



# Individual/Family Plans 2024





# BETTER HEALTH BEGINS HERE.

When choosing the right health plan for you or your family, consider cost, network coverage, plan benefits and design. We want your coverage options to be as clear and understandable as possible. This booklet will help you navigate your On & Off Market choices with Alliant. Call Client Services at **(866) 403-2785** or visit [AlliantPlans.com](http://AlliantPlans.com) for help choosing the right plan for you.

## Alliant Health Plans

We are the only Georgia-founded and Georgia-based Provider Sponsored Health Care Corporation (PSHCC) offering health plans. For more than 25 years, Alliant Health Plans’ commitment to the community has been to improve access to affordable and quality health care.

This commitment drives every aspect of our business — client service measures, provider network standards, plan design and benefits, as well as the new services and products offered in 103 Georgia counties.

Our collaborative Provider Network includes more than 21,000 health care providers and facilities in Georgia. Our products range from group health plans to individual family plans, all of which are thoughtfully designed with the needs of local businesses and communities in mind.

As we continue to expand into communities across Georgia, we strive to serve our members with quality health plans, intentionality, and care.

Alliant Products:

**SoloCare:** Individual Family Plans On and Off Market

**SimpleCare:** Large group fully insured plans

**4Corners:** Level-funded group health plans





# Why Choose a SoloCare Individual Family Plan?

## Competitive 2024 rates

- Lowest priced plans in many areas.
- Great value when you compare cost, plan design and benefits, and provider network.

## Plans for all budgets and lifestyles

- Chiropractic care available on select HMO and PPO plans.

*Adult and pediatric dental benefits are not offered as part of Alliant's medical plans this year. If you need dental insurance, please visit [HealthCare.gov](https://www.healthcare.gov) for the stand alone dental plans available in your area.*

- 3 FREE PCP visits on select HMO and PPO plans. Look for plans with the first three PCP visits at no cost share to Member. After the first three free PCP visits, the Member pays the cost for PCP visits as listed on their plan.
- \$0 - \$5 generic prescription drugs and \$10 preferred prescription drugs on select HMO and PPO plans. See all the different options for prescription and medical plan benefits beginning on page 8.
- Wallet friendly HMO medical plans with a range of deductibles and cost shares with full access to the Alliant provider network. No referral required to see a doctor.
- MDLive telehealth available with all SoloCare plans. PCP co-pays or coinsurance applies.
- Large selection of On Market plans, which are eligible for a subsidy to reduce your monthly premium.
- Large selection of Off Market-only plans, which you can purchase directly from Alliant Health Plans. These plans are not eligible for a subsidy.

## Plans focused on your good health

- No charge for preventive care. Preventive care is covered at 100% when using In-Network Providers.
- No medical qualifications. No waiting period for pre-existing conditions.
- 2024 Live<sup>4</sup>It Expedition – a wellness journey focused on overall health! Members have opportunities to earn points and a re-loadable cash card.



## *Introducing Live<sup>4</sup>It Alliant*

Live<sup>4</sup>It Alliant, inspires you to engage in a program that embraces your individual goals for overall health and wellness. Whether you are just beginning, or already focusing on your health, Live<sup>4</sup>It meets you where you are. Live<sup>4</sup>It Alliant understands the importance of the whole being by offering a wellness journey that focuses on the integration of mind, body, spirit, meaningful relationships, preventive health programs, nutritional guidance, and emotional vitality. By identifying key areas that can have an impact on lifespan, Live<sup>4</sup>It Alliant can help meet goals of living a longer, healthier life. This important benefit allows you to earn points and rewards while on your health journey. Upon enrollment in a health plan, Alliant members\* are eligible to join an Expedition and can access the Live<sup>4</sup>It Alliant program through the Live<sup>4</sup>It mobile app or web portal. You will receive Live<sup>4</sup>It Alliant program instructions and materials to get you started.

\*SoloCare Members 18 years or older

## *Ready to shop for a SoloCare health plan?*

**As you review different plan options at AlliantPlans.com, consider:**

- Deductible amount
- Cost share amounts (co-pays or coinsurance) for PCP and specialist visits, prescription drugs, etc.
- Prescription drugs covered on the 2024 formulary
- Doctors in-network in the Alliant network
- Rewards and point opportunities by staying healthy with Live<sup>4</sup>It



# Need more reasons to choose Alliant?

## Local Client Services

Our bilingual Client Services Representatives are ready to help you understand your benefits, answer questions about coverage and claims, and resolve issues. Client Services Representatives will work you until your questions are answered or issue is resolved.

