

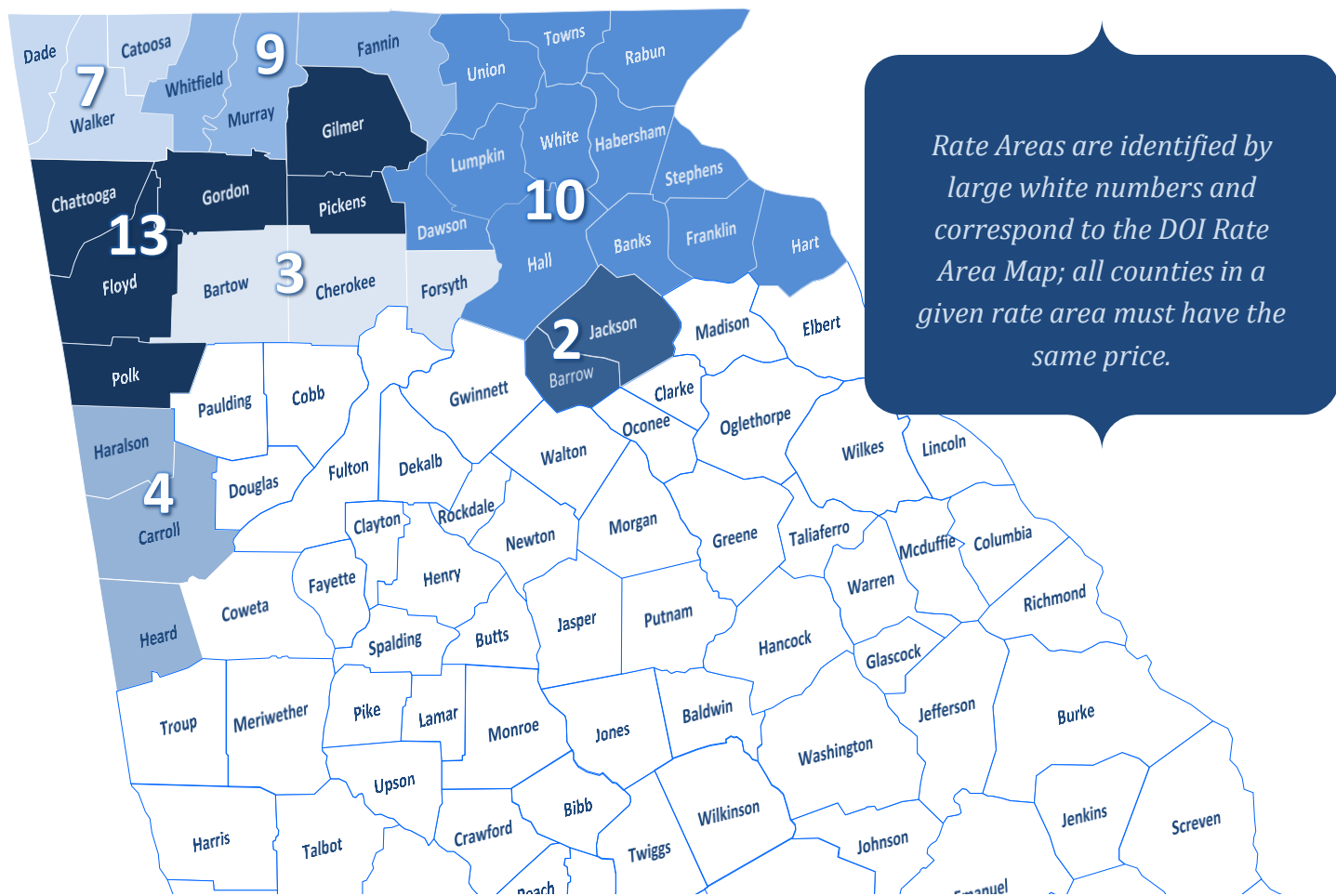
## 2017 Small Group Plans

Products available both ON and OFF The Health Insurance Marketplace

- ✓ **40 SimpleCare plans offered in 2017 for small group clients.** All 40 plans are available OFF The Health Insurance Marketplace (SHOP)
- ✓ **17 plans available for sale both ON/OFF The Marketplace (SHOP)**
  - Alliant Network ONLY
  - EHB Formulary – No Mail Order
  - New for 2017, 3 Platinum Choices
- ✓ **17 plans available for sale ONLY OFF The Marketplace.** These are in addition to the 17 plans listed above. These plans are similar to the ones above but have added features:
  - Alliant Network plus PHCS network wrap
  - EHB Formulary – No Mail Order
  - New for 2017, 3 Platinum choices
- ✓ **17 co-pay plans that have the \$10/\$35/\$70/25% Rx benefit design**
- ✓ **1 plan with a 70%/30% co-insurance benefit design**
- ✓ **6 HDHP Options are available for sale only OFF the Marketplace.** These are strictly deductible and co-insurance plans.
  - Alliant Network plus PHCS network wrap
  - EHB Formulary – No Mail Order
- ✓ **Alliant will not be offering Mail order in 2017 but there is a 90-day retail option available**
- ✓ **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

