

# NEW Broker Portal



A HEALTHONE ALLIANCE COMPANY

## Learning the Basics of the Alliant Broker Portal

# Accessing the Portal

MEMBER NEWS 11/01/16: 2017 Rate Increase Justification Notice - click to read

ALLIANT HEALTH PLANS

FOLLOW US    

Search Alliant Plans **LOG IN**

SHOP HEALTH PLANS MEMBERS EMPLOYERS **BROKERS** PROVIDERS FIND A PROVIDER >

**Main Menu**

- New Broker Appointment
- 2017 Broker SoloCare Plans Benefits
- 2017 SimpleCare Plans Benefits
- Forms & Documents
- On the Move Newsletter
- Ask a Question

**Online Broker Services**

- Broker Portal



## WELCOME, BROKERS

New for Open Enrollment 2017

- Broker Portal
- Provider Search
- SoloCare 2017 Plan Designs
- SimpleCare 2017 Plan Designs

**FEATURED SERVICES**

- Find a Provider
- Formulary List
- SoloCare SBC - Individual/Family
- SimpleCare SBC - Small Group
- SimpleCare SBC - Large

- Visit [AlliantPlans.com](http://AlliantPlans.com)
- Select *Brokers* from the top ribbon
- Select *Broker Portal* on the left-hand menu bar



# Log-In Screen



Sign in to start your session

   Remember Me

Sign In

- Log in using your credentials from the previous Broker Portal
- If you do not have credentials, please contact your Account Executive.



# Dashboard

Broker Portal ☰ Sign out ⚙️

Search Member ID  🔍 Home > Dashboard

MAIN NAVIGATION

- Dashboard
- Member Management
- Group Management
- My Account
- Tools
- Manage Users

Recent History

### Queues for Individual

<b>29</b> Application in process / Pending submission 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>8</b> Pending QLE confirmation 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>27</b> Application submitted / Awaiting payment / Payment pending 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>2</b> Completed enrollment / Policy effectuated 08/12/2016-10/12/2016 <a href="#">More info</a>
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### Request Queues

<b>46</b> Pending Queue 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>12</b> Approved request 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>8</b> Reject Queue 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>0</b> Removed queue 08/12/2016-10/12/2016 <a href="#">More info</a>
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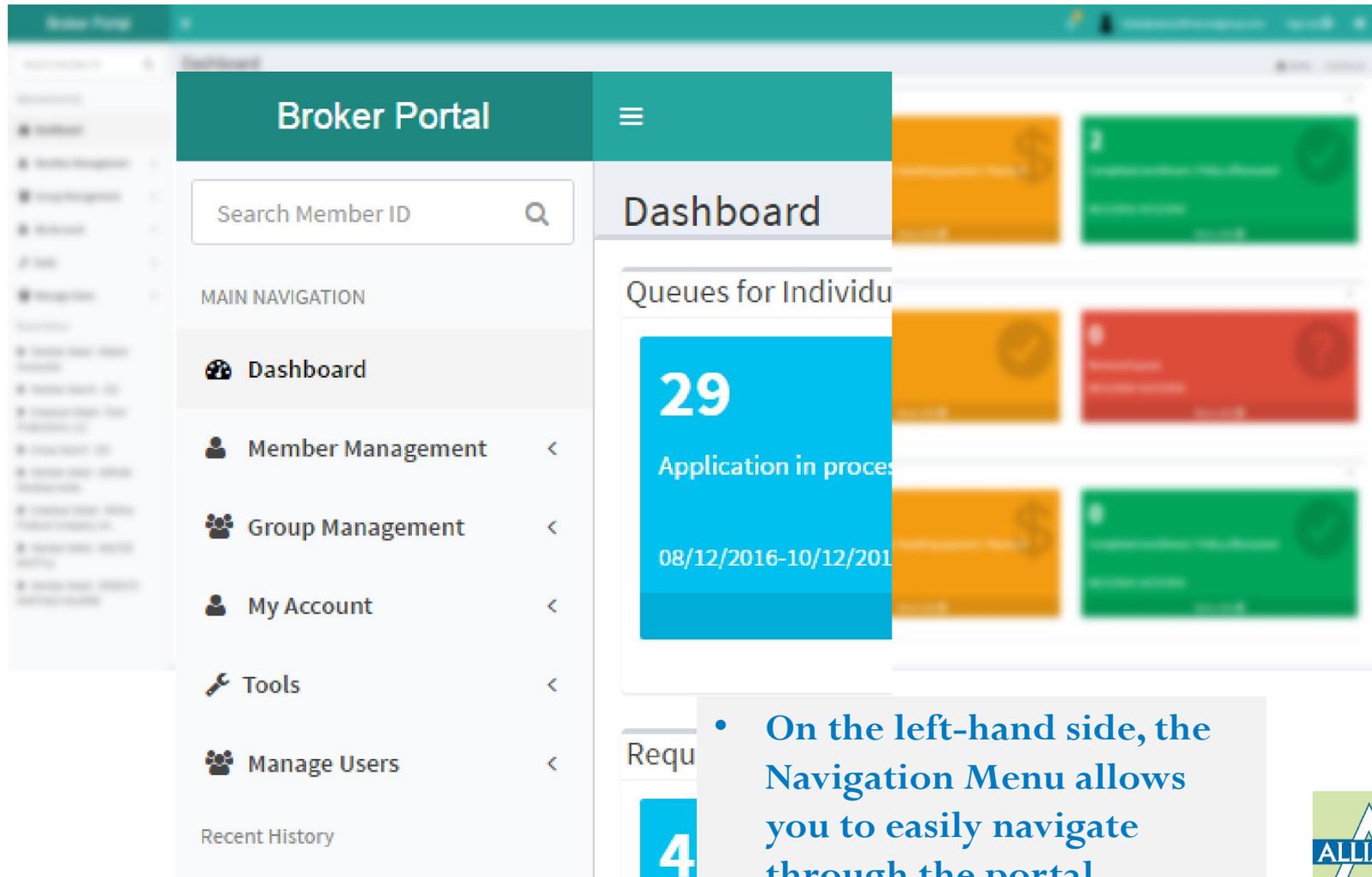
### Queues for Small Group

<b>4</b> Application in process / Pending submission 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>0</b> Pending application confirmation 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>0</b> Application submitted / Awaiting payment / Payment pending 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>0</b> Completed enrollment / Policy effectuated 08/12/2016-10/12/2016 <a href="#">More info</a>
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• Upon log-in, you will see your dashboard, showing you a quick glimpse of your book of business and its status



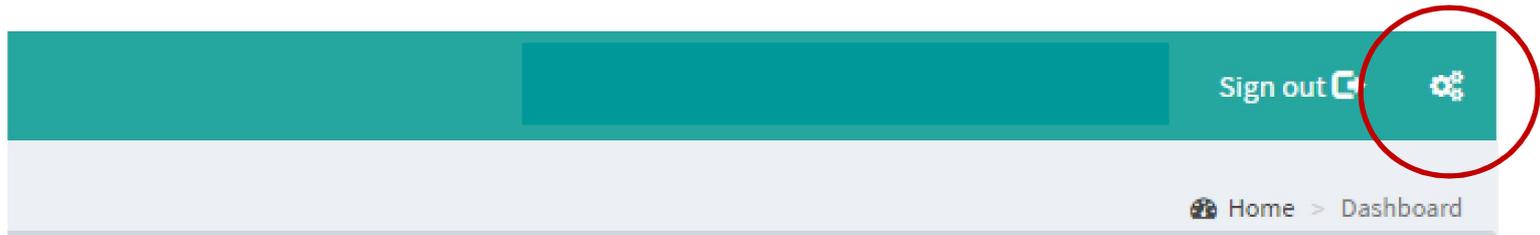
# Navigation Menu



The screenshot displays the 'Broker Portal' interface. On the left, a navigation menu is visible with the following items: Dashboard, Member Management, Group Management, My Account, Tools, and Manage Users. Below these is a 'Recent History' section. The main content area shows a 'Dashboard' header, a search bar for 'Search Member ID', and a section titled 'Queues for Individual' with a prominent blue card showing '29 Application in process' for the period '08/12/2016-10/12/2016'. Other dashboard cards in orange, green, and red are also visible.

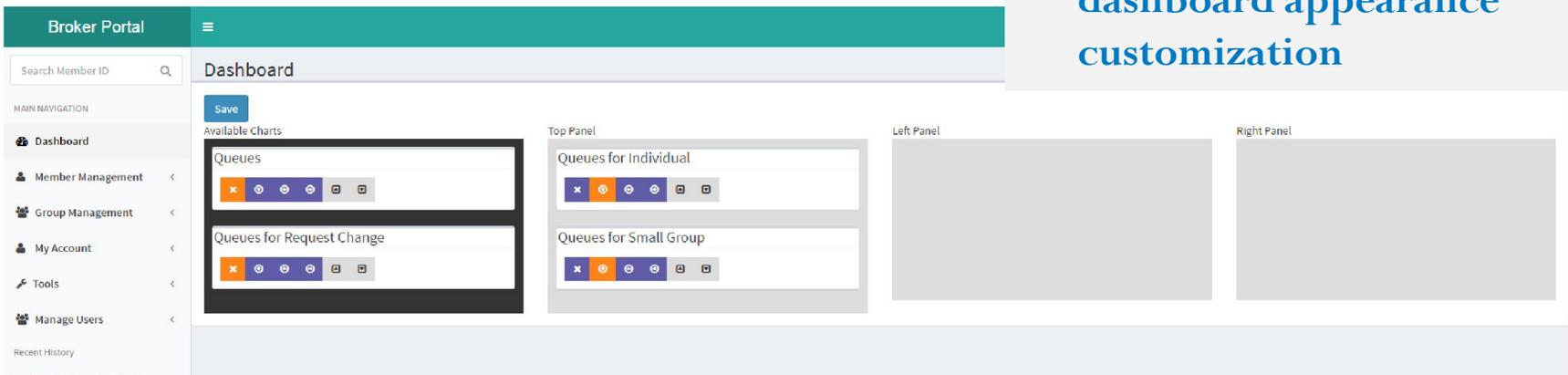
- On the left-hand side, the Navigation Menu allows you to easily navigate through the portal

# Customize Dashboard



Right Panel

- The action gears in the top right-hand corner allow dashboard appearance customization



# Dashboard Queues

Broker Portal ☰ Sign out ⚙️

Search Member ID  🔍 Home > Dashboard

MAIN NAVIGATION

- Dashboard
- Member Management
- Group Management
- My Account
- Tools
- Manage Users

Recent History

### Queues for Individual

<b>29</b> Application in process / Pending submission 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>8</b> Pending QLE confirmation 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>27</b> Application submitted / Awaiting payment / Payment pending 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>2</b> Completed enrollment / Policy effectuated 08/12/2016-10/12/2016 <a href="#">More info</a>
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### Request Queues

<b>46</b> Pending Queue 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>12</b> Approved request 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>8</b> Reject Queue 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>0</b> Removed queue 08/12/2016-10/12/2016 <a href="#">More info</a>
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### Queues for Small Group

<b>4</b> Application in process / Pending submission 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>0</b> Pending application confirmation 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>0</b> Application submitted / Awaiting payment / Payment pending 08/12/2016-10/12/2016 <a href="#">More info</a>	<b>0</b> Completed enrollment / Policy effectuated 08/12/2016-10/12/2016 <a href="#">More info</a>
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- The Dashboard contains queues for Individuals, Small Groups and Requests

# Individual Pending Applications

Dashboard Home Dashboard

Queues for Individual

29  
Application in process / Pending submission  
08/12/2016 10:12:2016  
More info

8

27

2

Individual Enrollments - Search Individual Application

**Search Individual Application**

Search Search

**Applicant Last Name**

**Applicant First Name**

**Last Modify Date From**

**Coverage Start Date From**

**Date of Birth**

**Broker**

**To**

**To**

**Enrollments**

Applicant First Name	Applicant Last Name	DOB	Gender	Plan Name	Status	Coverage Start Date	Last Modify Date	Broker	ACTION
ddd	dd	11/11/1986	M	SoloCare Silver PPO 40007	Waiting for eSign	01/01/2017	10/11/2016 10:04:47 PM		<a href="#">Continue Application</a> <a href="#">Delete</a>
dddd	dd	11/11/1986	F	SoloCare Silver PPO 40007	Waiting for eSign	01/01/2017	10/11/2016 10:03:24 PM		<a href="#">Continue Application</a> <a href="#">Delete</a>
Test	Fountain	06/22/1974		SoloCare Platinum PPO 40022	New	01/01/2017	10/6/2016 10:58:36 AM		<a href="#">Continue Application</a> <a href="#">Delete</a>
		11/11/2000		SoloCare Bronze HDHP 40031	New	01/01/2017	9/30/2016 10:37:36 AM		<a href="#">Continue Application</a> <a href="#">Delete</a>
		11/11/2000		SoloCare StdId Bronze 40024	New	01/01/2017	9/30/2016 10:37:36 AM		<a href="#">Continue Application</a> <a href="#">Delete</a>
		11/11/2000		SoloCare Platinum PPO 40022	New	01/01/2017	9/29/2016 6:52:23 PM		<a href="#">Continue Application</a> <a href="#">Delete</a>
		11/11/2000		SoloCare Bronze HDHP 40032	New	01/01/2017	9/29/2016 11:39:20 AM		<a href="#">Continue Application</a> <a href="#">Delete</a>
		11/11/2000		SoloCare Platinum PPO 40023	New	01/01/2017	9/29/2016 11:39:19 AM		<a href="#">Continue Application</a> <a href="#">Delete</a>
		11/11/2000		SoloCare Bronze HDHP 40032	New	01/01/2017	9/28/2016 3:45:56 PM		<a href="#">Continue Application</a> <a href="#">Delete</a>
		11/11/2000		SoloCare Bronze PPO 40021	New	01/01/2017	9/28/2016 3:45:04 PM		<a href="#">Continue Application</a>

- For example, you can view/search all pending individual applications directly from your dashboard

# Individual Completed Queue

The dashboard displays four queues for individual applications:

- 29 Applications pending Pending enrollment
- 8 Applications pending Enrollment
- 27 Applications pending Pending payment / Photo / ID
- 2 Completed enrollment / Policy effectuated

The search interface includes the following fields:

- Applicant Last Name: Last Name
- Applicant First Name: First Name
- Last Modify Date From: 08/12/2016
- Coverage Start Date From: [Empty]
- Date of Birth: [Empty]
- Broker: [Dropdown]
- To: 10/12/2016
- To: [Empty]

The Enrollments table shows the following data:

Applicant First Name	Applicant Last Name	DOB	Gender	Plan Name	Status	Coverage Start Date	Last Modify Date	Broker	ACTION
test	testfff09192016_02	11/11/2000	M	SoloCare - 0040019	Payment Complete	10/01/2016	9/19/2016 10:19:46 AM	[Blurred]	Continue Application
test	eeefffff	11/11/2000	M	SoloCare - 0040019	Payment Complete	10/01/2016	9/8/2016 5:12:14 PM	[Blurred]	Continue Application

- You may also view/search all completed individual applications directly from your dashboard