## MDLive - telehealth

Alliant members now have the opportunity to maintain good health in the comfort of your home. Benefits include 24/7 health care by phone or video through MDLive. This benefit provides personalized care for hundreds of medical and mental health needs with no surprise costs. Create an account to use on-demand care for injuries and illness as well as wellness screenings, routine care, and specialist referrals. Member cost share will apply according to plan benefits.

## 24-Hour Nurse Advice Line

Not feeling well at 2 a.m.? A Member has unlimited calls to our free 24-hour Nurse Advice Line at (855) 299-3087.

## Member Advocate

While most member concerns can be resolved by Client Services, those facing highly complicated financial or care-related situations are internally referred to a Member Advocate. With many years of health care industry experience, the Member Advocate is a valuable resource to members trying to navigate and resolve complex and difficult situations.

## Member Portal

This Portal gives members web or mobile app access to their temporary id card, deductible accumulations, medical and pharmacy claims, and Explanation of Benefits (EOBs). The Member Portal can be accessed through AlliantPlans.com. Members can download the Mobile Member App for free by visiting the App Store or Google Play.

## Important Terms to Know

### Copayment

Your cost of the service being received. Copayments 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 Alliant payment is applied. Deductibles are paid first, and then coinsurance is applied. There is a maximum dollar amount you would have to 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 may include deductibles, copayments 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 in-network medical expenses for the rest of the calendar year.

### Premium

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



## Choose the right plan 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 and catastrophic.

### 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.

### 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.

### 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.

### 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 service.

### Catastrophic

Eligibility requirements: Must be under the age of 30 or the Marketplace grants you a hardship exemption. This plan level has low monthly premiums and high deductibles. This plan protects from worst case health scenarios.



## Marketing and Rating Areas 2024 Benefit Year - County List



COUNTY	RATE AREA
Appling	N/A
Atkinson	11
Bacon	N/A
Baker	1
Baldwin	16
Banks	10
Barrow	2
Bartow	N/A
Ben Hill	15
Berrien	15
Bibb	12
Bleckley	12
Brantley	N/A
Brooks	15
Bryan	N/A
Bulloch	N/A
Burke	5
Butts	N/A
Calhoun	1
Camden	N/A
Candler	N/A
Carroll	4
Catoosa	7
Charlton	N/A
Chatham	N/A
Chattahoochee	N/A
Chattooga	13

COUNTY	RATE AREA
Cherokee	N/A
Clarke	2
Clay	1
Clayton	N/A
Clinch	15
Cobb	N/A
Coffee	11
Colquitt	15
Columbia	5
Cook	15
Coweta	N/A
Crawford	12
Crisp	1
Dade	7
Dawson	10
Decatur	15
DeKalb	N/A
Dodge	12
Dooly	12
Dougherty	1
Douglas	N/A
Early	15
Echols	15
Effingham	N/A
Elbert	2
Emanuel	5
Evans	N/A

COUNTY	RATE AREA
Fannin	9
Fayette	N/A
Floyd	13
Forsyth	N/A
Franklin	10
Fulton	N/A
Gilmer	13
Glascocock	5
Glynn	N/A
Gordon	13
Grady	15
Greene	2
Gwinnett	N/A
Habersham	10
Hall	10
Hancock	16
Harris	N/A
Haralson	4
Hart	10
Heard	4
Henry	N/A
Houston	12
Irwin	15
Jackson	2
Jasper	N/A
Jeff Davis	11
Jefferson	5

