

	ARPP301 Platinum Classic 500		ARPP302 Platinum Classic 750		ARPG301 Gold Classic 1000-1		ARPG302 Gold Classic 1000-2		ARPG304 Gold Classic 1500		ARPG306 Gold Classic 2000	
	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	In-Network	Out-of-Network
Deductible	\$500	\$1,000	\$750	\$1,500	\$1,000	\$2,000	\$1,000	\$2,000	\$1,500	\$3,000	\$2,000	\$4,000
Coinsurance	20%	40%	20%	40%	20%	40%	25%	45%	20%	40%	20%	40%
Out-of-Pocket Maximum*	\$2,000	\$4,000	\$2,500	\$5,000	\$6,000	\$12,000	\$7,500	\$15,000	\$6,000	\$12,000	\$7,000	\$14,000
PCP/Specialty Evaluation	\$20/\$40	Deductible & Coinsurance	\$35/\$55	Deductible & Coinsurance	\$40/\$60	Deductible & Coinsurance	\$40/\$60	Deductible & Coinsurance	\$35/\$55	Deductible & Coinsurance	\$40/\$60	Deductible & Coinsurance
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	\$10/\$40 \$80/\$200/20%	Not Covered	\$10/\$40 \$80/\$200/20%	Not Covered	\$10/\$40 \$80/\$200/20%	Not Covered	\$10/\$40 \$80/\$200/25%	Not Covered	\$10/\$40 \$80/\$200/20%	Not Covered	\$10/\$40 \$80/\$200/20%	Not Covered

	ARPG307 Gold Classic 3000		ARPG305 Gold Classic HSA 1500**		ARPG308 Gold Classic HSA 3000**		ARPS308 Silver Classic 2500		ARPS302 Silver Classic 3000		ARPS304 Silver Classic 4000	
	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	In-Network	Out-of-Network
Deductible	\$3,000	\$6,000	\$1,500	\$3,000	\$3,000	\$6,000	\$2,500	\$5,000	\$3,000	\$6,000	\$4,000	\$8,000
Coinsurance	20%	40%	20%	40%	0%	0%	30%	50%	40%	50%	30%	50%
Out-of-Pocket Maximum*	\$8,000	\$16,000	\$3,500	\$7,000	\$3,000	\$6,000	\$7,500	\$15,000	\$8,550	\$17,100	\$8,550	\$17,100
PCP/Specialty Evaluation	\$40/\$60	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$45/\$65	Deductible & Coinsurance	\$55/\$80	Deductible & Coinsurance
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	\$10/\$40 \$80/\$200/20%	Not Covered	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	\$15/\$55 \$100/\$250/30%	Not Covered	\$15/\$55 \$100/\$250/40%	Not Covered	\$20/\$60 \$120/\$250/30%	Not Covered

	ARPS310 Silver Classic 5500		ARPS305 Silver Classic HSA 3000**		ARPS306 Silver Classic HSA 3500**		ARPS307 Silver Classic HSA 4250**		ARPS309 Silver Classic HSA 4500**		ARPB303 Bronze Classic HSA 7000**	
	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	In-Network	Out-of-Network
Deductible	\$5,500	\$11,000	\$3,000	\$6,000	\$3,500	\$7,000	\$4,250	\$8,500	\$4,500	\$9,000	\$7,000	\$14,000
Coinsurance	50%	50%	20%	40%	20%	40%	0%	0%	20%	40%	0%	0%
Out-of-Pocket Maximum*	\$8,550	\$17,100	\$6,500	\$13,000	\$7,000	\$14,000	\$4,250	\$8,500	\$7,000	\$14,000	\$7,000	\$14,000
PCP/Specialty Evaluation	\$55/\$80	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	\$20/\$60 \$120/\$300/50%	Not Covered	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. **NOTES:** All plans outlined include Pediatric Dental; similar plans without Pediatric Dental are available upon request. All plans outlined utilize the Essential Formulary.