

HEALTH INSURANCE Underwritten by QualChoice Life and Health Insurance Company, Inc.

	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		ARQG302 ARQG502 w/ QCNN Gold Enhanced 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%	20%	40%
Out of-Pocket Maximum*	\$1,750	\$3,500	\$2,000	\$4,000	\$2,250	\$4,500	\$5,500	\$11,000	\$6,500	\$13,000
PCP/Specialty Evaluation	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$15/\$35	Deductible & Coinsurance	\$25/\$50	Deductible & Coinsurance	\$25/\$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 \$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

	ARQG304 ARQG504 w/ QCNN Gold Enhanced 1500		ARQG305 ARQG505 w/ QCNN Gold Enhanced HSA 1750**		ARQG306 ARQG506 w/ QCNN Gold Enhanced 2000		ARQG307 ARQG507 w/ QCNN Gold Enhanced 3000		ARQG308 ARQG508 w/ QCNN Gold Enhanced HSA 3300**	
	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	\$1,750	\$3,500	\$2,000	\$4,000	\$3,000	\$6,000	\$3,300	\$6,600
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%	0%	0%
Out of-Pocket Maximum*	\$5,500	\$11,000	\$3,650	\$7,300	\$6,500	\$13,000	\$6,000	\$12,000	\$3,300	\$6,600
PCP/Specialty Evaluation	\$25/\$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$25/\$50	Deductible & Coinsurance	\$25/\$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	Deductible & Coinsurance	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.



HEALTH INSURANCE Underwritten by QualChoice Life and Health Insurance Company, Inc.

