



## 2018 Small Group Plans

### 24 SimpleCare plans offered in 2018 for small group clients

- AHP Network only (Silver and Bronze)
- AHP Network plus PHCS Wrap Network (Platinum and Gold)
- Formulary options may vary by Plan. Contact your Broker/Client Relations Representative for more information

### All 24 plans are **ONLY** available **OFF** The Health Insurance Marketplace (**SHOP**)

8 copay plans that have the \$10/\$35/\$70/25% Rx benefit design

8 copay plans that have the \$15/\$50/\$100/25% Rx benefit design

1 plan with a 70%/30% coinsurance benefit design.

1 plan with a 100%/0% coinsurance benefit design

6 HDHP Options are available. These are strictly deductible and coinsurance plans.

- HDHP plans are HSA Eligible.

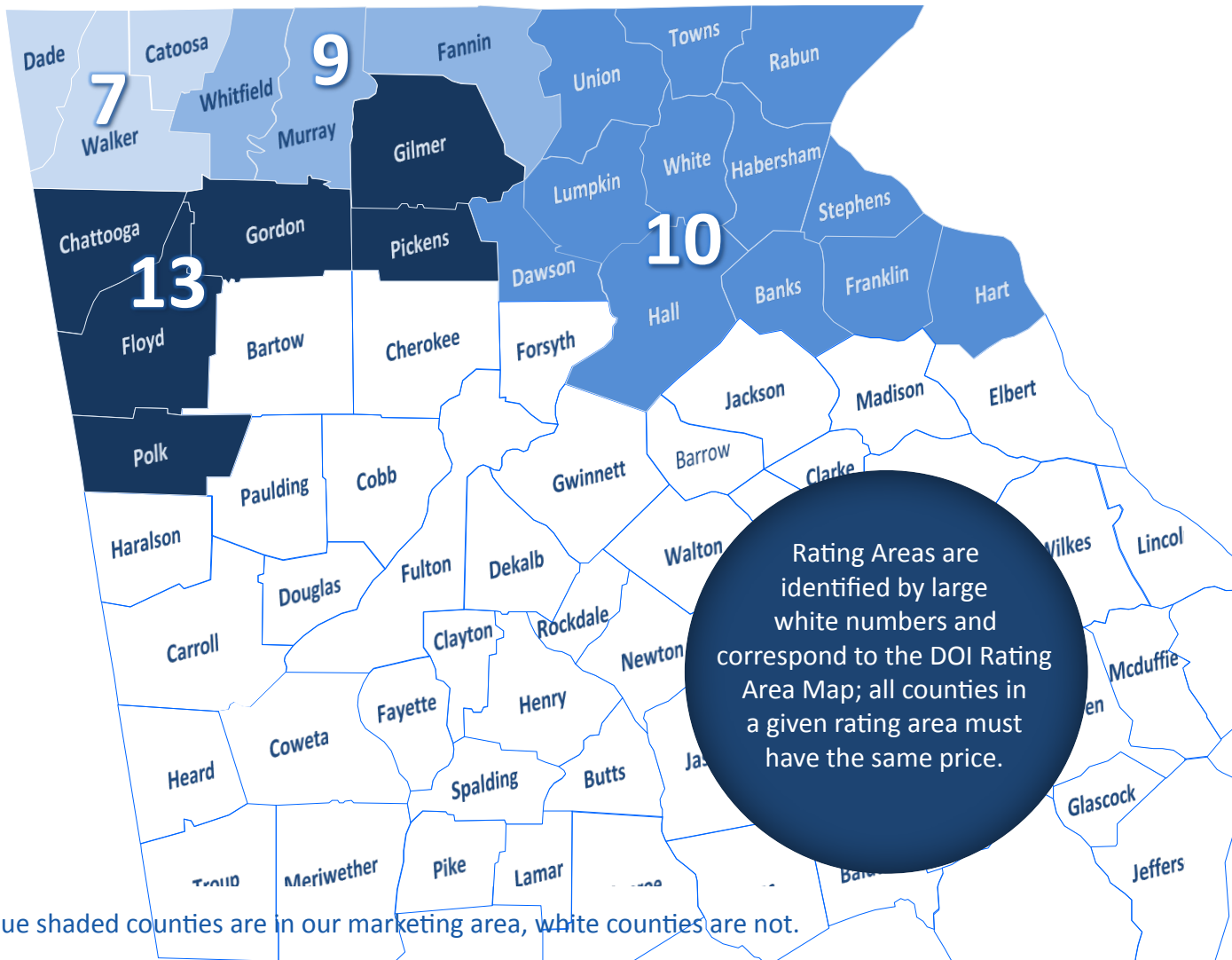
**NOTE: Bronze and Silver plans have the AHP Network ONLY.**

**Gold and Platinum plans have the AHP Network plus PHCS wrap Network.**

**All plans are embedded.**

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.

