%*		0%*	
Other Covered Services Home Health Care 60 day plan year limit Hospice Care and Services 60 consecutive days per lifetime Inpatient Transitional Care Unit 30 day plan year limit Durable Medical Equipment, Prosthetics, Orthotic Appliances, and Ostomy Supplies \$10,000 plan year limit Short-term Rehab 30 day plan year limit for outpatient 60 day plan year limit for inpatient Transplant and Rescue Procedures \$1,000,000 lifetime maximum, except cornea transplant covered the same as any other illness	30%*			30%*		30%*		0%*	
Individual Outpatient Prescription Drug Deductible	\$500 (Applies to all drug categories listed below except for Generics.)			Not applicable		Not applicable			
Prescription Drugs <i>Up to 30 day supply, including diabetic supplies, per prescription or refill. Two over-the-counter vials of insulin. One-unit limit for inhaler aid devices such as aerochambers, inspirease, etc.</i>	Generic Drug: \$10 Formulary Brand: \$30 Non-formulary Brand: 50% with a minimum of \$50 up to a maximum of \$100			Generic Drug: 30%* Formulary Brand: 50%* Non-formulary Brand: 50%*		<u>HSA 1 & 2</u> 30%*		<u>HSA 3 & 4</u> 0%*	
Specialty Drugs <i>Up to 30 day supply.</i>	50% with a minimum of \$200 up to a maximum of \$400			50%*		30%*		0%*	
Mail Order Prescription Drugs <i>Up to 90 day supply, including diabetic supplies, per prescription or refill. Six over-the-counter vials of insulin.</i>	Generic Drug: \$30 Formulary Brand: \$90 Non-formulary Brand: 50% with a minimum of \$150 up to a maximum of \$300			Generic Drug: 30%* Formulary Brand: 50%* Non-formulary Brand: 50%*		<u>HSA 1 & 2</u> 30%*		<u>HSA 3 & 4</u> 0%*	

*Services are subject to the Medical Deductible and apply toward the Medical Out-of-Pocket limit.



We are here to help you decide which of our benefit plans is the best fit for you and your family.

Call or email us for a quote or log-on to www.phpni.com. We are here for you and will assist in any way we can.

Applying for coverage is easy.

Make the choice to protect your family with the security of high-quality health coverage from PHP. Applying is easy. Just complete our Individual Enrollment and Change Application, following the application's instruction sheet. You can download these forms or even apply online at www.phpni.com. Just click on the "Get a Quote" button on our home page to access more information about Indigo Individual™ plans.

Choose the best payment option for you.

Monthly Electronic Funds Transfer allows premium to be automatically withdrawn from your designated checking or savings account.

Quarterly Direct Billing is another option available, with premium notices mailed to you on a quarterly basis.

Credit Card payments allow automatic premium payment on a monthly or quarterly basis.

For employers, a monthly list bill option is also available to facilitate payment of premiums for coverage purchased by their employees (all contracts must be effective on the first of the month).

Try us out.

We want you to be satisfied and confident with your Indigo Individual™ coverage. That's why you have a "free-look" period to examine your policy when it is received. If for any reason within the free-look period you decide you no longer want the policy, simply return it to us and the policy will be cancelled and your premium refunded.

Phone Numbers

Voice: (260) 432-6690
Toll-free: 1-800-982-6257
Hearing Impaired: (260) 459-2600

Address

Attn: Individual Product
Physicians Health Plan
8101 West Jefferson Blvd.
Fort Wayne, IN 46804

Email

indigo@phpni.com
To help us provide excellent service,
be sure to include your name and your
daytime phone number.

Web Address

www.phpni.com

Eligibility Requirements

Individuals applying for coverage must be between the ages of six weeks and 64 ½ years old to qualify. Any covered dependent children must be under the age of 24 and either your son or daughter regardless of support level; or your step-child, grandchild or other blood relative, or child subject to your legal guardianship who is more than 50% dependent on you for total support.

As the primary applicant, you must be a legal Indiana resident residing within our service area (a list of counties in our service area can be found at www.phpni.com). Everyone applying for coverage must be United States citizens or legal residents.

Finally, you must be approved through medical underwriting. Many criteria are considered when evaluating your health history. In some cases, certain conditions and services may be excluded from your policy.

Pre-existing Conditions

All of our plans have a 12-month waiting period for pre-existing conditions. We will waive this waiting period for the pre-existing conditions that were disclosed on the application, but not excluded by waiver.

Waivers

Exclusion waivers may be used to exclude benefits for a specified condition. When a condition is excluded, all major medical services including prescription benefits associated with the identified condition will be excluded. Generally, chronic, recurrent or permanent risks will be underwritten with a waiver.

Exclusions to Indigo Individual™ Plans

The following is a partial list of health services that are not covered:

- Treatment by out-of-network or non-participating providers and pharmacies
- Behavioral and mental health
- Chemical dependency
- TMJ
- Alternative or complementary medicine
- Cosmetic or services not medically necessary
- Routine foot care including orthopedic shoes
- Experimental or investigational procedures
- Skeletal manipulations
- Injuries or illness as a result of participation in an illegal activity, driving under the influence of an intoxicant, or an act of war
- Bariatric surgery
- Normal pregnancy or child birth except as provided for by the optional maternity benefit
- Dental care
- Hearing aids
- Sexual dysfunction
- Self-inflicted injuries or illness
- Injuries or illnesses covered by workers' compensation or as a result of a third-party liability



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