



# SoloCare

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## Individual/Family Plans 2022





# BETTER HEALTH BEGINS HERE.

When choosing the right health plan for you or your family consider cost, network coverage, plan benefits and design. At Alliant Health Plans (Alliant), we want your coverage options to be as clear and understandable as possible. This booklet will help you navigate your On and Off Market choices with Alliant. Call our Marketing Call Center at (706) 250-8319 or visit [AlliantPlans.com](http://AlliantPlans.com) for help choosing the plan right for you.

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## Alliant Health Plans

Founded in Dalton by health care providers more than 20 years ago, Alliant Health Plans is committed to enhancing the health of the communities we serve by offering quality and affordable health coverage and increasing community access to quality health care. This vision drives every aspect of our business ... customer service measures, provider network standards, plan design and benefit changes, as well as new products.

Alliant products include SoloCare Individual Family Plans sold On and Off Market and group plans: SimpleCare small and large group plans, as well as 4Corners level-funded plans.





# *Why Choose a SoloCare Individual Family Plan?*

## **Competitive 2022 rates**

- Alliant offers the lowest priced plans in many areas. Don't forget to look at our Platinum plan, in many areas the price and benefit design can't be beat!
- Alliant plans are a great value when you compare cost, plan design and benefits, and network.

## **Plans for all budgets and lifestyles (See plan grid for plans available by counties)**

- **New!** Adult dental and chiropractic care available on select PPO plans.
- **New!** HMO plans are now available if out-of-network benefits are not needed. No referral required.
- **New!** Three HMO plans offering dental benefits.
- **New!** Catastrophic plans – Our most affordable plan option for those who meet the eligibility criteria. Low premium with similar cost share and the same benefits as a comparable Alliant Bronze plan. Eligibility requirement: Must be under the age of 30 OR qualify for a “hardship exemption” by the Marketplace.
- **More** Silver and Gold plans! This year, choose from our largest selection yet of Silver and Gold plans.
- On Market plans, with a subsidy to reduce your premium.
- Off Market traditional and High Deductible Health Plan designs available directly from Alliant.

## **Plans focused on your good health**

- No charge for preventive care. Preventive Care is covered at 100% when using an In-Network Provider.
- No medical qualifications – no pre-existing condition waiting period.



# Live<sup>4</sup>It



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

Embark on a wellness journey focused on your overall health. Through fun and engaging Expeditions, you will be challenged and inspired to live a healthier lifestyle. Expeditions also provide Members with opportunities to earn points and rewards. 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 web portal and member app. You will receive Live<sup>4</sup>It Alliant program instructions and materials to get you started.

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

### **Looking for financial help with premium?**

Go to AlliantPlans.com to see if you qualify for financial assistance with your premium by receiving an Advanced Premium Tax Credit (APTC). Tax credits are available to individuals and families who earn at least 100% but not more than 400% of the Federal Poverty Level. Only the Marketplace can determine if you are eligible and how much you may receive in tax credits.

### **Looking for a non-subsidized plan?**

If you do not qualify for a subsidy, you may purchase an Off Market plan by contacting

- Alliant's Marketing Call Center at (706) 250-8319
- AlliantPlans.com



# Need more reasons to choose Alliant?

## Local Bilingual Customer Service

Our customer service representatives are ready to help you understand your benefits, answer questions about coverage and claims, and resolve issues. Alliant Customer Service Representatives will work with a Member until their question is answered or issue resolved.

## Member Advocate

While most Members' concerns can be resolved by Customer Service, those few Members 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 a Member trying to navigate and resolve complex and difficult situations.

## 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 Portal

The Alliant Member 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.

## Alliant Health Plans Website

AlliantPlans.com is a member's resource for managing their health plan. Forms, Summary of Benefits of Coverage (SBC), and In-Network Provider search can all be found on AlliantPlans.com.

