



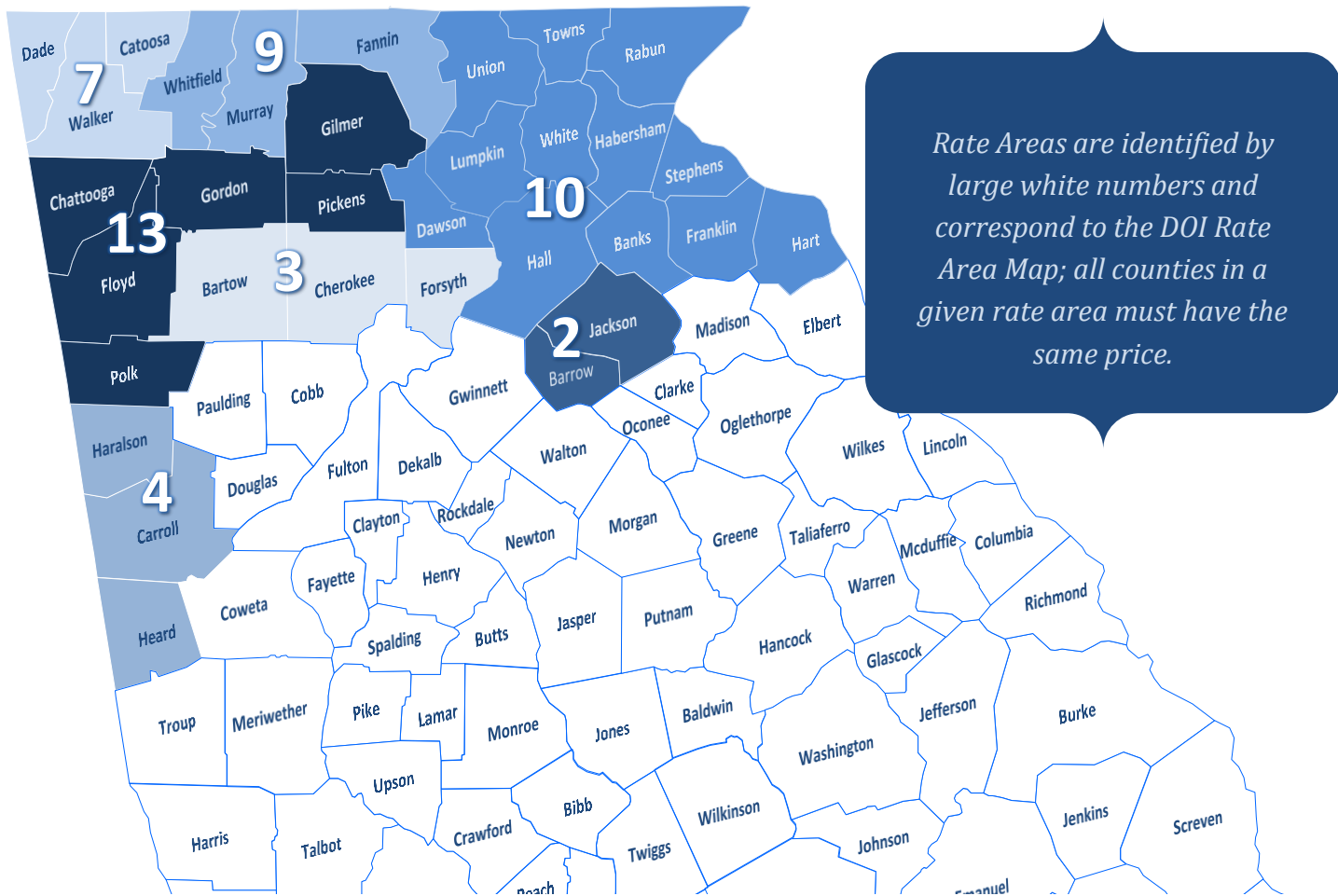
2017 Individual Family Plans

Products available both ON and OFF The Health Insurance Marketplace

- ✓ **13 SoloCare plans will be offered as Individual/Family Plans (IFP). All plans are available OFF The Health Insurance Marketplace**
- ✓ **13 plans available for sale both ON/OFF The Health Insurance Marketplace (HealthCare.gov)**
 - Alliant Network Only
 - EHB Formulary (generic heavy), No Mail Order
- ✓ **Alliant will NOT be offering Mail order in 2017**
- ✓ **The naming convention follows CMS guidelines of unique HIOS ID#**
 - Each plan has a suffix of either 00 or 01; *i.e. 0050021-00 or 0050021-01*
 - 00 means sold OFF The Marketplace
 - 01 means sold ON The Marketplace