## Marketing and Rating Areas for 2018



COUNTY	RATE AREA
Banks	10
Catoosa	7
Chattooga	13
Dade	7
Dawson	10
Fannin	9
Floyd	13
Franklin	10
Gilmer	13
Gordon	13
Habersham	10
Hall	10
Lumpkin	10
Murray	9
Pickens	13
Polk	13
Rabun	10
Stephens	10
Towns	10
Union	10
Walker	7
White	10
Whitfield	9

Blue shaded counties are in our marketing area, white counties are not.



# PLAN SPOTLIGHTS



Small Group Plans OFF The Health Insurance Marketplace (SHOP)										2018 Alliant Network ONLY		
Plan Marketing Name	In-Network								Out-of-Network			
	Coinsurance 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	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SimpleCare Silver PPO 50156	70%	\$3,650 / \$7,300	\$7,350 / \$14,700	70%	\$75	\$35	\$70	\$35	\$15/\$50/\$100/25%	40%	\$20,000/ \$40,000	No Maximum
SimpleCare Bronze PPO 50172	100%	\$7,350 / \$14,700	\$7,350 / \$14,700	100%	\$75	100%	100%	100%	0%	60%	\$20,000/ \$40,000	No Maximum

Small Group Plans OFF The Health Insurance Marketplace (SHOP)										2018 Alliant Network PLUS PHCS Wrap Network		
SimpleCare Platinum PPO 80140	100%	\$500 / \$1,000	\$1,750 / \$3,500	\$100	\$75	\$15	\$30	\$15	\$10/\$35/\$70/25%	60%	\$20,000/ \$40,000	No Maximum
SimpleCare Gold PPO 80148	90%	\$1,500 / \$3,000	\$5,000 / \$10,000	90%	\$75	\$25	\$55	\$25	\$10/\$35/\$70/25%	60%	\$20,000/ \$40,000	No Maximum

High Deductible Small Group Health Plans OFF The Health Insurance Marketplace (SHOP)										2018 Alliant Network PLUS PHCS Wrap Network HSA Eligible			
SimpleCare Gold HDHP 90176	100%	\$2,000 / \$4,000	\$2,000 / \$4,000							0%	60%	\$20,000/ \$40,000	No Maximum

High Deductible Small Group Health Plans OFF The Health Insurance Marketplace (SHOP)										2018 Alliant Network ONLY HSA Eligible			
SimpleCare Silver HDHP 90178	100%	\$4,000 / \$8,000	\$4,000 / \$8,000							0%	60%	\$20,000/ \$40,000	No Maximum
SimpleCare Bronze HDHP 90180	100%	\$6,650 / \$13,300	\$6,650 / \$13,300							0%	60%	\$20,000/ \$40,000	No Maximum

Where coinsurance % is displayed, it is first subject to the deductible.



# ALL PLANS



Small Group Plans OFF The Health Insurance Marketplace (SHOP)										2018 Alliant Network ONLY		
Plan Marketing Name	In-Network								Out-of-Network			
	Coinsurance 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	Coinsurance Plan Pays After Deductible	Deductible Individual/ Family	Out-of-Pocket Maximum Individual/Family
SimpleCare Silver PPO 50156	70%	\$3,650 / \$7,300	\$7,350 / \$14,700	70%	\$75	\$35	\$70	\$35	\$15/\$50/\$100/25% (\$400 max)	40%	\$20,000/ \$40,000	No Maximum
SimpleCare Silver PPO 50158	70%	\$4,000 / \$8,000	\$7,350 / \$14,700	70%	\$75	\$35	\$70	\$35	\$15/\$50/\$100/25% (\$400 max)	40%	\$20,000/ \$40,000	No Maximum
SimpleCare Silver PPO 50160	80%	\$4,500 / \$9,000	\$7,350 / \$14,700	80%	\$75	\$35	\$70	\$35	\$15/\$50/\$100/25% (\$400 max)	60%	\$20,000/ \$40,000	No Maximum
SimpleCare Silver PPO 50162	80%	\$5,000 / \$10,000	\$7,350 / \$14,700	80%	\$75	\$35	\$70	\$35	\$15/\$50/\$100/25% (\$400 max)	60%	\$20,000/ \$40,000	No Maximum
SimpleCare Silver PPO 50164	90%	\$5,500 / \$11,000	\$7,350 / \$14,700	90%	\$75	\$35	\$70	\$35	\$15/\$50/\$100/25% (\$400 max)	60%	\$20,000/ \$40,000	No Maximum
SimpleCare Silver PPO 50166	90%	\$6,000 / \$12,000	\$7,350 / \$14,700	90%	\$75	\$35	\$70	\$35	\$15/\$50/\$100/25% (\$400 max)	60%	\$20,000/ \$40,000	No Maximum
SimpleCare Silver PPO 50168	90%	\$6,500 / \$13,000	\$7,350 / \$14,700	90%	\$75	\$35	\$70	\$35	\$15/\$50/\$100/25% (\$400 max)	60%	\$20,000/ \$40,000	No Maximum
SimpleCare Silver PPO 50170	90%	\$7,000 / \$14,000	\$7,350 / \$14,700	90%	\$75	\$35	\$70	\$35	\$15/\$50/\$100/25% (\$400 max)	60%	\$20,000/ \$40,000	No Maximum
SimpleCare Bronze PPO 50172	100%	\$7,350 / \$14,700	\$7,350 / \$14,700	100%	\$75	100%	100%	100%	0%	60%	\$20,000/ \$40,000	No Maximum
SimpleCare Bronze PPO 50174	70%	\$7,000 / \$14,000	\$7,350 / \$14,700	70%	\$75	70%	70%	70%	30%	40%	\$20,000/ \$40,000	No Maximum