## 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 2022 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	8
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	N/A
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
Haralson	4
Harris	8
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	8
Madison	2
Marion	8
McDuffie	5
McIntosh	N/A
Meriwether	8
Miller	15
Mitchell	1
Monroe	12
Montgomery	N/A
Morgan	2
Murray	9
Muscogee	8
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	8
Rabun	10
Randolph	1
Richmond	5
Rockdale	N/A
Schley	1
Screven	N/A
Seminole	15
Spalding	N/A
Stephens	10
Stewart	8
Sumter	1
Talbot	8
Taliaferro	5
Tattnall	N/A
Taylor	8
Telfair	11
Terrell	1

COUNTY	RATE AREA
Thomas	15
Tift	15
Toombs	N/A
Towns	10
Treutlen	N/A
Troup	8
Turner	15
Twiggs	12
Union	10
Upson	8
Walker	7
Walton	3
Ware	N/A
Warren	5
Washington	16
Wayne	N/A
Webster	8
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 2022.



Rating Areas are identified by large white numbers and correspond to the DOI Rating Area Map.





## Plan Group By County - 2022 Benefit Year



*To see the plans available for your county locate your Plan Group letter below.*

COUNTY	PLAN GROUP
Atkinson	A
Baker	A
Baldwin	A
Banks	A
Barrow	B
Ben Hill	A
Berrien	A
Bibb	A
Bleckley	A
Brooks	A
Burke	B
Calhoun	A
Carroll	A
Catoosa	A
Chattahoochee	B
Chattooga	A
Clarke	B
Clay	B
Clinch	A
Coffee	A
Colquitt	A
Columbia	B
Cook	A

COUNTY	PLAN GROUP
Crawford	A
Crisp	A
Dade	A
Dawson	A
Decatur	A
Dodge	A
Dooly	A
Dougherty	C
Early	A
Echols	A
Elbert	B
Fannin	A
Floyd	A
Franklin	A
Gilmer	A
Glascok	B
Gordon	A
Grady	A
Greene	B
Habersham	A
Hall	A
Hancock	A
Haralson	B

COUNTY	PLAN GROUP
Harris	B
Hart	A
Heard	B
Houston	A
Irwin	A
Jackson	B
Jeff Davis	A
Jefferson	B
Jenkins	B
Jones	A
Lamar	B
Lanier	A
Lee	B
Lincoln	B
Lowndes	A
Lumpkin	A
Macon	B
Madison	B
Marion	B
McDuffie	B
Meriwether	B
Miller	A
Mitchell	A

COUNTY	PLAN GROUP
Monroe	A
Morgan	B
Murray	A
Muscogee	B
Oconee	B
Oglethorpe	B
Peach	A
Pickens	A
Pike	B
Polk	A
Pulaski	A
Putnam	A
Quitman	B
Rabun	A
Randolph	A
Richmond	B
Schley	A
Seminole	A
Stephens	A
Stewart	B
Sumter	C
Talbot	B
Taliaferro	B

COUNTY	PLAN GROUP
Taylor	B
Telfair	A
Terrell	A
Thomas	A
Tift	A
Towns	A
Troup	B
Turner	A
Twiggs	A
Union	A
Upson	B
Walker	A
Walton	B
Warren	B
Washington	A
Webster	B
Wheeler	A
White	A
Whitfield	A
Wilcox	A
Wilkes	B
Wilkinson	A
Worth	A



# Individual/Family Plans Available By County

Refer to “Plan Group By County” page to find the plans available in your county.



## County List - Plan Group A



Atkinson, Baker, Baldwin, Banks, Ben Hill, Berrien, Bibb, Bleckley, Brooks, Calhoun, Carroll, Catoosa, Chattooga, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Dade, Dawson, Decatur, Dodge, Dooly, Early, Echols, Fannin, Floyd, Franklin, Gilmer, Gordon, Grady, Habersham, Hall, Hancock, Hart, Houston, Irwin, Jeff Davis, Jones, Lanier, Lowndes, Lumpkin, Miller, Mitchell, Monroe, Morgan, Murray, Peach, Pickens, Polk, Pulaski, Putnam, Rabun, Randolph, Schely, Seminole, Stephens, Telfair, Terrell, Thomas, Tift, Towns, Turner, Twiggs, Union, Walker, Washington, Wheeler, White, Whitfield, Wilcox, Wilkinson, Worth

ON & OFF The Health Insurance Marketplace				PPO Plans - Plan Group A									2022 Alliant Network Only		
Plan Group <div>A</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Famil
SoloCare Platinum PPO Copay Plan (3 Free PCP Visits) 40184 (00) (01)	85%	\$0/\$0	\$8,700/\$17,400	\$225	\$10	3 free visits, then \$5	\$10	\$5	N/A	N/A	N/A	\$5/\$15/\$30/\$75	60%	\$20,000/\$40,000	No Maximum
SoloCare Platinum PPO Copay Plan (3 Free PCP Visits + Dental) 40348 (00) (01)	85%	\$0/\$0	\$8,700/\$17,400	\$225	\$10	3 free visits, then \$5	\$10	\$5	15% / 15% after deductible	15% / 15% after deductible	15% / 15% after deductible	\$5/\$15/\$30/\$75	60%	\$20,000/\$40,000	No Maximum
SoloCare Platinum PPO Copay Plan (3 Free PCP Visits + Chiro + Dental) 40349 (00) (01)	85%	\$0/\$0	\$8,700/\$17,400	\$225	\$10	3 free visits, then \$5	\$10	\$5	15% / 15% after deductible	15% / 15% after deductible	15% / 15% after deductible	\$5/\$15/\$30/\$75	60%	\$20,000/\$40,000	No Maximum
SoloCare Gold PPO (3 Free PCP Visits) 40002 (00) (01)	80%	\$2,300/\$4,600	\$8,700/\$17,400	20%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$15/\$50 \$150/\$200	60%	\$20,000/\$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Dental) 40354 (00) (01)	80%	\$2,300/\$4,600	\$8,700/\$17,400	20%	\$75	3 free visits, then \$20	\$40	\$20	20% / 20% after deductible	20% / 20% after deductible	20% / 20% after deductible	\$15/\$50 \$150/\$200	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.



## PPO Plans - Plan Group A - continued



ON & OFF The Health Insurance Marketplace					PPO Plans - Plan Group A								2022 Alliant Network Only		
Plan Group <div>A</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	Coinsurance Plan Pays After Deductible	Deductible Individual/ Family	Out-of-Pocket Maximum Individual/Family
SoloCare Gold PPO (3 Free PCP Visits + Chiro + Dental) 40355 (00) (01)	80%	\$2,300/ \$4,600	\$8,700/ \$17,400	20%	\$75	3 free visits, then \$20	\$40	\$20	20% / 20% after deductible	20% / 20% after deductible	20% / 20% after deductible	\$15/\$50 \$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO (3 Free PCP Visits) 40330 (00) (01)	75%	\$1,500/ \$3,000	\$6,800/ \$13,600	25%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$15/\$50 \$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO (3 Free PCP Visits + Dental) 40357 (00) (01)	75%	\$1,500/ \$3,000	\$6,800/ \$13,600	25%	\$75	3 free visits, then \$20	\$40	\$20	25% / 25% after deductible	25% / 25% after deductible	25% / 25% after deductible	\$15/\$50 \$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO (3 Free PCP Visits + Chiro + Dental) 40358 (00) (01)	75%	\$1,500/ \$3,000	\$6,800/ \$13,600	25%	\$75	3 free visits, then \$20	\$40	\$20	25% / 25% after deductible	25% / 25% after deductible	25% / 25% after deductible	\$15/\$50 \$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Co-pay) 40017 (00) (01)	70%	\$7,000/ \$14,000	\$8,700/ \$17,400	30%	\$75	3 free visits, then \$85	\$120	\$85	N/A	N/A	N/A	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Copay + Dental) 40368 (00) (01)	70%	\$7,000/ \$14,000	\$8,700/ \$17,400	30%	\$75	3 free visits, then \$85	\$120	\$85	30% / 30% after deductible	30% / 30% after deductible	30% / 30% after deductible	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay) 40367 (00) (01)	70%	\$7,000/ \$14,000	\$8,700/ \$17,400	30%	\$75	3 free visits, then \$85	\$120	\$85	N/A	N/A	N/A	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay + Dental) 40369 (00) (01)	70%	\$7,000/ \$14,000	\$8,700/ \$17,400	30%	\$75	3 free visits, then \$85	\$120	\$85	30% / 30% after deductible	30% / 30% after deductible	30% / 30% after deductible	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Co-pay) 40336 (00) (01)	60%	\$7,000/ \$14,000	\$8,700/ \$17,400	40%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Copay + Dental) 40375 (00) (01)	60%	\$7,000/ \$14,000	\$8,700/ \$17,400	40%	\$75	3 free visits, then \$20	\$40	\$20	40% / 40% after deductible	40% / 40% after deductible	40% / 40% after deductible	\$20/\$65 \$165/\$225	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.



## PPO Plans - Group A - continued



ON & OFF The Health Insurance Marketplace				PPO Plans - Plan Group A									2022 Alliant Network Only		
Plan Group <div>A</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay) 40374 (00) (01)	60%	\$7,000/ \$14,000	\$8,700/ \$17,400	40%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay + Dental) 40376 (00) (01)	60%	\$7,000/ \$14,000	\$8,700/ \$17,400	40%	\$75	3 free visits, then \$20	\$40	\$20	40% / 40% after deductible	40% / 40% after deductible	40% / 40% after deductible	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Co-pay) 40331 (00) (01)	60%	\$6,000/ \$12,000	\$8,550/ \$17,100	40%	\$75	3 free visits, then \$30	\$60	\$30	N/A	N/A	N/A	\$20/\$55 \$150/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Copay + Dental) 40372 (00) (01)	60%	\$6,000/ \$12,000	\$8,550/ \$17,100	40%	\$75	3 free visits, then \$30	\$60	\$30	40% / 40% after deductible	40% / 40% after deductible	40% / 40% after deductible	\$20/\$55 \$150/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay) 40371 (00) (01)	60%	\$6,000/ \$12,000	\$8,550/ \$17,100	40%	\$75	3 free visits, then \$30	\$60	\$30	N/A	N/A	N/A	\$20/\$55 \$150/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay + Dental) 40373 (00) (01)	60%	\$6,000/ \$12,000	\$8,550/ \$17,100	40%	\$75	3 free visits, then \$30	\$60	\$30	40% / 40% after deductible	40% / 40% after deductible	40% / 40% after deductible	\$20/\$55 \$150/\$225	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.



ON & OFF The Health Insurance Marketplace				HMO Plans - Plan Group A						2022 Alliant Network Only		
Plan Group <div>A</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty
SoloCare Gold No Referral HMO (3 Free PCP Visits) 110003 (00) (01)	80%	\$2,300/\$4,600	\$8,700/\$17,400	20%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$15/\$50 \$150/\$200
SoloCare Catastrophic No Referral HMO 110023 (00) (01)	100%	\$8,700/\$17,400	\$8,700/\$17,400	0%	0%	0%	0%	0%	N/A	N/A	N/A	0%
SoloCare Gold No Referral HMO (3 Free PCP Visits) 110004 (00) (01)	75%	\$1,500/\$3,000	\$6,800/\$13,600	25%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$15/\$50 \$150/\$200
SoloCare Silver No Referral HMO (3 Free PCP Visits + \$225 Specialty Drug Copay) 110008 (00) (01)	70%	\$7,000/\$14,000	\$8,700/\$17,400	30%	\$75	3 free visits, then \$85	\$120	\$85	30% / 30% after deductible	30% / 30% after deductible	30% / 30% after deductible	\$20/\$65 \$165/\$225
SoloCare Silver No Referral HMO (3 Free PCP Visits + \$225 Specialty Drug Copay) 110009 (00) (01)	60%	\$6,000/\$12,000	\$8,500/\$17,100	40%	\$75	3 free visits, then \$30	\$60	\$30	N/A	N/A	N/A	\$20/\$55 \$150/\$225
SoloCare Silver HMO (3 Free PCP Visits + \$225 Specialty Drug Copay) 110010 (00) (01)	60%	\$7,000/\$14,000	\$8,700/\$17,400	40%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$20/\$65 \$165/\$225
SoloCare Bronze No Referral HMO (\$250 Specialty Drug Copay) 110011 (00) (01)	100%	\$8,700/\$17,400	\$8,700/\$17,400	0%	0%	0%	0%	0%	N/A	N/A	N/A	\$150/\$175 \$200/\$250
SoloCare Bronze No Referral HMO (\$250 Specialty Drug Copay + Dental) 110013 (00) (01)	100%	\$8,700/\$17,400	\$8,700/\$17,400	0%	0%	0%	0%	0%	0% / 0% after deductible	0% / 0% after deductible	0% / 0% after deductible	\$150/\$175 \$200/\$250
SoloCare Bronze No Referral HMO 110015 (00) (01)	60%	\$8,250/\$16,500	\$8,700/\$17,400	40%	40%	40%	40%	40%	N/A	N/A	N/A	\$30/\$200 \$225/\$250
SoloCare Bronze No Referral HMO (+ Dental) 110017 (00) (01)	60%	\$8,250/\$16,500	\$8,700/\$17,400	40%	40%	40%	40%	40%	40% / 40% after deductible	40% / 40% after deductible	40% / 40% after deductible	\$30/\$200 \$225/\$250