ARQS312 ARQS512 w/QCNN Silver Enchanced 2000		ARQS313 ARQS513 w/QCNN Silver Enhanced 3000 2		ARQS308 ARQS508 w/ QCNN Silver Enhanced 3000 1		ARQS305 ARQS505 w/ QCNN Silver Enhanced HSA 3300**		ARQS302 ARQS502 w/ QCNN Silver Enhanced 3500	
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
\$2,000	\$4,000	\$3,000	\$6,000	\$3,000	\$6,000	\$3,300	\$6,600	\$3,500	\$7,000
20%	40%	20%	40%	30%	50%	20%	40%	25%	45%
\$8,500	\$17,000	\$8,000	\$16,000	\$9,000	\$18,000	\$7,000	\$14,000	\$9,200	\$18,400
\$45/\$80	Deductible & Coinsurance	\$45/\$80	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$45/\$80	Deductible & Coinsurance
Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
\$20/\$60 \$120/\$300/\$600	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered	Deductible & Coinsurance	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered
	ARQS512 Silver Encha In-Network \$2,000 20% \$8,500 \$45/\$80 Deductible & Coinsurance \$20/\$60	ARQS512 w/QCNN Silver Enchanced 2000 In-Network Out-of-Network \$2,000 \$4,000 20% 40% \$8,500 \$17,000 \$45/\$80 Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance \$20/\$60 Not Covered	ARQS512 w/QCNN ARQS513 Silver Enchanced 2000 Silver Enhance In-Network Out-of-Network In-Network \$2,000 \$4,000 \$3,000 20% 40% 20% \$8,500 \$17,000 \$8,000 \$45/\$80 Deductible & Coinsurance \$45/\$80 Deductible & Coinsurance Deductible & Coinsurance Coinsurance \$20/\$60 Not Covered \$20/\$60	ARQS512 w/QCNN Silver Enchanced 2000 ARQS513 w/QCNN Silver Enhanced 3000 2 In-Network Out-of-Network In-Network Out-of-Network \$2,000 \$4,000 \$3,000 \$6,000 20% 40% 20% 40% \$8,500 \$17,000 \$8,000 \$16,000 \$45/\$80 Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance Deductible & Coinsurance	ARQS512 w/QCNN Silver Enchanced 2000 ARQS513 w/QCNN Silver Enhanced 3000 2 ARQS508 Silver Enhanced 3000 2 In-Network Out-of-Network In-Network In-Network \$2,000 \$4,000 \$3,000 \$6,000 \$3,000 20% 40% 20% 40% 30% \$8,500 \$17,000 \$8,000 \$16,000 \$9,000 \$45/\$80 Deductible & Coinsurance S20/\$60 Not Covered \$20/\$60	ARQS512 w/QCNN Silver Enchanced 2000 ARQS513 w/QCNN Silver Enhanced 3000 2 ARQS508 w/ QCNN Silver Enhanced 3000 1 In-Network Out-of-Network In-Network Out-of-Network \$2,000 \$4,000 \$3,000 \$6,000 20% 40% 20% 40% 30% 50% \$8,500 \$17,000 \$8,000 \$16,000 \$9,000 \$18,000 \$45/\$80 Deductible & Coinsurance Deductible & Coinsurance	ARQS512 w/QCNN Silver Enchanced 2000 In-Network Out-of-Network In-Network Out-of-Network Silver Enhanced 3000 2 In-Network Out-of-Network In-Network Silver Enhanced 3000 1 In-Network Out-of-Network In-Network Silver Enhanced 3000 1 In-Network Out-of-Network In-Network Silver Enhanced 3000 1 In-Network In-Network Silver Enhanced 3000 1 In-Network In-Network In-Network Silver Enhanced 3000 1 In-Network In-Network Silver Enhanced 3000 1 In-Network In-Network In-Network Silver Enhanced 3000 1 In-Network In-Network In-Network In-Network In-Network Silver Enhanced 3000 1 In-Network In-Network In-Network In-Network In-Network Out-of-Network In-Network In-N	ARQS512 w/QCNN Silver Enchanced 2000 ARQS513 w/QCNN Silver Enhanced 3000 2 ARQS508 w/ QCNN Silver Enhanced 3000 1 ARQS505 w/ QCNN Silver Enhanced HSA 3300** In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network In-Network Out-of-Network In-Network Sa,000 Sa,00	ARQS512 w/QCNN Silver Enchanced 2000 ARQS513 w/QCNN Silver Enhanced 3000 1 ARQS505 w/QCNN Silver Enhanced HSA 3300** ARQS502 Silver Enhanced HSA 3300** ARQS502 Silver Enhanced HSA 3300** In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network In-Network Out-of-Network In-Network In-Network In-Network In-Network Out-of-Network In-Network In-Network In-Network Out-of-Network In-Network In-Network Out-of-Network In-Network In-Network In-Network In-Network Out-of-Network In-Network Out-of-Network In-Network In-Network In-Network In-Network In-Network Out-of-Network In-Network In-Network In-Network In-Network In-Network In-Network In-Network In-Network In-Network

	ARQS304 ARQS504 w/ QCNN Silver Enhanced 4000		ARQS309 ARQS509 w/ QCNN Silver Enhanced HSA 4500**		ARQS307 ARQS507 w/ QCNN Silver Enhanced HSA 5100**		ARQS310 ARQS510 w/ QCNN Silver Enhanced 5500		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	\$4,000	\$8,000	\$4,500	\$9,000	\$5,100	\$10,200	\$5,500	\$11,000	\$7,050	\$14,100
Coinsurance	30%	50%	20%	40%	0%	0%	40%	50%	0%	0%
Out of-Pocket Maximum*	\$9,200	\$18,400	\$7,000	\$14,000	\$5,100	\$10,200	\$9,200	\$18,400	\$7,050	\$14,100
PCP/Specialty Evaluation	\$45/\$80	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	\$45/\$80	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	\$20/\$60 \$120/\$300/\$600	Not Covered	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	\$20/\$60 \$120/\$300/\$600	Not Covered	Deductible & Coinsurance	Not Covered

^{*}Includes Deductible, Coinsurance, and applicable Medical and Rx Copayments. ** High Deductible Health Plan.

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