

	ARQP301 Platinum Enhanced 250		ARQP302 Platinum Enhanced 500		ARQG301 Gold Enhanced 1000-1		ARQG302 Gold Enhanced 1000-2		ARQG304 Gold Enhanced 1500	
	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	\$250	\$500	\$500	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000	\$1,500	\$3,000
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum*	\$1,250	\$2,500	\$1,250	\$2,500	\$3,650	\$7,300	\$4,500	\$9,000	\$4,000	\$8,000
PCP/Specialty Evaluation	\$35/\$55	Deductible & Coinsurance	\$35/\$55	Deductible & Coinsurance	\$35/\$55	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance	\$30/\$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	\$10/\$40 \$60/\$100	Not Covered	\$10/\$40 \$60/\$100	Not Covered	\$10/\$40 \$60/\$100	Not Covered	\$10/\$40 \$60/\$100	Not Covered	\$10/\$40 \$60/\$100	Not Covered

	ARQG305 Gold Enhanced HSA 1500**		ARQS302 Silver Enhanced 2000-1		ARQS308 Silver Enhanced 2000-2		ARQS304 Silver Enhanced 3000		ARQS305 Silver Enhanced HSA 2700**	
	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	\$2,700	\$5,400
Coinsurance	20%	40%	40%	50%	30%	50%	30%	50%	20%	40%
Out-of-Pocket Maximum*	\$2,500	\$5,000	\$7,350	\$14,700	\$6,800	\$13,600	\$7,350	\$14,700	\$6,000	\$12,000
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	\$45/\$65	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$35/\$65	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	Deductible & Coinsurance	Not Covered	\$15/\$55 \$80/\$100	Not Covered	\$15/\$50 \$75/\$125	Not Covered	\$10/\$50 \$70/\$100	Not Covered	Deductible & Coinsurance	Not Covered

	ARQS306 Silver Enhanced HSA 3000**		ARQS307 Silver Enhanced HSA 3600**		ARQB302 Bronze Enhanced HSA 4500**		ARQB303 Bronze Enhanced HSA 6550**	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$3,000	\$6,000	\$3,600	\$7,200	\$4,500	\$9,000	\$6,550	\$13,100
Coinsurance	20%	40%	0%	0%	50%	50%	0%	0%
Out-of-Pocket Maximum*	\$5,500	\$11,000	\$3,600	\$7,200	\$6,550	\$13,100	\$6,550	\$13,100
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	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	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered

*Includes Deductible, Coinsurance, and applicable medical and Rx Copayments. **High Deductible Health Plan. **NOTE:** All plans outlined include Pediatric Dental. Similar plans without Pediatric Dental are available upon request.x