QualChoice® HEALTH INSURANCE

2026 Group Plans Snapshot

Underwritten by QualChoice Life and Health Insurance Company, Inc.

PPO Plans

	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*	$1,500	$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

	ARQG304 ARQG504 w/QCNN Gold Enhanced 1500		ARQG305 ARQG505 w/QCNN Gold Classic HSA 2000**		ARQG306 ARQG506 w/QCNN Gold Enhanced 2000		ARQG307 ARQG507 w/QCNN Gold Enhanced 3000		ARQG308 ARQG508 w/QCNN Gold Enhanced 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.

P.O. Box 25610 | Little Rock, AR 72221 | 800.235.7111 | 501.228.7111 | FAX 833.681.2495 | QualChoice.com

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	ARQG309 ARQG509 w/QCNN Gold Enhanced HSA 4150**		ARQS312 ARQS512 w/QCNN Silver Enhanced 2000		ARQS313 ARQS513 w/QCNN Silver Enhanced 3000		ARQS305 ARQS505 w/QCNN Silver Enhanced HSA 3400**		ARQS302 ARPQ502 w/QCNN 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	$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

	ARQS304 ARQS504 w/QCNN Silver Enhanced 4000		ARQS309 ARQS509 w/QCNN Silver Enhanced HSA 4500**		ARQS307 ARQS507 w/QCNN Silver Enhanced HSA 5500**		ARQS310 ARQS510 w/QCNN Silver Enhanced 5500		ARQB303 ARQB503 w/QCNN Bronze Enhanced 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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