



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:
<b>What is the overall <a href="#">deductible</a>?</b>	In Network: \$0/Individual, \$0/Family Out of Network: \$0/Individual, \$0/Family	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	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> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet a <a href="#">deductible</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	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.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Not Applicable.	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	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 <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> , in the <a href="#">plan's network</a> . 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 <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). 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.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
<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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
	Imaging (CT/PET scans, MRIs)	\$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
<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	

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 have outpatient surgery	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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
	Physician/surgeon fees	\$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
If you need immediate medical attention	<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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
If you have a hospital stay	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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
	Physician/surgeon fees	\$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
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$0 <a href="#">copayment</a> /visit <a href="#">Deductible</a> does not apply then 0% <a href="#">coinsurance</a> for other outpatient services	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
	Inpatient services	\$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

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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
	Childbirth/delivery professional services	\$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
	Childbirth/delivery facility services	\$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
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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	None
	<a href="#">Hospice services</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

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 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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	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	\$0 <a href="#">copayment</a> /visit then 0% <a href="#">coinsurance</a> , <a href="#">Deductible</a> does not apply	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>Dental care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>Hearing aids</li> <li>Long-term care</li> <li>Non-emergency care when traveling outside the U.S.</li> <li>Private-duty nursing</li> </ul>	<ul style="list-style-type: none"> <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>Chiropractic care</li> <li>Cosmetic surgery limited to reconstructive surgery to restore function</li> </ul>	<ul style="list-style-type: none"> <li>Infertility treatment</li> <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).

**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, kwijigo 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)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist copayment</a>	\$0
■ Hospital (facility) <a href="#">copayment</a>	\$0
■ Other <a href="#">copayment</a>	\$0

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$60</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist copayment</a>	\$0
■ Hospital (facility) <a href="#">copayment</a>	\$0
■ Other <a href="#">copayment</a>	\$0

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$20</b>

### 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
■ <a href="#">Specialist copayment</a>	\$0
■ Hospital (facility) <a href="#">copayment</a>	\$0
■ Other <a href="#">copayment</a>	\$0

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$0
<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: