



Individual & Family Plans



2018 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.

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

With Alliant Health Plans, you are guaranteed:

Local Customer Service

Our customer service representatives - located in our corporate office in Dalton GA - are ready to assist you.

No Charge for Preventive Care

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

No Medical Qualifications

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

24-Hour Nurse Advice Line

Not feeling well at 2 a.m.? Call our 24-hour Nurse Advice Line at (855) 299-3087.

Additional Benefits

Alliant has selected Dominion National as its partner to offer you dental plans. Please look for more information about dental plans options in this booklet.





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.

24/7 Access to your Health Record Plan Information

In today's fast-moving society, easy access to information is the key to quality health care. Alliant provides all members access to their plan information through the member portal PHRAnywhereSM. This portal not only helps you manage your health plan benefits, but stores medical information in a secure online vault.

Coverage at Your Fingertips

Never forget your ID card again. When you download the 'Alliant ID Card Mobile' app on your mobile device, you gain access to your digital insurance card and Alliant's provider directory—with just one touch. The mobile app is available for Apple and Android operating systems.

Online Access to Plan Information

Looking for a form or Summary of Benefits and Coverage? Check out AlliantPlans.com for general information about your plan, forms, find a provider and lots more!

Important Terms to Know

Copayment

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

Deductible

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

Coinsurance

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, copays and coinsurance 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.

All plans are categorized by 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 catastrophic plan; therefore, it is not listed.

As part of your evaluation, 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 40023 Platinum			SoloCare 40002 Gold		
	01	02	03	01	02	03
Solocare Cost Share Variants						
Primary Care Physician Office Visit (copay)	\$10	\$0	\$10	\$20	\$0	\$20
Specialist Office Visit (copay)	\$25	\$0	\$25	\$40	\$0	\$40
Urgent Care (copay)	\$10	\$0	\$30	\$75	\$0	\$75
Outpatient Mental/Behavioral Health (copay)	\$10	\$0	\$10	\$20	\$0	\$20
Outpatient Rehabilitation *	20%	0%	20%	No charge after deductible		
Substance Abuse Disorder Inpatient *	20%	0%	20%	20%	0%	20%
Child Dental Check-up *	20%	0%	20%	No charge after deductible		
Skilled Nursing Facility *	20%	0%	20%	20%	0%	20%
Emergency Room Visit (copay)	\$100	\$0	\$100	\$250	\$0	\$250
Emergency Transportation/Ambulance *	20%	0%	20%	20%	0%	20%
Coinsurance (after deductible) *	20%	0%	20%	20%	0%	20%
Individual/Family Deductible	\$275/ \$550	\$0	\$275/ \$550	\$2,300/ \$4,600	\$0	\$2,300/ \$4,600
Individual/Family Out-of-Pocket Maximum	\$4,750/ \$9,500	\$0	\$4,750/ \$9,500	\$7,350/ \$14,700	\$0	\$7,350/ \$14,700
PRESCRIPTION DRUG BENEFITS						
Generic Drugs	\$10	\$0	\$10	\$10	\$0	\$10
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%
OUT-OF-NETWORK BENEFITS						
Coinsurance (after deductible) *	40%	0%	40%	40%	0%	40%
Individual/Family Deductible	\$20,000/ \$40,000	\$0	\$20,000/ \$40,000	\$20,000/ \$40,000	\$0	\$20,000/ \$40,000
Individual/Family Out-of-Pocket Maximum	\$20,000/ \$40,000	\$0	\$20,000/ \$40,000	\$40,000/ \$80,000	\$0	\$40,000/ \$80,000