There are NO Out-of-Network Benefits on HMO plans. You do not need a referral to see a provider.

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.



ON & OFF The Health Insurance Marketplace		High Deductible HMO Health Plans (HSA Eligible) - Plan Group A										2022 Alliant Network Only	
Plan Group <div>A</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	
SoloCare Bronze No Referral HMO HDHP 110019 (00) (01)	100%	\$7,050/\$14,100	\$7,050/\$14,100	0%	0%	0%	0%	0%	N/A	N/A	N/A	0%	
SoloCare Bronze No Referral HMO HDHP (+ Dental) 110021 (00) (01)	100%	\$7,050/\$14,100	\$7,050/\$14,100	0%	0%	0%	0%	0%	0% / 0% after deductible	0% / 0% after deductible	0% / 0% after deductible	0%	

There are NO Out-of-Network Benefits on HMO plans. You do not need a referral to see a provider.

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.



# Individual/Family Plans OFF Market



Off Market		PPO Plans - Plan Groups A											2022 Alliant Network Only		
Plan Group <div>A</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Silver PPO 40007-00	70%	\$5,000/\$10,000	\$8,700/\$17,400	30%	\$75	3 free visits, then \$35	\$65	\$35	N/A	N/A	N/A	\$20/\$65 \$150/\$225	60%	\$20,000/\$40,000	No Maximum

Off Market		High Deductible PPO Health Plans (HSA Eligible) - Plan Groups A											2022 Alliant Network Only		
Plan Group <div>A</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Gold PPO HDHP 40324-00	80%	\$1,750/\$3,500	\$7,050/\$14,100	20%	20%	20%	20%	20%	N/A	N/A	N/A	N/A	60%	\$20,000/\$40,000	No Maximum
SoloCare Gold PPO HDHP 40344-00	100%	\$3,000/\$6,000	\$3,000/\$6,000	0%	0%	0%	0%	0%	N/A	N/A	N/A	N/A	60%	\$20,000/\$40,000	No Maximum
SoloCare Silver PPO HDHP 40345-00	100%	\$6,000/\$12,000	\$6,000/\$12,000	0%	0%	0%	0%	0%	N/A	N/A	N/A	N/A	60%	\$20,000/\$40,000	No Maximum

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



# Plans Available By County

Refer to “Plan Group By County” page to find the plans available in your county.