# Request Queue – Waiting for QLE Confirmation

Request Queues

**46**  
Pending Queue  
09/11/2016-10/12/2016  
[More info](#)

**12**  
Approved Requests  
09/11/2016-10/12/2016

**8**  
Rejected Requests  
09/11/2016-10/12/2016

**0**  
Renewed Requests  
09/11/2016-10/12/2016

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**Search Individual Application** Individual Enrollments > Search Individual Application

**Search**

**Applicant Last Name**

**Applicant First Name**

**Last Modify Date From**

**Coverage Start Date From**

**Date of Birth**

**Broker**

**To**

**To**

---

**Enrollments**

Applicant First Name	Applicant Last Name	DOB	Gender	Plan Name	Status	Coverage Start Date	Last Modify Date	Broker	ACTION
sdul	slufi	11/11/1986	M	SoloCare - 0040010	Waiting for QLE confirmation	10/01/2016	10/11/2016 9:00:51 PM	Health Alliance	<input type="button" value="Continue Application"/>
test2es	sdfg	11/11/1985	M	SoloCare - 0040019	Waiting for QLE confirmation	10/01/2016	10/10/2016 8:11:14 PM	Health Alliance	<input type="button" value="Continue Application"/>
test	test10092016	11/11/2000	M	SoloCare Bronze HDHP 40031	Waiting for QLE confirmation	01/01/2017	10/9/2016 10:17:51 PM	Health Alliance	<input type="button" value="Continue Application"/>
Joe	test 6	01/01/2000	M	SoloCare - 0040019	Waiting for QLE confirmation	10/01/2016	10/5/2016 11:35:55 AM	Health Alliance	<input type="button" value="Continue Application"/>
test	testff09132016	11/11/2000	M	SoloCare - 0040019	Waiting for QLE confirmation	10/01/2016	9/13/2016 9:05:45 PM	Health Alliance	<input type="button" value="Continue Application"/>
test	992016ff	11/11/2000	M	SoloCare - 0040019	Waiting for QLE confirmation	10/01/2016	9/13/2016 2:29:19 PM	Health Alliance	<input type="button" value="Continue Application"/>
					Waiting for QLE confirmation	10/01/2016	9/6/2016 3:49:30 PM	Health Alliance	<input type="button" value="Continue Application"/>
					Waiting for QLE confirmation	09/01/2016	8/24/2016 10:56:51 AM	Health Alliance	<input type="button" value="Continue Application"/>

- You may search/view all requests awaiting QLE confirmation directly from your dashboard

# Request Queue - Rejects

Request Queues

- 46 Pending Queue
- 12 Request Queue
- 8 Request Queue
- 0 Removed Queue

Tools

Request Change Queue

Type: All | Status: Failed | Member ID: | First Name: | Last Name: | Request Date From: 08/12/2016 | To: 10/12/2016 | SSN: | Broker: | Search

Status	Member ID	Request Type	Denial Reason	Reason	Application	Broker	Request Date
Denied							09/21/2016
Denied							09/18/2016
							09/18/2016
							09/18/2016

- You may search/view all rejected requests directly from your dashboard

# Member Management

The screenshot displays the 'Broker Portal' dashboard. On the left is a navigation menu with 'Member Management' highlighted. The main content area is titled 'Dashboard' and features three sections of queues: 'Queues for Individual', 'Request Queues', and 'Queues for Small Group'. Each queue section contains four colored cards representing different application statuses, with counts and 'More info' links.

Section	Queue Type	Count	Status	More Info
Queues for Individual	Application in process / Pending submission	29	Blue	More info
	Pending QLE confirmation	8	Red	More info
	Application submitted / Awaiting payment / Payment pending	27	Yellow	More info
	Completed enrollment / Policy effectuated	2	Green	More info
Request Queues	Pending Queue	46	Blue	More info
	Approved request	12	Green	More info
	Reject Queue	8	Yellow	More info
	Removed queue	0	Red	More info
Queues for Small Group	Application in process / Pending submission	4	Blue	More info
	Pending application confirmation	0	Red	More info
	Application submitted / Awaiting payment / Payment pending	0	Yellow	More info
	Completed enrollment / Policy effectuated	0	Green	More info

- Using the Navigation Menu, you may manage your population of all members

# Member Search

The screenshot displays the 'Member Management' search interface. On the left is a navigation sidebar with options: Dashboard, Member Management (selected), Search Member, Search Individual Application, Quote New Member, Quotes, Group Management, and My Account. The main content area is titled 'Member Management' and 'Search Member'. It features a search bar at the top right with a 'Search' button. Below the search bar are two columns of search fields. The left column includes: Last Name, First Name, Member ID, Effective Date (with a calendar icon), Term Date (with a calendar icon), and Group Name (with a dropdown arrow). The right column includes: Date of Birth (with a calendar icon), SSN, Application ID, Email, Group Number (with a dropdown arrow), and Broker (with a dropdown arrow).

**Multiple Search Options**

- Use as many or as few search fields as you wish to locate a member record

# Member Search Results

The screenshot displays the 'Member Management' interface. At the top left, there is a search bar labeled 'Search Member ID'. Below it is a navigation menu with options like 'Dashboard', 'Member Management', 'Search Member', 'Search Individual Application', 'Quote New Member', 'Quotes', 'Group Management', 'My Account', 'Tools', and 'Manage Users'. The main area is titled 'Search Member' and contains a form with various search criteria: Last Name, First Name, Member ID, Effective Date, Term Date, Group Name, Date of Birth, SSN, Application ID, Email, Group Number, and Broker. A red circle highlights the 'Search' button in the top right corner of the form. Below the form is a table with columns for Member ID, First Name, Last Name, DOB, Email, Application ID, Effective Date, Term Date, and Broker. The table contains several rows of data, which are slightly blurred.

- You may view all members by simply selecting the Search button in the top right-hand corner without entering any search criteria

# Member Detail

Member Detail - [Request ID Card] [Temp ID Card] Home

### Policy History

Policy ID	Effective Date	Term Date	Group #	Tier Code	Plan ID	RX Plan	LOB	Premium	APTC	PTD	Broker

### Member Information

[Action Gears Icon]

### Balance Information

Total Balance

Payment Type	Notes

- View the member details
  - Yellow line is the most recent line of eligibility
- Request a new ID card or a temporary ID card
- Use the action gears to request an edit for the member

# Member Edit Request

Member Edit Home 5 General Information Edit

General Information Request Change Cancel Upload

Edit Reason

Member ID  Member First Name  Member Middle Initial

Member Last Name  SSN  DOB

Gender  Marital Status Code  Home Phone

Work Phone  Email  Tobacco User

Relation Code  CMS Member ID

Physical Address  copy from billing address

Address Line 1

Address Line 2

City

Billing Address  different than physical address

Address Line 1

Address Line 2

City

State

Zip Code

County

- A change request can be made for any active field
- An edit reason is mandatory
- Upload feature is available for requests that require documentation
- Change requests can only be made for OFF Exchange members

# Adding a Dependent

Member Detail - [Request ID Card](#) [Temp ID Card](#) [Home](#) > [User](#)

### Policy History

Policy ID	Effective Date	Term Date	Group #	Tier Code	Plan ID	RX Plan	LOB	Premium	APTC	PTD	Broker
AM0041019	01/01/2016	12/31/2016	A05090001	EMP	14CY5003	Rx32L	PPO-LG	\$ 404.71	\$ 0.00	04/30/2016	...
AM0041019	01/01/2015	12/31/2015	A05090001	EMP	14CY5003	RX32L	PPO-LG	\$ 374.73	\$ 0.00	12/31/2015	...

- One line of eligibility is chosen...

Search Member ID

MAIN NAVIGATION

- Dashboard
- Member Management <
- Group Management <
- My Account <
- Tools <
- Manage Users <

Recent History

### Policy Detail - [Home](#) > [Policy Information](#)

#### Policy Information

MemberID	Full Name	DOB	Age	Actual SSN	Relationship	Gender	Effective Date	Term Date	Actions
...	...	...	...	...	...	...	...	...	<a href="#">...</a>

[Go To Member Detail](#)

- To add a dependent, choose the policy ID in the active (yellow) line of eligibility
- In the Policy Detail display, click the action gears in the top right-hand corner

# Adding a Dependent (cont'd)

Request Add Dependent Home » S » Policy Information » Add Dependent

---

**Policy Information**

Effective Date: 01/01/2016  Expiration Date: 12/31/2016

---

**Add New Dependent**

Relationship*:	<input type="text"/>	Middle Name:	<input type="text"/>
First Name*:	<input type="text"/>	SSN*:	<input type="text"/>
DOB*:	<input type="text"/>	Smoking Status*:	<input type="text"/>
Email:	<input type="text"/>	Work Phone:	<input type="text"/>
Home Phone*:	<input type="text"/>		
Electronic communication:	<input type="text"/>		

---

**Physical Address**  Different with Subscriber

---

**Mailing Address**  Different than physical address

---

**Billing Address**  Different than physical address

[Request Add Dependent](#) [Download Template](#) [Upload](#)

- You may choose to download the template, complete and upload or walk through the application process in the portal
- Note: the addition of dependents outside of open enrollment require QLE verification

# Group Management

The screenshot displays the 'Group Management' application interface. On the left, a navigation menu lists various options, with 'Group Management' highlighted by a red circle. The main content area is titled 'Group Management' and features a 'Group Search' section. This section includes a search bar and a 'Search' button. Below the search bar, there are several input fields: 'Group Name' (text input), 'Group Number' (dropdown menu), 'Effective Date' (calendar icon), 'Broker' (dropdown menu), and 'Term Date' (calendar icon). The interface is clean and professional, with a light blue and white color scheme.

- Using the Navigation Menu, you may view all groups and their members

# Search

Group Management Home > GroupManage

**Group Search** Search

Group Name

Group Number

Effective Date

Broker

Term Date

Group #	Name	Effective Date	Term Date	Broker	Active Members
		07/01/2009	12/31/9999		
		09/01/2009	12/31/9999		
		09/01/2009	12/31/9999		
		04/01/2010	12/31/9999		
		06/01/2010	12/3		
		01/01/2011	12/3		
		03/01/2011	02/2		
		02/01/2011	12/3		
		03/01/2011	12/3		
		10/01/2011	12/3		

Page 1 of 9 (86 items) [1] 2 3 4 5 6 7 8 9

- You may view all groups by simply selecting the Search button in the top right-hand corner without entering any search criteria
- Use as many or as few search fields as you wish to locate a group record

Group Management

**Group Search**

Group Name

Group Number

Effective Date

Broker

Term Date

# View of Group Profile

Group Detail Home > Search Group > [Group Name]

[Request Add New Member](#)
[View Group Member](#)
[Request Terminate Group](#)

### Group Information

**Group Name:** [Redacted] **Group Number:** [Redacted]  
**DBA:** [Redacted] **Company:** [Redacted]  
**Administrator:** [Redacted] **Email:** [Redacted]  
**Phone:** [Redacted] **Fax:** [Redacted]  
**Tax ID:** [Redacted] **SIC:** [Redacted]  
**COBRA Not:** [Redacted] **COBRA Admin:**  **State Cont:**  **24Hr Covr:**   
**Waiting Period:** Eff date of hire  
 **Auto Renewal**  **Age Billing**  **Small Group**  **COBRA Admin**   
**CMS Tot. Emps:** 61 **Total Covered:** 33 **CMS Threshold Date:** 10/12/2016  
**FTE:** 61 **Total Members:** 49 **Total Eligible:** 0  
**Effective Date:** 10/01/2007 **Term Date:** 12/31/9999 **Next Renewal:** 10/01/2017

### Physical Address

**Address Line 1:** [Redacted]  
**Address Line 2:** [Redacted]  
**City:** [Redacted] **State:** GA **Zip:** 30721  
**County:** [Redacted]  
**Phone #:** [Redacted] **Fax #:** [Redacted]

### Mailing Address

**Address Line 1:** [Redacted]  
**Address Line 2:** [Redacted]  
**City:** [Redacted] **State:** GA **Zip:** 30722-2066  
**Phone #:** [Redacted] **Fax #:** [Redacted]

### Group Plan Information

Group Plan	Group RX Plan	Effective Date	Expiration Date	EERate	ESRate	ECRate	FFRate	Active Members	Action
14CY5003	Rx32L	10/01/2015	09/30/2016	\$462.92	\$981.38	\$0.00	\$1,291.55	0	
14CY1002	Rx19E	10/01/2015	09/30/2016	\$577.45	\$1,224.20	\$0.00	\$1,611.09	0	
14CY2502	Rx19L	10/01/2015	09/30/2016	\$522.96	\$1,106.66	\$0.00	\$1,459.04	0	
10CYPP502	Rx19	10/01/2014	09/30/2015	\$589.84	\$0.00	\$0.00	\$1,645.65	0	
10CYPP2502	Rx19	10/01/2014	09/30/2015	\$490.05	\$1,038.91	\$0.00	\$1,367.24	0	
10CYPP1002	Rx19	10/01/2014	09/30/2015	\$541.66	\$1,146.31	\$0.00	\$1,511.22	0	
10CYPP502	AP19EC	10/01/2013	09/30/2014	\$525.36	\$0.00	\$0.00	\$1,465.76	0	
10CYPP2502	AP19EC	10/01/2013	09/30/2014	\$435.47	\$923.20	\$0.00	\$1,214.97	0	
10CYPP1002	AP19EC	10/01/2013	09/30/2014	\$481.96	\$1,021.75	\$0.00	\$1,344.66	0	
10CYPP502	AP19EC						\$1,397.44	0	

Page 1 of 3 (22 items) [1] [2] [3]

- View group information
- View group members



# View of Group Profile (cont'd)

## Invoices

Invoice Number	Bill Period	Action
547410	05/2016	
537065	04/2016	
527812	02/2016	
519288	03/2016	
506865	02/2016	

Page 1 of 2 (9 items) [1](#) [2](#)

## Broker Information

Agency	Broker Name	Commission Percentage	Commission Amount	Paid Date
				12/01/2015
				11/01/2015
				04/01/2016
				10/01/2015

Page 1 of 2 (8 items) [1](#) [2](#)

## Documents Information

Date	Description
No data to display	

## Group Users

Email	First Name	Last Name	Login	Phone	Password	Action
No data to display						

# Quote a New Group

Broker Portal ☰ Sign out ⚙

Search Member ID

Quote Group Home > Quote Group

Health Coverage 2 Choose Plans 3 Summary

**Add Group Detail**

Company Name\*:  Coverage start Date\*:

Zip Code\*:  County\*:

Email\*:

Employee Count:

Relationship	DOB	Spouse	Child Count
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Quote a New Group (cont'd)

Broker Portal ☰ Sign out ⚙️

Search Member ID

Quote Group Home > Quote Group

1 Health Coverage **2 Choose Plans** 3 Summary

### Add Group Detail

Company Name\*:  Coverage start Date\*:

Zip Code\*:  County\*:

Email\*:

Employee Count:

Relationship	DOB	Spouse	Child Count
Subscriber 1	<input type="text" value="02/06/1980"/>	<input type="checkbox"/>	<input type="text"/>
Subscriber 2	<input type="text" value="07/06/1967"/>	<input checked="" type="checkbox"/>	<input type="text"/>
Spouse	<input type="text" value="03/04/1970"/>	<input type="checkbox"/>	<input type="text"/>
Subscriber 3	<input type="text" value="08/10/1976"/>	<input type="checkbox"/>	<input type="text"/>