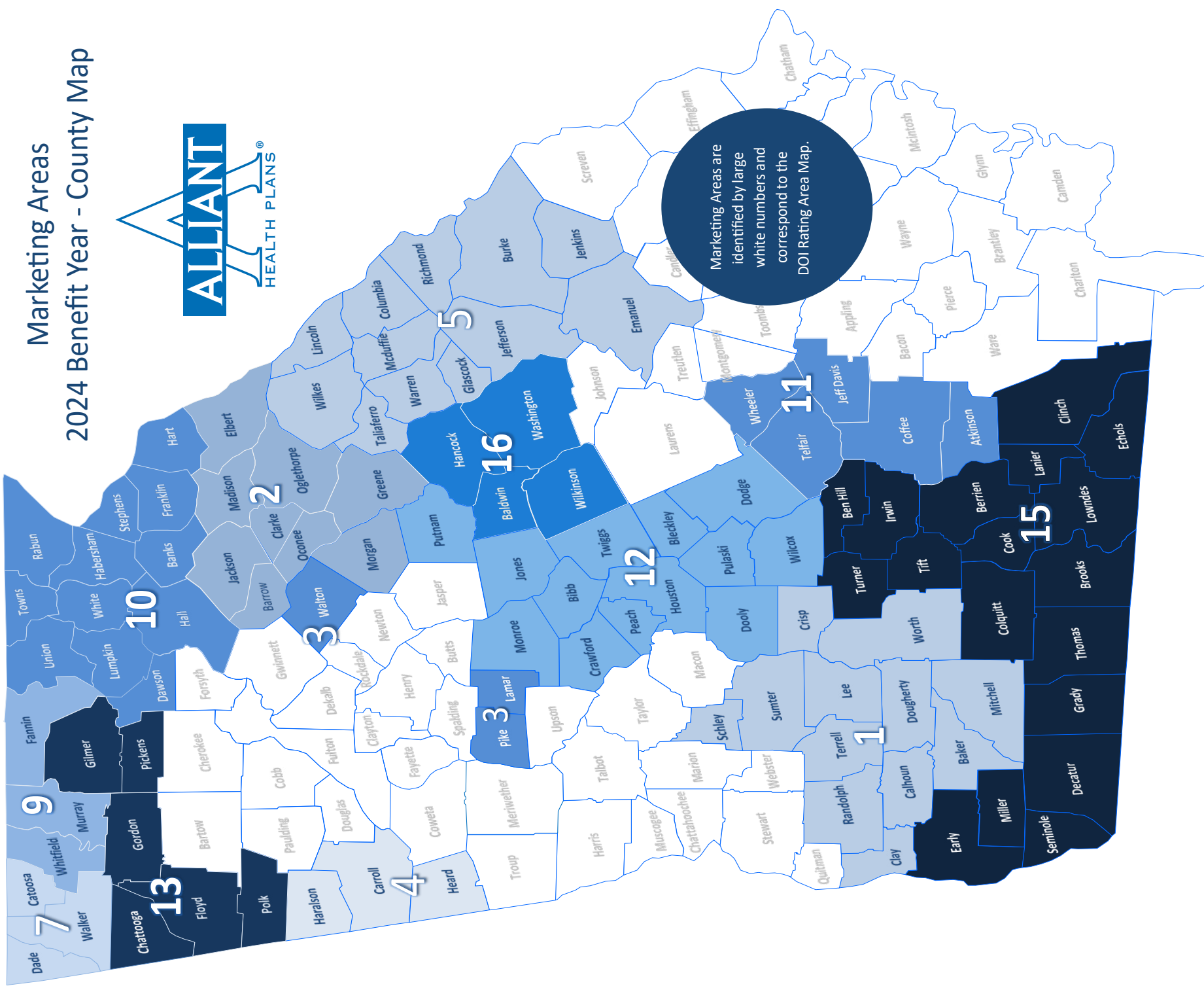
COUNTY	RATE AREA
Jenkins	5
Johnson	N/A
Jones	12
Lamar	3
Lanier	15
Laurens	N/A
Lee	1
Liberty	N/A
Lincoln	5
Long	N/A
Lowndes	15
Lumpkin	10
Macon	N/A
Madison	2
Marion	N/A
McDuffie	5
McIntosh	N/A
Meriweather	N/A
Miller	15
Mitchell	1
Monroe	12
Montgomery	N/A
Morgan	2
Murray	9
Muscogee	N/A
Newton	N/A
Oconee	2

COUNTY	RATE AREA
Oglethorpe	2
Paulding	N/A
Peach	12
Pickens	13
Pierce	N/A
Pike	3
Polk	13
Pulaski	12
Putnam	12
Quitman	N/A
Rabun	10
Randolph	1
Richmond	5
Rockdale	N/A
Schley	1
Screven	N/A
Seminole	15
Spalding	N/A
Stephens	10
Stewart	N/A
Sumter	1
Talbot	N/A
Taliaferro	5
Tattnall	N/A
Taylor	N/A
Telfair	11
Terrell	1

COUNTY	RATE AREA
Thomas	15
Tift	15
Toombs	N/A
Towns	10
Treutlen	N/A
Troup	N/A
Turner	15
Twiggs	12
Union	10
Upson	N/A
Walker	7
Walton	3
Ware	N/A
Warren	5
Washington	16
Wayne	N/A
Webster	N/A
Wheeler	11
White	10
Whitfield	9
Wilcox	12
Wilkes	5
Wilkinson	16
Worth	1

N/A = Alliant does not market SoloCare plans in this county for 2023.









