



 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.** This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1- 866-403-2785 or visit [www.alliantplans.com](http://www.alliantplans.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov](http://www.healthcare.gov) or call 1- 866-403-2785 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	In Network: \$0/Individual, \$0/Family Out of Network: Not Applicable	See the Common Medical Events chart below for your costs for services this plan covers <a href="#">plan</a> begins to pay.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care/screening</a> /immunization. Additional details included per service category elsewhere in this SBC.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet a <a href="#">deductible</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	In Network: \$0/Individual, \$0/Family Out of Network: Not Applicable	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Not Applicable.	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.alliantplans.com">www.alliantplans.com</a> or call 1-866-403-2785 for a list of <a href="#">network providers</a> .	This plan uses a <a href="#">provider network</a> . <a href="#">You will pay less if you use a provider</a> , in the plan's network. You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> , for the difference between the <a href="#">provider's</a> charge and what your plan pays (balance billing). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> , before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a referral

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness.	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
	<a href="#">Specialist</a> visit	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
	<a href="#">Preventive care/screening</a> /immunization	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	Laboratory/Pathology No Charge
	Imaging (CT/PET scans, MRIs)	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.alliantplans.com">www.alliantplans.com</a>	Generic drugs	\$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	\$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
	Preferred brand drugs	\$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	\$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	
	Non-preferred brand drugs	\$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	\$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	
	<a href="#">Specialty drugs</a>	\$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	\$0 <a href="#">copayment</a> then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	

[\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.alliantplans.com](http://www.alliantplans.com).]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
	Physician/surgeon fees	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
	<a href="#">Emergency medical transportation</a>	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
	<a href="#">Urgent care</a>	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
	Physician/surgeon fees	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$0 copayment/visit then 0% coinsurance and \$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> for other outpatient services, <a href="#">Deductible</a> does not apply	Not Covered	None
	Inpatient services	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
If you are pregnant	Office visits	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	Office Visits after confirmation of Pregnancy are subject to <a href="#">Coinsurance</a> . <a href="#">Cost-sharing</a> does not apply for <a href="#">preventive services</a> . Office Visits unrelated to Pregnancy are subject to the PCP or Specialist Copay. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
	Childbirth/delivery facility services	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	Limited to 120 visits per year
	<a href="#">Rehabilitation services</a>	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	Limited to 40 visits per year
	<a href="#">Habilitation services</a>	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	Limited to 40 visits per year
	<a href="#">Skilled nursing care</a>	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	Limited to 60 days per year
	<a href="#">Durable medical equipment</a>	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network (You will pay the least)	Out of Network (You will pay the most)	
	<a href="#">Hospice services</a>	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	None
If your child needs dental or eye care	Children's eye exam	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	Limited to 1 exam per year
	Children's glasses	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	Not Covered	Limited to 1 item per year
	Children's dental check-up	Not Covered	Not Covered	None

#### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>Abortion (except in case of rape, incest, or when life of mother is endangered)</li> <li>Acupuncture</li> <li>Bariatric surgery</li> <li>Chiropractic care</li> </ul>	<ul style="list-style-type: none"> <li>Dental care (Adult)</li> <li>Hearing aids</li> <li>Infertility treatment</li> <li>Long-term care</li> </ul>	<ul style="list-style-type: none"> <li>Non-emergency care when traveling outside the U.S.</li> <li>Private-duty nursing</li> <li>Routine eye care (Adult)</li> <li>Routine foot care</li> </ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>Cosmetic surgery limited to reconstructive surgery to restore function</li> </ul>	<ul style="list-style-type: none"> <li>Weight loss programs (4 visits per year for nutritional counseling)</li> </ul>	

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Alliant Health Plans at 1- 866-403-2785 , the Georgia Department of Insurance, 1-800-656-2298 or [www.oci.ga.gov](http://www.oci.ga.gov), the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the Georgia Department of Insurance, 1-800-656-2298 or [www.oci.ga.gov](http://www.oci.ga.gov).

[\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.alliantplans.com](http://www.alliantplans.com)].

**Does this plan provide Minimum Essential Coverage? Yes.**

If you don't have [minimum essential coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Not Applicable.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-833-613-2262.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-833-613-2262.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-833-613-2262.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne' 1-833-613-2262.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0	■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0	■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist copayment</a>	\$0	■ <a href="#">Specialist copayment</a>	\$0	■ <a href="#">Specialist copayment</a>	\$0
■ Hospital (facility) <a href="#">copayment</a>	\$0	■ Hospital (facility) <a href="#">copayment</a>	\$0	■ Hospital (facility) <a href="#">copayment</a>	\$0
■ Other <a href="#">copayment</a>	\$0	■ Other <a href="#">copayment</a>	\$0	■ Other <a href="#">copayment</a>	\$0
<b>This EXAMPLE event includes services like:</b> <a href="#">Specialist</a> office visits ( <i>prenatal care</i> ) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services <a href="#">Diagnostic tests</a> ( <i>ultrasounds and blood work</i> ) <a href="#">Specialist</a> visit ( <i>anesthesia</i> )		<b>This EXAMPLE event includes services like:</b> <a href="#">Primary care physician</a> office visits ( <i>including disease education</i> ) <a href="#">Diagnostic tests</a> ( <i>blood work</i> ) <a href="#">Prescription drugs</a> <a href="#">Durable medical equipment</a> ( <i>glucose meter</i> )		<b>This EXAMPLE event includes services like:</b> <a href="#">Emergency room care</a> ( <i>including medical supplies</i> ) <a href="#">Diagnostic test</a> ( <i>x-ray</i> ) <a href="#">Durable medical equipment</a> ( <i>crutches</i> ) <a href="#">Rehabilitation services</a> ( <i>physical therapy</i> )	
<b>Total Example Cost</b>	<b>\$12,700</b>	<b>Total Example Cost</b>	<b>\$5,600</b>	<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Peg would pay:</b>		<b>In this example, Joe would pay:</b>		<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0	<a href="#">Deductibles</a>	\$0	<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0	<a href="#">Copayments</a>	\$0	<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0	<a href="#">Coinsurance</a>	\$0	<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$60</b>	<b>The total Joe would pay is</b>	<b>\$20</b>	<b>The total Mia would pay is</b>	<b>\$0</b>

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: