

	ARPP301 Platinum Classic 250		ARPP302 Platinum Classic 500		ARPG301 Gold Classic 1000-1		ARPG302 Gold Classic 1000-2		ARPG304 Gold Classic 1500	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$250	\$500	\$500	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000	\$1,500	\$3,000
<b>Coinsurance</b>	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
<b>Out-of-Pocket Maximum*</b>	\$1,250	\$2,500	\$1,250	\$2,500	\$4,300	\$8,600	\$4,650	\$9,300	\$4,000	\$8,000
<b>PCP/Specialty Evaluation</b>	\$35/\$55	Deductible & Coinsurance	\$35/\$55	Deductible & Coinsurance	\$35/\$55	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance
<b>Inpatient</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Prescription Drugs</b>	\$10/\$40 \$60/\$100	Not Covered	\$10/\$40 \$60/\$100	Not Covered	\$10/\$40 \$60/\$100	Not Covered	\$10/\$40 \$60/\$100	Not Covered	\$10/\$40 \$60/\$100	Not Covered

	ARPG305 Gold Classic HSA 1500**		ARPG306 Gold Classic 2000		ARPS302 Silver Classic 2500		ARPS308 Silver Classic 2000		ARPS304 Silver Classic 3500	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$2,000	\$4,000	\$3,500	\$7,000
<b>Coinsurance</b>	20%	40%	20%	40%	40%	50%	30%	50%	30%	50%
<b>Out-of-Pocket Maximum*</b>	\$2,500	\$5,000	\$5,000	\$10,000	\$7,900	\$15,800	\$7,500	\$15,000	\$7,900	\$15,800
<b>PCP/Specialty Evaluation</b>	Deductible & Coinsurance	Deductible & Coinsurance	\$35/\$55	Deductible & Coinsurance	\$45/\$65	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$35/\$65	Deductible & Coinsurance
<b>Inpatient</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Prescription Drugs</b>	Deductible & Coinsurance	Not Covered	\$10/\$40 \$60/\$100	Not Covered	\$15/\$55 \$80/\$100	Not Covered	\$15/\$50 \$75/\$125	Not Covered	\$10/\$50 \$70/\$100	Not Covered

	ARPS305 Silver Classic HSA 2700**		ARPS306 Silver Classic HSA 3000**		ARPS307 Silver Classic HSA 3850**		ARPB302 Bronze Classic HSA 4500**		ARPB303 Bronze Classic HSA 6550**	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$2,700	\$5,400	\$3,000	\$6,000	\$3,850	\$7,700	\$4,500	\$9,000	\$6,550	\$13,100
<b>Coinsurance</b>	20%	40%	20%	40%	0%	0%	50%	50%	0%	0%
<b>Out-of-Pocket Maximum*</b>	\$6,000	\$12,000	\$5,500	\$11,000	\$3,850	\$7,700	\$6,550	\$13,100	\$6,550	\$13,100
<b>PCP/Specialty Evaluation</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Inpatient</b>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Prescription Drugs</b>	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered

\*Includes Deductible, Coinsurance, and applicable Medical and Rx Copayments. \*\* High Deductible Health Plan. **NOTE:** All plans outlined include Pediatric Dental. Similar plans without Pediatric Dental are available upon request.