

	ARQP301 Platinum Enhanced 500		ARQP302 Platinum Enhanced 750		ARQP303 Platinum Enhanced 1000		ARQG301 Gold Enhanced 1000-1	
	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
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum*	\$2,500	\$5,000	\$2,750	\$5,500	\$2,750	\$5,500	\$6,500	\$13,000
PCP/Specialty Evaluation	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance
Inpatient	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

	ARQG302 Gold Enhanced 1000-2		ARQG304 Gold Enhanced 1500		ARQG306 Gold Enhanced 2000		ARQG307 Gold Enhanced 3000		ARQG305 Gold Enhanced HSA 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
Deductible	\$1,000	\$2,000	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000	\$1,500	\$3,000
Coinsurance	30%	50%	20%	40%	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum*	\$8,700	\$17,400	\$6,000	\$12,000	\$8,500	\$17,000	\$8,700	\$17,400	\$3,500	\$7,000
PCP/Specialty Evaluation	\$30/\$60	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance	\$30/\$50	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/\$200/30%	Not Covered	\$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

*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.

	ARQG308 Gold Enhanced HSA 3000**		ARQS308 Silver Enhanced 2500		ARQS302 Silver Enhanced 3000		ARQS304 Silver Enhanced 4000		ARQS310 Silver Enhanced 5500	
	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	\$2,500	\$5,000	\$3,000	\$6,000	\$4,000	\$8,000	\$5,500	\$11,000
Coinsurance	0%	0%	30%	50%	25%	45%	30%	50%	40%	50%
Out-of-Pocket Maximum*	\$3,000	\$6,000	\$7,500	\$15,000	\$8,700	\$17,400	\$8,700	\$17,400	\$8,700	\$17,400
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	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	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	Deductible & Coinsurance	Not Covered	\$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

	ARQS305 Silver Enhanced HSA 3000**		ARQS306 Silver Enhanced HSA 3500**		ARQS307 Silver Enhanced HSA 4250**		ARQS309 Silver Enhanced HSA 4500**		ARQB303 Bronze Enhanced 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.