# ON & OFF Market - PPO Standardized Plans



ON & OFF The Health Insurance Marketplace											2024 Alliant Network Only		
	In-Network										Out-of-Network		
	We Pay	You Pay									We Pay	You Pay	
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/ Non-Preferred Brand/ Specialty*	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare PPO Standard Platinum 40377 (00) (01)	100%	\$0/\$0	\$3,200/\$6,400	\$100	\$15	\$10	\$20	\$10	N/A	\$5/\$10/\$50/\$150	60%	\$20,000/\$40,000	No Maximum
SoloCare PPO Standard Platinum Chiro 40394 (00) (01)	100%	\$0/\$0	\$3,200/\$6,400	\$100	\$15	\$10	\$20	\$10	\$10	\$5/\$10/\$50/\$150	60%	\$20,000/\$40,000	No Maximum
SoloCare PPO Standard Gold 40378 (00) (01)	75%	\$1,500/\$3,000	\$8,700/\$17,400	25%	\$45	\$30	\$60	\$30	N/A	\$15/\$30/\$60/\$250	60%	\$20,000/\$40,000	No Maximum
SoloCare PPO Standard Gold Chiro 40395 (00) (01)	75%	\$1,500/\$3,000	\$8,700/\$17,400	25%	\$45	\$30	\$60	\$30	\$30	\$15/\$30/\$60/\$250	60%	\$20,000/\$40,000	No Maximum
SoloCare PPO Standard Silver 40379 (00) (01)	60%	\$5,900/\$11,800	\$9,100/\$18,200	40%	\$60	\$40	\$80	\$40	N/A	\$20/\$40/\$80 after DED/\$350 after DED	60%	\$20,000/\$40,000	No Maximum
SoloCare PPO Standard Silver Chiro 40396 (00) (01)	60%	\$5,900/\$11,800	\$9,100/\$18,200	40%	\$60	\$40	\$80	\$40	\$40	\$20/\$40/\$80 after DED/\$350 after DED	60%	\$20,000/\$40,000	No Maximum
SoloCare PPO Standard Expanded Bronze 40393 (00) (01)	50%	\$7,500/\$15,000	\$9,400/\$18,800	50%	\$75	\$50	\$100	\$50	N/A	\$25/\$50 after DED/\$100 after DED/\$500 after DED	60%	\$20,000/\$40,000	No Maximum
SoloCare PPO Standard Expanded Bronze Chiro 40397 (00) (01)	50%	\$7,500/\$15,000	\$9,400/\$18,800	50%	\$75	\$50	\$100	\$50	\$50	\$25/\$50 after DED/\$100 after DED/\$500 after DED	60%	\$20,000/\$40,000	No Maximum

In the Marketing Name for each plan, the (00) = the OFF Market plan name and the (01) = the ON Market plan name shown on HealthCare.gov. Where coinsurance exists, benefits are first subject to the plan deductible.  
DED = Deductible

\* Non-Preferred and Specialty drug tiers may require payment toward the deductible before cost share applies. Exception: Plans 40393, 40397, 110027 and 110051 have Preferred drug tiers that require payment toward the deductible before cost share.



