

	ARQP301 ARQP501 w/ QCNN Platinum Enhanced 500		ARQP302 ARQP502 w/ QCNN Platinum Enhanced 750		ARQP303 ARQP503 w/ QCNN Platinum Enhanced 1000		ARQG301 ARQG501 w/ QCNN Gold Enhanced 1000 1		ARQG302 ARQG502 w/ QCNN Gold Enhanced 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%	20%	40%
Out of-Pocket Maximum*	\$1,750	\$3,500	\$2,000	\$4,000	\$2,250	\$4,500	\$5,500	\$11,000	\$6,500	\$13,000
PCP/Specialty Evaluation	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$25/\$50	Deductible & Coinsurance	\$25/\$50	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/\$400	Not Covered	\$10/\$40 \$80/\$200/\$400	Not Covered	\$10/\$40 \$80/\$200/\$400	Not Covered	\$15/\$50 \$100/\$250/\$500	Not Covered	\$15/\$50 \$100/\$250/\$500	Not Covered

	ARQG304 ARQG504 w/ QCNN Gold Enhanced 1500		ARQG305 ARQG505 w/ QCNN Gold Enhanced HSA 1750**		ARQG306 ARQG506 w/ QCNN Gold Enhanced 2000		ARQG307 ARQG507 w/ QCNN Gold Enhanced 3000		ARQG308 ARQG508 w/ QCNN Gold Enhanced HSA 3300**	
	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	\$1,750	\$3,500	\$2,000	\$4,000	\$3,000	\$6,000	\$3,300	\$6,600
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%	0%	0%
Out of-Pocket Maximum*	\$5,500	\$11,000	\$3,650	\$7,300	\$6,500	\$13,000	\$6,000	\$12,000	\$3,300	\$6,600
PCP/Specialty Evaluation	\$25/\$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$25/\$50	Deductible & Coinsurance	\$25/\$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	\$15/\$50 \$100/\$250/\$500	Not Covered	Deductible & Coinsurance	Not Covered	\$15/\$50 \$100/\$250/\$500	Not Covered	\$15/\$50 \$100/\$250/\$500	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 Formulary.

	ARQS312 ARQ512 w/QC Silver Enhanced 2000		ARQS313 ARQ513 w/QC Silver Enhanced 3000 2		ARQS308 ARQ508 w/ QC Silver Enhanced 3000 1		ARQS305 ARQ505 w/ QC Silver Enhanced HSA 3300**		ARQS302 ARQ502 w/ QC Silver Enhanced 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
Deductible	\$2,000	\$4,000	\$3,000	\$6,000	\$3,000	\$6,000	\$3,300	\$6,600	\$3,500	\$7,000
Coinsurance	20%	40%	20%	40%	30%	50%	20%	40%	25%	45%
Out of-Pocket Maximum*	\$8,500	\$17,000	\$8,000	\$16,000	\$9,000	\$18,000	\$7,000	\$14,000	\$9,200	\$18,400
PCP/Specialty Evaluation	\$45/\$80	Deductible & Coinsurance	\$45/\$80	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	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	\$20/\$60 \$120/\$300/\$600	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered	Deductible & Coinsurance	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered

	ARQS304 ARQ504 w/ QC Silver Enhanced 4000		ARQS309 ARQ509 w/ QC Silver Enhanced HSA 4500**		ARQS307 ARQ507 w/ QC Silver Enhanced HSA 5100**		ARQS310 ARQ510 w/ QC Silver Enhanced 5500		ARQB303 ARQB503 w/ QC Bronze Enhanced HSA 7050**	
	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	\$4,000	\$8,000	\$4,500	\$9,000	\$5,100	\$10,200	\$5,500	\$11,000	\$7,050	\$14,100
Coinsurance	30%	50%	20%	40%	0%	0%	40%	50%	0%	0%
Out of-Pocket Maximum*	\$9,200	\$18,400	\$7,000	\$14,000	\$5,100	\$10,200	\$9,200	\$18,400	\$7,050	\$14,100
PCP/Specialty Evaluation	\$45/\$80	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$45/\$80	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	\$20/\$60 \$120/\$300/\$600	Not Covered	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered	Deductible & Coinsurance	Not Covered

\*Includes Deductible, Coinsurance, and applicable Medical and Rx Copayments. \*\* High Deductible Health Plan.

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