

	ARPP301 ARPP501 w/QCNN Platinum Classic 500		ARPP302 ARPP502 w/QCNN Platinum Classic 750		ARPP303 ARPP503 w/QCNN Platinum Classic 1000		ARPG301 ARPG501 w/QCNN Gold Classic 1000-1		ARPG302 ARPG502 w/QCNN 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%	20%	40%
Out-of-Pocket Maximum*	\$1,500	\$3,000	\$2,000	\$4,000	\$2,350	\$4,700	\$6,000	\$12,000	\$7,000	\$14,000
PCP/Specialty Evaluation	\$20/\$40	Deductible & Coinsurance	\$20/\$40	Deductible & Coinsurance	\$20/\$40	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	\$15/\$45 \$100/\$300	Not Covered	\$15/\$45 \$100/\$300	Not Covered	\$15/\$45 \$100/\$300	Not Covered	\$20/\$60 \$120/\$400	Not Covered	\$20/\$60 \$120/\$400	Not Covered

	ARPG304 ARPG504 w/QCNN Gold Classic 1500		ARPG305 ARPG505 w/QCNN Gold Classic HSA 2000**		ARPG306 ARPG506 w/QCNN Gold Classic 2000		ARPG307 ARPG507 w/QCNN Gold Classic 3000		ARPG308 ARPG508 w/QCNN Gold Classic HSA 3400**	
	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	\$2,000	\$4,000	\$3,000	\$6,000	\$3,400	\$6,800
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%	0%	0%
Out-of-Pocket Maximum*	\$6,000	\$12,000	\$4,000	\$8,000	\$7,000	\$14,000	\$6,650	\$13,300	\$3,400	\$6,800
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	\$20/\$60 \$120/\$400	Not Covered	Deductible & Coinsurance	Not Covered	\$20/\$60 \$120/\$400	Not Covered	\$20/\$60 \$120/\$400	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.

	ARPG309 ARPG509 w/QCNN Gold Classic HSA 4150**		ARPS312 ARPS512 w/QCNN Silver Classic 2000		ARPS313 ARPS513 w/QCNN Silver Classic 3000		ARPS305 ARPS505 w/QCNN Silver Classic HSA 3400**		ARPS302 ARPS502 w/QCNN 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
Deductible	\$4,150	\$8,300	\$2,000	\$4,000	\$3,000	\$6,000	\$3,400	\$6,800	\$3,500	\$7,000
Coinsurance	0%	0%	20%	40%	20%	40%	20%	40%	25%	45%
Out-of-Pocket Maximum*	\$4,150	\$8,300	\$8,500	\$17,000	\$8,500	\$17,000	\$7,200	\$14,400	\$9,500	\$19,000
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	\$45/\$80	Deductible & Coinsurance	\$45/\$80	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	Deductible & Coinsurance	Not Covered	\$30/\$90 \$150/\$500	Not Covered	\$30/\$90 \$150/\$500	Not Covered	Deductible & Coinsurance	Not Covered	\$30/\$90 \$150/\$500	Not Covered

	ARPS304 ARPS504 w/QCNN Silver Classic 4000		ARPS309 ARPS509 w/QCNN Silver Classic HSA 4500**		ARPS307 ARPS507 w/QCNN Silver Classic HSA 5500**		ARPS310 ARPS510 w/QCNN Silver Classic 5500		ARPB303 ARPB503 w/QCNN Bronze Classic HSA 7500**	
	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	\$5,500	\$11,000	\$5,500	\$11,000	\$7,500	\$15,000
Coinsurance	30%	50%	20%	40%	0%	0%	40%	50%	0%	0%
Out-of-Pocket Maximum*	\$10,000	\$20,000	\$7,500	\$15,000	\$5,500	\$11,000	\$9,550	\$19,100	\$7,500	\$15,000
PCP/Specialty Evaluation	\$45/\$85	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$50/\$90	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	\$30/\$90 \$150/\$500	Not Covered	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	\$30/\$90 \$150/\$500	Not Covered	Deductible & Coinsurance	Not Covered

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

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