



# Individual & Family Plans



**2017 Plan Information**



# Good health begins with good choices.

We want coverage to be as clear and understandable as possible. Whatever your budget, we can help find the right health plan for you.

## With Alliant Health Plans, you are guaranteed:

### Local Doctors and Local Hospitals

For nearly 20 years, Alliant Health Plans has been a leading provider of healthcare insurance in Northwest Georgia. Our Board of Directors include physicians and community leaders who work hard to deliver the best care.

### Local Customer Service

Our customer service representatives are ready to assist you and are located only miles away in our corporate office in Dalton, GA.

### No Charge for Preventive Care

Preventive care is always covered at 100% in all of our plans.

### No Medical Qualifications

No matter what, you will never deal with a “pre-existing condition” waiting period.



## Important Terms to Know

## Understanding the Marketplace

The Health Insurance Marketplace (also referred to as the Marketplace, Exchange or HealthCare.gov) is where individuals and families can compare plans and purchase health insurance. You can purchase an Alliant plan on the Marketplace or directly through us. Individuals who qualify for tax breaks or financial assistance from the government must purchase a plan through the Marketplace in order to take advantage of tax credits.



## You may qualify for financial assistance.

An Advanced Premium Tax Credit (APTC) can lower the amount you pay toward your monthly premium. Tax credits are available to individuals and families who earn at least 138% but not more than 400% of the Federal Poverty level. Only the Marketplace can determine if you are eligible and how much you may receive in tax credits.

### Co-payment

Your cost-share of the service being received. Co-pays count toward the out-of-pocket maximum but not towards the deductible. Co-payments are included in most of our plans.

### Deductible

The amount you pay before any company payment is applied (unless a co-payment exists). Deductibles are paid first, and then co-insurance is applied. All SoloCare plans have a deductible. There is a maximum dollar amount you would pay in any given calendar year.

### Co-insurance

The portion where we share the covered costs with you. This amount is expressed as a percentage and is applied after the deductible is met (for example, Alliant pays 80% and you pay 20%).

### Out-of-Pocket Maximum

The maximum amount of money you will pay out-of-pocket during a calendar year. It includes deductibles, co-pays and co-insurance but is in addition to your regular monthly premium. After you reach your out-of-pocket maximum, you would pay nothing for additional covered medical expenses for the rest of the plan year.

### Premium

The total amount you pay to obtain and keep your health insurance active.

# Choose the right plan for you.

No matter where you purchase your plan, it will be categorized using metal levels. Find out what type of plan is right for you.

Health care reform, also known as the Affordable Care Act (ACA), established metal levels to indicate the value of your insurance coverage: platinum, gold, silver and bronze. All plans cover the same essential health benefits, but your cost share is different.

**P**

**Platinum:** This is the highest level with both the highest premium and the richest benefits. Good for people who frequently receive medical services and are willing to pay more each month for the lowest ongoing health care costs.

**G**

**Gold:** Gold has a higher level of benefits than silver but also a higher monthly premium. Beneficial for people who receive medical services regularly and who are okay with a higher monthly premium in order to have more costs covered.

**S**

**Silver:** This level has slightly higher monthly premiums than bronze but also richer benefits. Beneficial for people who want to keep monthly premiums and out-of-pocket costs balanced.

**B**

**Bronze:** This level has the lowest monthly premium but also the highest out-of-pocket costs. Beneficial for people who prefer lower monthly premiums and don't expect to need a lot of medical services.

*A Catastrophic plan level exists. However, Alliant does not offer a catastrophe plan; therefore, it is not listed.*

In addition to your personal situation and values, you'll want to consider if you are eligible to receive financial assistance, which can be delivered in the form of a tax credit or cost-sharing subsidy.

| Metal Levels                   |          |        |        |        |
|--------------------------------|----------|--------|--------|--------|
|                                | P        | G      | S      | B      |
|                                | Platinum | Gold   | Silver | Bronze |
| Monthly Cost                   | \$\$\$\$ | \$\$\$ | \$\$   | \$     |
| Cost When You Get Care         | \$\$     | \$\$   | \$\$   | \$\$   |
| Maximum Out-of-Pocket Expenses | \$       | \$     | \$\$   | \$\$\$ |



# Compare our 40000 series plans

Plans available both ON and OFF the Marketplace. Plans have the Alliant network.

