

	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	
	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
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum*	\$2,000	\$4,000	\$2,150	\$4,300	\$2,150	\$4,300	\$7,800	\$15,600
PCP/Specialty Evaluation	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance
Inpatient	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

	ARQG302 ARQG502 w/ QCNN Gold Enhanced 1000-2		ARQG304 ARQG504 w/ QCNN Gold Enhanced 1500		ARQG306 ARQG506 w/ QCNN Gold Enhanced 2000		ARQG307 ARQG507 w/ QCNN Gold Enhanced 3000		ARQG305 ARQG505 w/ QCNN Gold Enhanced HSA 1650**	
	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	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000	\$1,650	\$3,300
Coinsurance	30%	50%	20%	40%	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum*	\$7,500	\$15,000	\$6,050	\$12,100	\$8,500	\$17,000	\$7,000	\$14,000	\$3,650	\$7,300
PCP/Specialty Evaluation	\$30/\$60	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance	\$30/\$50	Deductible & Coinsurance	\$30/\$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	\$15/\$50 \$100/\$250/\$500	Not Covered	\$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

*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.

	ARQG308 ARQG508 w/ QCNN Gold Enhanced HSA 3200**		ARQS308 ARQS508 w/ QCNN Silver Enhanced 3000		ARQS302 ARQS502 w/ QCNN Silver Enhanced 3500		ARQS304 ARQS504 w/ QCNN Silver Enhanced 4000		ARQS310 ARQS510 w/ QCNN Silver Enhanced 5500	
	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	\$3,000	\$6,000	\$3,500	\$7,000	\$4,000	\$8,000	\$5,500	\$11,000
Coinsurance	0%	0%	30%	50%	40%	50%	30%	50%	40%	50%
Out-of-Pocket Maximum*	\$3,200	\$6,400	\$9,450	\$18,900	\$9,450	\$18,900	\$9,450	\$18,900	\$8,700	\$17,400
PCP/Specialty Evaluation	Deductible & Coinsurance	Deductible & Coinsurance	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	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	Deductible & Coinsurance	Not Covered	\$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

	ARQS305 ARQS505 w/ QCNN Silver Enhanced HSA 3200**		ARQS306 ARQS506 w/ QCNN Silver Enhanced HSA 3500**		ARQS307 ARQS507 w/ QCNN Silver Enhanced HSA 5100**		ARQS309 ARQS509 w/ QCNN Silver Enhanced HSA 4500**		ARQB303 ARQB503 w/ QCNN Bronze Enhanced 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.

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.