## County List - Plan Group B



Barrow, Burke, Chattahoochee, Clark, Clay, Columbia, Elbert, Glascock, Greene, Haralson, Harris, Heard, Jackson, Jefferson, Jenkins, Lamar, Lee, Lincoln, Macon, Madison, Marion, McDuffie, Meriweather, Morgan, Muscogee, Oconee, Oglethorpe, Pike, Quitman, Richmond, Stewart, Talbot, Taliaferro, Taylor, Troup, Upson, Walton, Warren, Webster, Wilkes

ON & OFF The Health Insurance Marketplace					PPO Plans - Plan Group B								2022 Alliant Network Only		
Plan Group <div>B</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Platinum PPO Copay Plan (3 Free PCP Visits) 40184 (00) (01)	85%	\$0/\$0	\$8,700/\$17,400	\$225	\$10	3 free visits, then \$5	\$10	\$5	N/A	N/A	N/A	\$5/\$15/\$30/\$75	60%	\$20,000/\$40,000	No Maximum
SoloCare Platinum PPO Copay Plan (3 Free PCP Visits + Dental) 40348 (00) (01)	85%	\$0/\$0	\$8,700/\$17,400	\$225	\$10	3 free visits, then \$5	\$10	\$5	15% / 15% after deductible	15% / 15% after deductible	15% / 15% after deductible	\$5/\$15/\$30/\$75	60%	\$20,000/\$40,000	No Maximum
SoloCare Platinum PPO Copay Plan (3 Free PCP Visits + Chiro + Dental) 40349 (00) (01)	85%	\$0/\$0	\$8,700/\$17,400	\$225	\$10	3 free visits, then \$5	\$10	\$5	15% / 15% after deductible	15% / 15% after deductible	15% / 15% after deductible	\$5/\$15/\$30/\$75	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.





ON & OFF The Health Insurance Marketplace				HMO Plans - Plan Group B						2022 Alliant Network Only		
Plan Group <div>B</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty
SoloCare Gold No Referral HMO (3 Free PCP Visits) 110003 (00) (01)	80%	\$2,300/ \$4,600	\$8,700/ \$17,400	20%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$15/\$50 \$150/\$200
SoloCare Catastrophic No Referral HMO (3 Free PCP Visits) 110023 (00) (01)	100%	\$8,700/ \$17,400	\$8,700/ \$17,400	0%	0%	0%	0%	0%	N/A	N/A	N/A	N/A

There are NO Out-of-Network Benefits on HMO plans. You do not need a referral to see a provider.

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.



# Individual/Family Plans OFF Market



Off Market		PPO Plans - Plan Groups B											2022 Alliant Network Only		
Plan Group <div>B</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Silver PPO 40007-00	70%	\$5,000/\$10,000	\$8,700/\$17,400	30%	\$75	3 free visits, then \$35	\$65	\$35	N/A	N/A	N/A	\$20/\$65 \$150/\$225	60%	\$20,000/\$40,000	No Maximum

Off Market		High Deductible PPO Health Plans (HSA Eligible) - Plan Groups B											2022 Alliant Network Only		
Plan Group <div>B</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Gold PPO HDHP 40324-00	80%	\$1,750/\$3,500	\$7,050/\$14,100	20%	20%	20%	20%	20%	N/A	N/A	N/A	N/A	60%	\$20,000/\$40,000	No Maximum
SoloCare Gold PPO HDHP 40344-00	100%	\$3,000/\$6,000	\$3,000/\$6,000	0%	0%	0%	0%	0%	N/A	N/A	N/A	N/A	60%	\$20,000/\$40,000	No Maximum
SoloCare Silver PPO HDHP 40345-00	100%	\$6,000/\$12,000	\$6,000/\$12,000	0%	0%	0%	0%	0%	N/A	N/A	N/A	N/A	60%	\$20,000/\$40,000	No Maximum

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



# Plans Available By County


Refer to “Plan Group By County” page to find the plans available in your county.