| IN-NETWORK BENEFITS                          | SoloCare 40022<br>Platinum |           |                       | SoloCare 40023<br>Platinum |           |                       |
|--|----------------------------|-----------|-----------------------|----------------------------|-----------|-----------------------|
|  | 01                         | 02        | 03                    | 01                         | 02        | 03                    |
| <b>Solocare Cost Share Variants</b>          | <b>01</b>                  | <b>02</b> | <b>03</b>             | <b>01</b>                  | <b>02</b> | <b>03</b>             |
| Primary Care Physician Office Visit (copay)  | \$10                       | \$0       | \$10                  | \$10                       | \$0       | \$10                  |
| Specialist Office Visit (copay)              | \$25                       | \$0       | \$25                  | \$25                       | \$0       | \$25                  |
| Urgent Care (copay)                          | \$30                       | \$0       | \$30                  | \$30                       | \$0       | \$30                  |
| Out-Patient Mental/Behavioral Health (copay) | \$10                       | \$0       | \$10                  | \$10                       | \$0       | \$10                  |
| Out-Patient Rehabilitation *                 | 0%                         | 0%        | 0%                    | 0%                         | 0%        | 0%                    |
| Substance Abuse Disorder In-Patient *        | 0%                         | 0%        | 0%                    | 0%                         | 0%        | 0%                    |
| Child Dental Check-up *                      | 0%                         | 0%        | 0%                    | 0%                         | 0%        | 0%                    |
| Skilled Nursing Facility *                   | 0%                         | 0%        | 0%                    | 0%                         | 0%        | 0%                    |
| Emergency Room Visit (copay)                 | \$100                      | \$0       | \$100                 | \$100                      | \$0       | \$100                 |
| Emergency Transportation/Ambulance *         | 0%                         | 0%        | 0%                    | 0%                         | 0%        | 0%                    |
| Coinsurance (after deductible) *             | 0%                         | 0%        | 0%                    | 0%                         | 0%        | 0%                    |
| Individual/Family Deductible                 | \$500/<br>\$1,000          | \$0       | \$500/<br>\$1,000     | \$750/<br>\$1,500          | \$0       | \$750/<br>\$1,500     |
| Individual/Family Out-of-Pocket Maximum      | \$1,500/<br>\$3,000        | \$0       | \$1,500/<br>\$3,000   | \$2,000/<br>\$4,000        | \$0       | \$2,000/<br>\$4,000   |
| <b>PRESCRIPTION DRUG BENEFITS</b>            |                            |           |                       |                            |           |                       |
| Generic Drugs                                | \$15                       | \$0       | \$15                  | \$15                       | \$0       | \$15                  |
| Preferred Brand Drugs                        | \$50                       | \$0       | \$50                  | \$50                       | \$0       | \$50                  |
| Non-Preferred Brand                          | \$150                      | \$0       | \$150                 | \$150                      | \$0       | \$150                 |
| Specialty Drugs (after deductible) *         | 50%                        | 0%        | 50%                   | 50%                        | 0%        | 50%                   |
| <b>OUT-OF-NETWORK BENEFITS</b>               |                            |           |                       |                            |           |                       |
| Coinsurance (after deductible) *             | 40%                        | 0%        | 40%                   | 40%                        | 0%        | 40%                   |
| Individual/Family Deductible                 | \$20,000/<br>\$40,000      | \$0       | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000      | \$0       | \$20,000/<br>\$40,000 |
| Individual/Family Out-of-Pocket Maximum      | \$20,000/<br>\$40,000      | \$0       | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000      | \$0       | \$20,000/<br>\$40,000 |

\* Co-insurance after deductible - Out-of-pocket maximum includes deductible. - Preventive Care Rx paid 100% - no cost-share for member.