Where coinsurance % is displayed, it is first subject to the deductible.



# ALL PLANS



Small Group Plans OFF The Health Insurance Marketplace (SHOP)										2018 Alliant Network PLUS PHCS Wrap Network		
Plan Marketing Name	In-Network								Out-of-Network			
	Coinsurance 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	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SimpleCare Platinum PPO 80140	100%	\$500 / \$1,000	\$1,750 / \$3,500	\$100	\$75	\$15	\$30	\$15	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Platinum PPO 80142	100%	\$750 / \$1,500	\$1,500 / \$3,000	\$100	\$75	\$15	\$30	\$15	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Platinum PPO 80144	100%	\$1,000 / \$2,000	\$1,000 / \$2,000	\$100	\$75	\$15	\$30	\$15	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Gold PPO 80146	80%	\$1,000 / \$2,000	\$5,250 / \$10,500	80%	\$75	\$25	\$55	\$25	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Gold PPO 80148	90%	\$1,500 / \$3,000	\$5,000 / \$10,000	90%	\$75	\$25	\$55	\$25	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Gold PPO 80150	100%	\$2,100 / \$4,200	\$5,500 / \$11,000	100%	\$75	\$25	\$55	\$25	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Gold PPO 80152	80%	\$2,500 / \$5,000	\$5,000 / \$10,000	80%	\$75	\$25	\$55	\$25	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Gold PPO 80154	100%	\$3,000 / \$6,000	\$3,000 / \$6,000	100%	\$75	\$25	\$55	\$25	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000 / \$40,000	No Maximum

Where coinsurance % is displayed, it is first subject to the deductible.



# ALL PLANS



High Deductible Small Group Health Plans OFF The Health Insurance Marketplace (SHOP)										2018 Alliant Network PLUS PHCS Wrap Network HSA Eligible		
Plan Marketing Name	In-Network								Out-of-Network			
	Coinsurance 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	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SimpleCare Gold HDHP 90176	100%	\$2,000 / \$4,000	\$2,000 / \$4,000						0%	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Gold HDHP 90177	80%	\$1,500 / \$3,000	\$3,000 / \$6,000						20%	60%	\$20,000 / \$40,000	No Maximum

High Deductible Small Group Health Plans OFF The Health Insurance Marketplace (SHOP)										2018 Alliant Network ONLY HSA Eligible		
Plan Marketing Name	In-Network								Out-of-Network			
	Coinsurance 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	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SimpleCare Silver HDHP 90178	100%	\$4,000 / \$8,000	\$4,000 / \$8,000						0%	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Silver HDHP 90179	80%	\$2,500 / \$5,000	\$5,000 / \$10,000						20%	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Bronze HDHP 90180	100%	\$6,650 / \$13,300	\$6,650 / \$13,300						0%	60%	\$20,000 / \$40,000	No Maximum
SimpleCare Bronze HDHP 90181	70%	\$5,650 / \$11,300	\$6,650 / \$13,300						0%	40%	\$20,000 / \$40,000	No Maximum

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## 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

To the best of our knowledge, the information contained herein is accurate and reliable as of the date of publication; however, it is the consumer's responsibility to check the relevant plan information at [AlliantPlans.com](http://AlliantPlans.com) in order to follow any possible changes.



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