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



SoloCare 40010 Silver						SoloCare 40017 Silver					
01	02	03	04	05	06	01	02	03	04	05	06
\$30	\$0	\$30	\$30	\$10	\$10	\$85	\$0	\$85	\$50	\$20	\$10
\$60	\$0	\$60	\$60	\$15	\$15	\$120	\$0	\$120	\$75	\$40	\$25
\$75	\$0	\$75	\$75	\$75	\$75	\$75	\$0	\$75	\$75	\$75	\$75
\$30	\$0	\$30	\$30	\$10	\$10	\$85	\$0	\$85	\$50	\$20	\$10
30%	0%	30%	30%	20%	10%	No charge after deductible					
30%	0%	30%	30%	20%	10%	30%	0%	30%	30%	20%	20%
30%	0%	30%	30%	20%	10%	No charge after deductible					
30%	0%	30%	30%	20%	10%	30%	0%	30%	30%	20%	10%
30%	0%	30%	30%	20%	10%	\$300	\$0	\$300	\$300	\$300	\$300
30%	0%	30%	30%	20%	10%	30%	0%	30%	30%	20%	10%
30%	0%	30%	30%	20%	10%	30%	0%	30%	30%	20%	10%
\$5,750/ \$11,500	\$0	\$5,750/ \$11,500	\$5,750/ \$11,500	\$1,275/ \$2,550	\$350/ \$700	\$7,000/ \$14,000	\$0	\$7,000/ \$14,000	\$5,000/ \$10,000	\$1,000/ \$2,000	\$300/ \$600
\$7,350/ \$14,700	\$0	\$7,350/ \$14,700	\$5,850/ \$11,700	\$2,450/ \$4,900	\$1,250/ \$2,500	\$7,350/ \$14,700	\$0	\$7,350/ \$14,700	\$5,850/ \$11,700	\$2,450/ \$4,900	\$1,250/ \$2,500
\$15	\$0	\$15	\$15	\$10	\$5	\$20	\$0	\$20	\$15	\$10	\$5
\$50	\$0	\$50	\$50	\$25	\$10	\$65	\$0	\$65	\$25	\$25	\$10
\$150	\$0	\$150	\$150	\$50	\$25	\$165	\$0	\$165	\$75	\$75	\$50
50%	0%	30%	30%	20%	10%	50%	0%	50%	50%	50%	50%
50%	0%	50%	50%	50%	50%	50%	0%	50%	50%	50%	50%
\$20,000/ \$40,000	\$0	\$20,000/ \$40,000	\$20,000/ \$40,000	\$20,000/ \$40,000	\$20,000/ \$40,000	\$20,000/ \$40,000	\$0	\$20,000/ \$40,000	\$20,000/ \$40,000	\$20,000/ \$40,000	\$20,000/ \$40,000
\$40,000/ \$80,000	\$0	\$40,000/ \$80,000	\$40,000/ \$80,000	\$40,000/ \$80,000	\$40,000/ \$80,000	\$40,000/ \$80,000	\$0	\$40,000/ \$80,000	\$40,000/ \$80,000	\$40,000/ \$80,000	\$40,000/ \$80,000

- Plans are NOT HSA Compatible

- Blank cells indicate: subject to deductible and coinsurance

Compare our 40000 series plans

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

IN-NETWORK BENEFITS	SoloCare 40021 Bronze			SoloCare 40031 Bronze		
	01	02	03	01	02	03
Solocare Cost Share Variants						
Primary Care Physician Office Visit (copay)	No charge after deductible			No charge after deductible		
Specialist Office Visit (copay)	No charge after deductible			No charge after deductible		
Urgent Care (copay)	No charge after deductible			No charge after deductible		
Outpatient Mental/Behavioral Health (copay)	No charge after deductible			No charge after deductible		
Outpatient Rehabilitation *	No charge after deductible			No charge after deductible		
Substance Abuse Disorder Inpatient *	No charge after deductible			No charge after deductible		
Child Dental Check-up *	No charge after deductible			No charge after deductible		
Skilled Nursing Facility *	No charge after deductible			No charge after deductible		
Emergency Room Visit (copay)	\$250	\$0	\$250	\$250	\$0	\$250
Emergency Transportation/Ambulance *	No charge after deductible			No charge after deductible		
Coinsurance (after deductible) *	No charge after deductible			No charge after deductible		
Individual/Family Deductible	\$7,350/ \$14,700	\$0	\$7,350/ \$14,700	\$6,650/ \$13,300	\$0	\$6,650/ \$13,300
Individual/Family Out-of-Pocket Maximum	\$7,350/ \$14,700	\$0	\$7,350/ \$14,700	\$6,650/ \$13,300	\$0	\$6,650/ \$13,300
PRESCRIPTION DRUG BENEFITS						
Generic Drugs	0%	\$0	0%	0%	\$0	0%
Preferred Brand Drugs	0%	\$0	0%	0%	\$0	0%
Non-Preferred Brand	0%	\$0	0%	0%	\$0	0%
Specialty Drugs (after deductible) *	0%	0%	0%	0%	0%	0%
OUT-OF-NETWORK BENEFITS						
Coinsurance (after deductible) *	40%	0%	40%	40%	0%	40%
Individual/Family Deductible	\$20,000/ \$40,000	\$0	\$20,000/ \$40,000	\$20,000/ \$40,000	\$0	\$20,000/ \$40,000
Individual/Family Out-of-Pocket Maximum	\$40,000/ \$80,000	\$0	\$40,000/ \$80,000	\$20,000/ \$40,000	\$0	\$20,000/ \$40,000