| SoloCare 40002 Gold        |     |                       | SoloCare 40003 Gold   |     |                       | SoloCare 40007 Silver |     |                       |                       |                       |                       |
|----------------------------|-----|-----------------------|-----------------------|-----|-----------------------|-----------------------|-----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01                         | 02  | 03                    | 01                    | 02  | 03                    | 01                    | 02  | 03                    | 04                    | 05                    | 06                    |
| \$20                       | \$0 | \$20                  | \$20                  | \$0 | \$20                  | \$30                  | \$0 | \$30                  | \$30                  | \$30                  | \$30                  |
| \$50                       | \$0 | \$50                  | \$50                  | \$0 | \$50                  | \$60                  | \$0 | \$60                  | \$60                  | \$60                  | \$60                  |
| \$75                       | \$0 | \$75                  | \$75                  | \$0 | \$75                  | \$75                  | \$0 | \$75                  | \$75                  | \$75                  | \$75                  |
| \$20                       | \$0 | \$20                  | \$20                  | \$0 | \$20                  | \$30                  | \$0 | \$30                  | \$30                  | \$30                  | \$30                  |
| No charge after deductible |     |                       | 10%                   | 0%  | 10%                   | 45%                   | 0%  | 45%                   | 45%                   | 45%                   | 45%                   |
| 0%                         | 0%  | 0%                    | 10%                   | 0%  | 10%                   | 45%                   | 0%  | 45%                   | 45%                   | 45%                   | 45%                   |
| No charge after deductible |     |                       | 10%                   | 0%  | 10%                   | 45%                   | 0%  | 45%                   | 45%                   | 45%                   | 45%                   |
| 0%                         | 0%  | 0%                    | 10%                   | 0%  | 10%                   | 45%                   | 0%  | 45%                   | 45%                   | 45%                   | 45%                   |
| \$250                      | \$0 | \$250                 | \$250                 | \$0 | \$250                 | \$300                 | \$0 | \$300                 | \$300                 | \$300                 | \$300                 |
| 0%                         | 0%  | 0%                    | 10%                   | 0%  | 10%                   | 45%                   | 0%  | 45%                   | 45%                   | 45%                   | 45%                   |
| 0%                         | 0%  | 0%                    | 10%                   | 0%  | 10%                   | 45%                   | 0%  | 45%                   | 45%                   | 45%                   | 45%                   |
| \$1,500/<br>\$3,000        | \$0 | \$1,500/<br>\$3,000   | \$1,000/<br>\$2,000   | \$0 | \$1,000/<br>\$2,000   | \$1,750/<br>\$3,500   | \$0 | \$1,750/<br>\$3,500   | \$1,500/<br>\$3,000   | \$500/<br>\$1,000     | \$200/<br>\$400       |
| \$7,150<br>\$14,300        | \$0 | \$7,150/<br>\$14,300  | \$7,150/<br>\$14,300  | \$0 | \$7,150/<br>\$14,300  | \$7,150/<br>\$14,300  | \$0 | \$7,150/<br>\$14,300  | \$5,700/<br>\$11,400  | \$1,500/<br>\$3,000   | \$400/<br>\$800       |
| \$15                       | \$0 | \$15                  | \$15                  | \$0 | \$15                  | \$15                  | \$0 | \$15                  | \$15                  | \$15                  | \$15                  |
| \$50                       | \$0 | \$50                  | \$50                  | \$0 | \$50                  | \$50                  | \$0 | \$50                  | \$50                  | \$50                  | \$50                  |
| \$150                      | \$0 | \$150                 | \$150                 | \$0 | \$150                 | \$150                 | \$0 | \$150                 | \$150                 | \$150                 | \$150                 |
| 50%                        | 0%  | 50%                   | 50%                   | 0%  | 50%                   | 50%                   | 0%  | 50%                   | 50%                   | 50%                   | 50%                   |
| 40%                        | 0%  | 40%                   | 40%                   | 0%  | 40%                   | 70%                   | 0%  | 70%                   | 70%                   | 70%                   | 70%                   |
| \$20,000/<br>\$40,000      | \$0 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 | \$0 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 | \$0 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 |
| \$40,000/<br>\$80,000      | \$0 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 | \$0 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 | \$0 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 |

- Plans are NOT HSA Compatible

- Blank cells indicate: subject to deductible and co-insurance

# Compare our 40000 series plans

Plans available both ON and OFF the Marketplace. Plans have the Alliant network.

| IN-NETWORK BENEFITS                          | SoloCare 40010 Silver |     |                       |                       |                       |                       |
|--|-----------------------|-----|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 01                    | 02  | 03                    | 04                    | 05                    | 06                    |
| <b>Solocare Cost Share Variants</b>          |                       |     |                       |                       |                       |                       |
| Primary Care Physician Office Visit (copay)  | \$30                  | \$0 | \$30                  | \$30                  | \$30                  | \$30                  |
| Specialist Office Visit (copay)              | \$60                  | \$0 | \$60                  | \$60                  | \$60                  | \$60                  |
| Urgent Care (copay)                          | \$75                  | \$0 | \$75                  | \$75                  | \$75                  | \$75                  |
| Out-Patient Mental/Behavioral Health (copay) | \$30                  | \$0 | \$30                  | \$30                  | \$30                  | \$30                  |
| Out-Patient Rehabilitation *                 | 30%                   | 0%  | 30%                   | 30%                   | 30%                   | 30%                   |
| Substance Abuse Disorder In-Patient *        | 30%                   | 0%  | 30%                   | 30%                   | 30%                   | 30%                   |
| Child Dental Check-up *                      | 30%                   | 0%  | 30%                   | 30%                   | 30%                   | 30%                   |
| Skilled Nursing Facility *                   | 30%                   | 0%  | 30%                   | 30%                   | 30%                   | 30%                   |
| Emergency Room Visit (copay)                 | \$300                 | \$0 | \$300                 | \$300                 | \$300                 | \$300                 |
| Emergency Transportation/Ambulance *         | 30%                   | 0%  | 30%                   | 30%                   | 30%                   | 30%                   |
| Co-insurance (after deductible) *            | 30%                   | 0%  | 30%                   | 30%                   | 30%                   | 30%                   |
| Individual/Family Deductible                 | \$2,500/<br>\$5,000   | \$0 | \$2,500/<br>\$5,000   | \$2,500/<br>\$5,000   | \$2,500/<br>\$5,000   | \$2,500/<br>\$5,000   |
| Individual/Family Out-of-Pocket Maximum      | \$7,150/<br>\$14,300  | \$0 | \$7,150/<br>\$14,300  | \$5,700/<br>\$11,400  | \$1,500/<br>\$3,000   | \$500/<br>\$1,000     |
| <b>PRESCRIPTION DRUG BENEFITS</b>            |                       |     |                       |                       |                       |                       |
| Generic Drugs                                | \$15                  | \$0 | \$15                  | \$15                  | \$15                  | \$15                  |
| Preferred Brand Drugs                        | \$50                  | \$0 | \$50                  | \$50                  | \$50                  | \$50                  |
| Non-Preferred Brand & Specialty Drugs        | \$150                 | \$0 | \$150                 | \$150                 | \$150                 | \$150                 |
| Specialty Drugs (after deductible) *         | 50%                   | 0%  | 50%                   | 50%                   | 50%                   | 50%                   |
| <b>OUT-OF-NETWORK BENEFITS</b>               |                       |     |                       |                       |                       |                       |
| Co-insurance (after deductible) *            | 50%                   | 0%  | 50%                   | 50%                   | 50%                   | 50%                   |
| Individual/Family Deductible                 | \$20,000/<br>\$40,000 | \$0 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 |
| Individual/Family Out-of-Pocket Maximum      | \$40,000/<br>\$80,000 | \$0 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 |

