



NEWS

CHANGES TO SOLOCARE COMMISSIONS

As the Affordable Care Act (ACA) continues to re-shape the individual health insurance market, we also must change with the marketplace to remain competitive. Therefore, we have made changes to our commission payment policy for SoloCare SEP enrollments:

- We will continue to pay commissions on policies with effective dates prior to April 1, 2016.
• We will no longer pay commissions on SoloCare SEP enrollments with effective dates between April 1, 2016 through December 31, 2016.

If you have any questions, please contact the Sales Department at 877-668-1015. Applies to SoloCare plans.

COMPLIANCE HOTLINE



HealthOne Alliance maintains an effective compliance program that not only meets legal standards, but also supports its operations. Should you have concerns, questions or simply wish to report an incident; please contact our Compliance Officer, Sabrina LeBeau at 706-624-4129.

ON THE Move



MARCH 2016

MEMBER NOTICE OF MEDICARE COVERAGE OVERLAP

We recently notified members who are eligible for Medicare to make them aware of potential concerns if they are also enrolled in an individual plan.

- Individual plans do not coordinate benefits.
• Members who are covered by both Medicare and an individual plan through the Marketplace are not eligible for an APTC or other cost savings.
• Members with dual coverage must pay full price for Marketplace plans.

Members who are currently covered by an individual health plan and are covered (or are about to be covered) by Medicare can cancel their individual plan by logging in to HealthCare.gov or calling the Marketplace at 1-800-318-2596.



For additional information, members can visit HealthCare.gov and select the 'Income/Life change?' UPDATE NOW link or call the Marketplace. Applies to SoloCare plans.

CHANGES TAKING PLACE JULY 1, 2016

Effective July 1, 2016 Alliant is implementing the following changes:

- List-Bills End on June 30, 2016. Due to the explicit IRS prohibition that employers may not pay for employees individual coverage, we will discontinue offering list bill invoicing on June 30, 2016. The potential liability for employers and Alliant is too great to accommodate the few that are using a list-bill. We will notify members currently on a list-bill; as well as the list-bill contact, prior to April 1, 2016. Members currently on a list-bill account will have invoices mailed to the mailing address we have on file beginning with the July 1, 2016 invoice.
• Non-Metal SoloCare Plans Sunset June 30, 2016. Individual policies sold prior to January 1, 2014 will sunset on June 30, 2016. Prior to April 1, 2016, we will notify this small number of subscribers by mail that their plan will sunset. Because

we are sunsetting these plans, we are not able to crosswalk them to new plans but will provide information on where to find alternate plan information. The sunsetting of these plans does create a Qualifying Life Event and members would be eligible for a Special Enrollment Period (SEP).

- Alliant WILL pay standard commission on those members that are enrolled in a Special Enrollment Period due to the sunsetting of the plans announced above.

If you have any questions, please contact the Sales Department at 877-668-1015.



TRANSITIONAL RELIEF EXTENDED

CMS recently announced in the Final 2017 Notice of Benefit and Payment Parameters that 'grand-mothered' or 'transitional' plans may continue to be renewed, as is, as long as these policies end by December 31, 2017. This date replaces prior guidance giving these plans a term date of October 1, 2017.

In light of this announcement, Alliant will extend the legacy group plan renewal deadline to December 31, 2016. Please contact your account executive with any questions about renewal dates for your group clients. If you have any questions, please contact the Sales Department at 877-668-1015.



IMPORTANT REMINDERS

- Rate sheets and plan grid documents are provided as a convenience and should not be used at the point-of-sale. For plan details, please refer your clients to the appropriate Summary of Benefits and Coverages (SBC).
- [March EHB Formulary List](#)
- [March Commercial Formulary List](#)
- Updated [Medical Claim Member Reimbursement Form](#)

ALLIANT HEALTH PLAN SCHOLARSHIP PROGRAM



Do you know of any Whitfield County or City of Dalton high school

seniors looking for college money? Alliant Health Plans is awarding FIVE \$1,500 scholarships to FIVE parent(s) of Whitfield County or City of Dalton high school seniors.

