



## GROUP HEALTH CARE CONTRACT

Employer: \_\_\_\_\_ Group #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Associated Companies: names of other affiliated/owned entities of this Employer (Applicable Large Employer)

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Final Monthly Premiums: if other than composite or 4-Tier rates, attach a separate sheet

Tier	Plan Name or ID	Plan Name or ID	Plan Name or ID
Employee Only (EE)			
Employee + Spouse (ES)			
Employee +Child(ren) (EC)			
Full Family (FF)			

This Group Health Care Contract ("Group Contract") is made between Alliant Health Plans, Inc., a Georgia non-profit "Provider Sponsored Health Care Corporation" hereinafter referred to as "Alliant" and \_\_\_\_\_ (Employer) for the provision of health services.

Alliant agrees to arrange for the health care benefits described in the Certificate of Coverage attached hereto and made a part of this Group Contract, subject to the Group Contract's terms. This promise is based on the Employer's application and payment of the required premiums. In the absence of fraud, all statements made by the policyholder or any insured person shall be deemed representations and no warranties, and no statement made for the purpose of effecting insurance shall avoid the insurance or reduce benefits unless contained in a written instrument signed by the policyholder or the person, a copy of which has been furnished to the policyholder or the person or his beneficiary.

According to 45 CFR §164.314 (B) (1), the Plan Sponsor (defined as the Employer) must reasonably and appropriately safeguard PHI or ePHI created, received, maintained, or transmitted to or by the Plan Sponsor on behalf of the health plan. Plan Sponsor shall not use PHI for employment or benefits-related decisions.

**All provisions in the Certificate of Coverage apply to the Group Contract as fully outlined in the Group Contract.** The Group Contract is effective on the Contract Date, as set forth above if the initial premium has been paid and the Group Contract is duly executed below. The Group Contract continues if the required premiums are paid unless terminated, as outlined in Article 5.



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Any notice required to be given according to the terms of this Group Health Care Contract shall be in writing and shall be sent by first-class mail, postage prepaid, or by certified mail or hand delivery to the receiving party at the following addresses:

**If to Employer:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If to Alliant:**

Alliant Health Plans, Inc.  
201 W. Waugh Street/3<sup>rd</sup> Floor  
Dalton, GA 30720

IN WITNESS WHEREOF, the parties hereto, being first duly authorized, have set their hands on the dates set forth below.

Employer	Alliant Health Plans, Inc.
(Print Name)	
(Signature)	
(Date)	



## GROUP HEALTH CARE CONTRACT

### Article 1 - DEFINITIONS

**Section 1.1 Group Contract Terms.** The terms used in the Group Contract have the meanings set forth herein and in the Certificate of Coverage, attached hereto, and made a part of this Group Contract.

**Section 1.2 Included Employers.** Included Employers under the Group Contract are the Employer and its Associated Companies, as defined below if any. An Employee of more than one Included Employer will be considered an Employee of only one of those employers for the Group Health Care Coverage. On any date when an employer ceases to be an Included Employer, the Group Contract will be considered to end for Employees of that Employer. This applies to all those Employees except those who, on the next day, is within the covered classes of the Group Contract as Employees of another Included Employer.

**Section 1.3 Associated Companies.** Associated Companies are employers that are the Employer's subsidiaries or affiliates listed as "Included Employers" on the Group Enrollment Application.

**Section 1.4 Notification.** Employer must notify Alliant, in writing, when an employer listed as an Associated Company is no longer one of its subsidiaries or affiliates.

### Article 2 - EMPLOYER REQUIREMENTS

**Section 2.1 Employer Eligibility.** During this Group Contract term, the Employer will promptly notify Alliant of any significant changes in the Employer's group composition, eligibility requirements, health benefits design, or employees' costs associated with coverage. Any such change that is deemed adverse by Alliant (unless agreed to in writing by Alliant before such change) shall give Alliant the option, in its discretion, of terminating this Group Contract, adjusting rates, limiting enrollment, or offering the Employer coverage under any other health benefits product as may be provided by Alliant from time to time. Alliant may exercise its options by giving the Employer at least 31 days' prior written notice.

**Section 2.2 Health Care Plan Administrator.** Employer has established and as sponsor maintains pursuant to other written documents, a health benefits program for the benefit of its eligible employees and their eligible dependents, which is an "employee welfare benefit plan" within the meaning of the Employee Retirement Income Security Act of 1974, as amended ("**ERISA**"). Alliant is not the "administrator," "plan sponsor," or a named or unnamed "fiduciary" for purposes of ERISA, provided that for purposes of determining whether to pay all or any portion of a claim, Alliant shall have the exclusive discretionary and final authority to make such determination. Such determination shall be binding unless it is shown that such determination was arbitrary and capricious.