## County List - Plan Group C




Dougherty, Sumter

ON & OFF The Health Insurance Marketplace					PPO Plans - Plan Group C								2022 Alliant Network Only		
Plan Group 	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Gold PPO (3 Free PCP Visits) 40002 (00) (01)	80%	\$2,300/ \$4,600	\$8,700/ \$17,400	20%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$15/\$50 \$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Dental) 40354 (00) (01)	80%	\$2,300/ \$4,600	\$8,700/ \$17,400	20%	\$75	3 free visits, then \$20	\$40	\$20	20% / 20% after deductible	20% / 20% after deductible	20% / 20% after deductible	\$15/\$50 \$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO (3 Free PCP Visits + Chiro + Dental) 40355 (00) (01)	80%	\$2,300/ \$4,600	\$8,700/ \$17,400	20%	\$75	3 free visits, then \$20	\$40	\$20	20% / 20% after deductible	20% / 20% after deductible	20% / 20% after deductible	\$15/\$50 \$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO (3 Free PCP Visits) 40330 (00) (01)	75%	\$1,500/ \$3,000	\$6,800/ \$13,600	25%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$15/\$50 \$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO (3 Free PCP Visits + Dental) 40357 (00) (01)	75%	\$1,500/ \$3,000	\$6,800/ \$13,600	25%	\$75	3 free visits, then \$20	\$40	\$20	25% / 25% after deductible	25% / 25% after deductible	25% / 25% after deductible	\$15/\$50 \$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Gold PPO (3 Free PCP Visits + Chiro + Dental) 40358 (00) (01)	75%	\$1,500/ \$3,000	\$6,800/ \$13,600	25%	\$75	3 free visits, then \$20	\$40	\$20	25% / 25% after deductible	25% / 25% after deductible	25% / 25% after deductible	\$15/\$50 \$150/\$200	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Co-pay) 40017 (00) (01)	70%	\$7,000/ \$14,000	\$8,700/ \$17,400	30%	\$75	3 free visits, then \$85	\$120	\$85	N/A	N/A	N/A	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits +\$225 Specialty Drug Copay + Dental) 40368 (00) (01)	70%	\$7,000/ \$14,000	\$8,700/ \$17,400	30%	\$75	3 free visits, then \$85	\$120	\$85	30% / 30% after deductible	30% / 30% after deductible	30% / 30% after deductible	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum



## PPO Plans - Group C - continued



ON & OFF The Health Insurance Marketplace													2022 Alliant Network Only		
Plan Group 	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay) 40367 (00) (01)	70%	\$7,000/ \$14,000	\$8,700/ \$17,400	30%	\$75	3 free visits, then \$85	\$120	\$85	N/A	N/A	N/A	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay + Dental) 40369 (00) (01)	70%	\$7,000/ \$14,000	\$8,700/ \$17,400	30%	\$75	3 free visits, then \$85	\$120	\$85	30% / 30% after deductible	30% / 30% after deductible	30% / 30% after deductible	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Copay) 40336 (00) (01)	60%	\$7,000/ \$14,000	\$8,700/ \$17,400	40%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Copay + Dental) 40375 (00) (01)	60%	\$7,000/ \$14,000	\$8,700/ \$17,400	40%	\$75	3 free visits, then \$20	\$40	\$20	40% / 40% after deductible	40% / 40% after deductible	40% / 40% after deductible	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay) 40374 (00) (01)	60%	\$7,000/ \$14,000	\$8,700/ \$17,400	40%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay + Dental) 40376 (00) (01)	60%	\$7,000/ \$14,000	\$8,700/ \$17,400	40%	\$75	3 free visits, then \$20	\$40	\$20	40% / 40% after deductible	40% / 40% after deductible	40% / 40% after deductible	\$20/\$65 \$165/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Copay) 40331 (00) (01)	60%	\$6,000/ \$12,000	\$8,550/ \$17,100	40%	\$75	3 free visits, then \$30	\$60	\$30	N/A	N/A	N/A	\$20/\$55 \$150/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + \$225 Specialty Drug Copay + Dental) 40372 (00) (01)	60%	\$6,000/ \$12,000	\$8,550/ \$17,100	40%	\$75	3 free visits, then \$30	\$60	\$30	40% / 40% after deductible	40% / 40% after deductible	40% / 40% after deductible	\$20/\$55 \$150/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay) 40371 (00) (01)	60%	\$6,000/ \$12,000	\$8,500/ \$17,100	40%	\$75	3 free visits, then \$30	\$60	\$30	N/A	N/A	N/A	\$20/\$55 \$150/\$225	60%	\$20,000/ \$40,000	No Maximum
SoloCare Silver PPO (3 Free PCP Visits + Chiro + \$225 Specialty Drug Copay + Dental) 40373 (00) (01)	60%	\$6,000/ \$12,000	\$8,550/ \$17,100	40%	\$75	3 free visits, then \$30	\$60	\$30	40% / 40% after deductible	40% / 40% after deductible	40% / 40% after deductible	\$20/\$55 \$150/\$225	60%	\$20,000/ \$40,000	No Maximum