\* Co-insurance after deductible - Out-of-pocket maximum includes deductible. - Preventive Care Rx paid 100% - no cost-share for member.





| SoloCare 40017<br>Silver   |     |                       |                       |                       |                       | SoloCare 40021<br>Bronze   |                       |                       |
|----------------------------|-----|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| 01                         | 02  | 03                    | 04                    | 05                    | 06                    | 01                         | 02                    | 03                    |
| \$30                       | \$0 | \$30                  | \$30                  | \$30                  | \$30                  | No charge after deductible |                       |                       |
| \$60                       | \$0 | \$60                  | \$60                  | \$60                  | \$60                  | No charge after deductible |                       |                       |
| \$75                       | \$0 | \$75                  | \$75                  | \$75                  | \$75                  | No charge after deductible |                       |                       |
| \$30                       | \$0 | \$30                  | \$30                  | \$30                  | \$30                  | No charge after deductible |                       |                       |
| No charge after deductible |     |                       |                       |                       |                       | No charge after deductible |                       |                       |
| 0%                         | 0%  | 0%                    | 0%                    | 0%                    | 0%                    | No charge after deductible |                       |                       |
| No charge after deductible |     |                       |                       |                       |                       | No charge after deductible |                       |                       |
| 0%                         | 0%  | 0%                    | 0%                    | 0%                    | 0%                    | No charge after deductible |                       |                       |
| \$300                      | \$0 | \$300                 | \$300                 | \$300                 | \$300                 | \$250                      | \$0                   | \$250                 |
| 0%                         | 0%  | 0%                    | 0%                    | 0%                    | 0%                    | No charge after deductible |                       |                       |
| 0%                         | 0%  | 0%                    | 0%                    | 0%                    | 0%                    | No charge after deductible |                       |                       |
| \$4,750/<br>\$9,500        | \$0 | \$4,750/<br>\$9,500   | \$4,000/<br>\$8,000   | \$1,000/<br>\$2,000   | \$250/<br>\$500       | \$7,150/<br>\$14,300       | \$0                   | \$7,150/<br>\$14,300  |
| \$7,150/<br>\$14,300       | \$0 | \$7,150/<br>\$14,300  | \$5,700/<br>\$11,400  | \$2,000/<br>\$4,000   | \$500/<br>\$1,000     | \$7,150/<br>\$14,300       | \$0                   | \$7,150/<br>\$14,300  |
| \$15                       | \$0 | \$15                  | \$15                  | \$15                  | \$15                  | \$15                       | \$0                   | \$15                  |
| \$50                       | \$0 | \$50                  | \$50                  | \$50                  | \$50                  | \$50                       | \$0                   | \$50                  |
| \$150                      | \$0 | \$150                 | \$150                 | \$150                 | \$150                 | \$150                      | \$0                   | \$150                 |
| 50%                        | 0%  | 50%                   | 50%                   | 50%                   | 50%                   | 50%                        | 0%                    | 50%                   |
| 40%                        | 0%  | 40%                   | 40%                   | 40%                   | 40%                   | 40%                        | 0%                    | 40%                   |
| \$20,000/<br>\$40,000      | \$0 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000      | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 |
| \$40,000/<br>\$80,000      | \$0 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000      | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 |

- Plans are NOT HSA Compatible

- Blank cells indicate: subject to deductible and co-insurance

# Compare our 40000 series plans

Plans available both ON and OFF the Marketplace. Plans have the Alliant network.