The Employer's responsibility is to inform its eligible employees and their eligible dependents of their ERISA or PPACA mandated rights and comply with any ERISA/PPACA mandated responsibilities, obligations, and duties. In no event shall Alliant have any responsibility to provide any person with any notice under the Internal Revenue Code of 1986, as amended, or ERISA/PPACA, that is required to be provided by the Employer or the plan administrator of any plan sponsored by the Employer.



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### Article 3 - ELIGIBILITY OF INDIVIDUALS

Individuals are eligible for enrollment hereunder only upon meeting and continuing to meet the following requirements:

**Section 3.1 Eligible Employee.** Eligible employees of the Employer and their eligible Dependents shall be those persons who meet the criteria outlined in the Certificate of Coverage and specified in the Group Enrollment Application.

**Section 3.2 Extension of Eligibility.** Alliant and the Employer may together agree to the extension of eligibility to persons other than those provided in the Certificate of Coverage. Any such extension of eligibility shall be in writing.

**Section 3.3 Subsequent Enrollment.** After the Employer's first open-enrollment period during which Eligible Persons may enroll in Alliant, Eligible Persons may enroll in Alliant during any subsequent annual open-enrollment period or within 31 days of having satisfied the Employer's eligibility requirements. To enroll, eligible persons must submit a completed enrollment form to the Employer and any other information that Alliant may reasonably request. Applicants will be considered enrolled after Alliant has accepted the enrollment form. Alliant acceptance will be based upon timely receipt from the Employer of the enrollment form and the applicable Premium Rate and satisfaction of all the Group Contract requirements.

### Article 4 - PREMIUMS

**Section 4.1 Payment of Premiums.** Employer shall pay premiums to Alliant for the Group Contract duration, in accordance with the Premium Rates as noted in this form on the cover page. Except as indicated in Section 4.2, the rates shall remain in effect throughout the Group Contract; but not to exceed 12-months.

All premiums are due on or before the first day of the month for which coverage is provided.

If payment is not made within 31 days of the due date, Alliant may terminate this Group Contract coverage. If coverage is terminated under the terms of this provision, employees covered under this Group Contract will no longer be covered, and Alliant Health Plans will not be responsible for payment of charges for services and supplies at the billed charge rates after the effective date of termination. In addition, no continuation coverage or individual conversion option will be available.



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**Section 4.2 Rate Changes.** Alliant retains the right to amend the premium rates under this Group Contract on any of the following dates:

- a. Contract Anniversaries, or
- b. If the federal or state government mandates that a new benefit be included in the package of benefits or if a benefit is removed, the Certificate of Coverage shall be amended to add or remove the new benefit. The premiums shall be adjusted accordingly.
- c. *(Pertaining only to group accounts that are underwritten):* Any date on which the extent or nature of the risk under the Group Contract changes, including without limitation based on group experience or demographics, amendment to the Group Contract, amendment to the Certificate of Coverage, or by application of any federal or state law or directive.

Alliant shall provide Employer with 60 days' written notice of such change in premiums.

**Section 4.3 Additions and Terminations.** Alliant will bill prorated amounts for additions, terminations, or modifications of Members coverage during any month as follows:

Additions and termination are prorated by dividing the monthly premium amount for that subscriber (and any dependents) by the number of days coverage was effective during that month.

**Section 4.4 Retroactive Adjustments.** Employer must notify Alliant in writing within ten days of received an enrollment, termination, or change form. At the discretion of Alliant, retroactive adjustments may be made for any additions and terminations of Members and changes in coverage class not reflected in Employer records when Premium Rates were calculated. However, retroactive credit will not be provided for any period more than two months before the date on which Alliant received notice of termination of the Member or change in coverage class.

Additionally, no retroactive adjustment will be made if Covered Services' claims have been made for service dates after the requested termination date. Furthermore, by requesting a retroactive termination date, the Employer confirms there have been no premiums taken from the Member after the retroactive termination date.

## Article 5 - TERM AND TERMINATION

**Section 5.1 Term.** The term of this Group Contract shall run for one year following the Contract Date appearing on this document's cover page. Unless otherwise terminated in accordance with the Group Contract, the Group Contract shall be automatically renewed for successive one-year terms on each Anniversary of the Contract Date, subject to Alliant's then-current premium rates. Alliant shall provide Employer with written notice of any change in premium rates, as outlined in Article 4.

**Section 5.2 Failure to Pay Premiums.** Alliant may terminate the Group Contract if the Employer defaults on paying a premium, as outlined in Article 4. Such right of termination shall be in addition to any other remedies Alliant may have at law or in equity concerning such default. Policy reinstatement shall be at the discretion of Alliant, subject to Alliant's then-current reinstatement fee.



