QualChoice® HEALTH INSURANCE

2027 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		ARPP305 ARPP505 w/QCNN Platinum Classic 1500		ARPP306 ARPP506 w/QCNN Platinum Classic 2000	
	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	$1,500	$3,000	$2,000	$4,000
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum*	$2,500	$5,000	$2,750	$5,500	$3,000	$6,000	$3,500	$7,000	$4,000	$8,000
PCP/Specialty Evaluation	$25/$45	Deductible & Coinsurance	$25/$45	Deductible & Coinsurance	$25/$45	Deductible & Coinsurance	$25/$45	Deductible & Coinsurance	$25/$45	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/$350	Not Covered	$15/$45 $100/$350	Not Covered	$15/$45 $100/$350	Not Covered	$15/$45 $100/$350	Not Covered	$15/$45 $100/$350	Not Covered

	ARPG301 ARPG501 w/QCNN Gold Classic 1000 1		ARPG302 ARPG502 w/QCNN Gold Classic 1000 2		ARPG304 ARPG504 w/QCNN Gold Classic 1500 1		ARPG310 ARPG510 w/QCNN Gold Classic 1500 2		ARPG306 ARPG506 w/QCNN Gold Classic 2000 1	
	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	$1,000	$2,000	$1,500	$3,000	$1,500	$3,000	$2,000	$4,000
Coinsurance	20%	40%	20%	40%	20%	40%	30%	50%	20%	40%
Out-of-Pocket Maximum*	$6,500	$13,000	$7,900	$15,800	$6,500	$13,000	$7,900	$15,800	$7,900	$15,800
PCP/Specialty Evaluation	$30/$60	Deductible & Coinsurance	$30/$60	Deductible & Coinsurance	$30/$60	Deductible & Coinsurance	$30/$60	Deductible & Coinsurance	$30/$60	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	$20/$60 $120/$400	Not Covered	$20/$60 $120/$400	Not Covered	$20/$60 $120/$400	Not Covered	$20/$60 $120/$400	Not Covered

*Includes Deductible, Coinsurance, and applicable Medical and Rx Copayments. ** High Deductible Health Plan.
NOTES: All plans outlined utilize the Formulary.

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	ARPG311 ARPG511 w/QCNN Gold Classic 2000 2		ARPG305 ARPG505 w/QCNN Gold Classic HSA 2500**		ARPG307 ARPG507 w/QCNN Gold Classic 3000		ARPG308 ARPG508 w/QCNN Gold Classic HSA 3500**	
	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	$2,500	$5,000	$3,000	$6,000	$3,500	$7,000
Coinsurance	30%	50%	20%	40%	20%	40%	0%	0%
Out-of-Pocket Maximum*	$7,900	$15,800	$4,500	$9,000	$7,000	$14,000	$3,500	$7,000
PCP/Specialty Evaluation	$30/$60	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	$30/$60	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient	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	Deductible & Coinsurance	Not Covered

	ARPG309 ARPG509 w/QCNN Gold Classic HSA 4400**		ARPS312 ARPS512 w/QCNN Silver Classic 2500 1		ARPS314 ARPS514 w/QCNN Silver Classic 2500 2		ARPS313 ARPS513 w/QCNN Silver Classic 3000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	$4,400	$8,800	$2,500	$5,000	$2,500	$5,000	$3,000	$6,000
Coinsurance	0%	0%	20%	40%	30%	50%	20%	40%
Out-of-Pocket Maximum*	$4,400	$8,800	$9,500	$19,000	$12,000	$24,000	$9,500	$19,000
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	$50/$90	Deductible & Coinsurance	$50/$90	Deductible & Coinsurance	$50/$90	Deductible & Coinsurance
Inpatient	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	$30/$90 $150/$500	Not Covered

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	ARPS305 ARPS505 w/QCNN Silver Classic HSA 3500**		ARPS302 ARPS502 w/QCNN Silver Classic 3500 1		ARPS315 ARPS515 w/QCNN Silver Classic 3500 2		ARPS304 ARPS504 w/QCNN Silver Classic 4000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	$3,500	$7,000	$3,500	$7,000	$3,500	$7,000	$4,000	$8,000
Coinsurance	20%	40%	25%	45%	30%	50%	30%	50%
Out-of-Pocket Maximum*	$8,500	$17,000	$10,000	$20,000	$12,000	$24,000	$11,000	$22,000
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	$50/$90	Deductible & Coinsurance	$50/$90	Deductible & Coinsurance	$50/$90	Deductible & Coinsurance
Inpatient	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	$30/$90 $150/$500	Not Covered

	ARPS309 ARPS509 w/QCNN Silver Classic HSA 5000**		ARPS310 ARPS510 w/QCNN Silver Classic 5500		ARPS307 ARPS507 w/QCNN Silver Classic HSA 6000**		ARPB303 ARPB503 w/QCNN Bronze Classic HSA 8000**	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	$5,000	10,000	$5,500	$11,000	$6,000	$12,000	$8,000	$16,000
Coinsurance	20%	40%	40%	50%	0%	0%	0%	0%
Out-of-Pocket Maximum*	$8,500	$17,000	$11,000	$22,000	$6,000	$12,000	$8,000	$16,000
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	$50/$90	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
Prescription Drugs	Deductible & Coinsurance	Not Covered	$30/$90 $150/$500	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 utilize the Formulary.