An employer's business address (situs) must be included among the listed counties to be eligible for coverage



*Rate Areas are identified by large white numbers and correspond to the DOI Rate Area Map; all counties in a given rate area must have the same price.*

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



**SimpleCare Plans**      Small Group Plans  
ON & OFF The Health Insurance Marketplace (SHOP)      **2017**  
Alliant Network *ONLY*  
EHB formulary – NO MAIL ORDER

	In-Network									Out-Of-Network		
Plan Marketing Name	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
SimpleCare Platinum PPO 50040	100%	\$500/\$1,000	\$1,750/\$3,500	\$100	\$75	\$15	\$30	\$15	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Platinum PPO 50042	100%	\$750/\$1,500	\$1,500/\$3,000	\$100	\$75	\$15	\$30	\$15	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Platinum PPO 50044	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	\$40,000/\$80,000
SimpleCare Gold PPO 50046	80%	\$1,000/\$2,000	\$4,000/\$8,000	\$250	\$75	\$20	\$50	\$20	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Gold PPO 50048	90%	\$1,500/\$3,000	\$5,000/\$10,000	\$250	\$75	\$20	\$50	\$20	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Gold PPO 50050	100%	\$2,100/\$4,200	\$4,000/\$8,000	\$250	\$75	\$20	\$50	\$20	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Gold PPO 50052	100%	\$2,500/\$5,000	\$3,000/\$6,000	\$250	\$75	\$20	\$50	\$20	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Gold PPO 50054	100%	\$3,000/\$6,000	\$3,000/\$6,000	\$250	\$75	\$20	\$50	\$20	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 50056	70%	\$3,500/\$7,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	40%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 50058	70%	\$4,000/\$8,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	40%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 50060	80%	\$4,500/\$9,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 50062	80%	\$5,000/\$10,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 50064	90%	\$5,500/\$11,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 50066	90%	\$6,000/\$12,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 50068	90%	\$6,500/\$13,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 50070	90%	\$7,000/\$14,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Bronze PPO 50074	70%	\$7,000/\$14,000	\$7,150/\$14,300	\$500	Deductible and Coinsurance Apply				30% After Deductible	40%	\$20,000/\$40,000	\$40,000/\$80,000



**SimpleCare Plans**      Small Group Plans  
OFF The Health Insurance Marketplace (SHOP)      2017  
Alliant Network PLUS PHCS Network Wrap  
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
SimpleCare Platinum PPO 80040	100%	\$500/\$1,000	\$1,750/\$3,500	\$100	\$75	\$15	\$30	\$15	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Platinum PPO 80042	100%	\$750/\$1,500	\$1,500/\$3,000	\$100	\$75	\$15	\$30	\$15	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Platinum PPO 80044	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	\$40,000/\$80,000
SimpleCare Gold PPO 80046	80%	\$1,000/\$2,000	\$4,000/\$8,000	\$250	\$75	\$20	\$50	\$20	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Gold PPO 80048	90%	\$1,500/\$3,000	\$5,000/\$10,000	\$250	\$75	\$20	\$50	\$20	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Gold PPO 80050	100%	\$2,100/\$4,200	\$4,000/\$8,000	\$250	\$75	\$20	\$50	\$20	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Gold PPO 80052	100%	\$2,500/\$5,000	\$3,000/\$6,000	\$250	\$75	\$20	\$50	\$20	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Gold PPO 80054	100%	\$3,000/\$6,000	\$3,000/\$6,000	\$250	\$75	\$20	\$50	\$20	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 80056	70%	\$3,500/\$7,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	40%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 80058	70%	\$4,000/\$8,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	40%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 80060	80%	\$4,500/\$9,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 80062	80%	\$5,000/\$10,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 80064	90%	\$5,500/\$11,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 80066	90%	\$6,000/\$12,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 80068	90%	\$6,500/\$13,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Silver PPO 80070	90%	\$7,000/\$14,000	\$7,150/\$14,300	\$250	\$75	\$30	\$60	\$30	\$10/\$35/\$70/25% (\$400 max)	60%	\$20,000/\$40,000	\$40,000/\$80,000
SimpleCare Bronze PPO 80074	70%	\$7,000/\$14,000	\$7,150/\$14,300	\$500	Deductible and Coinsurance Apply				30% After Deductible	40%	\$20,000/\$40,000	\$40,000/\$80,000