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**Section 5.3 Fraud.** Upon written notice to the Employer, Alliant may, at its discretion, immediately terminate or rescind this Group Contract for fraud or a material misstatement made in writing and signed by the Contract Holder, or may terminate the coverage of a Member for fraud or material misstatement by such Member relating to coverage under this Group Contract.

**Section 5.4 Other Alliant Terminations.** In addition to those rights of termination otherwise provided for herein, Alliant may terminate the Group Contract to the extent and in the manner permitted or required under applicable law.

**Section 5.5 Termination Without Cause.** The Employer may terminate the Group Contract without cause. The termination date will be effective by providing written notice to Alliant at least 60-days notice.

**Section 5.6 Effect of Termination of Group Contract.** Upon termination, by failure to pay premiums, all rights to benefits shall terminate at the end of the period for which all required premiums have been paid. Upon termination, all rights to services shall terminate upon the requested date by request or in writing. In either case, Employer agrees to be responsible for notifying its employees that the Group Contract has ended. Upon termination, Employer shall be obligated to pay to Alliant all billed charges for all health services and benefits received by a Member or a Member's dependent after the Group Contract is terminated. Upon default in making payments, Alliant shall notify Employer and Members of the effective date of termination, and individual conversion coverage will not be available. No termination shall relieve the Employer from any obligation incurred before the date of termination of this Group Contract. It is the Employer's responsibility to notify the Members of the Group Contract's termination in compliance with all applicable laws. However, Alliant reserves the right to inform Members affected by the Group Contract for any reason, including non-payment of premium. The Employer shall provide written notice to Members of their rights upon termination of coverage.

**Section 5.7 Termination of Member's Coverage.** Coverage under this Group Contract will terminate at midnight of the last day in which a Member ceases to meet the eligibility requirements outlined in the Certificate of Coverage and Group Enrollment Application. Employer is obligated to pay Alliant all billed charges for all health care services and benefits received by a Member or a Member's dependent after their eligibility ceases. Alliant may withhold from or offset any other amounts owed to Member to recover such amount.

## Article 6 - THE CONTRACT

**Section 6.1 Contract Documents.** The parties agree that the entire Group Contract shall consist of the following parts:

- a) Group Health Care Contract;
- b) Group Enrollment Application;
- c) Employee Group Enrollment Application(s);
- d) Certificate of Coverage;
- e) Summary of Benefits & Coverages; and
- f) Riders, endorsements, or amendments to the "Certificate of Coverage."



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**Section 6.2 Amendment of Group Contract.** The Group Contract may be amended:

- a) by Alliant upon a change in federal or state law or by federal or state directive;
- b) as requested in writing by Alliant and agreed to by Employer; or
- c) as required by Alliant and agreed to by Employer.

**To be effective, a change must:**

- a) be indicated in an endorsement signed by an officer of Alliant;
- b) in the case of a federal or state law or directive, be shown in an amendment and signed by an officer of Alliant;
- c) in the case of a change required by Alliant, be reflected in an amendment signed by an officer of Alliant and accepted by Employer. Employer's acceptance shall be demonstrated by payment of a premium by Employer on or after the effective date of such change; or in the case of a change that Alliant requested by an amendment signed by both the Employer and an officer of Alliant. Rates may be amended in accordance with Article 4.

## Article 7 - GENERAL PROVISIONS

**Section 7.1 Material Provided to Employees.** Alliant shall provide individual identification cards and a Certificate of Coverage document including a Summary of Benefits & Coverages for each Member.

**Section 7.2 Payment to Providers.** Alliant will assure that in-network Providers or facilities that treat Members will seek reimbursement from Alliant and not from a Member or Employer, except with respect to plan cost share amounts such as Copayments, Co-Insurance, Deductibles, and other costs or expenses required to be paid by a Member directly to a Provider according to the Certificate of Coverage.

**Section 7.3 Records.** The parties agree that Alliant must obtain and review specific information about Members to meet its obligations under this Group Contract. Alliant is under no obligation to tell, nor obtain the consent of, a Member to obtain such information. Employer agrees to provide any information required by Alliant needed to pay the claim.

Employer will keep a record of all Members, including key facts about their coverage under the Group Contract. Employer agrees to notify Alliant immediately upon any change in any Member's eligibility, including termination of the employee's employment. If Employer fails to notify Alliant of a change in eligibility, Employer shall be responsible for any benefits provided to any Member or Members' covered dependents on or after the date such Member fails to satisfy the eligibility requirements. Alliant agrees to retain in confidence any medical information it possesses concerning a Member but may release such information to its authorized agents and Participating Providers as necessary to process the claim.