ON & OFF Market - PPO Traditional Plans



ON & OFF The Health Insurance Marketplace											2024 Alliant Network Only		
	In-Network										Out-of-Network		
	We Pay	You Pay									We Pay	You Pay	
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Platinum PPO - \$0 PCP, \$0 Generic Rx 40380 (00) (01)	80%	\$750/ \$1,500	\$1,500/ \$3,000	20%	20%	\$0	20%	\$0	N/A	\$0/20%/20%/20%	60%	\$20,000/ \$40,000	No Maximum
SoloCare Platinum PPO Chiro - \$0 PCP, \$0 Generic Rx 40398 (00) (01)	80%	\$750/ \$1,500	\$1,500/ \$3,000	20%	20%	\$0	20%	\$0	\$0	\$0/20%/20%/20%	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO 2300 - 3 Free PCP Visits, \$5 Generic Rx 40002 (00) (01)	80%	\$2,300/ \$4,600	\$9,450/ \$18,900	20%	\$75	First 3 visits are free, then \$20	\$40	\$20	N/A	\$5/\$50/\$150/\$200 after DED	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO Chiro 2300 - 3 Free PCP Visits, \$5 Generic Rx 40355 (00) (01)	80%	\$2,300/ \$4,600	\$9,450/ \$18,900	20%	\$75	First 3 visits are free, then \$20	\$40	\$20	\$20	\$5/\$50/\$150/\$200 after DED	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO 1500 - 3 Free PCP Visits 40330 (00) (01)	75%	\$1,500/ \$3,000	\$7,100/ \$14,200	25%	\$75	First 3 visits are free, then \$20	\$40	\$20	N/A	\$15/\$50/\$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO Chiro 1500 - 3 Free PCP Visits 40358 (00) (01)	75%	\$1,500/ \$3,000	\$7,100/ \$14,200	25%	\$75	First 3 visits are free, then \$20	\$40	\$20	\$20	\$15/\$50/\$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO 7000 - 3 Free PCP Visits, \$5 Generic Rx 40017 (00) (01)	70%	\$7,000/ \$14,000	\$9,450/ \$18,900	30%	\$75	First 3 visits are free, then \$80	\$110	\$80	N/A	\$5/\$70/\$165 after DED/\$225 after DED	60%	\$20,000/ \$40,000	No Maximum
SoloCare SoloCare Silver PPO Chiro 7000 - 3 Free PCP Visits, \$5 Generic Rx 40369 (00) (01)	70%	\$7,000/ \$14,000	\$9,450/ \$18,900	30%	\$75	First 3 visits are free, then \$80	\$110	\$80	\$80	\$5/\$70/\$165 after DED/\$225 after DED	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO 6000 - 3 Free PCP Visits 40331 (00) (01)	60%	\$6,000/ \$12,000	\$9,050/ \$18,100	40%	\$75	First 3 visits are free, then \$55	\$80	\$55	N/A	\$20/\$55/\$160/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO Chiro 6000 - 3 Free PCP Visits 40373 (00) (01)	60%	\$6,000/ \$12,000	\$9,050/ \$18,100	40%	\$75	First 3 visits are free, then \$55	\$80	\$55	\$55	\$20/\$55/\$160/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Exp Bronze PPO 9450 - \$0 Generic Rx 40381 (00) (01)	100%	\$9,450/ \$18,900	\$9,450/ \$18,900	0%	0%	0% COINS after DED	0%	0%	N/A	\$0/0%/0%/0%	60%	\$20,000/ \$40,000	No Maximum
SoloCare Exp Bronze PPO Chiro 9450 - \$0 Generic Rx 40385 (00) (01)	100%	\$9,450/ \$18,900	\$9,450/ \$18,900	0%	0%	0% COINS after DED	0%	0%	0%	\$0/0%/0%/0%	60%	\$20,000/ \$40,000	No Maximum

In the Marketing Name for each plan, the (00) = the OFF Market plan name and the (01) = the ON Market plan name shown on HealthCare.gov. Where coinsurance exists, benefits are first subject to the plan deductible. DED = Deductible

\* Non-Preferred and Specialty drug tiers may require payment toward the deductible before cost share applies. Exception: Plans 40393, 40397, 110027 and 110051 have Preferred drug tiers that require payment toward the deductible before cost share.



# ON & OFF Market - PPO Catastrophic Plans



ON & OFF The Health Insurance Marketplace											2024 Alliant Network Only		
	In-Network										Out-of-Network		
	We Pay	You Pay									We Pay	You Pay	
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/ Non-Preferred Brand/ Specialty *	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Catastrophic PPO 40383-00	100%	\$9,450/\$18,900	\$9,450/\$18,900	0%	0%	First 3 visits are free, then 0% COINS after DED	0%	0%	N/A	0%	60%	\$20,000/\$40,000	No Maximum
SoloCare Catastrophic PPO Chiro 40392-00	100%	\$9,450/\$18,900	\$9,450/\$18,900	0%	0%	First 3 visits are free, then 0% COINS after DED	0%	0%	0%	0%	60%	\$20,000/\$40,000	No Maximum

Where coinsurance exists, benefits are first subject to the plan deductible.

\* Non-Preferred and Specialty drug tiers may require payment toward the deductible before cost share applies. Exception: Plans 40393, 40397, 110027 and 110051 have Preferred drug tiers that require payment toward the deductible before cost share.