Marketing and Rating Areas for 2017

A subscriber's resident address must be within the listed counties to be eligible for coverage



County	Rate Area
Banks	10
Barrow	2
Bartow	3
Carroll	4
Catoosa	7
Chattooga	13
Cherokee	3
Dade	7
Dawson	10
Fannin	9
Floyd	13
Forsyth	3
Franklin	10
Gilmer	13
Gordon	13
Habersham	10
Hall	10
Haralson	4
Hart	10
Heard	4
Jackson	2
Lumpkin	10
Murray	9
Pickens	13
Polk	13
Rabun	10
Stephens	10
Towns	10
Union	10
Walker	7
White	10
Whitfield	9



SoloCare Plans Individual/Family Plans ON & OFF The Health Insurance Marketplace 2017 Alliant Network *ONLY* EHB formulary – NO MAIL ORDER

Plan Marketing Name	In-Network									Out-Of-Network		
	Co-Insurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	(You Pay) Rx Generic/Preferred/Brand/Specialty	Co-Insurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Platinum PPO 40022	100%	\$500/\$1,000	\$1,500/\$3,000	\$100	\$30	\$10	\$25	\$10	\$15/\$50/\$150/50%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Platinum PPO 40023	100%	\$750/\$1,500	\$2,000/\$4,000	\$100	\$30	\$10	\$25	\$10	\$15/\$50/\$150/50%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Gold PPO 40002	100%	\$1,500/\$3,000	\$7,150/\$14,300	\$250	\$75	\$20	\$50	\$20	\$15/\$50/\$150/50%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Gold PPO 40003	90%	\$1,000/\$2,000	\$7,150/\$14,300	\$250	\$75	\$20	\$50	\$20	\$15/\$50/\$150/50%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Silver PPO 40007	55%	\$1,750/\$3,500	\$7,150/\$14,300	\$300	\$75	\$30	\$60	\$30	\$15/\$50/\$150/50%	30%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Silver PPO 40010	70%	\$2,500/\$5,000	\$7,150/\$14,300	\$300	\$75	\$30	\$60	\$30	\$15/\$50/\$150/50%	50%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Silver PPO 40017	100%	\$4,750/\$9,500	\$7,150/\$14,300	\$300	\$75	\$30	\$60	\$30	\$15/\$50/\$150/50%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Bronze PPO 40021	100%	\$7,150/\$14,300	\$7,150/\$14,300	\$250	Deductible and Coinsurance Apply					60%	\$20,000/\$40,000	\$40,000/\$80,000

Standardized Plans 2017 Alliant Network *ONLY* EHB formulary – NO MAIL ORDER

SoloCare Stdrd Gold 40026	80%	\$1,250/\$2,500	\$4,750/\$9,500	\$250*	\$65	\$20	\$50	\$20	\$10/\$30/\$75/30%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Stdrd Silver 40025	80%	\$3,500/\$7,000	\$7,150/\$14,300	\$400*	\$75	\$30	\$65	\$30	\$15/\$50/\$100/40%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Stdrd Bronze 40024	50%	\$6,650/\$13,300	\$7,150/\$14,300	50%*	50%*	\$45**	50%*	\$45	\$35/35%*/40%*/45%*	70%	\$20,000/\$40,000	\$40,000/\$80,000

Special Notations only applicable to Standardized Plans: *Subject to Deductible
**First 3 visits, then subject to deductible and 50% coinsurance



2017

Alliant Network *ONLY*

EHB formulary – NO MAIL ORDER

HSA Eligible

High Deductible Health Plans – Individual Insured Only

Plan Marketing Name	In-Network									Out-Of-Network		
	Co-Insurance Plan Pays After Deductible	Deductible Individual	Out-of-Pocket Maximum Individual	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	(You Pay) Rx Generic/Preferred/ Brand/Specialty	Co-Insurance Plan Pays After Deductible	Deductible Individual	Out-of-Pocket Maximum Individual
SoloCare Bronze HDHP 40031	100%	\$6,500	\$6,500	Deductible and Coinsurance Apply						60%	\$20,000	\$40,000
SoloCare Bronze HDHP 40032	70%	\$5,500	\$6,550	Deductible and Coinsurance Apply						40%	\$20,000	\$40,000

