QualChoice® HEALTH INSURANCE

2027 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		ARQP305 ARQP505 w/QCNN Platinum Enhanced 1500		ARQP306 ARQP506 w/QCNN Platinum Enhanced 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

	ARQG301 ARQG501 w/QCNN Gold Enhanced 1000 1		ARQG302 ARQG502 w/QCNN Gold Enhanced 1000 2		ARQG304 ARQG504 w/QCNN Gold Enhanced 1500 1		ARQG310 ARQG510 w/QCNN Gold Enhanced 1500 2		ARQG306 ARQG506 w/QCNN Gold Enhanced 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.
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	ARQG311 ARQG511 w/QCNN Gold Enhanced 2000 2		ARQG305 ARQG505 w/QCNN Gold Enhanced HSA 2500**		ARQG307 ARQG507 w/QCNN Gold Enhanced 3000		ARQG308 ARQG508 w/QCNN Gold Enhanced 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

	ARQG309 ARQG509 w/QCNN Gold Enhanced HSA 4400**		ARQS312 ARQS512 w/QCNN Silver Enhanced 2500 1		ARQS314 ARQS514 w/QCNN Silver Enhanced 2500 2		ARQS313 ARQS513 w/QCNN Silver Enhanced 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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	ARQS305 ARQS505 w/QCNN Silver Enhanced HSA 3500**		ARQS302 ARPQ502 w/QCNN Silver Enhanced 3500 1		ARQS315 ARQS515 w/QCNN Silver Enhanced 3500 2		ARQS304 ARQS504 w/QCNN Silver Enhanced 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	Deductible & Coinsurance	Not Covered

	ARQS309 ARQS509 w/QCNN Silver Enhanced HSA 5000**		ARQS310 ARQS510 w/QCNN Silver Enhanced 5500		ARQS307 ARQS507 w/QCNN Silver Enhanced HSA 6000**		ARQB303 ARQB503 w/QCNN Bronze Enhanced 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.
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