| IN-NETWORK BENEFITS                          | SoloCare 40026<br>Gold |           |                       | SoloCare 40025<br>Silver |           |                       |
|--|------------------------|-----------|-----------------------|--------------------------|-----------|-----------------------|
|  | 01                     | 02        | 03                    | 01                       | 02        | 03                    |
| <b>Solocare Cost Share Variants</b>          | <b>01</b>              | <b>02</b> | <b>03</b>             | <b>01</b>                | <b>02</b> | <b>03</b>             |
| Primary Care Physician Office Visit (copay)  | \$20                   | \$0       | \$20                  | \$30                     | \$0       | \$30                  |
| Specialist Office Visit (copay)              | \$50                   | \$0       | \$50                  | \$65                     | \$0       | \$65                  |
| Urgent Care (copay)                          | \$65                   | \$0       | \$65                  | \$75                     | \$0       | \$75                  |
| Out-Patient Mental/Behavioral Health (copay) | \$20                   | \$0       | \$20                  | \$30                     | \$0       | \$30                  |
| Out-Patient Rehabilitation *                 | 20%                    | 0%        | 20%                   | 20%                      | 0%        | 20%                   |
| Substance Abuse Disorder In-Patient *        | 20%                    | 0%        | 20%                   | 20%                      | 0%        | 20%                   |
| Child Dental Check-up *                      | 20%                    | 0%        | 20%                   | 20%                      | 0%        | 20%                   |
| Skilled Nursing Facility *                   | 20%                    | 0%        | 20%                   | 20%                      | 0%        | 20%                   |
| Emergency Room Visit (copay)                 | \$250                  | \$0       | \$250                 | \$400                    | \$0       | \$400                 |
| Emergency Transportation/Ambulance *         | 20%                    | 0%        | 20%                   | 20%                      | 0%        | 20%                   |
| Co-insurance (after deductible) *            | 20%                    | 0%        | 20%                   | 20%                      | 0%        | 20%                   |
| Individual/Family Deductible                 | \$1,250/<br>\$2,500    | \$0       | \$1,250/<br>\$2,500   | \$3,500/<br>\$7,000      | \$0       | \$3,500/<br>\$7,000   |
| Individual/Family Out-of-Pocket Maximum      | \$4,750/<br>\$9,500    | \$0       | \$4,750/<br>\$9,500   | \$7,150/<br>\$14,300     | \$0       | \$7,150/<br>\$14,300  |
| <b>PRESCRIPTION DRUG BENEFITS</b>            |                        |           |                       |                          |           |                       |
| Generic Drugs                                | \$10                   | \$0       | \$10                  | \$15                     | \$0       | \$15                  |
| Preferred Brand Drugs                        | \$30                   | \$0       | \$30                  | \$50                     | \$0       | \$50                  |
| Non-Preferred Brand & Specialty Drugs        | \$75                   | \$0       | \$75                  | \$100                    | \$0       | \$100                 |
| Specialty Drugs (after deductible) *         | 30%                    | 0%        | 30%                   | 40%                      | 0%        | 40%                   |
| <b>OUT-OF-NETWORK BENEFITS</b>               |                        |           |                       |                          |           |                       |
| Co-insurance (after deductible) *            | 40%                    | 0%        | 40%                   | 40%                      | 0%        | 40%                   |
| Individual/Family Deductible                 | \$20,000/<br>\$40,000  | \$0       | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000    | \$0       | \$20,000/<br>\$40,000 |
| Individual/Family Out-of-Pocket Maximum      | \$40,000/<br>\$80,000  | \$0       | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000    | \$0       | \$40,000/<br>\$80,000 |

\* Co-insurance after deductible - Out-of-pocket maximum includes deductible. - Preventive Care Rx paid 100% - no cost-share for member.