- Enter preliminary information
- Enter employee census

# Quote a New Group (cont'd)

## Group Quote

Home > Group Quote

1 Health Coverage

2 Choose Plans

3 Summary

### Plan Summary

Company Name: Cindy's Sub Shop      Coverage Start Date: 12/01/2016      Zip Code: 30720      County: Whitfield  
 Total Employees: 3      Total Dependents: 1  
 Total Monthly Premium: \$ 1,673.33 To \$ 2,825.88      Average Monthly Premium: \$ 418.33 To \$ 706.47

- Review information in header
- All plan options listed with basic information

Hint: Click column header to sort

### Choose Plans

Add to Quote	Plan Name	Plan Type	Average Member Monthly Premium	Total Employee Premium Per Month	Average Employee Premium Per Month															
<input type="checkbox"/>	SimpleCare-0080023	Gold	\$706.47	\$2,084.05	\$694.68	20%	\$2,825.88	Details	\$534.84	20%	\$6257.13	Details	\$512.54	0%	\$7,247.88	Details	\$511.16	0%	\$2,160.69	Details
<input type="checkbox"/>	SimpleCare-0080024	Gold	\$671.22	\$1,980.06	\$660.02	0%	\$2,684.88	Details	\$512.29	20%	\$2,083.54	Details	\$51.47	45%	\$2,080.59	Details	\$498.63	0%	\$2,029.18	Details
<input type="checkbox"/>	SimpleCare-0080028	Gold	\$669.25	\$1,974.26	\$658.09	10%	\$2,677.01	Details	\$492.34	20%	\$2,002.70	Details	\$191.58	0%	\$1,990.67	Details	\$491.54	20%	\$1,999.53	Details
<input type="checkbox"/>	SimpleCare-0080025	Gold	\$660.96	\$1,949.79	\$649.93	10%	\$2,643.83	Details	\$491.12	20%	\$1,997.39	Details	\$484.15	30%	\$1,969.44	Details	\$483.75	30%	\$1,967.83	Details
<input type="checkbox"/>	SimpleCare-0080027	Gold	\$648.25	\$1,912.30	\$637.43	20%	\$2,593.00	Details	\$480.09	20%	\$1,952.05	Details	\$476.66	0%	\$1,936.56	Details	\$474.35	20%	\$1,929.01	Details
<input type="checkbox"/>	SimpleCare-0090041	Silver	\$626.37	\$1,847.74	\$615.91	20%	\$2,505.46	Details	\$461.40	0%	\$1,876.50	Details	\$457.51	0%	\$1,862.72	Details	\$457.60	20%	\$1,861.47	Details
<input type="checkbox"/>	SimpleCare-0090043	Silver	\$625.64	\$1,845.59	\$615.20	0%	\$2,502.54	Details	\$457.15	20%	\$1,860.46	Details	\$456.70	20%	\$1,857.81	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0050004	Gold	\$625.60	\$1,845.49	\$615.16	0%	\$2,502.41	Details	\$448.55	45%	\$1,826.28	Details	\$447.01	20%	\$1,780.12	Details	\$447.82	0%	\$1,781.71	Details
<input type="checkbox"/>	SimpleCare-0050003	Gold	\$623.62	\$1,839.63	\$613.21	10%	\$2,494.46	Details	\$447.57	0%	\$1,826.28	Details	\$445.09	0%	\$1,826.28	Details	\$445.09	0%	\$1,826.28	Details
<input type="checkbox"/>	SimpleCare-0090042	Silver	\$612.35	\$1,806.41	\$602.14	0%	\$2,449.41	Details	\$445.09	20%	\$1,826.28	Details	\$445.09	20%	\$1,826.28	Details	\$445.09	20%	\$1,826.28	Details
<input type="checkbox"/>	SimpleCare-0050006	Gold	\$612.22	\$1,806.02	\$602.01	10%	\$2,448.88	Details	\$445.09	20%	\$1,826.28	Details	\$445.09	20%	\$1,826.28	Details	\$445.09	20%	\$1,826.28	Details
<input type="checkbox"/>	SimpleCare-0050001	Gold	\$606.53	\$1,789.24	\$596.41	20%	\$2,426.13	Details	\$445.09	20%	\$1,826.28	Details	\$445.09	20%	\$1,826.28	Details	\$445.09	20%	\$1,826.28	Details
<input type="checkbox"/>	SimpleCare-0050005	Gold	\$585.80	\$1,728.08	\$576.03	20%	\$2,343.20	Details	\$445.09	20%	\$1,826.28	Details	\$445.09	20%	\$1,826.28	Details	\$445.09	20%	\$1,826.28	Details

GroupQuote/AddGroupProposal?RequestID=16c86c8f-5605-415c-8384-c0bbd...

<input type="checkbox"/>	SimpleCare-0050013	Silver	\$465.37	\$1,372.81	\$457.60	20%	\$1,861.47	Details	\$457.15	20%	\$1,860.46	Details	\$456.70	20%	\$1,857.81	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0050010	Silver	\$465.17	\$1,372.06	\$457.35	20%	\$1,860.46	Details	\$456.70	20%	\$1,857.81	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0050009	Silver	\$464.45	\$1,373.11	\$456.70	20%	\$1,857.81	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0050012	Silver	\$458.21	\$1,351.98	\$450.66	30%	\$1,833.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0050007	Silver	\$456.57	\$1,345.86	\$448.55	45%	\$1,826.28	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0080037	Silver	\$452.03	\$1,335.11	\$445.09	0%	\$1,826.28	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0050014	Silver	\$447.01	\$1,312.74	\$437.58	20%	\$1,780.12	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0050018	Bronze	\$437.82	\$1,291.54	\$430.51	30%	\$1,751.27	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0050011	Silver	\$434.62	\$1,282.68	\$427.56	30%	\$1,739.26	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0080010	Silver	\$426.46	\$1,259.03	\$419.24	0%	\$1,703.83	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0050017	Bronze	\$423.66	\$1,249.78	\$416.59	40%	\$1,694.65	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details
<input type="checkbox"/>	SimpleCare-0080039	Bronze	\$416.33	\$1,234.04	\$411.35	30%	\$1,673.33	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details	\$456.21	30%	\$1,853.23	Details



# Quote a New Group (cont'd)

Group Quote Home > Group Quote

**1** Health Coverage **2** Choose Plans **3** Summary

---

**Plan Summary**

Company Name: Cindy's Sub Shop      Coverage StartDate: 12/01/2016      Zip Code: 30720      County: Whitfield [Edit Group Detail](#) [Create Quote](#)

Total Employees: 3      Total Dependents: 1

Total Monthly Premium: \$ 1,673.33 To \$ 2,825.88      Average Monthly Premium: \$ 418.33 To \$ 706.47

---

**Hint: Click column header to sort**

**Choose Plans** **Key Terms**

Add to Quote	Plan Name	Plan Type	Average Member Monthly Premium	Total Employee Premium Per Month	Average Employee Premium Per Month	Co-insurance	Total Monthly Premium	Action
<input checked="" type="checkbox"/>	SimpleCare-0080023	Gold	\$706.47	\$2,084.05	\$694.68	20%	\$2,825.88	<a href="#">Details</a>
<input type="checkbox"/>	SimpleCare-0080024	Gold	\$671.22	\$1,980.06	\$660.02	0%	\$2,684.88	<a href="#">Details</a>
<input type="checkbox"/>	SimpleCare-0080028	Gold	\$669.25	\$1,974.26	\$658.09	10%	\$2,677.01	<a href="#">Details</a>
<input type="checkbox"/>	SimpleCare-0080025	Gold	\$660.96	\$1,949.79	\$649.93	10%	\$2,643.83	<a href="#">Details</a>
<input type="checkbox"/>	SimpleCare-0080027	Gold	\$648.25	\$1,912.30	\$637.43	20%	\$2,593.00	<a href="#">Details</a>
<input checked="" type="checkbox"/>	SimpleCare-0090041	Silver	\$626.37	\$1,847.74	\$615.91	20%	\$2,505.46	<a href="#">Details</a>
<input type="checkbox"/>	SimpleCare-0090043	Silver	\$625.64	\$1,845.59	\$615.20	0%	\$2,502.54	<a href="#">Details</a>
<input type="checkbox"/>	SimpleCare-0050004	Gold	\$625.60	\$1,845.49	\$615.16	0%	\$2,502.41	<a href="#">Details</a>
<input type="checkbox"/>	SimpleCare-0050003	Gold	\$623.62	\$1,839.63	\$613.21	10%	\$2,494.46	<a href="#">Details</a>
<input type="checkbox"/>	SimpleCare-0090042	Silver	\$612.35	\$1,806.41	\$602.14	0%	\$2,449.41	<a href="#">Details</a>
<input checked="" type="checkbox"/>	SimpleCare-0050006	Gold	\$612.22	\$1,806.02	\$602.01	10%	\$2,448.88	<a href="#">Details</a>
<input type="checkbox"/>	SimpleCare-0050001	Gold	\$606.53	\$1,789.24	\$596.41	20%	\$2,426.13	<a href="#">Details</a>
<input type="checkbox"/>					\$576.03	20%	\$2,343.20	<a href="#">Details</a>

- Select the plans to be quoted
- Click Create Quote

# Quote a New Group (cont'd)

Quote Group Home > Quote Group

1 Health Coverage > 2 Choose Plans > Summary

**Plan Summary**

Company Name: Cindy's Sub Shop      Coverage StartDate: 12/01/2016      Zip Code: 30720      County: Whitfield  
 Total Employees: 3      Total Dependents: 1      Broker Name:

**Compare Plans**

Selected Plan: < >

Plan	SimpleCare-0050006	SimpleCare-0080023	SimpleCare-0090041
Average Monthly Premium Per Member	\$612.22	\$706.47	\$626.37
Total Monthly Premium	\$2,448.88	\$2,825.88	\$2,505.46
Add Plan	<input type="button" value="Add Plan"/>	<input type="button" value="Add Plan"/>	<input type="button" value="Add Plan"/>
Network	<a href="#">Find a provider</a>	<a href="#">Find a provider</a>	<a href="#">Find a provider</a>
<b>Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)</b>			
In Network Individual	\$3,500	\$4,000	\$5,250
In Network Family	\$3500 per person   \$7000 per group	\$4000 per person   \$8000 per group	\$5250 per person   \$10500 per group
Out of Network Individual	\$9,000	\$9,000	\$12,000
Out of Network Family	\$9000 per person   \$18000 per group	\$9000 per person   \$18000 per group	\$12000 per person   \$24000 per group
Combined In/Out Network Individual	\$12,500	\$13,000	\$17,250
Combined In/Out Network Family	\$12500 per person   \$35000 per group		
<b>Combined Medical and Drug EHB Deductible</b>			
In Network Individual	\$1,500		
In Network Family	\$1500 per person   \$4500 per group		

- See plan comparisons
- Use the directional arrows to view comparisons for more than three plans

zipQuote/SummaryDetail?planid=6908c04a-38ef-414c-aa7c-43



# Quote a New Group (cont'd)

<b>In Network Default Coinsurance</b>	10%	20%	20%
<b>Out of Network Individual</b>	\$4,500	\$4,500	\$6,000
<b>Out of Network Family</b>	\$7,500 per person   \$9000 per group	\$4,500 per person   \$9000 per group	\$6,000 per person   \$12000 per group
<b>Combined In/Out Network Individual</b>	\$6,000	\$9,500	\$9,000
<b>Combined In/Out Network Family</b>	\$6000 per person   \$12000 per group	\$9500 per person   \$19000 per group	\$9000 per person   \$18000 per group
<b>Primary Care Visit to Treat an Injury or Illness</b>			
<b>Copay In Network (Tier 1)</b>	\$15	\$20	Not Applicable
<b>Coinsurance In Network (Tier 1)</b>	Not Applicable	Not Applicable	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
<b>Specialist Visit</b>			
<b>Copay In Network (Tier 1)</b>	\$30	\$70	Not Applicable
<b>Coinsurance In Network (Tier 1)</b>	Not Applicable	Not Applicable	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
<b>Other Practitioner Office Visit (Nurse, Physician Assistant)</b>			
<b>Copay In Network (Tier 1)</b>	\$15	\$25	Not Applicable
<b>Coinsurance In Network (Tier 1)</b>	Not Applicable	Not Applicable	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
<b>Outpatient Facility Fee (Ambulatory Surgery Center)</b>			
<b>Coinsurance In Network (Tier 1)</b>	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
<b>Outpatient Surgery Physician/Surgical Services</b>			
<b>Coinsurance In Network (Tier 1)</b>	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
<b>Hospice Services</b>			
<b>Coinsurance In Network (Tier 1)</b>	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible
<b>Fertility Treatment</b>			
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
<b>Emergency Room Services</b>			
<b>Copay In Network (Tier 1)</b>	\$250	\$300	Not Applicable
<b>Copay Out of Network</b>	\$250	\$300	Not Applicable
<b>Coinsurance In Network (Tier 1)</b>	Not Applicable	Not Applicable	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	Not Applicable	Not Applicable	40% Coinsurance after deductible
<b>Emergency Transportation/Ambulance</b>			
<b>Coinsurance In Network (Tier 1)</b>	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
<b>Inpatient Hospital Services (e.g., Hospital Stay)</b>			
<b>Coinsurance In Network (Tier 1)</b>	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
<b>Inpatient Physician and Surgical Services</b>			
<b>Coinsurance In Network (Tier 1)</b>	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
<b>Skilled Nursing Facility</b>			
<b>Copay In Network (Tier 1)</b>	Not Applicable	\$70 Copay per Day	Not Applicable
<b>Coinsurance In Network (Tier 1)</b>	10% Coinsurance after deductible	Not Applicable	20% Coinsurance after deductible
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

# Download Quote




**Quote for Group: Cindy's Sub Shop**

Date: 10/17/2016	
Group Name: Cindy's Sub Shop	
Broker Email: blake@adcockfinancialgroup.com	




**Quote for Group: Cindy's Sub Shop**

Date: 10/17/2016		Plan Name:
Group Name: Cindy's Sub Shop		Metal Level:
Broker Email: blake@adcockfinancialgroup.com		

Members	Plan Name	Premium Rate Summary
4	SimpleCare-0050006	

Rate effective on 12/01/2016 with Alliant Health Plans		
Members	Plan Name	HIOS Plan ID
4	SimpleCare-0080023	83761GA0080023

Premium Rate Member Detail

Relation	Member's Date Of Birth	Rating Area
Employee	02/06/1980	Rating Area 9
Employee	07/06/1967	Rating Area 9
Spouse	03/04/1970	Rating Area 9
Employee	08/10/1976	Rating Area 9




**Quote for Group: Cindy's Sub Shop**

Date: 10/17/2016		Plan Name: SimpleCare-0090041
Group Name: Cindy's Sub Shop		Metal Level: Silver
Broker Email: blake@adcockfinancialgroup.com		

Premium Rate Summary

Rate effective on 12/01/2016 for Compliant plan with Alliant Health Plans				
Members	Plan Name	HIOS Plan ID	Premium PMPM	Monthly Premium
4	SimpleCare-0090041	83761GA0090041	\$ 626.37	\$ 2,505.46