ON & OFF The Health Insurance Marketplace												
HMO Plans - Plan Group C												
2022 Alliant Network Only												
Plan Group <div>C</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/ Specialty
SoloCare Gold No Referral HMO (3 Free PCP Visits) 110004 (00) (01)	75%	\$1,500/ \$3,000	\$6,800/ \$13,600	25%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$15/\$50 \$150/\$200
SoloCare Silver No Referral HMO (3 Free PCP Visits + \$225 Specialty Drug Copay) 110008 (00) (01)	70%	\$7,000/ \$14,000	\$8,700/ \$17,400	30%	\$75	3 free visits, then \$85	\$120	\$85	30% / 30% after deductible	30% / 30% after deductible	30% / 30% after deductible	\$20/\$65 \$165/\$225
SoloCare Silver No Referral HMO (3 Free PCP Visits + \$225 Specialty Drug Copay) 110009 (00) (01)	60%	\$6,000/ \$12,000	\$8,500/ \$17,100	40%	\$75	3 free visits, then \$30	\$60	\$30	N/A	N/A	N/A	\$20/\$55 \$150/\$225
SoloCare Silver HMO (3 Free PCP Visits + \$225 Specialty Drug Copay) 110010 (00) (01)	60%	\$7,000/ \$14,000	\$8,700/ \$17,400	40%	\$75	3 free visits, then \$20	\$40	\$20	N/A	N/A	N/A	\$20/\$65 \$165/\$225
SoloCare Bronze No Referral HMO (\$250 Specialty Drug Copay) 110011 (00) (01)	100%	\$8,700/ \$17,400	\$8,700/ \$17,400	0%	0%	0%	0%	0%	N/A	N/A	N/A	\$150/\$175 \$200/\$250
SoloCare Bronze No Referral HMO (\$250 Specialty Drug Copay + Dental) 110013 (00) (01)	100%	\$8,700/ \$17,400	\$8,700/ \$17,400	0%	0%	0%	0%	0%	0% / 0% after deductible	0% / 0% after deductible	0% / 0% after deductible	\$150/\$175 \$200/\$250
SoloCare Bronze No Referral HMO 110015 (00) (01)	60%	\$8,250/ \$16,500	\$8,700/ \$17,400	40%	40%	40%	40%	40%	N/A	N/A	N/A	\$30/\$200 \$225/\$250
SoloCare Bronze No Referral HMO (+ Dental) 110017 (00) (01)	60%	\$8,250/ \$16,500	\$8,700/ \$17,400	40%	40%	40%	40%	40%	40% / 40% after deductible	40% / 40% after deductible	40% / 40% after deductible	\$30/\$200 \$225/\$250

There are NO Out-of-Network Benefits on HMO plans. You do not need a referral to see a provider.

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.



ON & OFF The Health Insurance Marketplace			High Deductible HMO Health Plans (HSA Eligible) - Plan Group C								2022 Alliant Network Only		
Plan Group <div>C</div>	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	Dental Basic Adult/Child	Dental Major Adult/Child	Dental Ortho Adult/Child	Rx Generic/ Preferred/ Brand/Specialty	
SoloCare Bronze No Referral HMO HDHP 110019 (00) (01)	100%	\$7,050/\$14,100	\$7,050/\$14,100	0%	0%	0%	0%	0%	N/A	N/A	N/A	0%	
SoloCare Bronze No Referral HMO HDHP (+ Dental) 110021 (00) (01)	100%	\$7,050/\$14,100	\$7,050/\$14,100	0%	0%	0%	0%	0%	0% / 0% after deductible	0% / 0% after deductible	0% / 0% after deductible	0%	

There are NO Out-of-Network Benefits on HMO plans. You do not need a referral to see a provider.

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.