| SoloCare 40025<br>Silver |                       |                       | SoloCare 40024<br>Bronze |     |                       | SoloCare 40031<br>Bronze         |     |                       | SoloCare 40032<br>Bronze         |     |                       |
|--------------------------|-----------------------|-----------------------|--------------------------|-----|-----------------------|----------------------------------|-----|-----------------------|----------------------------------|-----|-----------------------|
| 04                       | 05                    | 06                    | 01                       | 02  | 03                    | 01                               | 02  | 03                    | 01                               | 02  | 03                    |
| \$30                     | \$10                  | \$6                   | \$45                     | \$0 | \$45                  | Deductible and Coinsurance Apply |     |                       | Deductible and Coinsurance Apply |     |                       |
| \$65                     | \$25                  | \$15                  | 50%*                     | \$0 | 50%*                  | Deductible and Coinsurance Apply |     |                       | Deductible and Coinsurance Apply |     |                       |
| \$75                     | \$40                  | \$25                  | 50%*                     | \$0 | 50%*                  | Deductible and Coinsurance Apply |     |                       | Deductible and Coinsurance Apply |     |                       |
| \$30                     | \$30                  | \$30                  | \$45                     | \$0 | \$45                  | Deductible and Coinsurance Apply |     |                       | Deductible and Coinsurance Apply |     |                       |
| 20%                      | 20%                   | 20%                   | 50%                      | 0%  | 50%                   | 0%                               | 0%  | 0%                    | 30%                              | 0%  | 30%                   |
| 20%                      | 20%                   | 20%                   | 50%                      | 0%  | 50%                   | 0%                               | 0%  | 0%                    | 30%                              | 0%  | 30%                   |
| 20%                      | 20%                   | 20%                   | 50%                      | 0%  | 50%                   | 0%                               | 0%  | 0%                    | 30%                              | 0%  | 30%                   |
| 20%                      | 20%                   | 20%                   | 50%                      | 0%  | 50%                   | 0%                               | 0%  | 0%                    | 30%                              | 0%  | 30%                   |
| \$400                    | \$400                 | \$400                 | 50%                      | 0%  | 50%                   | Deductible and Coinsurance Apply |     |                       | Deductible and Coinsurance Apply |     |                       |
| 20%                      | 20%                   | 20%                   | 50%                      | 0%  | 50%                   | 0%                               | 0%  | 0%                    | 30%                              | 0%  | 30%                   |
| 20%                      | 20%                   | 20%                   | 50%                      | 0%  | 50%                   | 0%                               | 0%  | 0%                    | 30%                              | 0%  | 30%                   |
| \$3,000/<br>\$6,000      | \$700/<br>\$1,400     | \$250/<br>\$500       | \$6,650/<br>\$13,300     | \$0 | \$6,650/<br>\$13,300  | \$6,500/<br>\$13,000             | \$0 | \$6,500/<br>\$13,000  | \$5,500/<br>\$11,000             | \$0 | \$5,500/<br>\$11,000  |
| \$5,700/<br>\$11,400     | \$2,000/<br>\$4,000   | \$1,250/<br>\$2,500   | \$7,150/<br>\$14,300     | \$0 | \$7,150/<br>\$14,300  | \$6,500/<br>\$13,000             | \$0 | \$6,500/<br>\$13,000  | \$6,550/<br>\$13,100             | \$0 | \$6,550/<br>\$13,100  |
| \$15                     | \$15                  | \$15                  | \$35                     | \$0 | \$35                  | Deductible and Coinsurance Apply |     |                       | Deductible and Coinsurance Apply |     |                       |
| \$50                     | \$50                  | \$50                  | 35%                      | \$0 | 35%                   | Deductible and Coinsurance Apply |     |                       | Deductible and Coinsurance Apply |     |                       |
| \$100                    | \$100                 | \$100                 | 40%                      | 0%  | 40%                   | Deductible and Coinsurance Apply |     |                       | Deductible and Coinsurance Apply |     |                       |
| 40%                      | 40%                   | 40%                   | 45%                      | 0%  | 45%                   | Deductible and Coinsurance Apply |     |                       | Deductible and Coinsurance Apply |     |                       |
| 40%                      | 40%                   | 40%                   | 40%                      | 0%  | 40%                   | 40%                              | 0%  | 40%                   | 60%                              | 0%  | 60%                   |
| \$20,000/<br>\$40,000    | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000    | \$0 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000            | \$0 | \$20,000/<br>\$40,000 | \$20,000/<br>\$40,000            | \$0 | \$20,000/<br>\$40,000 |
| \$40,000/<br>\$80,000    | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000    | \$0 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000            | \$0 | \$40,000/<br>\$80,000 | \$40,000/<br>\$80,000            | \$0 | \$40,000/<br>\$80,000 |