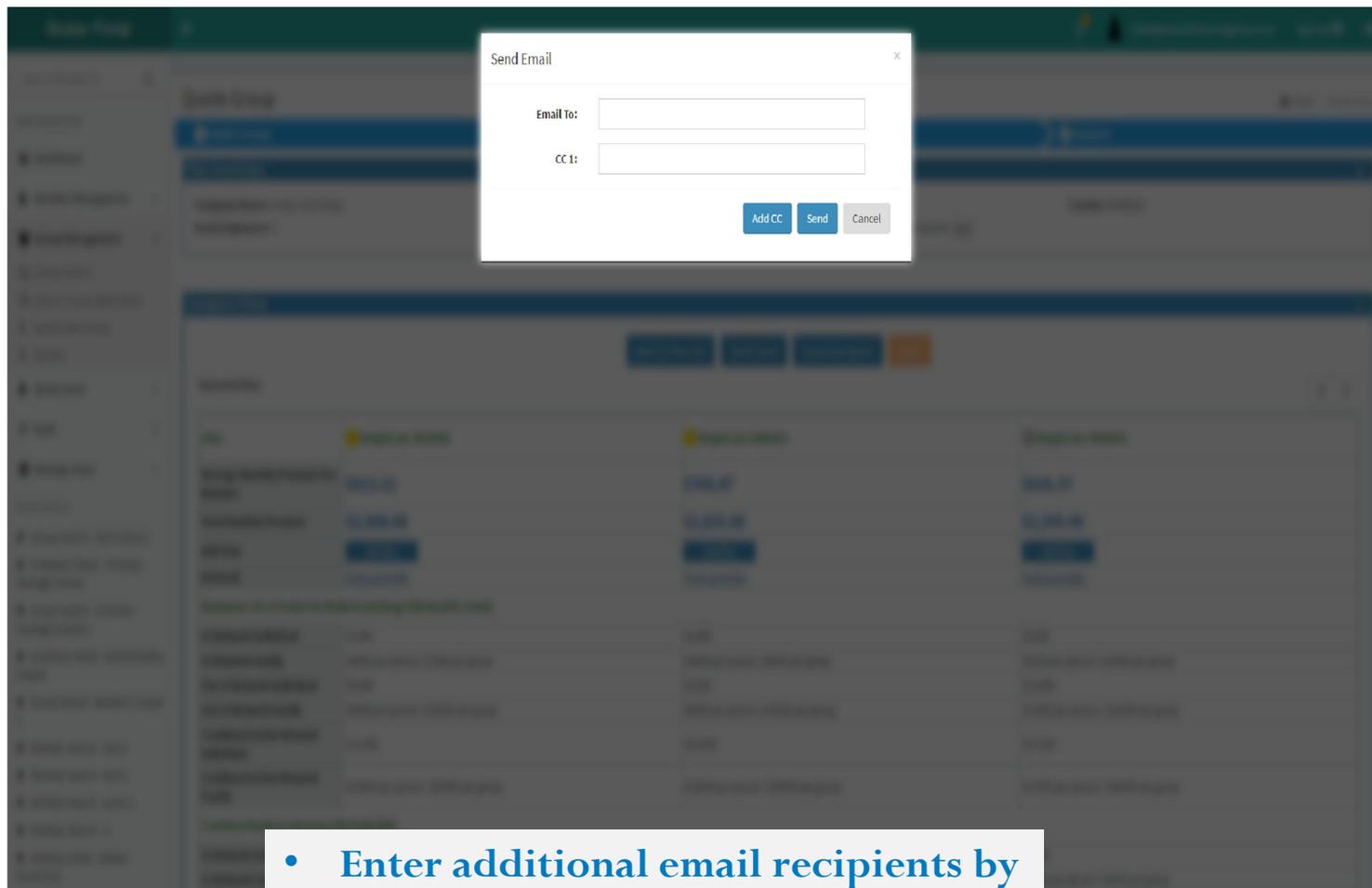
Premium Rate Member Detail

Relation	Member's Date Of Birth	Rating Area	Age of Member	Monthly Premium
Employee	02/06/1980	Rating Area 9	36	\$ 539.33
Employee	07/06/1967	Rating Area 9	49	\$ 748.04
Spouse	03/04/1970	Rating Area 9	46	\$ 657.72
Employee	08/10/1976	Rating Area 9	40	\$ 560.37

# Download Quote

				
<b>Quote for Group: Cindy's Sub Shop</b>				
<b>Plan</b>	 SimpleCare-0050006	 SimpleCare-0080023	 SimpleCare-0090041	
<b>Average Monthly Premium Per Member</b>	\$612.22	\$706.47	\$626.37	
<b>Total Monthly Premium</b>	\$2,448.88	\$2,825.88	\$2,505.46	
<b>Network</b>	<a href="#">Find a provider</a>	<a href="#">Find a provider</a>	<a href="#">Find a provider</a>	
<b>Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)</b>				
<b>In Network Individual</b>	\$3,500	\$4,000	\$5,250	
<b>In Network Family</b>	\$3500 per person   \$7000 per group	\$4000 per person   \$8000 per group	\$5250 per person   \$10500 per group	
<b>Out of Network Individual</b>	\$9,000	\$9,000	\$12,000	
<b>Out of Network Family</b>	\$9000 per person   \$18000 per group	\$9000 per person   \$18000 per group	\$12000 per person   \$24000 per group	
<b>Combined In/Out Network Individual</b>	\$12,500	\$13,000	\$17,250	
<b>Combined In/Out Network Family</b>	\$12500 per person   \$25000 per group	\$13000 per person   \$26000 per group	\$17250 per person   \$35000 per group	
<b>Combined Medical and Drug EHB Deductible</b>				
<b>In Network Individual</b>	\$1,500	\$500	\$2,250	
<b>In Network Family</b>	\$1500 per person   \$3000 per group	\$500 per person   \$1000 per group	\$2250 per person   \$4500 per group	
<b>In Network Default Coinsurance</b>	10%	20%	20%	
<b>Out of Network Individual</b>	\$4,500	\$4,500	\$6,000	
<b>Out of Network Family</b>	\$4500 per person   \$9000 per group	\$4500 per person   \$9000 per group	\$6000 per person   \$12000 per group	
<b>Combined In/Out Network Individual</b>	\$6,000	\$9,500	\$9,000	
<b>Combined In/Out Network Family</b>	\$6000 per person   \$12000 per group	\$9500 per person   \$19000 per group	\$9000 per person   \$18000 per group	
<b>Primary Care Visit to Treat an Injury or Illness</b>				
<b>Copay In Network (Tier 1)</b>	\$15	\$25	Not Applicable	
<b>Coinsurance In Network (Tier 1)</b>	Not Applicable	Not Applicable	20% Coinsurance after deductible	
<b>Coinsurance Out of Network</b>	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	
<b>Specialist Visit</b>				
<b>Copay In Network (Tier 1)</b>	\$30	\$70	Not Applicable	
<b>Coinsurance In Network (Tier 1)</b>	Not Applicable	Not Applicable	20% Coinsurance after deductible	

# Email Quote



- Enter additional email recipients by using the Add CC button

# Submitting an Application

Compare Plans

Back to Plan List Send Email Download Quote Apply

Selected Plan:

Plan	SimpleCare-0050006	SimpleCare-0080023	SimpleCare-0090041
Average Monthly Premium Per Member	\$612.22	\$706.47	\$626.37
Total Monthly Premium	\$2,448.88	\$2,825.88	\$2,505.46
Add Plan	Add Plan	Add Plan	Add Plan
Network	Find a provider	Find a provider	Find a provider

Compare Plans

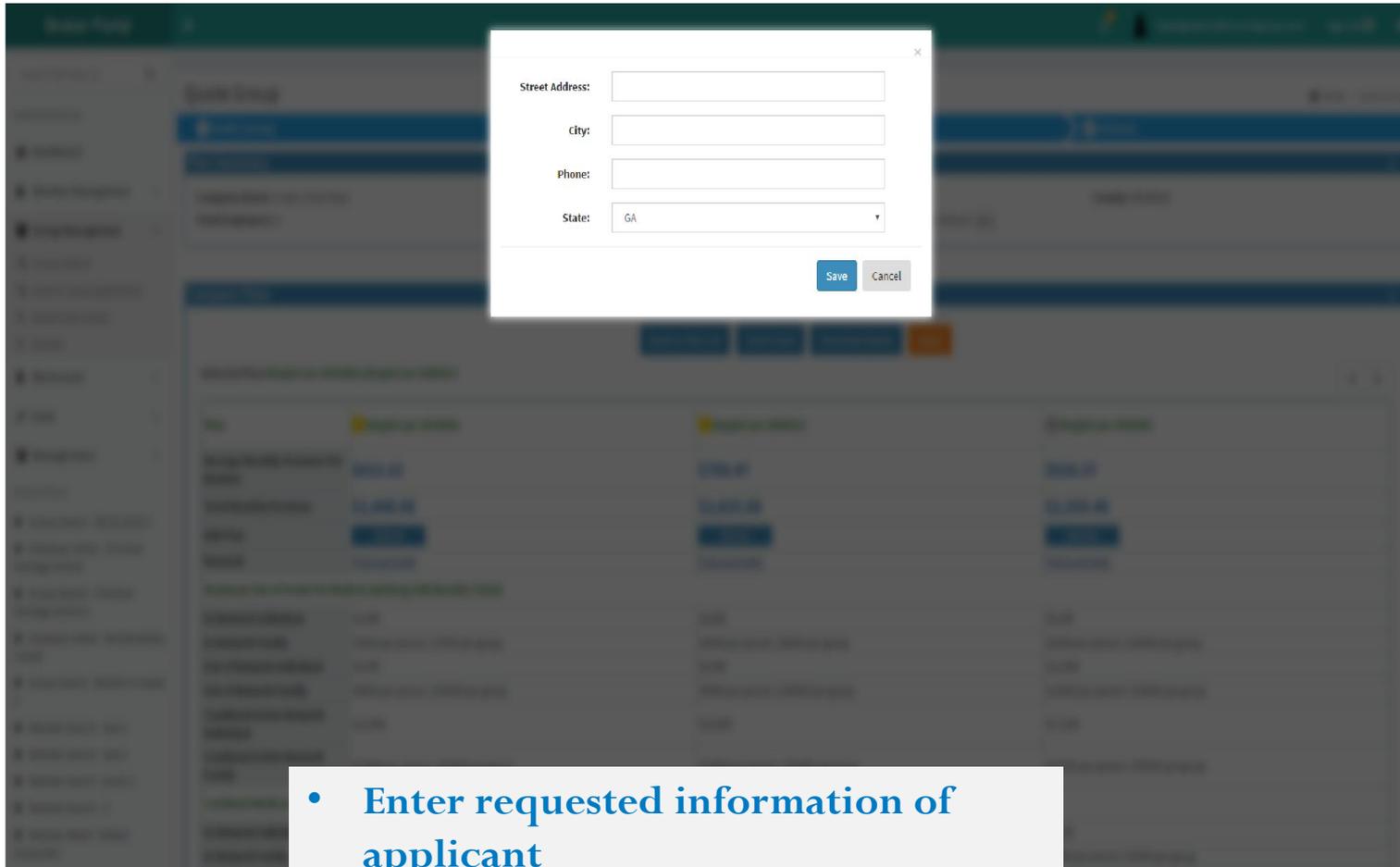
Back to Plan List Send Email Download Quote Apply

Selected Plan: SimpleCare-0050006, SimpleCare-0080023

Plan	SimpleCare-0050006	SimpleCare-0080023	SimpleCare-0090041
Average Monthly Premium Per Member	\$612.22	\$706.47	\$626.37
Total Monthly Premium	\$2,448.88	\$2,825.88	\$2,505.46
Add Plan	Remove	Remove	Add Plan
Network			

- Select plans for which you wish to apply by clicking the Add Plan button
- Selected plans will appear at the top left in green
- Selected plans may be removed by clicking the remove button
- Click Apply

# Submitting an Application (cont'd)



Street Address:

City:

Phone:

State: GA

Save Cancel

- Enter requested information of applicant
- Click Save

# Submitting an Application (cont'd)

Application - 1 of 4 Home > Proposal Detail

1 Personal Detail **2 Upload proposal** 3 Make Payment 4 Success

### Plan Summary

Plan Name: SimpleCare-0050006, SimpleCare-0080023  
Applicable for: Group      Total Group Premium: \$ 0      Broker Name: ██████████  
Company Name: Cindy's Sub Shop      Coverage StartDate: 12/01/2016      Zip Code: 30720      County: Whitfield      Email: cnesbitt@alliantplans.com      Total Employees: 3      Total Dependents: 1

### Employee

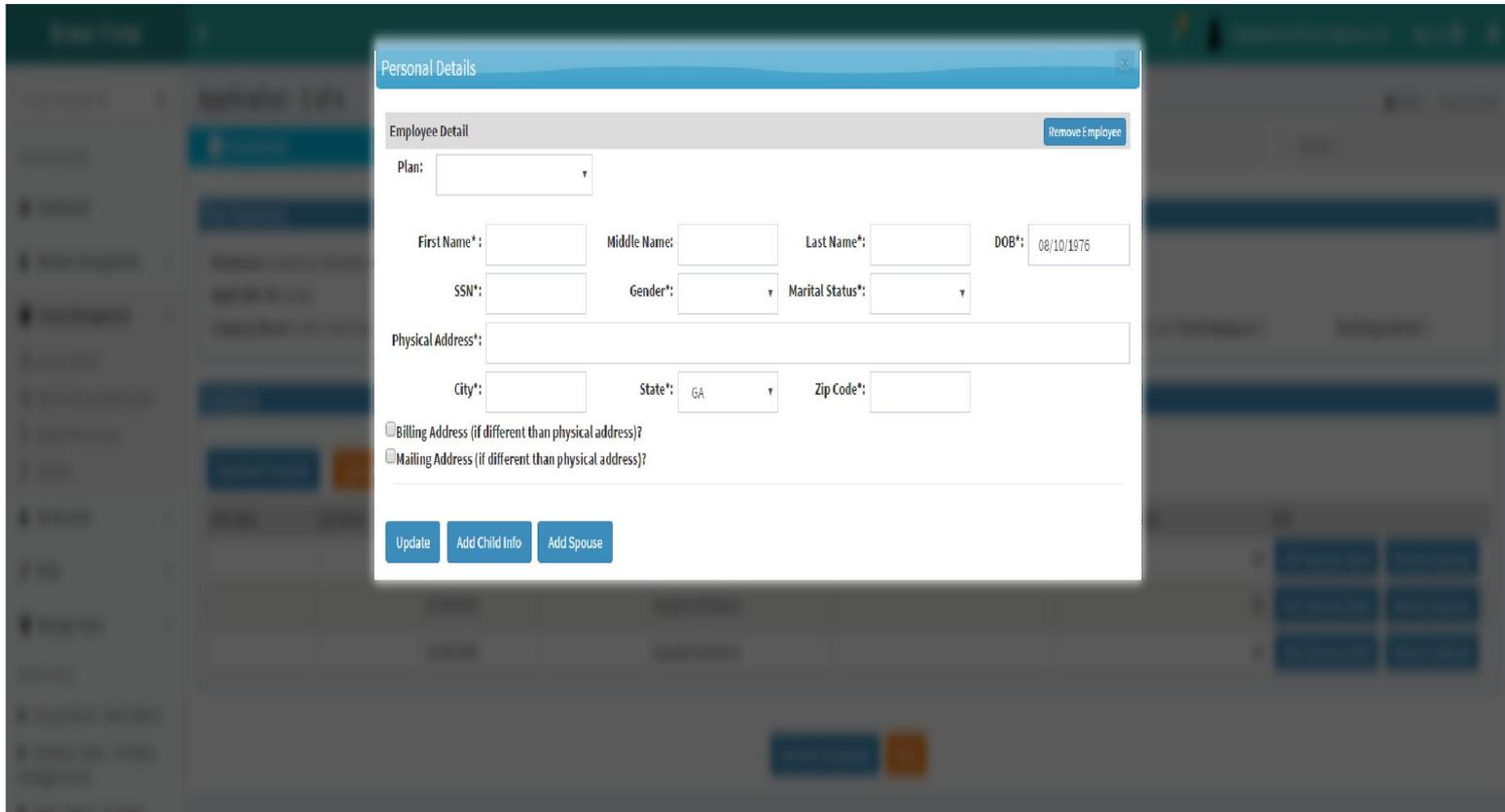
[Download Template](#) [Upload Employee Excel](#)

