



## 2017 IFP Plans

*Products available both ON and OFF the Health Insurance Marketplace*



**Alliant Health Plans is a Qualified Health Plan issuer in the Health Insurance Marketplace**

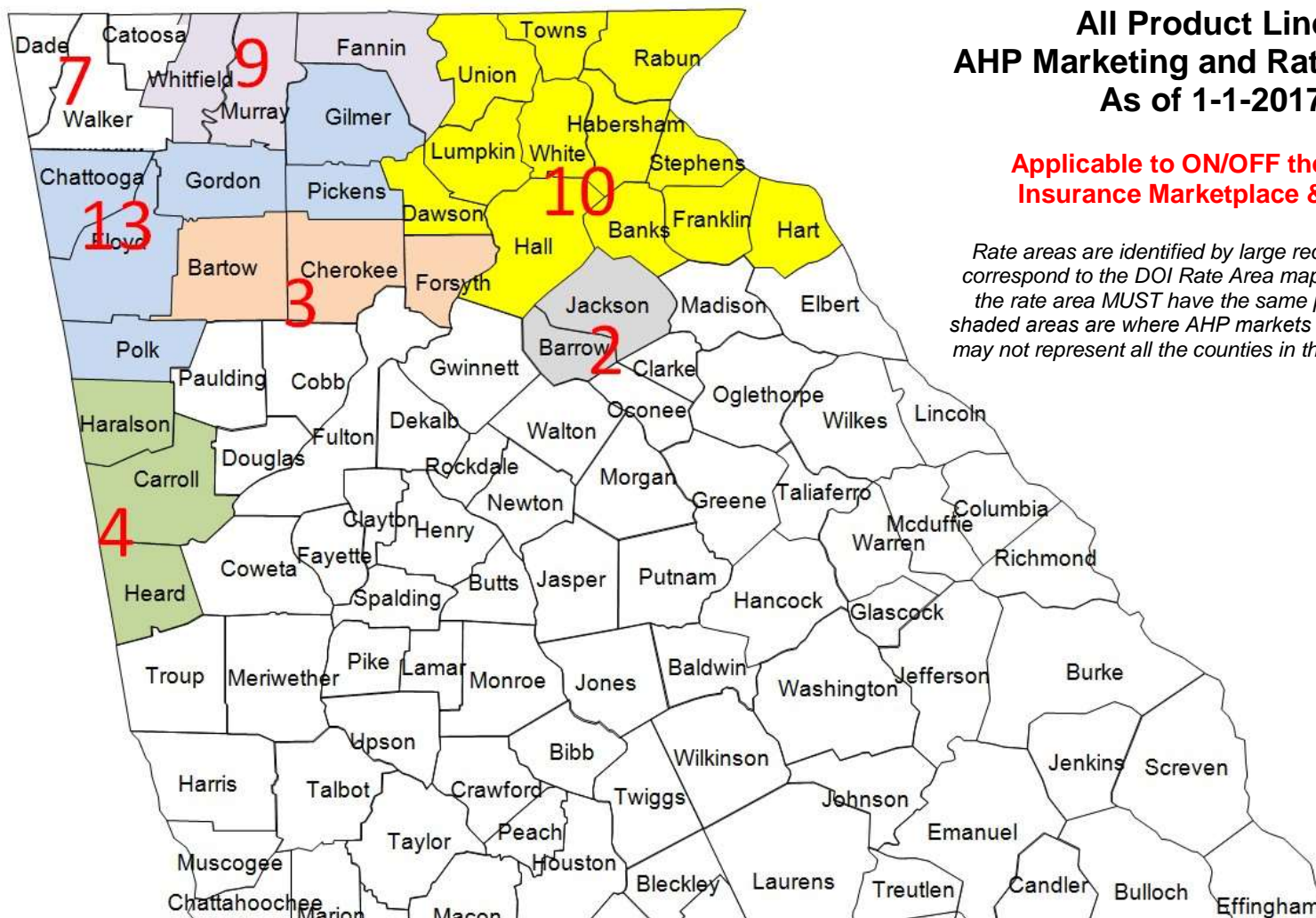


## 2017 IFP PLANS

- **13 SoloCare plans will be offered in 2017 for Individual/Family Plans (IFP) members. All plans are available “OFF” The Health Insurance Marketplace (HealthCare.gov).**
- **13 plans available for sale both ON/OFF ‘The Health Insurance Marketplace’**
  - Alliant Network ONLY
  - EHB Formulary (generic-heavy) - NO MAIL ORDER

**Alliant makes no representation regarding the completeness, accuracy, or timeliness of any information, or that the data represented in this document is error free. See your Summary of Benefits and Coverage for full plan benefits.**

*The naming convention follows CMS guidelines of unique HIOS ID #...Each plan has a suffix of either 00 or 01 (i.e. 0040011-00 or 0040011-01).... 00 means sold OFF ‘The Health Insurance Marketplace’ and 01 means it was sold ON ‘The Marketplace’.*



## All Product Lines AHP Marketing and Rating Areas As of 1-1-2017

**Applicable to ON/OFF the Health  
Insurance Marketplace & SHOP**

*Rate areas are identified by large red numbers and correspond to the DOI Rate Area map (all counties in the rate area MUST have the same price. Only the shaded areas are where AHP markets products...which may not represent all the counties in the DOI rare area.*



### Alliant Marketing Counties for 2017 –

A subscriber’s residence address must be within a listed county to be eligible for coverage.

County	Rate Area
Banks	10
Barrow	2
Bartow	3
Carroll	4
Catoosa	7
Chattooga	13
Cherokee	3
Dade	7
Dawson	10
Fannin	9
Floyd	13
Forsyth	3
Franklin	10
Gilmer	13