Students must submit an application and tell us why their parent(s) deserves this award and how their parent(s) have inspired their academic success. Please help us spread the word! The application deadline is Friday, April 22, 2016! [Click here to download the application.](#)

CUSTOMER SERVICE

Hours of Operation
Monday-Friday, 8am-5pm

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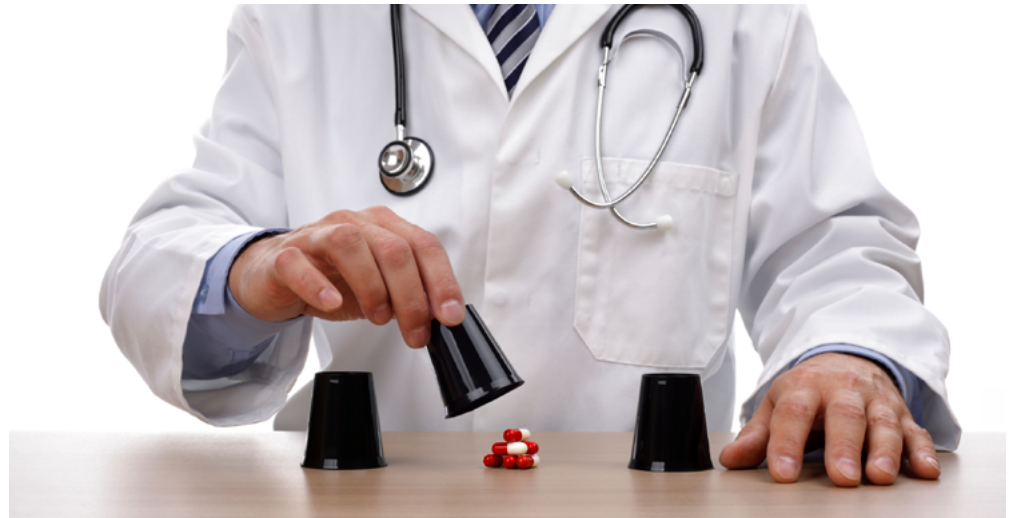
Fax
(866) 634-8917

DRUG RECALL NOTICE

Navitus Health Solutions notified members on February 17, 2016 that Baxter International voluntarily **recalled 0.9 % Sodium Chloride Irrigation, USP, 500 mL Plastic Pour Bottle**. This drug is recalled due to a complaint that particulate matter had been found in the solution prior to use.

This solution can be used to rinse and clean wounds; for example, a single use for rinsing during surgery. It may also be used to flush or rinse medical equipment such as catheters. The recalled lot was sent to customers and

distributors in the United States between November 12, 2015 and January 11, 2016. They came from Lot Number G120162. Members should not use this product and should return it to Baxter for credit. For more information, members can contact Baxter Healthcare Center for Service at 1-888-229-0001, Monday - Friday, between 7 a.m. and 6 p.m CT; or email onebaxter@baxter.com. They will be happy to provide an unaffected replacement of the product. *Applies to members currently using this drug.*



FORMULARY CHANGE NOTICE

Members who may be using prescription **AB otic** (Aurlagan otic (ear) drops) were notified that beginning April 1, 2016, this drug will be removed from the formulary.

The FDA informed companies that they must stop manufacturing these unapproved prescription otic products or be subject to enforcement actions, including seizure, injunction and/or criminal proceedings.

Unapproved prescription otic drug products are frequently given to young children suffering from ear infections and other conditions that cause ear pain and swelling. Patients taking unapproved drugs may be at greater risk because there is no proven safety or effectiveness information.

These products may be contaminated or manufactured incorrectly, which could result in patients receiving the wrong dose, even when administered according to the labeled directions for use.

This action does not affect FDA-approved prescription otic products, or legally marketed otic products sold over-the-counter.

Members who believe they are using these prescription ear drops should contact their health care provider to discuss alternatives. *Applies to members currently using this drug.*