OFF MARKET ONLY - PPO Traditional & High Deductible Health Plans



OFF The Health Insurance Marketplace											2024 Alliant Network Only		
	In-Network										Out-of-Network		
	We Pay	You Pay									We Pay	You Pay	
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty *	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Silver PPO 6000 - 3 Free PCP Visits 40007 (00)	70%	\$6,000/\$12,000	\$9,450/\$18,900	30%	\$75	First 3 visits are free, then \$45	\$75	\$45	N/A	\$20/\$65/\$150/\$225	60%	\$20,000/\$40,000	No Maximum
SoloCare Silver PPO Chiro 6000 - 3 Free PCP Visits 40384 (00)	70%	\$6,000/\$12,000	\$9,450/\$18,900	30%	\$75	First 3 visits are free, then \$45	\$75	\$45	\$45	\$20/\$65/\$150/\$225	60%	\$20,000/\$40,000	No Maximum

OFF The Health Insurance Marketplace											2024 Alliant Network Only		
	In-Network										Out-of-Network		
	We Pay	You Pay									We Pay	You Pay	
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty *	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Gold PPO HDHP 1600 40324-00	80%	\$1,600/\$3,200	\$7,050/\$14,100	20%	20%	20% COINS after DED	20%	20%	N/A	20%	60%	\$20,000/\$40,000	No Maximum
SoloCare Gold PPO HDHP Chiro 1600 40387-00	80%	\$1,600/\$3,200	\$7,050/\$14,100	20%	20%	20% COINS after DED	20%	20%	20%	20%	60%	\$20,000/\$40,000	No Maximum
SoloCare Gold PPO HDHP 3000 HDHP 40344-00	100%	\$3,000/\$6,000	\$3,000/\$6,000	0%	0%	0% COINS after DED	0%	0%	N/A	0%	60%	\$20,000/\$40,000	No Maximum
SoloCare Gold PPO HDHP Chiro 3000 40388-00	100%	\$3,000/\$6,000	\$3,000/\$6,000	0%	0%	0% COINS after DED	0%	0%	0%	0%	60%	\$20,000/\$40,000	No Maximum
SoloCare Silver PPO HDHP 6000 40345-00	100%	\$6,000/\$12,000	\$6,000/\$12,000	0%	0%	0% COINS after DED	0%	0%	N/A	0%	60%	\$20,000/\$40,000	No Maximum
SoloCare Silver PPO HDHP Chiro 6000 40391-00	100%	\$6,000/\$12,000	\$6,000/\$12,000	0%	0%	0% COINS after DED	0%	0%	0%	0%	60%	\$20,000/\$40,000	No Maximum

Where coinsurance exists, benefits are first subject to the plan deductible.  
\* Non-Preferred and Specialty drug tiers may require payment toward the deductible before cost share applies. Exception: Plans 40393, 40397, 110027 and 110051 have Preferred drug tiers that require payment toward the deductible before cost share.



# ON & OFF Market - HMO Standardized Plans



ON & OFF The Health Insurance Marketplace										2024 Alliant Network Only
	In-Network									
	We Pay	You Pay								
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/ Non-Preferred Brand/ Specialty *
SoloCare No Referral HMO Standard Platinum 110047 (00) (01)	100%	\$0/\$0	\$3,200/\$6,400	\$100	* \$15	\$10	\$20	\$10	N/A	\$5/\$10/\$50/\$150
SoloCare No Referral HMO Standard Platinum Chiro 110048 (00) (01)	100%	\$0/\$0	\$3,200/\$6,400	\$100	\$15	\$10	\$20	\$10	\$10	\$5/\$10/\$50/\$150
SoloCare No Referral HMO Standard Gold 110024 (00) (01)	75%	\$1,500/\$3,000	\$8,700/\$17,400	25%	\$45	\$30	\$60	\$30	N/A	\$15/\$30/\$60/\$250
SoloCare No Referral HMO Standard Gold Chiro 110049 (00) (01)	75%	\$1,500/\$3,000	\$8,700/\$17,400	25%	\$45	\$30	\$60	\$30	\$30	\$15/\$30/\$60/\$250
SoloCare No Referral HMO Standard Silver110025 (00) (01)	60%	\$5,900/\$11,800	\$9,100/\$18,200	40%	\$60	\$40	\$80	\$40	N/A	\$20/\$40/\$80 after DED/\$350 after DED
SoloCare No Referral HMO Standard Silver Chiro 110050 (00) (01)	60%	\$5,900/\$11,800	\$9,100/\$18,200	40%	\$60	\$40	\$80	\$40	\$40	\$20/\$40/\$80 after DED/\$350 after DED
SoloCare No Referral HMO Standard Expanded Bronze 110027 (00) (01)	50%	\$7,500/\$15,000	\$9,400/\$18,800	50%	\$75	\$50	\$100	\$50	N/A	\$25/\$50 after DED/\$100 after DED/\$500 after DED
SoloCare No Referral HMO Standard Expanded Bronze Chiro 110051 (00) (01)	50%	\$7,500/\$15,000	\$9,400/\$18,800	50%	\$75	\$50	\$100	\$50	\$50	\$25/\$50 after DED/\$100 after DED/\$500 after DED