Gordon	13
Habersham	10
Hall	10
Haralson	4
Hart	10
Heard	4
Jackson	2
Lumpkin	10
Murray	9
Pickens	13
Polk	13
Rabun	10
Stephens	10
Towns	10
Union	10
Walker	7
White	10
Whitfield	9



**SoloCare Plans** Individual/Family Plans 2017 Alliant Network ONLY EHB formulary – NO MAIL ORDER  
ON & OFF The Health Insurance Marketplace

Plan Marketing Name	In-Network									Out-Of-Network		
	Co-Insurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	(You Pay) Rx Generic/Preferred/ Brand/Specialty	Co-Insurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Platinum PPO 40022	100%	\$500/\$1,000	\$1,500/\$3,000	\$100	\$30	\$10	\$25	\$10	\$15/\$50/\$150/50%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Platinum PPO 40023	100%	\$750/\$1,500	\$2,000/\$4,000	\$100	\$30	\$10	\$25	\$10	\$15/\$50/\$150/50%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Gold PPO 40002	100%	\$1,500/\$3,000	\$7,150/\$14,300	\$250	\$75	\$20	\$50	\$20	\$15/\$50/\$150/50%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Gold PPO 40003	90%	\$1,000/\$2,000	\$7,150/\$14,300	\$250	\$75	\$20	\$50	\$20	\$15/\$50/\$150/50%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Silver PPO 40007	55%	\$1,750/\$3,500	\$7,150/\$14,300	\$300	\$75	\$30	\$60	\$30	\$15/\$50/\$150/50%	30%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Silver PPO 40010	70%	\$2,500/\$5,000	\$7,150/\$14,300	\$300	\$75	\$30	\$60	\$30	\$15/\$50/\$150/50%	50%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Silver PPO 40017	100%	\$4,750/\$9,500	\$7,150/\$14,300	\$300	\$75	\$30	\$60	\$30	\$15/\$50/\$150/50%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Bronze PPO 40021	100%	\$7,150/\$14,300	\$7,150/\$14,300	\$250	Deductible and Coinsurance Apply					60%	\$20,000/\$40,000	\$40,000/\$80,000

