

	ARPP301 Platinum Classic 500		ARPP302 Platinum Classic 750		ARPP303 Platinum Classic 1000		ARPG301 Gold Classic 1000-1		ARPG302 Gold Classic 1000-2	
	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	\$1,000	\$2,000
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%	30%	50%
Out-of-Pocket Maximum*	\$2,500	\$5,000	\$2,750	\$5,500	\$2,750	\$5,500	\$6,500	\$13,000	\$8,700	\$17,400
PCP/Specialty Evaluation	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance	\$30/\$60	Deductible & Coinsurance
Inpatient	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/\$200/20%	Not Covered	\$10/\$40 \$80/\$200/30%	Not Covered

	ARPG304 Gold Classic 1500		ARPG306 Gold Classic 2000		ARPG307 Gold Classic 3000		ARPG305 Gold Classic HSA 1500**		ARPG308 Gold Classic HSA 3000**	
	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	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000	\$1,500	\$3,000	\$3,000	\$6,000
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%	0%	0%
Out-of-Pocket Maximum*	\$6,000	\$12,000	\$8,500	\$17,000	\$8,700	\$17,400	\$3,500	\$7,000	\$3,000	\$6,000
PCP/Specialty Evaluation	\$30/\$50	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance	\$30/\$50	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
Prescription Drugs	\$10/\$40 \$80/\$200/20%	Not Covered	\$10/\$40 \$80/\$200/20%	Not Covered	\$10/\$40 \$80/\$200/20%	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 unless otherwise noted; similar plans without Pediatric Dental are available upon request. All plans outlined utilize the Qualchoice Standard Formulary.

	ARPS308 Silver Classic 2500		ARPS302 Silver Classic 3000		ARPS304 Silver Classic 4000		ARPS310 Silver Classic 5500	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$2,500	\$5,000	\$3,000	\$6,000	\$4,000	\$8,000	\$5,500	\$11,000
Coinsurance	30%	50%	25%	45%	30%	50%	40%	50%
Out-of-Pocket Maximum*	\$7,500	\$15,000	\$8,700	\$17,400	\$8,700	\$17,400	\$8,700	\$17,400
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	\$45/\$80	Deductible & Coinsurance	\$45/\$80	Deductible & Coinsurance	\$45/\$80	Deductible & Coinsurance
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	\$15/\$55 \$100/\$250/30%	Not Covered	\$15/\$55 \$100/\$250/25%	Not Covered	\$20/\$60 \$120/\$300/30%	Not Covered	\$20/\$60 \$120/\$300/40%	Not Covered

	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
Deductible	\$3,000	\$6,000	\$3,500	\$7,000	\$4,250	\$8,500	\$4,500	\$9,000	\$7,000	\$14,000
Coinsurance	20%	40%	20%	40%	0%	0%	20%	40%	0%	0%
Out-of-Pocket Maximum*	\$6,500	\$13,000	\$7,000	\$14,000	\$4,250	\$8,500	\$7,000	\$14,000	\$7,000	\$14,000
PCP/Specialty Evaluation	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
Prescription Drugs	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 unless otherwise noted; similar plans without Pediatric Dental are available upon request. All plans outlined utilize the Qualchoice Standard Formulary.