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



*Plans only available OFF the Marketplace.
Plans have the Alliant network.*



IN-NETWORK BENEFITS	SoloCare 40007 Silver					
	01	02	03	04	05	06
Solocare Cost Share Variants						
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
Outpatient Mental/Behavioral Health (copay)	\$30	\$0	\$30	\$30	\$30	\$30
Outpatient Rehabilitation *	45%	0%	45%	45%	45%	45%
Substance Abuse Disorder Inpatient *	45%	0%	45%	45%	45%	45%
Child Dental Check-up *	45%	0%	45%	45%	45%	45%
Skilled Nursing Facility *	45%	0%	45%	45%	45%	45%
Emergency Room Visit (copay)	\$300	\$0	\$300	\$300	\$300	\$300
Emergency Transportation/Ambulance *	45%	0%	45%	45%	45%	45%
Coinsurance (after deductible) *	45%	0%	45%	45%	45%	45%
Individual/Family Deductible	\$1,750/ \$3,500	\$0	\$1,750/ \$3,500	\$1,500/ \$3,000	\$500/ \$1,000	\$200/ \$400
Individual/Family Out-of-Pocket Maximum	\$7,150/ \$14,300	\$0	\$7,150/ \$14,300	\$5,700/ \$11,400	\$1,500/ \$3,000	\$400/ \$800
PRESCRIPTION DRUG BENEFITS						
Generic Drugs	\$15	\$0	\$15	\$15	\$15	\$15
Preferred Brand Drugs	\$50	\$0	\$50	\$50	\$50	\$50
Non-Preferred Brand	\$150	\$0	\$150	\$150	\$150	\$150
Specialty Drugs (after deductible) *	50%	0%	50%	50%	50%	50%
OUT-OF-NETWORK BENEFITS						
Coinsurance (after deductible) *	70%	0%	70%	70%	70%	70%
Individual/Family Deductible	\$20,000/ \$40,000	\$0	\$20,000/ \$40,000	\$20,000/ \$40,000	\$20,000/ \$40,000	\$20,000/ \$40,000
Individual/Family Out-of-Pocket Maximum	\$40,000/ \$80,000	\$0	\$40,000/ \$80,000	\$40,000/ \$80,000	\$40,000/ \$80,000	\$40,000/ \$80,000

- Plans are NOT HSA Compatible

- Blank cells indicate: subject to deductible and coinsurance

Effective January 1, 2018, Alliant Health Plans will offer dental plans for individuals! Alliant has partnered with Dominion National to bring you another highly requested benefit. Dominion National is a leading dental insurer and administrator of dental and vision benefits providing access to over 9,000 PPO dentist listings in Georgia and over 290,000 dentist listings nationally. For more information and to enroll today, please visit Teethkeepers.com.

Choose between three popular, high-value dental plan options and give you and your family a reason to smile.

The benefits of the Choice PPO plan include:

- Maximum access, convenience and flexibility
- Members may use any licensed dentist or choose from over 290,000 participating dentist listings nationwide (over 9,000 in Georgia)¹
- Significant out-of-pocket savings if using an in-network dentist
- Simple online enrollment and administration.
- Rates starting at \$15.87 a month

1. Dominion National Internal Performance Report, July 2017. Participating providers are subject to change. Dental plans are underwritten by Dominion National Insurance Company.

This policy includes limitations, exclusions and terms under which the policy may be continued in force or discontinued. For costs and complete coverage, please obtain the plan document online at Teethkeepers.com.