**Standardized Plans** 2017 Alliant Network ONLY EHB formulary – NO MAIL ORDER

SoloCare Stdrd Gold 40026	80%	\$1,250/\$2,500	\$4,750/\$9,500	\$250*	\$65	\$20	\$50	\$20	\$10/\$30/\$75/30%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Stdrd Silver 40025	80%	\$3,500/\$7,000	\$7,150/\$14,300	\$400*	\$75	\$30	\$65	\$30	\$15/\$50/\$100/40%	60%	\$20,000/\$40,000	\$40,000/\$80,000
SoloCare Stdrd Bronze 40024	50%	\$6,650/\$13,300	\$7,150/\$14,300	50%*	50%*	\$45**	50%*	\$45	\$35/35%*/40%*/45%*	70%	\$20,000/\$40,000	\$40,000/\$80,000

*Special Notations only applicable to Standardized Plans:* \*\*First 3 visits, then subject to deductible and 50% coinsurance



2017  
Alliant Network *ONLY*  
EHB formulary – NO MAIL ORDER  
HSA Eligible

### High Deductible Health Plans – Individual Insured Only

Plan Marketing Name	In-Network									Out-Of-Network					
	Co-Insurance Plan Pays After Deductible	Deductible Individual	Out-of-Pocket Maximum Individual	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	(You Pay) Rx Generic/Preferred/Brand/Specialty	Co-Insurance Plan Pays After Deductible	Deductible Individual	Out-of-Pocket Maximum Individual			
SoloCare Bronze HDHP 40031	100%	\$6,500	\$6,500	Deductible and Coinsurance Apply									60%	\$20,000	\$40,000
SoloCare Bronze HDHP 40032	70%	\$5,500	\$6,550	Deductible and Coinsurance Apply									40%	\$20,000	\$40,000

2017  
Alliant Network *ONLY*  
EHB formulary – NO MAIL ORDER  
HSA Eligible – HDHP Plans with 2+ Insured are NON-EMBEDDED Plans

### High Deductible Health Plans – 2 or More Insured

Plan Marketing Name	Co-Insurance Plan Pays After Deductible	Deductible Family	Out-of-Pocket Maximum Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	(You Pay) Rx Generic/Preferred/Brand/Specialty	Co-Insurance Plan Pays After Deductible	Deductible Family	Out-of-Pocket Maximum Family			
	SoloCare Bronze HDHP 40031	100%	\$13,000*	\$13,000	Deductible and Coinsurance Apply									60%	\$40,000
SoloCare Bronze HDHP 40032	70%	\$11,000*	\$13,100	Deductible and Coinsurance Apply									40%	\$40,000	\$80,000

\*HDHP Plans with 2+ INSURED: Any 1 (one) person will not be responsible for more than \$6,550



## NOTES

Chiropractic care is covered at a primary care cost-share.

Limits: Home Health - 120-day limit  
Skilled Nursing - 60-day limit  
Chiropractic - 20-visit limit

Open Enrollment for 2017 begins on November 1, 2016 and ends on January 31, 2017. This is true whether purchasing plans on or off The Health Insurance Marketplace. Outside of Open Enrollment, applicants must experience a qualifying event that entitles them to a Special Enrollment Period (SEP).

If applications are received by the 15th of the month, the effective date is the 1st day of the following month. Applications received on the 16th or later in a month, receive a 1st day of the *second* following month as an effective date. Initial premium must be 'received' no later than the day "before" the effective date. SEPs have their own effective date rules.

Plans are guaranteed renewable, calendar year plans. The subscriber can renew each year without a requirement to reenroll or take action, except pay their premium. Calendar year out-of-pockets, co- pays, deductibles and Out-of-pocket maximums reset on January 1 of every year; regardless of "the date/month" the plan was originally purchased.