First Name	Last Name	DOB	Plan Name	Persons	Employee Only Premium	Employee+ Dependents	Edit
		08/10/1976		Spouse:0/Children:0			\$0 <a href="#">Add Employee Detail</a> <a href="#">Remove Employee</a>
		07/06/1967		Spouse:1/Children:0			\$0 <a href="#">Add Employee Detail</a> <a href="#">Remove Employee</a>
		02/06/1980		Spouse:0/Children:0			\$0 <a href="#">Add Employee Detail</a> <a href="#">Remove Employee</a>

[Add New Employee](#) [Next](#)

- You may choose to download the template, complete and upload with employee information or enter the information into the portal

# Add Employee Detail



The screenshot shows a 'Personal Details' window with a close button in the top right corner. The window title is 'Personal Details'. Below the title bar is a header section labeled 'Employee Detail' with a 'Remove Employee' button on the right. The form contains the following fields and options:

- Plan:** A dropdown menu.
- First Name\*:** Text input field.
- Middle Name:** Text input field.
- Last Name\*:** Text input field.
- DOB\*:** Text input field containing '08/10/1976'.
- SSN\*:** Text input field.
- Gender\*:** A dropdown menu.
- Marital Status\*:** A dropdown menu.
- Physical Address\*:** A large text input field.
- City\*:** Text input field.
- State\*:** A dropdown menu showing 'GA'.
- Zip Code\*:** Text input field.
- Billing Address (if different than physical address)?
- Mailing Address (if different than physical address)?

At the bottom of the form are three buttons: 'Update', 'Add Child Info', and 'Add Spouse'.

# With Employee Details

Application - 1 of 4 Home > Proposal Detail

1 Personal Detail   2 Upload proposal   3 Make Payment   4 Success

### Plan Summary

PlanName: SimpleCare-0050006, SimpleCare-0080023  
Applicable for: Group   Total Group Premium: \$ 2741.56   Broker Name: [REDACTED]  
Company Name: Cindy's Sub Shop   Coverage StartDate: 12/01/2016   Zip Code: 30720   County: Whitfield   Email: cnesbitt@alliantplans.com   Total Employees: 3   Total Dependents: 1

### Employee

Download Template   Upload Employee Excel

First Name	Last Name	DOB	Plan Name	Persons	Employee Only Premium	Employee+ Dependents	Edit
Test	Richardson	02/06/1980	SimpleCare-0080023	Spouse:0/Children:0	608.30	\$608.3	<a href="#">Add Employee Detail</a> <a href="#">Remove Employee</a>
Test	Jones	07/06/1967	SimpleCare-0080023	Spouse:1/Children:0	843.71	\$1585.54	<a href="#">Add Employee Detail</a> <a href="#">Remove Employee</a>
Test	Smith	08/10/1976	SimpleCare-0050006	Spouse:0/Children:0	547.72	\$547.72	<a href="#">Add Employee Detail</a> <a href="#">Remove Employee</a>

[Add New Employee](#) [Next](#)

- Once employee details have been entered, select Next



# Upload Mandatory Documents

## Upload Application

Home > Upload Application

1 Personal Detail

2 Upload proposal

3 Make Payment

4 Success

### Plan Summary

PlanName: SimpleCare-0050006, SimpleCare-0080023

Applicable for: Group

Total Group Premium: \$ 2741.56

Broker Name:

Company Name: Cindy's Sub Shop

Coverage StartDate: 12/01/2016

Zip Code: 30720

County: Whitfield

Email: cnesbitt@alliantplans.com Total Employees: 3

Total Dependents: 1

### Group Application

IMPORTANT: [Click here](#) to download and print instructions on how to complete this page.

ER Group Enrollment Application	<a href="#">Download Template</a>	<a href="#">Upload</a>	
Group Healthcare Contract and Execution Sheet	<a href="#">Download Template</a>	<a href="#">Upload</a>	

### Proposal Detail

[All Employee Application](#)

[Download All Application](#)

DOB	Plan Name	Persons	Premium	Application	Waive	Upload	Download
8/10/1976 12:00:00 AM	SimpleCare-0050006	Spouse:0, Children:0	547.72	<a href="#">Application</a>	<a href="#">Waive</a>	<a href="#">Upload</a>	
7/6/1967 12:00:00 AM	SimpleCare-0080023	Spouse:1, Children:0	1585.54	<a href="#">Application</a>	<a href="#">Waive</a>	<a href="#">Upload</a>	
2/6/1980 12:00:00 AM	SimpleCare-0080023	Spouse:0, Children:0	608.3	<a href="#">Application</a>	<a href="#">Waive</a>	<a href="#">Upload</a>	

[Submit For Review](#)

# Submit for Review

## Upload Application

Home > Upload Application

1 Personal Detail

2 Upload proposal

3 Make Payment

4 Success

### Plan Summary

PlanName: SimpleCare-0050006,SimpleCare-0080023

Applicable for: Group

Total Group Premium: \$ **2741.56**

Broker Name: [REDACTED]

Company Name: Cindy's Sub Shop

Coverage StartDate: 12/01/2016

Zip Code: 30720

County: Whitfield

Email: cnesbitt@alliantplans.com Total Employees: 3

Total Dependents: 1

### Group Application

**IMPORTANT:** [Click here](#) to download and print instructions on how to complete this page.

ER Group Enrollment Application	Download Template	Uploaded	View
Group Healthcare Contract and Execution Sheet	Download Template	Uploaded	View

### Proposal Detail

All Employee Application

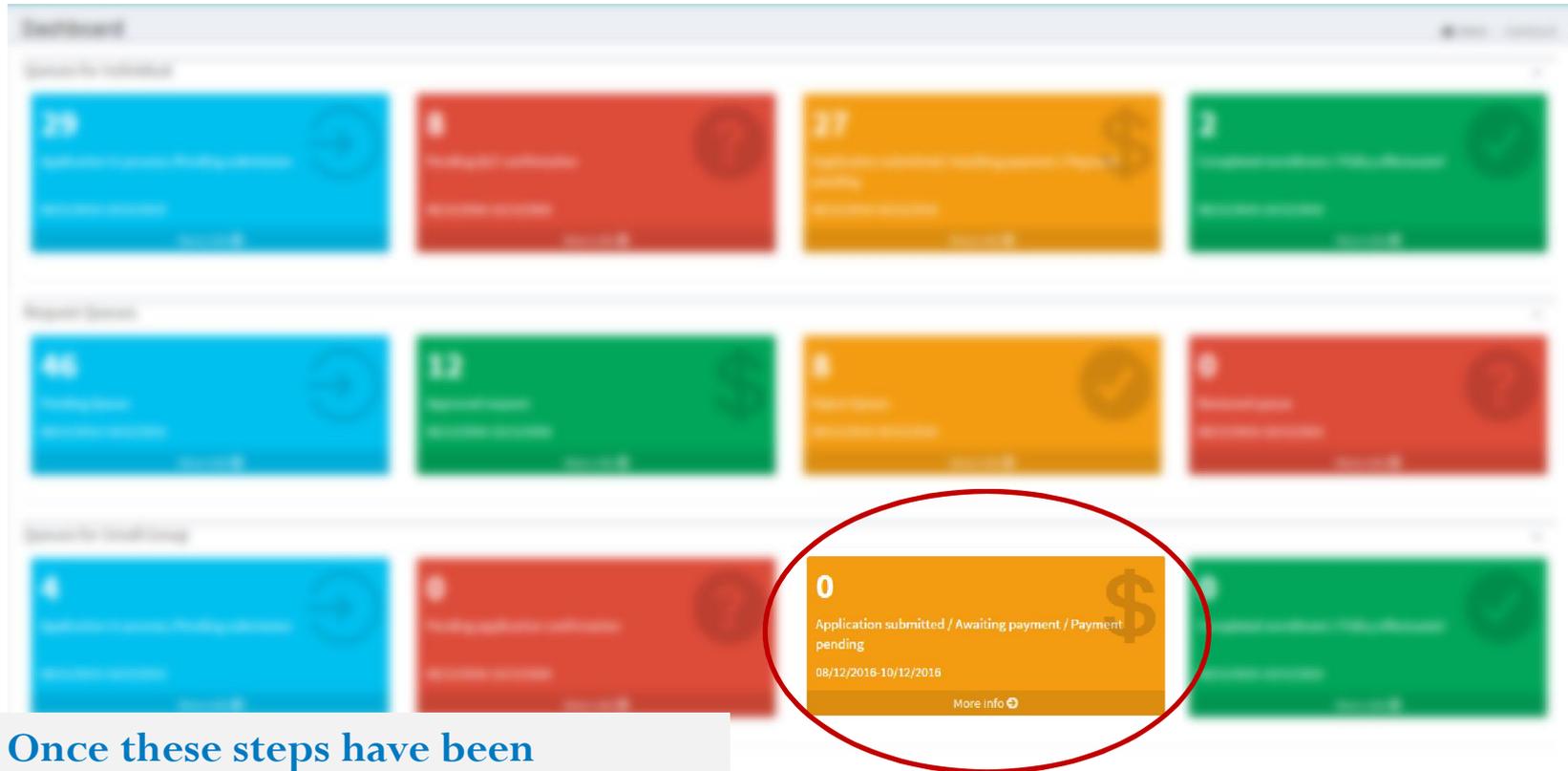
Download All Application

DOB	Plan Name	Persons	Premium	Application	Waive	Upload	Download
8/10/1976 12:00:00 AM	SimpleCare-0050006	Spouse:0,Children:0	547.72	Application	Waive	Uploaded	View
7/6/1967 12:00:00 AM	SimpleCare-0080023	Spouse:1,Children:0	1585.54	Application	Waive	Uploaded	View
2/6/1980 12:00:00 AM	SimpleCare-0080023	Spouse:0,Children:0	608.3	Application	Waive	Uploaded	View

Submit For Review

- Once mandatory documents have been uploaded, you may Submit for Review

# Pending Approval



- Once these steps have been completed, the application will appear in your queue on the dashboard

# Make a Payment

## Make Payment

Home > Proposal Detail

1 Personal Detail

2 Upload proposal

3 Make Payment

4 Success

### Plan Summary

PlanName: SimpleCare Bronze PPO 50074,SimpleCare Bronze HDHP 90081

Applicable for: Group

Total Group Premium: \$ **1069.07**

Broker Name:

Company Name: test09282016ff

Coverage StartDate: 01/01/2017

Zip Code: 30720

County: Whitfield

Email:

test09282016ff@test09282016ff

Total Employees: 2

Total Dependents: 2

Estimated Monthly Premium: **\$ 1069.07**

Select your payment method below:

Electronic Funds Transfer

Pay by Check (Please send the check to Alliant at given address.)

Make Payment

- Once the application has been accepted by Alliant, the application advances to allow for payment



# Complete Application

 Print

## Great news

*Your application has been submitted successfully!*

*We will process your enrollment after we receive your check.*

**Note:** Payments must be received by Alliant by close of business on the last day of the month before your effective date in order to complete your enrollment. Please ensure your Application ID is noted on your check.

Payments should be mailed to:

Alliant Health Plans  
ATTN: SoloCare  
1503 N. Tibbs Rd  
Dalton, GA 30720

[Please click here to download check payment instruction](#)

**Your selected plan: SimpleCare-0080023, SimpleCare-0080024**

Date: 10/17/2016

Amount: \$

Transaction ID:

### Group Information

Group ID: **A21540001**

Application ID:

Company Name: **09282016testff**

Company Street Address: **test, etts, GA**

City: **etts**

State: **GA**

Zip Code: **30720**

County: **Whitfield**

HR/Benefits Coordinator Name:

### Coverage Information

Effective Date of Coverage: **11/01/2016**

Monthly Premium Payment: **\$902.71**

Plan I.D: **SimpleCare-0080023, SimpleCare-0080024**

Broker Name: **[REDACTED]**

[Group Detail](#)



# Group Management Quotes

Broker Portal

Search Member ID

MAIN NAVIGATION

- Dashboard
- Member Management
- Group Management
  - Group Search
  - Search Group Application
  - Quote New Group
  - Quotes**
  - My Account
  - Tools
  - Manage Users
- Recent History

Quotes

Company Name:  Broker:  Status:

Last Modify Date From: 08/17/2016 To: 10/17/2016

Coverage Start Date From: 08/17/2016 To:

Search

Quotes

Company Name	Coverage Start Date	Zip Code	County	Email	Phone	Persons	Status	Last Modify Date	broker	Action
Cindy's Sub Shop	12/01/2016	30720	Whitfield	cneboltts@alliantplans.com	(706) 629-8848	Employees:3,Dependents:4	Applied	10/17/2016 11:35:58 AM		🔍
test09282016ff	10/01/2016	30720	Whitfield	test09282016ff@test09282016ff	(435) 346-4576	Employees:2,Dependents:2	Applied	10/14/2016 5:28:56 PM		🔍
09282016testff	11/01/2016	30720	Whitfield	09282016testff@09282016testff	(435) 345-3453	Employees:2,Dependents:2	Applied	9/28/2016 10:28:40 AM		🔍
test	10/01/2016	30720	Whitfield	testdddd@test		Employees:2,Dependents:2	Created	9/27/2016 6:36:51 PM		🔍
test0927	10/01/2016	30720	Whitfield	test0927@test0927		Employees:2,Dependents:2	Created	9/27/2016 11:04:51 AM		🔍
testf092620162	10/01/2016	30720	Whitfield	testf092620162@testf092620162	(546) 941-3613	Employees:2,Dependents:2	Email	9/27/2016 11:00:56 AM		🔍
testff09262016	10/01/2016	30720	Whitfield	testff09262016@testff09262016	(656) 564-6546	Employees:2,Dependents:2	Email	9/26/2016 11:46:12 AM		🔍

Quote new group

- View and manage all group quotes

# Search Group Application

Search Member ID

MAIN NAVIGATION

- Dashboard
- Member Management <
- Group Management >
  - Group Search
  - Search Group Application**
  - Quote New Group
  - Quotes
- My Account <
- Tools <

Home > Search Group Application

Company Name:

Last Modify Date From:

Coverage Start Date From:

Status:

Broker:

To:

To:

