QualChoice® HEALTH INSURANCE

Underwritten by QCA Health Plan, Inc.

Benefits-at-a-Glance | 2018 Individual Marketplace POS Plans

CLASSIC	Silver Classic 6500		Gold Classic 2000	
	In-Network *You Pay*	**Out-of-Network** *You Pay*	**In-Network** *You Pay*	**Out-of-Network** *You Pay*
Individual/Family Deductible	$6,500/$13,000	$13,000/$25,000	$2,000/$4,000	$4,000/$8,000
Coinsurance	50%	50%	30%	50%
Individual/Family Out-of-Pocket Maximum	$7,350/$14,700	$14,700/$25,000	$3,500/$7,000	$7,000/$14,000
Preventive Care	No Cost to You	Not Covered	No Cost to You	Not Covered
Primary Care Physician (PCP) Office Visit	$45	Deductible & Coinsurance	$25	Deductible & Coinsurance
Specialty Physician Office Visit	$80	Deductible & Coinsurance	$50	Deductible & Coinsurance
Inpatient Hospital Stay	$800/Day + Deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Center	$100	Deductible & Coinsurance	$60	Deductible & Coinsurance
Emergency Services	Deductible & Coinsurance	Deductible & Coinsurance	$100	$100
Prescription Drugs	$20/$80/$100/$350	Not Covered	$10/$35/$65/$200	Not Covered

These policies do not include pediatric dental services, which are part of the essential health benefits under the Affordable Care Act. Please contact your broker/agent or the Health Insurance Marketplace at HealthCare.gov to purchase pediatric dental coverage as a stand-alone product.

Note: This is a summary of benefits only. Please see your Certificate of Coverage for full details. To receive maximum benefits, use in-network providers and facilities.

QualChoice does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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QualChoice® HEALTH INSURANCE

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Benefits-at-a-Glance | 2018 Individual Marketplace POS Plans

CLASSIC SAVER	Bronze Classic Saver 5000*		Silver Classic Saver 4000*		Silver Classic Saver 3500*	
	In-Network *You Pay*	**Out-of-Network** *You Pay*	**In-Network** You Pay	**Out-of-Network** You Pay	**In-Network** *You Pay*	**Out-of-Network** *You Pay*
Individual/Family Deductible	$5,000/$10,000	$10,000/$20,000	$4,000/$8,000	$8,000/$16,000	$3,500/$7,000	$7,000/$14,000
Coinsurance	50%	50%	45%	50%	10%	30%
Individual/Family Out-of-Pocket Maximum	$6,450/$12,900	$12,900/$25,000	$5,250/$10,500	$10,500/$21,000	$4,500/$9,000	$9,000/$18,000
Preventive Care	No Cost to You	Not Covered	No Cost to You	Not Covered	No Cost to You	Not Covered
Primary Care Physician (PCP) Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialty Physician Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospital Stay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Center	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered

**HSA-qualified High Deductible Health Plan (HDHP). All individual deductible amounts count toward satisfaction of the family deductible. An individual will not pay more than the individual deductible amount.*

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QC Life & Health
Group Health Plans from QualChoice

Benefits-at-a-Glance | 2018 Individual Marketplace PPO Plans

Underwritten by QualChoice Life and Health Insurance Company, Inc.

PLANS/BENEFITS	Silver 6500		Gold 2000	
	In-Network *You Pay*	**Out-of-Network** *You Pay*	**In-Network** *You Pay*	**Out-of-Network** *You Pay*
Individual/Family Deductible	$6,500/$13,000	$13,000/$25,000	$2,000/$4,000	$4,000/$8,000
Coinsurance	50%	50%	30%	50%
Individual/Family Out-of-Pocket Maximum	$7,350/$14,700	$14,700/$25,000	$3,500/$7,000	$7,000/$14,000
Preventive Care	No Cost to You	Not Covered	No Cost to You	Not Covered
Primary Care Physician (PCP) Office Visit	$45	Deductible & Coinsurance	$25	Deductible & Coinsurance
Specialty Physician Office Visit	$80	Deductible & Coinsurance	$50	Deductible & Coinsurance
Inpatient Hospital Stay	$800/Day + Deductible	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Center	$100	Deductible & Coinsurance	$60	Deductible & Coinsurance
Emergency Services	Deductible & Coinsurance	Deductible & Coinsurance	$100	$100
Prescription Drugs	$20/$80/$100/$350	Not Covered	$10/$35/$65/$200	Not Covered

These policies do not include pediatric dental services, which are part of the essential health benefits under the Affordable Care Act. Please contact your broker/agent or the Health Insurance Marketplace at HealthCare.gov to purchase pediatric dental coverage as a stand-alone product.

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Benefits-at-a-Glance | 2018 Individual Marketplace POS Plans

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CATASTROPHIC*	**In-Network** *You Pay*	**Out-of-Network** *You Pay*
Individual/Family Deductible	$7,350/$14,700	$12,000/$24,000
Coinsurance	0%	20%
Individual/Family Out-of-Pocket Maximum	$7,350/$14,700	$14,700/$25,000
Preventive Care	No Cost to You	Not Covered
Primary Care Physician (PCP) Office Visit Note: First three (3) in-network PCP office visits per calendar year are provided at no cost to you.	Deductible after 3rd visit	Deductible & Coinsurance
Specialty Physician Office Visit	Deductible	Deductible & Coinsurance
Inpatient Hospital Stay	Deductible	Deductible & Coinsurance
Outpatient	Deductible	Deductible & Coinsurance
Urgent Care Center	Deductible	Deductible & Coinsurance
Emergency Services	Deductible	Deductible
Prescription Drugs	Deductible	Not Covered

**For people between the ages of 18-29 or those who qualify for a hardship exemption (are excused from paying a fine for not having health insurance). No Child Only policies.*

These policies do not include pediatric dental services, which are part of the essential health benefits under the Affordable Care Act. Please contact your broker/agent or the Health Insurance Marketplace at HealthCare.gov to purchase pediatric dental coverage as a stand-alone product.

Note: This is a summary of benefits only. Please see your Certificate of Coverage for full details. To receive maximum benefits, use in-network providers and facilities.