	CHOICE PPO BASIC						CHOICE PPO PLUS		CHOICE PPO PREMIUM	
	In-Network			Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
	YEAR 1	YEAR 2	YEAR 3	YEAR 1	YEAR 2	YEAR 3				
Diagnostic & Preventive Care	100%	100%	100%	90%	90%	90%	100%	90%	100%	90%
Basic Care	50%	60%	80%	30%	50%	70%	50%	40%	80%	70%
Major Restorative Care	15%	25%	50%	30%	20%	40%	0%	0%	50%	40%
Endodontics, Oral Surgery	15%	25%	50%	10%	20%	40%	0%	0%	50%	40%
Periodontics	15%	25%	50%	10%	20%	40%	50%	40%	50%	40%
Orthodontics	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
BENEFIT FEATURES										
Deductible per adult	\$50 (applies to all services)						\$50 (applies to all services)		\$50 (applies to basic and major)	
Annual Maximum	\$1,000						\$750		\$1,500	
Lifetime Ortho Maximum	N/A						N/A		N/A	
Waiting Periods	None						None		Yes ²	
Provider Network	Choice PPO or Any Dentist						Choice PPO or Any Dentist		Choice PPO or Any Dentist	
Dependent Age/ Student Age (up to)	26/26						26/26		26/26	

2. There are no waiting periods for diagnostic and preventive care. To be eligible for basic care, you must have completed 6 (six) months of continuous coverage. To be eligible for major restorative care, you must have completed 12 (twelve) months of continuous coverage. Waiting period credit will be given for the length of time an insured was covered under each benefit classification under the current employer's prior dental coverage.

My Health Plan Enrollment Record

My Enrollment Details

Application ID # _____

How much do I owe each month? _____

Name/Number of my chosen plan _____

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
- ✓ 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 begins in order to activate your policy and gain access to benefits.
- Your ID card will be mailed to you approximately 10-14 business days after your initial payment.
- In a few weeks, you will be mailed a welcome packet that includes information on your benefits and how to use them.



NOTES

[illegible]

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.

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]。

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં છો તો તમે કોઇની કોઇની [એસબીએમ ક યક્રમન ાં ન મ મ કો] વિશે પ્રશ્નો છો તો તમને મદદ અને મહત્તી મેળિ ની અવિક ર છે. તે ખર્ચ વિન તમ રી ભ ષ મ ાં પ્ર મ કરી શક ર છે. દભ વષરો િ ત કરિ મ દે, 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.

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यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्ति 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 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 لى لى لوصحل اى ف قحلا كى دلف ، Alliant Health Plans صوصخب قلى س أ مدعاست صخش ى دل وأ كى دل ناك ن ا تامول عمل او ددعاسملا لى لى لوصحل اى ف قحلا كى دلف ، Alliant Health Plans صوصخب قلى س أ مدعاست صخش ى دل وأ كى دل ناك ن ا (800) 811-4793 ب لصتا م جرت م عم ش دحتل . قفلكت ةي ا نود نم كت غلب ةي روروضلا

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 دي شاب متشاد ، Alliant Health Plans دروم رد لاوس ، دينكييم كسمك وا هب امش مك ىسك اي ، امش رگا ديي امن لصاح سامت . (800) 811-4793 ديي امن تفاي رد ناگي ار روط هب ار دوخ نابز هب ناعالطا

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).

Keep this checklist in mind when buying health insurance.

We strongly encourage you to work with a professional insurance broker. 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, November 1 - December 15, 2017.
- ✓ **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 penalty for not having insurance. All marketplace plans count as minimum essential coverage.
- ✓ **DON'T** forget dental! Decide if you want to sign up for dental coverage through Dominion National. Go to TeethKeepers.com for information about plans and to enroll.
- ✓ **THINK** about your [network](#) needs. Make sure your preferred providers and facilities are in the network of the plan you choose.
- ✓ **ENROLL** in a plan between November 1, 2017 and December 15, 2017, which is the open enrollment period for coverage to begin January 1, 2018. Outside of this time period, determine if you qualify for a special enrollment period due to a qualifying life event.
- ✓ **SUBMIT** your application. You can avoid a penalty in 2019 by ensuring you have coverage by January 1, 2018, and maintaining coverage for each month throughout the year.
- ✓ **PAY** your premium before the day your coverage begins. Your plan benefits will not become effective until Alliant receives and posts your initial payment to your account.



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