In the Marketing Name for each plan, the (00) = the OFF Market plan name and the (01) = the ON Market plan name shown on HealthCare.gov. Where coinsurance exists, benefits are first subject to the plan deductible.  
DED = Deductible

\* Non-Preferred and Specialty drug tiers may require payment toward the deductible before cost share applies. Exception: Plans 40393, 40397, 110027 and 110051 have Preferred drug tiers that require payment toward the deductible before cost share.



# ON & OFF Market - HMO Traditional Plans



ON & OFF The Health Insurance Marketplace										2024 Alliant Network Only
	In-Network									
	We Pay	You Pay								
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*
SoloCare Platinum HMO - \$0 PCP, \$0 Generic Rx 110028 (00) (01)	80%	\$750/ \$1,500	\$1,500/ \$3,000	20%	20%	\$0	20%	\$0	N/A	\$0/20%/20%/20%
SoloCare Platinum HMO Chiro - \$0 PCP, \$0 Generic Rx 110034 (00) (01)	80%	\$750/ \$1,500	\$1,500/ \$3,000	20%	20%	\$0	20%	\$0	\$0	\$0/20%/20%/20%
SoloCare Gold HMO 2300 - 3 Free PCP Visits, \$5 Generic Rx 11003(00) (01)	80%	\$2,300/ \$4,600	\$9,450/ \$18,900	20%	\$75	First 3 visits are free, then \$20	\$40	\$20	N/A	\$5/\$50/\$150/\$200 after DED
SoloCare Gold HMO Chiro 2300 - 3 Free PCP Visits, \$5 Generic Rx 110035 (00) (01)	80%	\$2,300/ \$4,600	\$9,450/ \$18,900	20%	\$75	First 3 visits are free, then \$20	\$40	\$20	\$20	\$5/\$50/\$150/\$200 after DED
SoloCare Gold HMO 1500 - 3 Free PCP Visits 110004 (00) (01)	75%	\$1,500/ \$3,000	\$7,100/ \$14,200	25%	\$75	First 3 visits are free, then \$20	\$40	\$20	N/A	\$15/\$50/\$150/\$200
SoloCare Gold HMO Chiro 1500 - 3 Free PCP Visits 110036 (00) (01)	75%	\$1,500/ \$3,000	\$7,100/ \$14,200	25%	\$75	First 3 visits are free, then \$20	\$40	\$20	\$20	\$15/\$50/\$150/\$200
SoloCare Silver HMO 7000 - 3 Free PCP Visits, \$5 Generic Rx 110008 (00) (01)	70%	\$7,000/ \$14,000	\$9,450/ \$18,900	30%	\$75	First 3 visits are free, then \$80	\$110	\$80	N/A	\$5/\$70/\$165 after DED/\$225 after DED
SoloCare SoloCare Silver HMO Chiro 7000 - 3 Free PCP Visits, \$5 Generic Rx 110038 (00) (01)	70%	\$7,000/ \$14,000	\$9,450/ \$18,900	30%	\$75	First 3 visits are free, then \$80	\$110	\$80	\$80	\$5/\$70/\$165 after DED/\$225 after DED
SoloCare Silver HMO 6000 - 3 Free PCP Visits 110009 (00) (01)	60%	\$6,000/ \$12,000	\$9,050/ \$18,100	40%	\$75	First 3 visits are free, then \$55	\$80	\$55	N/A	\$20/\$55/\$160/\$225
SoloCare Silver HMO Chiro 6000 - 3 Free PCP Visits 110039 (00) (01)	60%	\$6,000/ \$12,000	\$9,050/ \$18,100	40%	\$75	First 3 visits are free, then \$55	\$80	\$55	\$55	\$20/\$55/\$160/\$225
SoloCare Exp Bronze HMO 9450 - \$0 Generic Rx 110030 (00) (01)	100%	\$9,450/ \$18,900	\$9,450/ \$18,900	0%	0%	0% COINS after DED	0%	0%	N/A	\$0/0%/0%/0%
SoloCare Exp Bronze HMO Chiro 9450 - \$0 Generic Rx 110040 (00) (01)	100%	\$9,450/ \$18,900	\$9,450/ \$18,900	0%	0%	0% COINS after DED	0%	0%	0%	\$0/0%/0%/0%