2017

Alliant Network *ONLY*

EHB formulary – NO MAIL ORDER

HSA Eligible – HDHP Plans with 2+ Insured are NON-EMBEDDED Plans

High Deductible Health Plans – 2 or More Insured

Plan Marketing Name	Co-Insurance Plan Pays After Deductible	Deductible Family	Out-of-Pocket Maximum Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	(You Pay) Rx Generic/Preferred/ Brand/Specialty	Co-Insurance Plan Pays After Deductible	Deductible Family	Out-of-Pocket Maximum Family
	SoloCare Bronze HDHP 40031	100%	\$13,000*	\$13,000	Deductible and Coinsurance Apply						60%	\$40,000
SoloCare Bronze HDHP 40032	70%	\$11,000*	\$13,100	Deductible and Coinsurance Apply						40%	\$40,000	\$80,000

*HDHP Plans with 2+ INSURED: Any 1 (one) person will not be responsible for more than \$6,550

Notes

Chiropractic care is covered at a primary care cost-share.

Limits: Home Health - 120-day limit
 Skilled Nursing - 60-day limit
 Chiropractic - 20-visit limit

Open Enrollment for 2017 begins on November 1, 2016 and ends on January 31, 2017. This is true whether purchasing plans on or off The Health Insurance Marketplace. Outside of Open Enrollment, applicants must experience a qualifying event that entitles them to a Special Enrollment Period (SEP).

If applications are received by the 15th of the month, the effective date is the 1st day of the following month. Applications received on the 16th or later in a month, receive a 1st day of the *second* following month as an effective date. Initial premium must be 'received' no later than the day "before" the effective date. SEPs have their own effective date rules.

Plans are guaranteed renewable, calendar year plans. The subscriber can renew each year without a requirement to reenroll or take action, except pay their premium. Calendar year out-of-pockets, co-pays, deductibles and Out-of-pocket maximums reset on January 1 of every year; regardless of "the date/month" the plan was originally purchased.

Plans renew each January 1st based on filed/approved rates by CMS and the Georgia Department of Insurance. In addition to changes in the premium occurring on January 1st of each year, CMS also allows for adjustments to the plan benefits; out-of-pocket and/or deductible limits. Upon renewal, plans may have an increase, or in some cases a reduction, in plan benefits, OOP Maximums and/or deductibles, but by rule, remain in their "metal" category.

Individuals entitled to, or currently on Medicare, are not eligible for an individual/family policy; by Federal Law.

Where co-insurance % is displayed, it is first subject to the deductible.

In addition, for SoloCare plans sold ON The Health Insurance Marketplace, each of the Silver metal plans has variants of the base O1 plan, required by the Affordable Care Act. All Silver SoloCare plans have the following 7 variations; variations #d 3 through 7 are available only on The Marketplace and eligibility is determined by CMS:

1. Standard Silver OFF MARKETPLACE – suffix is 00
2. Standard Silver ON MARKETPLACE – suffix is 01
3. Zero Cost Sharing Plan – suffix is 02
4. Limited Cost Sharing Plan – suffix is 03
5. 73% AV Level – suffix is 04
6. 87% AV Level – suffix is 05

Alliant makes no representation regarding the completeness, accuracy, or timeliness of any information, or that the data represented in this document is error free. See your Summary of Benefits and Coverage for full plan benefits.



2016



Non Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alliant Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Alliant Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

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Alliant Health Plans बागु पडता समवायी नागरिक अधिकार कायदा साथे सुसंगत छे अने जाति, रंग, राष्ट्रीय मूल, उमर, अशक्तता अथवा विंगना आधारे भेदभाव राखवामा आवतो नथी.

Alliant Health Plans respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Alliant Health Plans የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፣ በቆዳ ቀለም፣ በዘር ሃረግ፣ በእድሜ፣ በአካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግም።

Alliant Health Plans लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Alliant Health Plans konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

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