

2026 Group Plans Snapshot

Underwritten by QCA Health Plan, Inc.

POS Plans

	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		ARPG305 ARPG505 w/QCNN		ARPG306 ARPG506 w/QCNN		ARPG307 ARPG507 w/QCNN		ARPG308 ARPG508 w/QCNN	

	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.



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	ARPG309 ARPG509 w/QCNN Gold Classic HSA 4150**		ARPS512	PS312 W/QCNN assic 2000	ARPS313 ARPS305 ARPS513 w/QCNN ARPS505 w/QCNN Silver Classic 3000 Silver Classic HSA 3400**		5 w/QCNN	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									
	ARPS504	ł w/QCNN	ARPS509	S309 W/QCNN C HSA 4500**	ARPS507	S307 ' w/QCNN c HSA 5500**	ARP ARPS510 Silver Cla	w/QCNN	ARPB503	B303 3 w/QCNN ic HSA 7500**
	ARPS504	ł w/QCNN	ARPS509	w/QCNN	ARPS507	w/QCNN	ARPS510	w/QCNN	ARPB503	w/QCNN
Deductible	ARPS504 Silver Cla	w/QCNN ssic 4000	ARPS509 Silver Classi	w/QCNN c HSA 4500**	ARPS507 Silver Classi	w/QCNN c HSA 5500**	ARPS510 Silver Cla	w/QCNN ssic 5500	ARPB503 Bronze Class	B w/QCNN ic HSA 7500**
Deductible Coinsurance	ARPS504 Silver Cla In-Network	w/QCNN ssic 4000 Out-of-Network	ARPS509 Silver Classic In-Network	Ow/QCNN C HSA 4500** Out-of-Network	ARPS507 Silver Classi In-Network	w/QCNN c HSA 5500** Out-of-Network	ARPS510 Silver Cla In-Network	w/QCNN ssic 5500 Out-of-Network	ARPB503 Bronze Class In-Network	8 w/QCNN ic HSA 7500** Out-of-Network
	ARPS504 Silver Cla In-Network \$4,000	w/QCNN sssic 4000 Out-of-Network \$8,000	ARPS509 Silver Classic In-Network \$4,500	Ow/QCNN C HSA 4500** Out-of-Network \$9,000	ARPS507 Silver Classic In-Network \$5,500	Out-of-Network	ARPS510 Silver Cla In-Network \$5,500	w/QCNN ssic 5500 Out-of-Network \$11,000	ARPB503 Bronze Class In-Network \$7,500	W/QCNN ic HSA 7500** Out-of-Network \$15,000
Coinsurance Out-of-Pocket	ARPS504 Silver Cla In-Network \$4,000 30%	w/QCNN ssic 4000 Out-of-Network \$8,000 50%	ARPS509 Silver Classic In-Network \$4,500 20%	Ow/QCNN C HSA 4500** Out-of-Network \$9,000 40%	ARPS507 Silver Classic In-Network \$5,500 0%	Out-of-Network \$11,000	ARPS510 Silver Cla In-Network \$5,500 40%	w/QCNN ssic 5500 Out-of-Network \$11,000 50%	ARPB503 Bronze Class In-Network \$7,500	S w/QCNN ic HSA 7500** Out-of-Network \$15,000
Coinsurance Out-of-Pocket Maximum* PCP/Specialty	ARPS504 Silver Cla In-Network \$4,000 30% \$10,000	w/QCNN ssic 4000 Out-of-Network \$8,000 50% \$20,000 Deductible &	ARPS509 Silver Classic In-Network \$4,500 20% \$7,500 Deductible &	Ow/QCNN c HSA 4500** Out-of-Network \$9,000 40% \$15,000 Deductible &	ARPS507 Silver Classic In-Network \$5,500 0% \$5,500 Deductible &	Out-of-Network \$11,000 0% \$11,000 Deductible &	ARPS510 Silver Cla In-Network \$5,500 40% \$9,550	w/QCNN ssic 5500 Out-of-Network \$11,000 50% \$19,100 Deductible &	ARPB503 Bronze Class In-Network \$7,500 0% \$7,500 Deductible &	W/QCNN ic HSA 7500** Out-of-Network \$15,000 0% \$15,000 Deductible &

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