**Enrollments**

Quote #	Company Name	Plans	Status	Coverage Start Date	Premium	Member Count	Last Modify Date	Broker	ACTION
10002554	test09282016ff	SimpleCare Bronze HDHP 90080 SimpleCare Bronze HDHP 90081	New	01/01/2017	\$0	2	10/10/2016 2:46:06 AM		Continue Application Delete
10002543	test09282016ff	SimpleCare Gold PPO 80054 SimpleCare Bronze HDHP 90081	New	01/01/2017	\$0	2	9/29/2016 11:34:25 AM		Continue Application Delete
10002539	test09282016ff	SimpleCare Bronze PPO 50074 SimpleCare Bronze HDHP 90081	Waiting For Payment	01/01/2017	\$1069.07	4	9/28/2016 3:49:38 PM		Continue Application
10002533	test09282016ff	SimpleCare-080023 SimpleCare-080024	Waiting For Payment	10/01/2016	\$902.71	2	9/28/2016 11:42:06 AM		Continue Application
10002531	09282016testff	SimpleCare-080023 SimpleCare-080024	Finished	11/01/2016	\$902.71	2	9/28/2016 10:28:41 AM		Continue Application
10002529	testf092620162	SimpleCare-080023 SimpleCare-080024	Finished	10/01/2016	\$902.71	2	9/26/2016 12:21:40 PM		Continue Application
10002528	testff09262016	SimpleCare-080023 SimpleCare-080024	Finished	10/01/2016	\$612.41	2	9/26/2016 11:30:28 AM		Continue Application
10002515	Joe's Beer Pub	SimpleCare-080023 SimpleCare-080035	Finished	10/01/2016	\$1056.25	2	9/20/2016 5:45:24 PM		Continue Application
10002506	Stephen Jacktel	SimpleCare-080023 SimpleCare-080024 SimpleCare-080028	In Progress	10/01/2016	\$1184.56	2	9/19/2016 3:32:54 AM		Continue Application
10002477	snrc	SimpleCare-080023 SimpleCare-080024 SimpleCare-080025	Finished	10/01/2016	\$2197.24	5	9/2/2016 3:58:24 AM		Continue Application

Page 1 of 2 (18 items)

- Default view shows the two most recent months of quotes



**ALLIANT**  
HEALTH PLANS  
A HEALTHCARE ALLIANCE COMPANY

# Search Group Application (cont'd)

Search Member ID

Search Group Application

Company Name:

Broker:

Last Modify Date From:

To:

Coverage Start Date From:

To:

Status:

**Enrollments**

Quote #	Company Name	Plans	Status	Coverage Start Date	Premium	Member Count	Last Modify Date	Broker	ACTION
10002539	test09282016ff	SimpleCare Bronze PPO 50074 SimpleCare Bronze HDHP 90061	Waiting For Payment	01/01/2017	\$1069.07	4	9/28/2016 3:49:38 PM		<input type="button" value="Continue Application"/>
10002533	test09282016ff	SimpleCare-0080023 SimpleCare-0080024	Waiting For Payment	10/01/2016	\$902.71	2	9/28/2016 11:42:06 AM		<input type="button" value="Continue Application"/>
10002467	zhuhalSNRC	SimpleCare-0080024 SimpleCare-0080028	Waiting For Payment	09/01/2016	\$2145.72	5	8/26/2016 2:39:01 AM		<input type="button" value="Continue Application"/>
10002458	testfrankc1	SimpleCare-0080023	Waiting For Payment	09/01/2016	\$618.18	2	8/24/2016 4:33:32 PM		<input type="button" value="Continue Application"/>
10002420	test55ff	SimpleCare-0080024 SimpleCare-0080025	Waiting For Payment	09/01/2016	\$1174.68	4	8/15/2016 10:59:11 AM		<input type="button" value="Continue Application"/>
10002421	test	SimpleCare-0080023 SimpleCare-0080024	Waiting For Payment	09/01/2016	\$602.76	2	8/15/2016 10:04:02 AM		<input type="button" value="Continue Application"/>
10002417	testff55	SimpleCare-0080023 SimpleCare-0080024	Waiting For Payment	09/01/2016	\$1510.55	4	8/12/2016 9:00:45 AM		<input type="button" value="Continue Application"/>
.....	.....	SimpleCare-0080023	.....	.....	.....	.....	.....	.....	<input type="button" value="Continue Application"/>

- You may view all applications by simply selecting the Search button in the top right-hand corner without entering any search criteria
- Use as many or as few search fields as you wish to locate a group application
- Note: application status is a search option

# Search Group Application (cont'd)

Search Member ID

MAIN NAVIGATION

- Dashboard
- Member Management
- Group Management**
  - Group Search
  - Search Group Application**
  - Quote New Group
  - Quotes

## Search Group Application

Home > Search Group Application

Company Name:  Broker:

Last Modify Date From:  To:

**Coverage Start Date From: 10/01/2016 To: 10/01/2016**

Status:

### Enrollments

Quote #	Company Name	Plans	Status	Coverage Start Date	Premium	Member Count	Last Modify Date	Broker	ACTION
10002533	test09282016ff	SimpleCare-0080023 SimpleCare-0080024	Waiting For Payment	10/01/2016	\$902.71	2	9/28/2016 11:42:06 AM	...	<input type="button" value="Continue Application"/>
10002529	testf092620162	SimpleCare-0080023 SimpleCare-0080024	Finished	10/01/2016	\$902.71	2	9/26/2016 12:21:40 PM	...	<input type="button" value="Continue Application"/>
10002528	testff09262016	SimpleCare-0080023 SimpleCare-0080024	Finished	10/01/2016	\$612.41	2	9/26/2016 11:30:28 AM	...	<input type="button" value="Continue Application"/>
10002515	Joe's Beer Pub	SimpleCare-0080023 SimpleCare-0080035	Finished	10/01/2016	\$1056.25	2	9/20/2016 5:45:24 PM	...	<input type="button" value="Continue Application"/>
10002506	Stephen Jacktel	SimpleCare-0080023 SimpleCare-0080024 SimpleCare-0080028	In Progress	10/01/2016	\$1184.56	2	9/19/2016 3:32:54 AM	...	<input type="button" value="Continue Application"/>
10002477	snrc	SimpleCare-0080023 SimpleCare-0080024 SimpleCare-0080025	Finished	10/01/2016	\$2197.24	5	9/2/2016 3:58:24 AM	...	<input type="button" value="Continue Application"/>
10002476	snrc	SimpleCare-0080023 SimpleCare-0080024	New	10/01/2016	\$561.32	5	9/2/2016 3:53:53 AM	...	<input type="button" value="Continue Application"/> <input type="button" value="Delete"/>

- Coverage start date is also a search option
- Note: you must enter a from date and a to date when searching by Coverage Start Date

# Quote a New Member

Search Member ID

Member Quote Home > Member Quote

Subscriber Info 2 Choose Plans 3 Summary

MAIN NAVIGATION

- Dashboard
- Member Management ▼
  - Search Member
  - Search Individual Applications
  - Quote New Member**
  - Search
- Group Management ◀
- My Account ◀
- Tools ◀
- Manage Users ◀
- Recent History

### Create SoloCare Off-Market Quote

Good health begins with good choices.

Find the right health plan for you and your family.

Fill out the form below for an instant quote.

Zip Code \*  County \*

Check Here for Child Only Application (under 18 years old)  New Born  Adoption

Coverage Start Date ?\*

2017 Plans are not loaded yet, please change your effective date to a date prior to 1/1/2017.

Personal Details

Date of Birth \*  Tobacco User ?

Self  No

(+) Add Family

Next

- Initiate a quote for Individual/Family, Off Exchange members by clicking Quote New Member on the Navigation Menu

# Quote a New Member (cont'd)

Search Member ID

MAIN NAVIGATION

- Dashboard
- Member Management
  - Search Member
  - Search Individual Application
  - Quote New Member
  - Quotes
- Group Management
- My Account
- Tools
- Manage Users

Recent History

Member Quote
Home Member Quote

Subscriber Info
Choose Plans
Summary

---

### Create SoloCare Off-Market Quote

Good health begins with good choices.

*Find the right health plan for you and your family.*

Fill out the form below for an instant quote.

Zip Code \*  County \*

Check Here for Child Only Application (under 18 years old)  New Born  Adoption

Coverage Start Date \*

2017 Plans are not loaded yet, please change your effective date to a date prior to 1/1/2017.

**Note: Open enrollment for coverage has ended. You may still obtain coverage if you qualify for Special Enrollment Period (SEP) due to a change in family status (i.e. marriage or birth of a child) or loss of other health coverage. In order to enroll under SEP, you must provide acceptable documentation showing proof and date of your qualifying life event.**

Special Enrollment Events (use only if applying due to a qualifying event outside of Open Enrollment)  
Please select a special event:

Please provide the date of the special event:

**Personal Details**

Self Date of Birth \*  Tobacco User \*

(+) Add Family

Next

- Enter requested information
- Include dependent information

# Quote a New Member (cont'd)

## Quote Member

Home > Quote Member

1 Subscriber Info
2 Choose Plans
3 Summary

**Zip Code:** 30720

**DOB:** 02/02/1976

**Special Event:** Involuntary loss of Minimum Essential Coverage

**Monthly Premium:** \$271.80 to \$477.98

**County:** Whitfield

**No Smoker**

**Coverage Start Date:** 12/01/2016

**0 Spouse 0 Child**

**Annual Deductible:** \$1000 to \$6850

Make Changes
Create Quote

Choose Plans
Key Terms

Add to Quote	Plan Name	Plan Type	Deductible	Co-insurance	Premium	Action	
<input type="checkbox"/>	SoloCare - 0040019	Bronze		Individual:\$6,200.00 Family:\$12,400.00	50% After deductible	\$271.8	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060039	Bronze		Individual:\$6,000.00 Family:\$12,000.00	50% After Deductible	\$295.57	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040021	Bronze		Individual:\$6,850.00 Family:\$13,700.00	0% After Deductible	\$320.6	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040017	Silver		Individual:\$4,500.00 Family:\$9,000.00	0% After Deductible	\$330.48	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040010	Silver		Individual:\$2,500.00 Family:\$5,000.00	20% After deductible	\$332.01	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040007	Silver		Individual:\$1,750.00 Family:\$3,500.00	45% After deductible	\$332.2	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040015	Silver		Individual:\$3,000.00 Family:\$6,000.00	20% After deductible	\$332.3	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060041	Bronze		Individual:\$6,850.00 Family:\$13,700.00	0% After Deductible	\$338.11	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060038	Silver		Individual:\$5,850.00 Family:\$11,700.00	0% After Deductible	\$355.85	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060036	Silver		Individual:\$4,800.00 Family:\$9,600.00	20% After Deductible	\$364.9	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060031	Silver		Individual:\$3,425.00 Family:\$6,850.00	20% After Deductible	\$367.16	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060028	Silver		Individual:\$1,850.00 Family:\$3,700.00	45% After Deductible	\$390.53	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040003	Gold		Individual:\$1,000.00 Family:\$2,000.00	10% After deductible	\$425.92	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060023	Gold		Individual:\$3,000.00 Family:\$6,000.00	0% After Deductible	\$432.43	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040002	Gold		Individual:\$1,500.00 Family:\$3,000.00	0% After Deductible	\$437.63	<a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060024	Gold		Individual:\$1,500.00 Family:\$3,000.00	10% After Deductible	\$477.98	<a href="#">Details</a>



# Selections for Quote

Quote Member

1 Subscriber Info 2 Choose Plans 3 Summary

Zip Code: 30720 County: Whitfield Coverage Start Date: 12/01/2016 [Make Changes](#) [Create Quote](#)

DOB: 02/02/1976 No Smoker 0 Spouse 0 Child

Special Event: Involuntary loss of Minimum Essential Coverage

Monthly Premium: \$271.80 to \$477.98 Annual Deductible: \$1000 to \$6850

Choose Plans Key Terms

Add to Quote	Plan Name	Plan Type	Deductible	Co-insurance	Premium	Action
<input checked="" type="checkbox"/>	SoloCare - 0040019	Bronze		Individual-\$6,200.00 Family:\$12,400.00	50% After deductible	\$271.8 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060039	Bronze		Individual-\$6,000.00 Family:\$12,000.00	50% After Deductible	\$295.57 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040021	Bronze		Individual-\$6,850.00 Family:\$13,700.00	0% After Deductible	\$320.6 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040017	Silver		Individual-\$4,500.00 Family-\$9,000.00	0% After Deductible	\$330.48 <a href="#">Details</a>
<input checked="" type="checkbox"/>	SoloCare - 0040010	Silver		Individual-\$2,500.00 Family-\$5,000.00	20% After deductible	\$332.01 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040007	Silver		Individual-\$1,750.00 Family-\$3,500.00	45% After deductible	\$332.2 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040015	Silver		Individual-\$3,000.00 Family-\$6,000.00	20% After deductible	\$332.3 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060041	Bronze		Individual-\$6,850.00 Family:\$13,700.00	0% After Deductible	\$338.11 <a href="#">Details</a>
<input checked="" type="checkbox"/>	SoloCare - 0060038	Silver		Individual-\$5,850.00 Family:\$11,700.00	0% After Deductible	\$355.85 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060036	Silver		Individual-\$4,800.00 Family:\$9,600.00	20% After Deductible	\$364.9 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060031	Silver		Individual-\$3,425.00 Family-\$6,850.00	20% After Deductible	\$367.16 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060028	Silver		Individual-\$1,850.00 Family-\$3,700.00	45% After Deductible	\$390.53 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040003	Gold		Individual-\$1,000.00 Family-\$2,000.00	10% After deductible	\$425.92 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0060023	Gold		Individual-\$3,000.00 Family-\$6,000.00	0% After Deductible	\$432.43 <a href="#">Details</a>
<input type="checkbox"/>	SoloCare - 0040002	Gold		Individual-\$1,500.00 Family-\$3,000.00	0% After Deductible	\$437.63 <a href="#">Details</a>
<input type="checkbox"/>				Individual-\$1,500.00		<a href="#">Details</a>

- Select plans to be quoted
- Click create quote



# Quote View

Search Member ID

MAIN NAVIGATION

- Dashboard
- Member Management
  - Search Member
  - Search Individual Application
  - Quote New Member
  - Quotes
- Group Management
- My Account
- Tools
- Manage Users
- Recent History

## Member Quote

Home > Member Quote

1 Subscriber Info
2 Choose Plans
Summary

**Plan Summary**

Zip Code: 30720      County: Whitfield      Coverage Start Date: 12/01/2016

DOB: 02/02/1976

Smoker Status: Self: Non Smoker   Spouse: Non Smoker

Special Event: Involuntary Loss of Minimum Essential Coverage      Broker Name:  Edit