In the Marketing Name for each plan, the (00) = the OFF Market plan name and the (01) = the ON Market plan name shown on HealthCare.gov. Where coinsurance exists, benefits are first subject to the plan deductible. DED = Deductible

\* Non-Preferred and Specialty drug tiers may require payment toward the deductible before cost share applies. Exception: Plans 40393, 40397, 110027 and 110051 have Preferred drug tiers that require payment toward the deductible before cost share.



# ON & OFF Market - HMO Catastrophic Plans



ON & OFF The Health Insurance Marketplace										2024 Alliant Network Only
Plan Group	In-Network									
	We Pay	You Pay								
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/ Non-Preferred Brand/ Specialty*
SoloCare Catastrophic HMO 110023-00	100%	\$9,450/\$18,900	\$9,450/\$18,900	0%	0%	First 3 visits are free, then 0% COINS after DED	0%	0%	N/A	0%
SoloCare Catastrophic HMO Chiro 110046-00	100%	\$9,450/\$18,900	\$9,450/\$18,900	0%	0%	First 3 visits are free, then 0% COINS after DED	0%	0%	0%	0%

Where coinsurance exists, benefits are first subject to the plan deductible.

\* Non-Preferred and Specialty drug tiers may require payment toward the deductible before cost share applies. Exception: Plans 40393, 40397, 110027 and 110051 have Preferred drug tiers that require payment toward the deductible before cost share.



# OFF MARKET ONLY - HMO Traditional & High Deductible Health Plans



OFF The Health Insurance Marketplace										2024 Alliant Network Only
	In-Network									
	We Pay	You Pay								
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*
SoloCare Silver HMO 6000 - 3 Free PCP Visits 110029 (00)	70%	\$6,000/ \$12,000	\$9,450/ \$18,900	30%	\$75	First 3 visits are free, then \$45	\$75	\$45	N/A	\$20/\$65/\$150/\$225
SoloCare Silver HMO Chiro 6000 - 3 Free PCP Visits 110037 (00)	70%	\$6,000/ \$12,000	\$9,450/ \$18,900	30%	\$75	First 3 visits are free, then \$45	\$75	\$45	\$45	\$20/\$65/\$150/\$225

OFF The Health Insurance Marketplace										2024 Alliant Network Only
	In-Network									
	We Pay	You Pay								
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*
SoloCare Gold HMO HDHP 1600 110031-00	80%	\$1,600/ \$3,200	\$7,050/ \$14,100	20%	20%	20% COINS after DED	20%	20%	N/A	20%
SoloCare Gold HMO HDHP Chiro 1600 110043-00	80%	\$1,600/ \$3,200	\$7,050/ \$14,100	20%	20%	20% COINS after DED	20%	20%	20%	20%
SoloCare Gold HMO HDHP 3000 HDHP 110032-00	100%	\$3,000/ \$6,000	\$3,000/ \$6,000	0%	0%	0% COINS after DED	0%	0%	N/A	0%
SoloCare Gold HMO HDHP Chiro 3000 110044-00	100%	\$3,000/ \$6,000	\$3,000/ \$6,000	0%	0%	0% COINS after DED	0%	0%	0%	0%
SoloCare Silver HMO HDHP 6000 110033-00	100%	\$6,000/ \$12,000	\$6,000/ \$12,000	0%	0%	0% COINS after DED	0%	0%	N/A	0%
SoloCare Silver HMO HDHP Chiro 6000 110045-00	100%	\$6,000/ \$12,000	\$6,000/ \$12,000	0%	0%	0% COINS after DED	0%	0%	0%	0%

Where coinsurance exists, benefits are first subject to the plan deductible.

\* Non-Preferred and Specialty drug tiers may require payment toward the deductible before cost share applies. Exception: Plans 40393, 40397, 110027 and 110051 have Preferred drug tiers that require payment toward the deductible before cost share.