**High Deductible Health Plans** Individual Insured Only  
Small Group Plans  
OFF The Health Insurance Marketplace (SHOP) 2017  
Alliant Network PLUS PHCS Network Wrap  
EHB formulary – NO MAIL ORDER  
HSA Eligible

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
SimpleCare Gold HDHP 90076	100%	\$2,000	\$2,000							60%	\$20,000	\$40,000
SimpleCare Gold HDHP 90077	80%	\$1,500	\$3,000							60%	\$20,000	\$40,000
SimpleCare Silver HDHP 90078	100%	\$4,000	\$4,000							60%	\$20,000	\$40,000
SimpleCare Silver HDHP 90079	80%	\$2,500	\$5,000							60%	\$20,000	\$40,000
SimpleCare Bronze HDHP 90080	100%	\$6,500	\$6,500							60%	\$20,000	\$40,000
SimpleCare Bronze HDHP 90081	70%	\$5,500	\$6,550							60%	\$20,000	\$40,000

**High Deductible Health Plans** 2 or More Insured  
Small Group Plans  
OFF The Health Insurance Marketplace (SHOP) 2017  
Alliant Network PLUS PHCS Network Wrap  
EHB formulary – NO MAIL ORDER  
HSA Eligible

Plan Marketing Name	In-Network									Out-Of-Network		
	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
SimpleCare Gold HDHP 90076	100%	\$4,000	\$4,000							60%	\$40,000	\$80,000
SimpleCare Gold HDHP 90077	80%	\$3,000	\$6,000							60%	\$40,000	\$80,000
SimpleCare Silver HDHP 90078	100%	\$8,000*	\$8,000							60%	\$40,000	\$80,000
SimpleCare Silver HDHP 90079	80%	\$5,000	\$10,000							60%	\$40,000	\$80,000
SimpleCare Bronze HDHP 90080	100%	\$13,000*	\$13,000							60%	\$40,000	\$80,000
SimpleCare Bronze HDHP 90081	70%	\$11,000*	\$13,100							60%	\$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

Employers who purchase a SimpleCare plan ON The Health Insurance Marketplace [SHOP] may elect a single carrier or elect *Employee Choice*. When *Employee Choice* is elected the employer chooses a metal level all employees will choose among. ALL available plans within that metal level, from all carriers participating in SHOP in that employer's county, will be shown to the employee to choose among. The employee elects which carrier's plan best suits their need. For example, a 10 person group could have 4 EE's going to AETNA; 2 going to BSBSGa and 4 going to Alliant.

Minimum participation is required in all enrollment months, except for January. Minimum participation on/off SHOP "The Health Insurance Marketplace" is 70%. If an employer is seeking tax-credits, coverage *must* be purchased on SHOP. Tax credits are not available on products/purchases outside of SHOP.

Those employers purchasing coverage through SHOP on "The Health Insurance Marketplace" should be aware that CMS does NOT administer COBRA benefits. Alliant will not administer COBRA benefits for plans purchased through SHOP. *COBRA or State Continuation administration will remain an employer responsibility.*

Medicare primary rules continue to apply for groups with 19 or fewer employees. There are no reduced rates for Medicare-primary enrollees.

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.



## Notice of 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:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
    - Provides free language services to people whose primary language is not English, such as:
      - Qualified interpreters
      - Information written in other languages

If you need these services, contact Sabrina LeBeau.

If you believe that Alliant Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: [Compliance@AlliantPlans.com](mailto:Compliance@AlliantPlans.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## 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]。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, 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.

አርሰዎ፣ ወይም አርሰዎ የሚገለጹት ሰለ Alliant Health Plans ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በደንብ አርዳኛ ማድረግ የሚገባችሁ መሆኑን አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ (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 भाषण से बात करने के लिए, (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun w a pe de gen kesyon konsènan Alliant Health Plans, se dwa w pou resewwa asistans a kenfòmasyon 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.

هي ان و دن م لفت غلب هير و وضل ات ام و ل ع مل او ة د ع مل اى ل ع ل و ح ل ايف ق ح ل الفى دلف ، Alliant Health Plans م ر و ح ب ل ع ن ا ه د ع ل و ن ع ش ي دل و ا ل ف ي دل ن ك ن ا ب ل ع ن ا م ج ر ت م ع م ت د ج ل ل . ق ل ل ك ت (800) 811-4793 ب ل ع ن ا م ج ر ت م ع م ت د ج ل ل .

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.

ار دوخ ن لبز هبت اع الطاع وك ك هك نير اد ار ني اقح نيش لب نقش اد ، Alliant Health Plans دروم رد دل اوس ، نيركي ك ك و اب اش هكويرك لي ، اش رگا نوي امن ل ه احس اب . نوي امن ن ف لير دن گي ار روط هب (800) 811-4793

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 another language, language assistance services, free of charge, are available to you. Call (800) 811-4793 (TTY/TDD: (800) 811-4793).