Plans renew each January 1<sup>st</sup> based on filed/approved rates by CMS and the Georgia Department of Insurance. In addition to changes in the premium occurring on January 1<sup>st</sup> of each year, CMS also allows for adjustments to the plan benefits; out-of-pocket and/or deductible limits. Upon renewal, plans may have an increase, or in some cases a reduction, in plan benefits, OOP Maximums and/or deductibles, but by rule, remain in their "metal" category.

Individuals entitled to, or currently on Medicare, are not eligible for an individual/family policy; by Federal Law.

Where co-insurance % is displayed, it is first subject to the deductible.

In addition, for SoloCare plans sold ON The Health Insurance Marketplace, each of the Silver metal plans has variants of the base 01 plan, required by the Affordable Care Act. All Silver SoloCare plans have the following 7 variations; variations #d 3 through 7 are available only *on* The Marketplace and eligibility is determined by CMS:

1. Standard Silver OFF MARKETPLACE – suffix is 00
2. Standard Silver ON MARKETPLACE – suffix is 01
3. Zero Cost Sharing Plan – suffix is 02
4. Limited Cost Sharing Plan – suffix is 03
5. 73% AV Level – suffix is 04
6. 87% AV Level – suffix is 05
7. 94% AV Level – suffix is 06

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## Language Assistance

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 (800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans ]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (800) 811-4793]。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

አርሰዎ፣ ወይም አርሰዎ የሚገለገሉት ስለ Alliant Health Plans ጥያቄዎች ላይ ያለ ምንም ክፍያ በደንብ አርዳኛ ሚዲያ ማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ (800) 811-4793 ይደውሉ።

यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं, तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भाषण से बात करने के लिए, (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun w a pe de gen kesyon konsènan Alliant Health Plans, se dwa w pou resewwa asistans a kenfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

هي انودن م لفت غلب هير ووض ات امول ع مل او ددع مل اىل ع لول حل ايف ق حل الفى دلف ، Alliant Health Plans م صوب قلعش أ ددع مل مخص شى دل و أ لفي دل ن كن ا م جرت م ع م ث د ج ت ل ل . ق ل ك ت (800) 811-4793 ب ط ر ت ا

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

ار دوخن لبز هبت اع الطاع وك كهك نير اد ار ني اقح نيش لب نقش اد ، Alliant Health Plans دروم رد دل اوس ، نيركي كك و اب اش هكويرك لي ، اش رگ ا نوي امن لئ احس اب . نوي امن نف لير دن گي ار روط هب (800) 811-4793

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

## TTY/TDD

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-(800) 811-4793 (TTY/TDD: 1-(800) 811-4793).



## 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 cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Alliant Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Alliant Health Plans 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Alliant Health Plans 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障 或性別而歧視 任何人。

Alliant Health Plans बागु पडता समवायी नागरिक अधिकार कायदा साथे सुसंगत छे अने जाति, रंग, राष्ट्रीय मूल, उमर, अशक्तता अथवा विंगना आधारे भेदभाव राखवामा आवतो नथी.

Alliant Health Plans respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Alliant Health Plans የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፣ በቆዳ ቀለም፣ በዘር ሃረግ፣ በእድሜ፣ በአካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግም።

Alliant Health Plans लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Alliant Health Plans konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Alliant Health Plans соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

الجنس أو الإعاقة أو السن أو الوطني الأصل يلتزم Alliant Health Plans أو اللون أو العرق أساس على يميز وال بها المعمول الفدرالية المدنية الحقوق بقوانين

Alliant Health Plans cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base naraça, cor, nacionalidade, idade, deficiência ou sexo.

جنسیت یا ناتوانی سن، ملیتی، اصلیت پوست، رنگ نژاد، اساس بر تبعیضی هیچگونه Alliant Health Plans و کند می تبعیت مربوطه فدرال مدنی حقوق قوانین از شود نمی قابل افراد

Alliant Health Plans erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

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