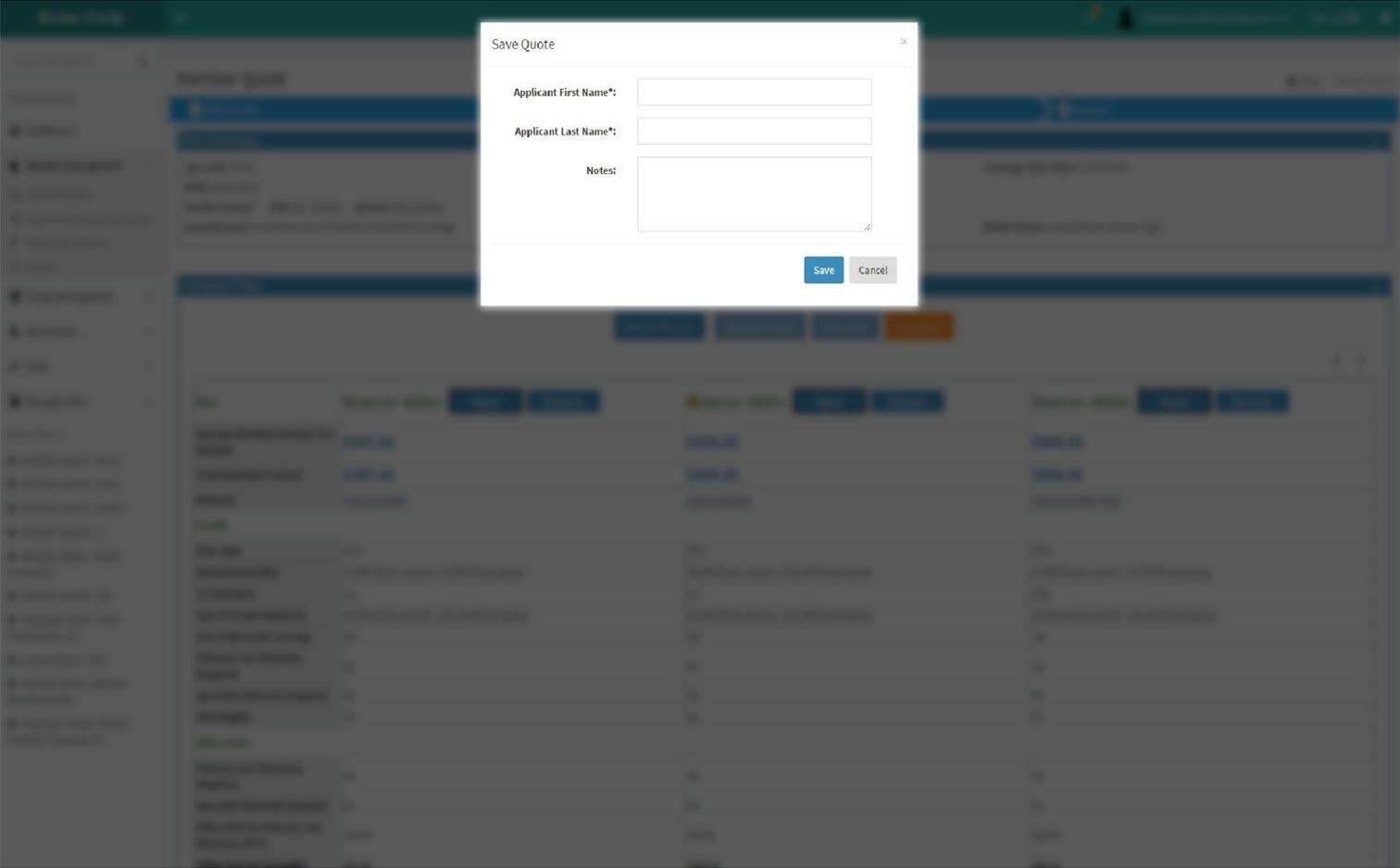
**Compare Plans**

[Back to Plan List](#)  
 [Download Quote](#)  
 [Send Email](#)  
 [Save Quote](#)

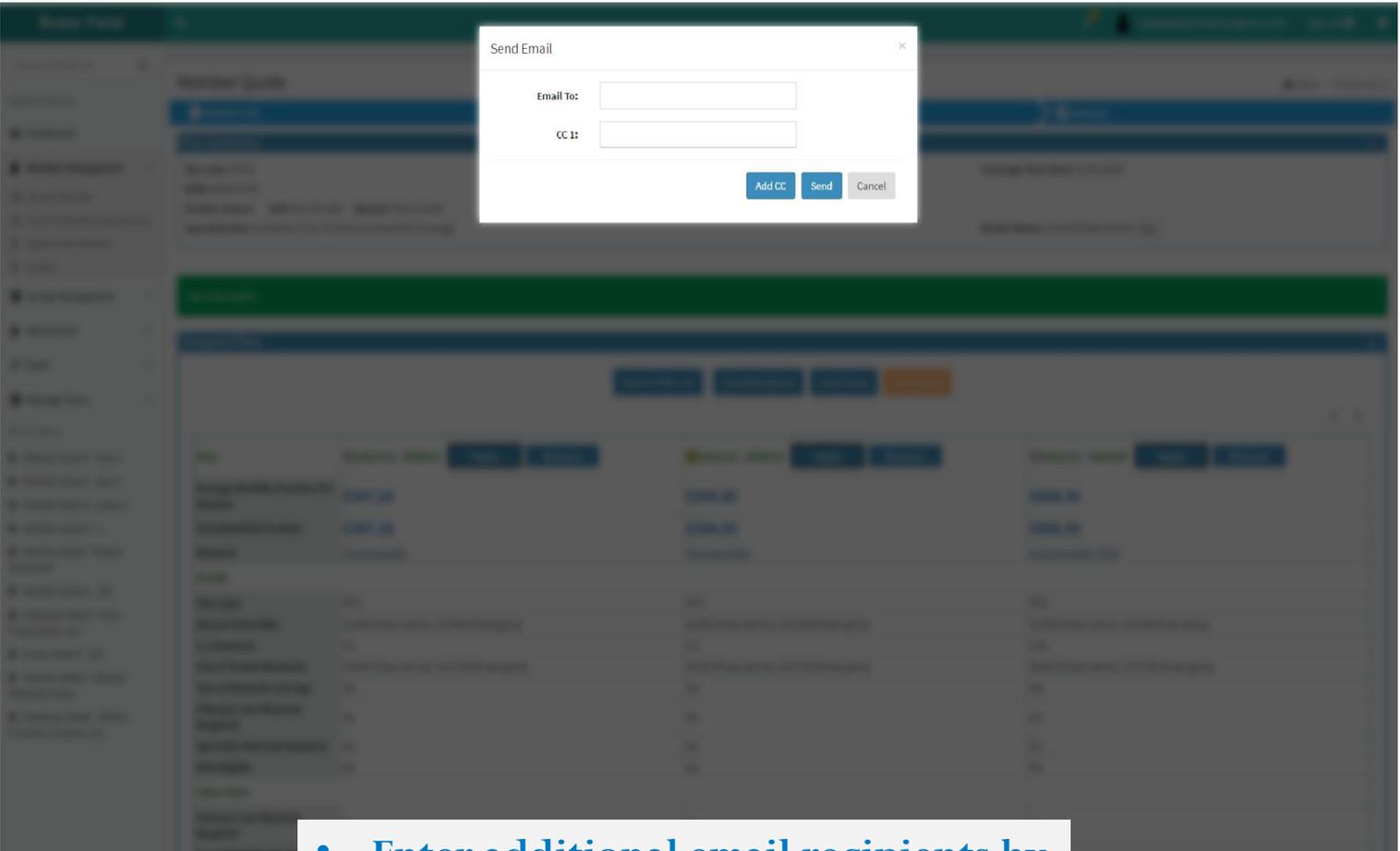
Plan	SoloCare - 0040010	SoloCare - 0040019	SoloCare - 0060038
Average Monthly Premium Per Member	\$332.01	\$271.80	\$355.85
Total Monthly Premium	\$332.01	\$271.80	\$355.85
Network	<a href="#">Find a provider</a>	<a href="#">Find a provider</a>	<a href="#">Find a provider PHCS</a>
<b>Details</b>			
Plan Type	PPO	PPO	PPO
Annual deductible	\$2,500.00 per person   \$5,000.00 per group	\$6,200.00 per person   \$12,400.00 per group	\$5,850.00 per person   \$11,700.00 per group
Co-insurance	0.2	0.5	0
Out-of-Pocket Maximum	\$6,850.00 per person   \$13,700.00 per group	\$6,850.00 per person   \$13,700.00 per group	\$6,850.00 per person   \$13,700.00 per group
Out-of-Network Coverage	Yes	Yes	Yes
Primary Care Physician Required	No	No	No
Specialist Referrals Required	No	No	No
HSA Eligible	No	No	No
<b>Office Visits</b>			
Primary Care P/ Required			No
Specialist Refer			No
Office Visit for P/ Physician (PCP)			\$20.00

- See plan comparisons
- Use the directional arrows to view comparisons for more than three plans

# Saving a Quote



# Emailing a Quote



- Enter additional email recipients by using the Add CC button

# Download a Quote



Quote for Member: Joe Test

Date: 10/12/2016	Plan Name: SoloCare - 0040010
	Metal Level: Silver
	Network: AHP Network
Broker Email: blake@adcockfinancialgroup.com	

Premium Rate Summary

Rate effective on for Compliant plan with Alliant Health Plans				
Plan Name	SoloCare - 0040010	HIOS Plan ID	83761GA0040010	Monthly Premium
				\$ 5,236.56

Premium Rate Member Detail

Relationship	First Name	Last Name	DOB	Rating Area	Age of Member	Monthly Premium
Subscriber	Joe	Test	08/09/1976	Rating Area 13	40	\$ 347.16



Quote for Member: Joe Test

Plan	SoloCare - 0040019	SoloCare - 0040010	SoloCare - 0060028
Total Monthly Premium	\$284.20	\$347.16	\$408.36
Network	<a href="#">Find a Provider</a>	<a href="#">Find a Provider</a>	<a href="#">Find a Provider</a>
<b>Details</b>			
Plan Type	PPO	PPO	PPO
Annual deductible	\$6,200.00 per person   \$12,400.00 per group	\$2,500.00 per person   \$5,000.00 per group	\$1,850.00 per person   \$3,700.00 per group
Co-insurance	0.5	0.2	0.45
Out-of-Pocket Maximum	\$6,850.00 per person   \$13,700.00 per group	\$6,850.00 per person   \$13,700.00 per group	\$6,850.00 per person   \$13,700.00 per group
Out-of-Network Coverage	Yes	Yes	Yes
Primary Care Physician Required	No	No	No
Specialist Referrals Required	No	No	No
HSA Eligible	No	No	No
<b>Office Visits</b>			
Primary Care Physician Required	No	No	No
Specialist Referrals Required	No	No	No
Office Visit for Primary Care Physician (PCP)	\$85.00	\$30.00	\$20.00
Office Visit for Specialist	\$125.00	\$50.00	\$20.00
Chiropractic Office Visit	\$85.00	\$30.00	\$20.00
Urgent Care	\$75.00	\$75.00	\$75.00
X-Ray, MRI, PET, and CAT	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Inpatient Mental Health/Substance Abuse	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Rehabilitative/Habilitative Services	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
<b>Preventive Care</b>			
Annual Preventive Health Exam	No Charge	No Charge	No Charge
Annual Preventive OB-GYN Exam	No Charge	No Charge	No Charge
Well Baby Care	50% Coinsurance after deductible	20% Coinsurance after deductible	No Charge
<b>Prescription Drug Benefit</b>			
Generic Drugs	\$0.00	\$15.00	\$10.00
Preferred Drugs	\$0.00	\$50.00	\$35.00
Non Preferred Drugs	\$0.00	\$150.00	\$60.00
Specialty Drugs	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
<b>Hospital Services</b>			
Emergency Room	\$500.00	\$250.00	\$250.00
Outpatient Surgery	60% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Hospitalization	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
X-Ray, MRI, PET, and CAT	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible

Note: Your quote includes all ACA-related fees.

10/12/2016

Page 4 / 5



# To Apply

Member Quote Home » Member Quote

1 Subscriber Info 2 Choose Plans 3 Summary

**Plan Summary**

Zip Code: 30720 County: Whitfield Coverage Start Date: 12/01/2016  
 DOB: 02/02/1976  
 Smoker Status: Self: Non Smoker Spouse: Non Smoker  
 Special Event: Involuntary Loss of Minimum Essential Coverage Broker Name:  Edit

**Compare Plans**

[Back to Plan List](#) [Download Quote](#) [Send Email](#) [Save Quote](#)

Plan	SoloCare - 0040010 <a href="#">Apply</a> <a href="#">Remove</a>	SoloCare - 0040019 <a href="#">Apply</a> <a href="#">Remove</a>	SoloCare - 0060038 <a href="#">Apply</a> <a href="#">Remove</a>
Average Monthly Premium Per Member	\$332.01	\$271.80	\$355.85
Total Monthly Premium	\$332.01	\$271.80	\$355.85
Network	<a href="#">Find a provider</a>	<a href="#">Find a provider</a>	<a href="#">Find a provider PHCS</a>
<b>Details</b>			
Plan Type	PPO	PPO	PPO
Annual deductible	\$2,500.00 per person   \$5,000.00 per group	\$6,200.00 per person   \$12,400.00 per group	\$5,850.00 per person   \$11,700.00 per group
Co-insurance	0.2	0.5	0
Out-of-Pocket Maximum	\$6,850.00 per person   \$13,700.00 per group	\$6,850.00 per person   \$13,700.00 per group	\$6,850.00 per person   \$13,700.00 per group
Out-of-Network Coverage	Yes	Yes	Yes
Primary Care Physician Required	No	No	No
Specialist Referrals Required	No	No	No
HSA Eligible	No	No	No
<b>Office Visits</b>			
Primary Care Physician Required	No	No	No
Specialist Referrals Required	No	No	No
Office Visit for Primary Care Physician (PCP)	\$30.00	.....	.....

• Select plan for which you wish to apply by clicking the Apply button



# Application (page 1)

## Application

Home > Finish Application

- 1 Information
- 2 Personal Info
- 3 Agreement
- 4 Make Payment
- 5 Success

### Plan Summary

[Edit Application Info](#)

<b>Plan Name:</b> SoloCare - 0040010 <a href="#">Edit</a>	<b>Applicable for:</b> Subscriber	<b>Total Premium:</b> \$347.16		
<b>Zip Code:</b> 30701	<b>County:</b> Gordon	<b>Coverage Start Date:</b> 12/01/2016	<b>DOB:</b> 08/09/1976	No Smoker
<b>Date of the special event:</b> 10/01/2016	<b>Agent:</b> [Redacted]	<b>Special event:</b> Involuntary loss of Minimum Essential Coverage		

### Tips to Complete Your Application

Please allow approximately 20 minutes to complete your application. Short on time? Don't worry, You will be able to save your application and finish at a later time.

Have you been working with professional insurance agent?

- Check Alliant's In-Network provider network and pharmacy lists to ensure your provider is in network.
- Please have available the following information for all applicants: social security number, date of birth and address.
- You can pay for your first month's premium by credit card, Electronic Funds Transfer or by mailing in a check.
- Since this is an electronic application, typing your name in requested signature boxes is considered your electronic signature.
- To avoid errors, only use the buttons on the application website to move forward or back instead of your browser's Back or Forward buttons.

#### Special Enrollment Events (use only if applying due to a qualifying event outside of Open Enrollment)

Please select a special event:

Involuntary loss of Minimum Essential Coverage

Please provide the date of the special event:

10/01/2016

Have you been working with professional insurance agent?