- Plans are NOT HSA Compatible

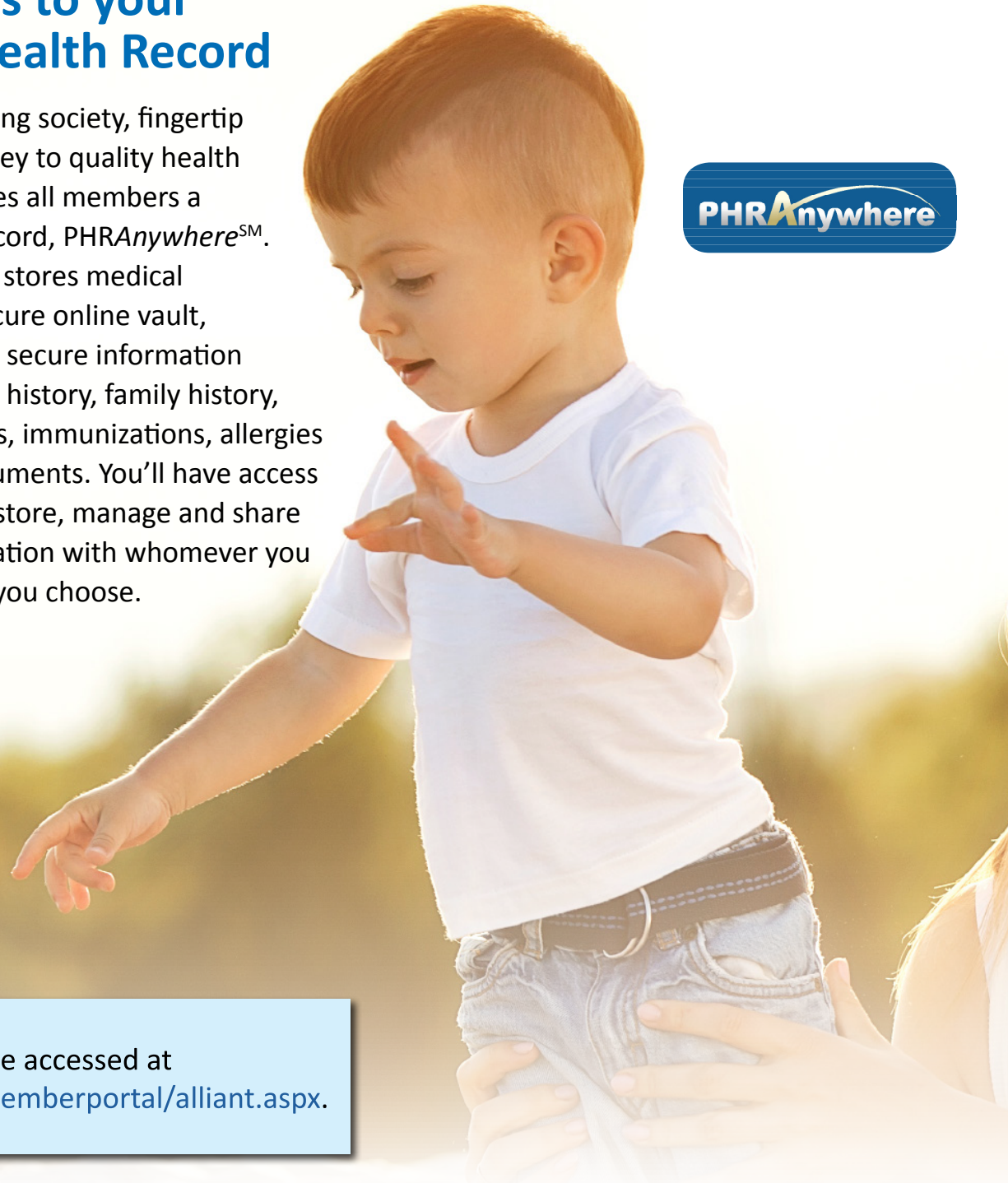
- Blank cells indicate: subject to deductible and co-insurance

# Make coverage convenient

We understand life can be busy so we've made it easy to keep up with your health information whenever and wherever.

## 24/7 Access to your Personal Health Record

In today's fast-moving society, fingertip information is the key to quality health care. Alliant provides all members a Personal Health Record, PHR*Anywhere*<sup>SM</sup>. This unique service stores medical information in a secure online vault, and provides quick, secure information about your medical history, family history, emergency contacts, immunizations, allergies and important documents. You'll have access to securely gather, store, manage and share your health information with whomever you choose, whenever you choose.



Member portals can be accessed at [PHRAnywhere.com/memberportal/alliant.aspx](https://PHRAnywhere.com/memberportal/alliant.aspx).

## Coverage at your fingertips

You can stay informed about your health care coverage on-the-go. When you download the 'Alliant ID Card Mobile' app on your mobile device, you gain access to insurance information such as your digital insurance card and provider directory—with just one touch. The mobile app is available for Apple and Android operating systems.



Use this card to record information from your enrollment application.

## Your Enrollment Details

Application I.D. # \_\_\_\_\_

How much do I owe each month? \_\_\_\_\_




Name/Number of the plan I chose? \_\_\_\_\_

When does my coverage begin? \_\_\_\_\_

| Month | Date Paid | Payment Method |
|-------|-----------|----------------|
| Jan   |           |                |
| Feb   |           |                |
| Mar   |           |                |
| Apr   |           |                |
| May   |           |                |
| Jun   |           |                |
| Jul   |           |                |
| Aug   |           |                |
| Sep   |           |                |
| Oct   |           |                |
| Nov   |           |                |
| Dec   |           |                |

## NEED TO ENROLL AT HOME?

Follow the steps below:

-  Visit [AlliantPlans.com](http://AlliantPlans.com)
-  Click on "Shop Alliant Health Plans"
-  You can shop two different ways:
  1. To receive financial help, click SoloCare Individual/Family plans with Subsidy
    - Enter your Zip Code
    - Confirm your county
    - Enter household (ages/tobacco usage) and income information to view plans with subsidy
    - To enroll after choosing your plan, click "Select"
  2. If you do not qualify for a federal subsidy click on Solocare Individual/Family Plans without Subsidy
    - Enter your zip code, county, coverage start date, dates of birth, and tobacco usage
    - Compare Plans
    - To enroll after choosing your plan, click "Select"
    - Create a log in to continue the application

## What's Next?

- Be sure to submit your initial payment **BEFORE** the day your coverage is set to begin in order to activate your policy and gain access to benefits.
- Your I.D. card will be mailed to you within 5-7 business days.
- In a few weeks, you will be mailed a welcome packet that includes information on your benefits and how to use them.



