Physicians Health Plan

2021 Individual Plan Menu

Plans	Deductible	Coinsurance	Maximum Out-of-Pocket	Office Visit	Specialist Visit	Urgent Care Visit	Emergency Room Visit	Prescription Cost Share	High Tech Imaging	Chiropractic Cost Share	Exclusive Network	HMO Network
Sparrow PHP Platinum 500	$500	80%	$3,000	$20	$40	$50	20% after deductible	5/15/40/80/20%/40%	$150 after deductible	$30 after deductible	✓	✓
Sparrow PHP Gold 1000	$1,000	80%	$8,000	$30	$50	$75	20% after deductible	5/20/60/80/20%/40%	$150 after deductible	$30 after deductible	✓	✓
Sparrow PHP Gold 2000	$2,000	70%	$6,800	$30	$60	$75	30% after deductible	5/20/60/80/20%/40%	$150 after deductible	$30 after deductible	✓	
Sparrow PHP Silver 2500 Basic	$2,500	60%	$8,500	$40	40% after deductible	40% after deductible	40% after deductible	$15/$40/50% after ded/ 50% after ded /50% after ded/50% after ded	40% after deductible	40% after deductible	✓	
Sparrow PHP Silver 3000 (off exchange only)	$3,000	70%	$8,500	$35	$60	$60	30% after deductible	$15/$40/50% after ded/ 50% after ded /50% after ded/50% after ded	$350 after deductible	30% after deductible	✓	
Sparrow PHP Silver 3550 HSA (off exchange only)	$3,550	100%	$6,900	0% after deductible	0% after deductible	0% after deductible	0% after deductible	$15/$40/$80/$200/20%/40% ALL after deductible	0% after deductible	0% after deductible	✓	
Sparrow PHP Silver 4000	$4,000	60%	$7,350	$45	$80	$85	40% after deductible	$10/$30/$80/$200/20%/40%	$150 after deductible	$30 after deductible	✓	✓
Sparrow PHP Silver 7000	$7,000	60%	$8,000	$45	$80	$85	40% after deductible	$10/$30/$80/$200/20%/40%	$150 after deductible	$30 after deductible	✓	
Sparrow PHP Bronze 6900 H.S.A.	$6,900	100%	$6,900	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	✓	✓
Sparrow PHP Bronze 7,600	$7,600	40%	$8,550	$80	$125	$75	60% after deductible	$15/$40/60% after ded/60% after ded/60% after ded/60% after ded	$350 after deductible	$30 after deductible	✓	
Sparrow PHP Healthy HMO	$8,550	100%	$8,550	3 PCP visits and preventive services paid 100%; otherwise all eligible expenses subject to deductibleuctible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	✓	✓