

	ARPP301 ARPP501 w/QC Platinum Classic 500		ARPP302 ARPP502 w/QC Platinum Classic 750		ARPP303 ARPP503 w/QC Platinum Classic 1000		ARPG301 ARPG501 w/QC Gold Classic 1000-1		ARPG302 ARPG502 w/QC 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%	30%	50%
Out-of-Pocket Maximum*	\$2,000	\$4,000	\$2,150	\$4,300	\$2,150	\$4,300	\$7,800	\$15,600	\$7,500	\$15,000
PCP/Specialty Evaluation	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$30/\$50	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	\$10/\$40 \$80/\$200/\$400	Not Covered	\$10/\$40 \$80/\$200/\$400	Not Covered	\$10/\$40 \$80/\$200/\$400	Not Covered	\$15/\$50 \$100/\$250/\$500	Not Covered	\$15/\$50 \$100/\$250/\$500	Not Covered

	ARPG304 ARPG504 w/QC Gold Classic 1500		ARPG306 ARPG506 w/QC Gold Classic 2000		ARPG307 ARPG507 w/QC Gold Classic 3000		ARPG305 ARPG505 w/QC Gold Classic HSA 1650**		ARPG308 ARPG508 w/QC Gold Classic HSA 3200**	
	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	\$3,000	\$6,000	\$1,650	\$3,300	\$3,200	\$6,400
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%	0%	0%
Out-of-Pocket Maximum*	\$6,050	\$12,100	\$8,500	\$17,000	\$7,000	\$14,000	\$3,650	\$7,300	\$3,200	\$6,400
PCP/Specialty Evaluation	\$30/\$50	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance	\$30/\$50	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	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	\$15/\$50 \$100/\$250/\$500	Not Covered	\$15/\$50 \$100/\$250/\$500	Not Covered	\$15/\$50 \$100/\$250/\$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 include Pediatric Dental unless otherwise noted; similar plans without Pediatric Dental are available upon request. All plans outlined utilize the Formulary.

	ARPS308 ARPS508 w/QC Silver Classic 3000		ARPS302 ARPS502 w/QC Silver Classic 3500		ARPS304 ARPS504 w/QC Silver Classic 4000		ARPS310 ARPS510 w/QC Silver Classic 5500	
	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	\$3,500	\$7,000	\$4,000	\$8,000	\$5,500	\$11,000
Coinsurance	30%	50%	40%	50%	30%	50%	40%	50%
Out-of-Pocket Maximum*	\$9,450	\$18,900	\$9,450	\$18,900	\$9,450	\$18,900	\$8,700	\$17,400
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	\$45/\$80	Deductible & Coinsurance	\$45/\$80	Deductible & Coinsurance	\$45/\$80	Deductible & Coinsurance
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	\$20/\$60 \$120/\$300/\$600	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered

	ARPS305 ARPS505 w/QC Silver Classic HSA 3200**		ARPS306 ARPS506 w/QC Silver Classic HSA 3500**		ARPS307 ARPS507 w/QC Silver Classic HSA 5100**		ARPS309 ARPS509 w/QC Silver Classic HSA 4500**		ARPB303 ARPB503 w/QC Bronze Classic HSA 7050**	
	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	\$3,200	\$6,400	\$3,500	\$7,000	\$5,100	\$10,200	\$4,500	\$9,000	\$7,050	\$14,100
Coinsurance	20%	40%	20%	40%	0%	0%	20%	40%	0%	0%
Out-of-Pocket Maximum*	\$7,000	\$14,000	\$7,500	\$15,000	\$5,100	\$10,200	\$7,000	\$14,000	\$7,050	\$14,100
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	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	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	Deductible & Coinsurance	Not Covered	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.

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