# NOTES



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# LANGUAGE ASSISTANCE

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話[在此插入數字(800) 811-4793]。

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં છો તેમ ાંથી કોઇને [એસબીએમ ક ર્યકમન ાં ન મ મ કો] વિશે પ્રશ્નો હોય તો તમને મદદ અને મહત્તી મેળિ ની અવિક ર છે. તે ખર્ચ વિન તમ રી ભ ષ મ ાં પ્ર સ કરી શક ર છે. દભ વર્ષરો િ ત કરિ મ ડે, આ [અહીં દ ખલ કરો નાંબર] પર કોલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

እርስዎ፣ ወይም እርስዎ የሚገለጹትን ሰለ Alliant Health Plans ጥያቄዎች ላይ ያለ ምንም ዓይነት ተጨማሪ ማሳሰቢያ ለማግኘት ግንኙኛ አላችሁ። ከአስተርጓሚ ለመግኘት፣ (800) 811-4793 ይደውሉ።

यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भिषष से बात करने के लिए, (800) 811-4793 पर कॉल करें।

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Alliant Health Plans, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

تامول عمل او ددعاسملا ىلع لوصحلا يف قحلا كيدلف ، Alliant Health Plans صوصخب ؤلىسأ مدعاست صخش ىدل وأ كيدل ناك نإ تامول عمل او ددعاسملا ىلع لوصحلا يف قحلا كيدلف ، Alliant Health Plans صوصخب ؤلىسأ مدعاست صخش ىدل وأ كيدل ناك نإ ب لصتا مجرتم عم تشدحتلل . ؤفالكت ؤيا نود نم كتغلب ؤي روررضلا (800) 811-4793.

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

و كسمك مك ديراد ار نيا قح ديشاب متشاد ، Alliant Health Plans دروم رد ل اوس ، دين كيم كسمك وا هب امش مك ىسك اي ، امش رگا دي يامن ل صا ح سامت . (800) 811-4793 دي يامن تفاي رد ناگي ار روط هب ار دوخ نابز هب تاعالطا

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

## TTY/TDD

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you.  
Call 1-(800) 811-4793 (TTY/TDD: 1-(800) 811-4793).





# 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 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.

Alliant Health Plans 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Alliant Health Plans 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障 或性別而歧視 任何人。

Alliant Health Plans લાગુ પડતા સમવાયી નાગરક અધિકાર કાયદા સાથે સુસંગત છે અને તે, રંગ, રાજ મૂળ, મર, અશક્તતા અથવા લગના આધારે ભેદભાવ રાખવામાં આવતો નથી.

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፣ በእኩል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግልም።

Alliant Health Plans लागू होने योग्य संघीय नागरक अधिकार क़ानून का पालन करता है और जात, रंग, राष्ट्रिय मूल, आयु, वकलांगता, या लंग के आधार पर भेदभाव नह 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.

Alliant Health Plans соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

Alliant Health Plans نى نى اوقب قوق حلا ةى نى دمل ةى لاردفلا لوم عمل اهب لاو زى مى ىل ع ساس اقرعل و نوللا و اقاعلا و س نجل. Alliant Health Plans نى نى اوقب قوق حلا ةى نى دمل ةى لاردفلا لوم عمل اهب لاو زى مى ىل ع ساس اقرعل و نوللا و اقاعلا و س نجل.

Alliant Health Plans cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base naraça, cor, nacionalidade, idade, deficiência ou sexo.

Alliant Health Plans نى نى اوقب قوق حلا ةى نى دمل ةى لاردفلا لوم عمل اهب لاو زى مى ىل ع ساس اقرعل و نوللا و اقاعلا و س نجل. نى نى اوقب قوق حلا ةى نى دمل ةى لاردفلا لوم عمل اهب لاو زى مى ىل ع ساس اقرعل و نوللا و اقاعلا و س نجل.

Alliant Health Plans erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Alliant Health Plansは適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません

## Keep this checklist in mind when buying health insurance.

We strongly encourage you to work with a professional insurance agent. Brokers have a deep understanding of this process and can help guide and assist you through enrollment. There is no cost to you for using a professional broker. Here's a quick list of important things to remember:

- ✓ **VERIFY** if you qualify for financial help. If you already have coverage, you **MUST** verify your renewal or get new coverage during open enrollment.
- ✓ **DECIDE** which metal plan works best for you. You must have minimum essential coverage and maintain it throughout the year (or qualify for an exemption), in order to avoid a financial penalty for not having insurance. All marketplace plans count as minimum essential coverage.
- ✓ **THINK** about your [network](#) needs. Make sure your preferred providers and facilities are in the network of whatever plan you choose.
- ✓ **ENROLL** between November 1, 2016 and January 31, 2017 during the open enrollment period or determine if you qualify for a special enrollment period due to a qualifying life event.
- ✓ **SUBMIT** your application. You can avoid the fee in 2018 by ensuring you have coverage by January 1, 2017, and maintaining coverage for each month throughout the year.
- ✓ **PAY** your premium before the day your coverage is expected to begin. Your plan benefits will not become effective until Alliant receives and processes your initial payment.



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