Yes  No

*Disclaimer: Using a professional insurance agent will not lower/raise your premium.*



# Quotes

- Search Member ID
- MAIN NAVIGATION
- Dashboard
  - Member Management
    - Search Member
    - Search Individual Application
    - Quote New Member
    - Quotes**
    - Group Management
  - My Account
  - Tools
  - Manage Users

**Quotes** Home > Quotes

First Name: 
 Last Name: 
 DOB:

Last Modify Date From: 
 To: 
 Broker:

Coverage Start Date From: 
 To: 
 Status:

[Search](#)

**Quotes**

First Name	Last Name	Coverage Start Date	Zip Code	County	DOB	Persons	Status	Note	Last Modify Date	Broker	Action
Joe	Test	12/01/2016	30701	Gordon	08/09/1976	Spouse:0,Children:0	Applied	This is a test quote only.	10/12/2016 4:07:33 PM		<a href="#">OC</a>
ddd	dd	01/01/2017	30720	Whitfield	11/11/1986	Spouse:0,Children:0	Applied	ddd	10/11/2016 10:04:07 PM		<a href="#">OC</a>
ddd	dd	01/01/2017	30720	Whitfield	11/11/1986	Spouse:0,Children:0	Applied	ddd	10/11/2016 10:00:58 PM		<a href="#">OC</a>
test	testffffefff10112016	01/01/2017	30720	Whitfield	11/11/2000	Spouse:0,Children:0	Applied	test	10/11/2016 9:29:24 PM		<a href="#">OC</a>
tets	testffffff11112016	01/01/2017	30720	Whitfield	11/11/2000	Spouse:0,Children:0	Applied	test	10/11/2016 9:25:18 PM		<a href="#">OC</a>
test	testffff10112016	11/01/2016	30720	Whitfield	11/11/2000	Spouse:0,Children:0	Applied	teswt	10/11/2016 9:03:17 PM		<a href="#">OC</a>
test	testff10112016	01/01/2017	30720	Whitfield	11/11/2000	Spouse:0,Children:0	Applied	test	10/11/2016 8:59:56 PM		<a href="#">OC</a>
Test	Fountain	01/01/2017	30705	Murray	06/22/1974	Spouse:0,Children:0	Applied		10/9/2016 10:28:41 PM		<a href="#">OC</a>
test	test10092016	01/01/2017	30720	Whitfield	11/11/2000	Spouse:0,Children:0	Applied	test	10/9/2016 10:16:42 PM		<a href="#">OC</a>
test092820162	test	12/01/2016	30720	Whitfield	10/11/1980	Spouse:1,Children:1	Applied	test	10/5/2016 11:43:06 AM		<a href="#">OC</a>

Page 1 of 5 (46 items) [1](#) [2](#) [3](#) [4](#) [5](#)

[Add New Member](#)

# Quotes (cont'd)

Search Member ID

MAIN NAVIGATION

- Dashboard
- Member Management
  - Search Member
  - Search Individual Application
  - Quote New Member
  - Quotes
- Group Management
- My Account
- Tools
- Manage Users

## Quotes

First Name:

Last Modify Date From:

Coverage Start Date From:

Last Name:

To:

To:

DOB:

Broker:

Status:

[Search](#)

First Name	Last Name	Coverage Start Date	Zip Code	County	DOB	Persons	Status	Note	Last Modify Date	Broker	Action
Joe	Test	12/01/2016	30701	Gordon	08/09/1976	Spouse:0,Children:0	Applied	This is a test quote only.	10/12/2016 4:07:33 PM		
ddd	dd	01/01/2017	30720	Whitfield	11/11/1986	Spouse:0,Children:0	Applied	ddd	10/11/2016 10:04:07 PM		
ddd	dd	01/01/2017	30720	Whitfield	11/11/1986	Spouse:0,Children:0	Applied	ddd	10/11/2016 10:00:58 PM		
test	testfffff10112016	01/01/2017	30720	Whitfield	11/11/2000	Spouse:0,Children:0	Applied	test	10/11/2016 9:29:24 PM		
tets	testfffff11112016	01/01/2017	30720	Whitfield	11/11/2000	Spouse:0,Children:0	Applied	test	10/11/2016 9:25:18 PM		
test	testffff10112016	11/01/2016	30720	Whitfield	11/11/2000	Spouse:0,Children:0	Applied	teswt	10/11/2016 9:03:17 PM		
test	testff10112016	01/01/2017	30720	Whitfield	11/11/2000	Spouse:0,Children:0	Applied	test	10/11/2016 8:59:56 PM		
Test	Fountain	01/01/2017	30705	Murray	06/22/1974	Spouse:0,Children:0	Applied		10/9/2016 10:28:41 PM		
test	test10092016	01/01/2017	30720	Whitfield	11/11/2000	Spouse:0,Children:0	Applied	test	10/9/2016 10:16:42 PM		
test092820162	test	12/01/2016	30720	Whitfield	10/11/1980	Spouse:1,Children:1	Applied	test	10/5/2016 11:43:06 AM		

Page 1 of 5 (46 items) 1 2 3 4 5

- Search for a saved quote
- Filter by status, or any other field header
- Use action gears to continue from quote into application



# Search Individual Applications

Search Individual Application Individual Enrollments > Search Individual Application

**Search** Search

Applicant Last Name	<input type="text" value="Last Name"/>	Date of Birth	<input type="text"/>
Applicant First Name	<input type="text" value="First Name"/>	Broker	<input type="text"/>
Last Modify Date From	<input type="text" value="08/12/2016"/>	To	<input type="text" value="10/12/2016"/>
Coverage Start Date From	<input type="text" value="11/01/2016"/>	To	<input type="text"/>
Status	<input type="text"/>		

**Enrollments**

Applicant First Name	Applicant Last Name	DOB	Gender	Plan Name	Status	Coverage Start Date	Last Modify Date	Broker	ACTION
		02/14/1959	F	SoloCare - 0040017	Waiting for QLE confirmation	11/01/2016	10/3/2016 3:49:50 PM		<input type="button" value="Continue Application"/>
									<input type="button" value="Continue Application"/> <input type="button" value="Delete"/>
									<input type="button" value="Continue Application"/> <input type="button" value="Delete"/>
									<input type="button" value="Continue Application"/> <input type="button" value="Delete"/>

- You may view all individual applications by simply selecting the Search button in the top right-hand corner without entering any search criteria
- Use as many or as few search fields as you wish to locate an individual application
- Default view shows the two most recent months of quotes
- Continue an application already in process



# My Account

Broker Portal ☰ Sign out ⚙️

Search Member ID  🔍

My Account Home My Account

**My Account**

**Broker Summary**

**Broker Information**

Broker Name: [Redacted] Office Phone #: [Redacted]  
Mobile Phone #: [Redacted]

**Commission Information**

Paid Date	View Commission
04/2016	
03/2016	
02/2016	<a href="#">Supplemental Commission</a>
01/2016	
12/2015	
11/2015	

**Assigned Groups**

Group Name	Group ID	Effective Date	Term Date	Active Members	Detail
[Redacted]	[Redacted]	7/1/2009	12/31/9999	0	<a href="#">View</a>
[Redacted]	[Redacted]	9/1/2009	12/31/9999	0	<a href="#">View</a>
[Redacted]	[Redacted]	9/1/2009	12/31/9999	0	<a href="#">View</a>
[Redacted]	[Redacted]	4/1/2010	12/31/9999	0	<a href="#">View</a>
[Redacted]	[Redacted]	6/1/2010	12/31/2015	0	<a href="#">View</a>
[Redacted]	[Redacted]	1/1/2011	12/31/9999	0	<a href="#">View</a>
[Redacted]	[Redacted]	3/1/2011	2/29/2016	0	<a href="#">View</a>
[Redacted]	[Redacted]	2/1/2011	12/31/9999	0	<a href="#">View</a>
[Redacted]	[Redacted]	3/1/2011	12/31/9999	0	<a href="#">View</a>
[Redacted]	[Redacted]	10/1/2011	12/31/9999	0	<a href="#">View</a>
[Redacted]	[Redacted]	1/1/2012	12/31/9999	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	9999	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	2015	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	2099	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	9999	0	<a href="#">View</a>

- View your individual broker information
- View commission payments/payment schedule
- View commissions
- View book of business





# Viewing Book of Business

Assigned Groups					
Group Name	Group ID	Effective Date	Term Date	Δ Active Members	Detail
...	...	10/1/2007	9/30/2010	0	<a href="#">View</a>
...	...	7/1/2008	6/30/2011	0	<a href="#">View</a>
...	...	11/1/2009	10/31/2011	0	<a href="#">View</a>
...	...	6/1/2008	5/31/2012	0	<a href="#">View</a>
...	...	6/1/2011	5/31/2013	0	<a href="#">View</a>
...	...	7/1/2008	6/30/2013	0	<a href="#">View</a>
...	...	12/1/2012	12/31/2013	0	<a href="#">View</a>
...	...	2/1/2010	1/31/2014	0	<a href="#">View</a>
...	...	3/1/2011	2/28/2014	0	<a href="#">View</a>
...	...	4/1/2009	3/31/2014	0	<a href="#">View</a>
...	...	4/1/2009	3/31/2014	0	<a href="#">View</a>
...	...	8/1/2007	7/31/2014	0	<a href="#">View</a>
...	...	8/1/2007	7/31/2014	0	<a href="#">View</a>
...	...	9/1/2011	8/31/2014	0	<a href="#">View</a>
...	...	10/1/2008	9/30/2014	0	<a href="#">View</a>
...	...	11/1/2008	10/31/2014	0	<a href="#">View</a>
...	...	12/1/2007	1/31/2015	0	<a href="#">View</a>
...	...	6/1/2008	5/31/2015	0	<a href="#">View</a>
...	...	2/1/2011	9/30/2015	0	<a href="#">View</a>
...	...	11/1/2014	10/31/2015	0	<a href="#">View</a>
...	...	11/1/2015	11/1/2015	0	<a href="#">View</a>
...	...	4/1/2015	12/31/2015	0	<a href="#">View</a>
...	...	11/1/2015	12/31/2015	0	<a href="#">View</a>
...	...	12/1/2007	12/31/2015	0	<a href="#">View</a>
...	...	4/1/2008	12/31/2015	0	<a href="#">View</a>
...	...	5/1/2008	12/31/2015	0	<a href="#">View</a>
...	...	1/1/2009	12/31/9999	627	<a href="#">View</a>
...	...	1/1/2015	12/31/9999	63	<a href="#">View</a>
...	...	5/1/2011	12/31/9999	4	<a href="#">View</a>
...	...	3/1/2008	12/31/9999	0	<a href="#">View</a>
...	...	7/1/2008	12/31/9999	0	<a href="#">View</a>
...	...	1/1/2016	12/31/9999	8	<a href="#">View</a>
...	...	1/1/2008	12/31/9999	0	<a href="#">View</a>
...	...	7/1/2008	12/31/9999	5	<a href="#">View</a>
...	...	9/1/2013	12/31/9999	15	<a href="#">View</a>
...	...	10/1/2015	12/31/9999	62	<a href="#">View</a>
...	...	2/1/2008	12/31/9999	1	<a href="#">View</a>
...	...	3/1/2008	12/31/9999	20	<a href="#">View</a>
...	...	10/1/2007	12/31/9999	0	<a href="#">View</a>
...	...	12/1/2007	12/31/9999	35	<a href="#">View</a>
...	...	11/1/2007	12/31/9999	33	<a href="#">View</a>
...	...	3/1/2011	12/31/9999	22	<a href="#">View</a>



# Change My Password

Broker Portal

Search Member ID

Change Password Control panel

Home > Change Password

Change Password

New Password:

Confirm Password:

My Account

My Account

Change Password

# Access Permissions

Broker Portal

Search Member ID

Grant List Control panel

Grants Access To: Grant

User Name	Member			Group			Commission
	Request Edit	Read Only	Full Access	Request Edit	Read Only	Full Access	
[User]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
[User]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[User]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[User]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[User]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[User]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[User]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[User]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[User]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[User]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has Been Granted Access To The Following:

User Name	Member			Group			Commission
	Request Edit	Read Only	Full Access	Request Edit	Read Only	Full Access	
[User]	<input type="checkbox"/>						
[User]	<input type="checkbox"/>						
[User]	<input type="checkbox"/>						
[User]	<input type="checkbox"/>						
[User]	<input type="checkbox"/>						
[User]	<input type="checkbox"/>						
[User]	<input type="checkbox"/>						
[User]	<input type="checkbox"/>						
[User]	<input type="checkbox"/>						
[User]	<input type="checkbox"/>						

- Brokers may grant access to other agency brokers or assistants to access his/her members
- Brokers may grant access to other agency brokers or assistants to access his/her commission information

- Brokers may view which other agency brokers or assistants have granted you access to his/her members
- Brokers may view which other agency brokers or assistants have granted you access to his/her commission information



# Access Broker Accounts

**Broker Portal** | Home > Broker Account

Search Member ID

MAIN NAVIGATION

- Dashboard
- Member Management
- Group Management
- My Account
  - My Account
  - Change Password
  - Access Permissions
  - Access Broker Accounts**
- Tools
- Manage Users

Recent History

### Broker Account

#### Broker Summary

##### Commission Information

Paid Date	Broker	View Commission
No data to display		

##### Assigned Groups

Group Name	Group ID	Effective Date	Term Date	Broker	Active Members	Detail
No data to display						

##### Assigned Family Plans

Subscriber Name	Member ID	DOB	Gender	SSN	Effective Date	Term Date	Broker	Active Members	Detail
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	2/1/2014	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	6/1/2010	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	4/1/2012	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	10/1/2014	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	10/1/2007	1/1/2020	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	3/1/2015	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	7/1/2014	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	4/1/2014	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	12/1/2013	9/30/2015	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	9/1/2015	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	4/1/2008	1/1/2020	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	4/1/2014	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	1/1/2015	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	1/1/2015	12/31/9999	[Redacted]	0	<a href="#">View</a>
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	1/1/2015	12/31/9999	[Redacted]	0	<a href="#">View</a>

- View the book of business of any broker who has granted you access to their accounts
- Filter/sort by each column header

# Broker Filter

Search Member ID

Member Management Home > Member Management

**Search Member**

Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
First Name	<input type="text"/>	SSN	<input type="text"/>
Member ID	<input type="text"/>	Application ID	<input type="text"/>
Effective Date	<input type="text"/>	Email	<input type="text"/>
Term Date	<input type="text"/>	Group Number	<input type="text"/>
Group Name	<input type="text"/>	Broker	<input type="text"/>

Search Member ID

Group Management Home > Group Management

**Group Search**

Group Name	<input type="text"/>	Broker	<input type="text"/>
Group Number	<input type="text"/>	Term Date	<input type="text"/>
Effective Date	<input type="text"/>		

- **View accounts of other brokers when in the Member Management or Group Management section of the portal**
- **Filter by broker you wish to see**

# Tools: Change Request Queue

Broker Portal

Search Member ID

Tools

Request Change Queue

Type: All, Status: All, Member ID: [ ], First Name: [ ], Last Name: [ ], Request Date From: [ ], To: [ ], SSN: [ ], Broker: [ ], Search

Status	Member ID	Request Type	Denial Reason	First Name	Last Name	SSN	Email	Reason	Application	Broker	Request Date
Pending								20161011 TEST			10/10/2016
Pending								20161011 TEST			10/10/2016
Pending								test 20161010 10:10			10/09/2016

- View all change requests
- Search by multiple criteria
- Filter by column headers

# Contact Information

## Account Executives

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800-811-4793

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