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### **Section 7.4 Authorization to Use and Disclose Information and Records**

Employer hereby certifies that it maintains all authorizations to release information from each employee to Alliant to permit the use and disclosure of the employee's Protected Health Information ("PHI" and ePHI") as such is defined by the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") for enrollment according to the Group Contract and to disclose such information to any third-party vendors or business associates of the Employer or Alliant for enrollment, purchasing or obtaining health and related ancillary benefit programs or products. Employer agrees to provide copies of all authorizations to Alliant upon request and defend and hold Alliant harmless from any claims, losses, costs, expenses, and liabilities that arise from the disclosure of employee information to a third party for the purposes described herein.

Employer hereby expressly authorizes Alliant to use and disclose the information contained within the Enrollment Application, including all employee-related enrollment information for healthcare benefits and disclosures to third parties that provide health and welfare benefit programs and ancillary products, including without limitation health savings account (HSA) or health reimbursement arrangement (HRA) product offerings.

Employer acknowledges and affirms that it has the binding authority to authorize the use and disclosure of employee information, including PHI, for the purposes described by this Agreement.

**Section 7.5 Independent Contractors.** Each party, including its officers, agents, and employees, is an independent contractor at all times as to the other party. Nothing in this Group Contract shall be construed to make or render either party or any of its officers, agents, or employees an agent, servant, or employee of, or joint venture of or with, the other.

The relationship between Alliant and Participating Providers is a contractual relationship among independent contractors. Participating Providers are not agents or employees of Alliant or Alliant, an agent or employee of any Participating Provider.

Participating Providers are solely responsible for any health services rendered to their Member patients. Alliant makes no express or implied warranties or representations concerning the qualifications, continued participation, or quality of services of any Participating Provider. A Participating Provider's participation may be terminated at any time without advance notice to the Employer or Members.

**Section 7.6 Compliance with Terms.** Failure to insist upon strict compliance with any term herein (by way of waiver or breach) by either party hereto shall not be deemed to be a waiver of any other term herein or a continuous waiver in the event of any future breach or waiver of any condition hereunder.

**Section 7.7 Assignment.** This Group Contract may not be assigned, delegated, or transferred by either party without the express written consent of the other, and such transfer or assignment shall be void except that either party may assign this Group Contract to any affiliated entity that controls, is controlled by, or that is under common control with it now or in the future, or which succeeds to its business through a sale, merger, or other corporate transaction.

**Section 7.8 Benefits.** This Group Contract shall be binding upon and shall inure to the parties' benefit hereto and their respective successors and assigns.





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**Section 7.9 Gender and Number.** The use of the masculine, feminine, or neuter gender and the use of the singular and plural shall not be given the effect of any exclusion or limitation herein; and the use of the word "person" or "party" shall mean and include any individual, trust, corporation, partnership, or other entity.

**Section 7.10 Severability.** If any portions of this Group Contract shall, for any reason, be invalid or unenforceable, such portions shall be ineffective only to the extent of any such invalidity or unenforceability, and the remaining portion or portions shall nevertheless be valid, enforceable, and of full force and effect; provided, however, that if the invalid provision is material to the overall purpose and operation of this Group Contract, then this Group Contract shall terminate upon the severance of such provision.

**Section 7.11 Governing Law.** The laws of Georgia shall govern this Group Contract without regard to its choice of law rules.

**Section 7.12 Entire Group Contract.** This Group Contract, including the Certificate of Coverage, amendments, all applications, all attachment riders, and endorsements attached hereto, represents the entire Agreement and understanding of the parties hereto and all prior or concurrent agreements, whether written or oral, regarding the subject matter hereof, are and have been merged herein.

**Section 7.13 Inability to Arrange Services.** If due to circumstances not within the reasonable control of Alliant, including but not limited to a major disaster, epidemic, complete or partial destruction of facilities, riot, civil insurrection, disability of a significant part of Alliant's Participating Providers or entities with whom Alliant has arranged for services under this Group Contract, or similar causes, the rendition of medical or hospital benefits or other services provided under this Group Contract is delayed or rendered impractical, Alliant shall not have any liability or obligation on account of such delay or failure to provide services, except to refund the amount of the unearned prepaid premiums held by Alliant on the date such event occurs. Alliant is required only to make a good-faith effort to arrange for the provision of services, considering the impact of the event.

IN WITNESS WHEREOF, the parties hereto, being first duly authorized, have set their hands on the dates set forth below.

EMPLOYER	Alliant Health Plans
(Print Name)	
(Signature)	
(Date)	

[END OF CONTRACT LANGUAGE]