

2026 Georgia



Individual/Family Plans





SHOPPING FOR HEALTH INSURANCE COVERAGE

Choosing the right health plan for you or your family may seem complicated. We strive to meet your health coverage needs without adding extra complications.

This booklet will help you navigate your On and Off Exchange health plan options with Alliant. If you need additional assistance, please call Alliant Client Services at (866) 403-2785 or visit AlliantPlans.com.

Alliant Health Plans – Putting Community First

For more than 25 years, Alliant Health Plans has kept its commitment to improving community access to quality health insurance. Alliant is excited to extend our regional expertise and offer individual and family health plans to 92 counties in Georgia and 11 counties in southern Tennessee in 2026.

As the only Georgia-founded and Georgia-based Provider Sponsored Health Care Corporation (PSHCC), we are deeply attuned to the health care needs of the Southeastern landscape. Our regional insight fuels our commitment to meeting the needs of the community. We ensure our Client Services measures, provider network standards, variety of health plans, as well as new product and service offerings, are appropriate for our members.

Alliant’s products range from Individual and Family Plans to Group coverage. Each plan is designed to provide individuals, families, the self-employed, and businesses in Georgia and Tennessee with options that fit their health insurance coverage needs.

Visit AlliantPlans.com to learn more about our individual/family and group plans.



Individual and Family Plans



Large Group Fully Insured Plans



Level-Funded Group Plans



SHOPPING FOR HEALTH INSURANCE COVERAGE



When shopping for health insurance, you should consider:

- ☑ Monthly premium
- ☑ Doctors and hospitals in the provider network
- ☑ Plan deductible limits; co-pay or co-insurance for doctor visits, Urgent Care and prescription drugs
- ☑ 2026 formulary drug list for prescription medication
- ☑ Live⁴It Lifestyle Wellness Program

Why Choose SoloCare for Individual and Family Coverage?

2026 SoloCare Plans: Plans for all budgets and lifestyles

HMO plans available On and Off Exchange

- Plans available in Bronze, Silver, Gold and Platinum metal levels, with In-Network benefits ONLY. There are no Out-of-Network benefits on these plans.
- One HDHP, HSA-eligible Bronze plan available.
- Access to the Alliant Health Plans Provider Network. Excludes Vitruvian Plus Plans.
- HMO plans do not require a referral to see a doctor.
- \$0 - \$5 Generic and \$10 Preferred prescription drugs on select HMO plans.
- New in 2026: Prescription benefits through 2026 Alliant SoloCare Drug List. Please check the 2026 Alliant SoloCare Drug List at AlliantPlans.com to see if your prescription drugs are covered.

PPO plans available On and Off Exchange

- Plans available in Silver, Gold and Platinum metal levels with access to Out of Network Benefits.
- Access to the Alliant Health Plans Provider Network. Excludes Vitruvian Plus Plans.
- Chiropractic care on Georgia PPO plans.
- \$0 - \$5 Generic and \$10 Preferred prescription drugs on select Georgia PPO plans.
- New in 2026: Prescription benefits through 2026 Alliant SoloCare Drug List. Please check the 2026 Alliant SoloCare Drug List at AlliantPlans.com to see if your prescription drugs are covered.



2026 SoloCare Plans: Plans for all budgets and lifestyles

New for 2026! Vitruvian Plus Plans

These special plans are only available for residents of Catoosa, Gordon, Murray and Whitfield Counties.

Vitruvian Plus Plans are best suited for Catoosa, Gordon, Murray and Whitfield County residents who only need access to local providers and medical facilities in North Georgia.

- Vitruvian Plus Plans are available On and Off Exchange.
- A Bronze HMO plan is only available in Gordon and Murray Counties. This plan only offers In-Network benefits. There are no Out-of-Network benefits on these plans.
- A Silver HMO plan is available in Catoosa, Gordon, Murray and Whitfield Counties. This plan only offers In-Network benefits. There are no Out-of-Network benefits on these plans.
- Both Vitruvian Plus Plans access the Vitruvian Health Plus Care Network. Please check AlliantPlans.com to see if your doctors and medical facilities are included in the Vitruvian Health Plus Care Network.

All SoloCare plans focus on your good health

- No charge for preventive care. Preventive care is 100% covered when using In-Network Providers.
- No medical qualifications. No waiting period for pre-existing conditions.
- The 2026 Live⁴It Expedition is a wellness journey focused on overall health. Georgia Members have opportunities to earn points and a re-loadable cash card.



Introducing Live⁴It Alliant

Live⁴It Alliant is more than just a health and wellness program. It's your partner in building a healthier, more meaningful life. Whether you're just getting started or already on your wellness journey, Live⁴It Alliant meets you where you are and helps you take the next step. By focusing on what matters most to you—your personal “It”—the program supports your whole self: mind, body, spirit, relationships, and daily habits. Through guided pathways, preventive health tools, nutrition support, and resources for emotional well-being, Live⁴It Alliant helps create lasting change. As an Alliant member*, you'll be invited to join an Expedition, where you can earn rewards, track your progress, and access the Live⁴It Alliant program anytime through the mobile app or web portal. At the start of each benefit year, you'll receive everything you need to begin your journey—because good health isn't just about coverage. It's about living longer, healthier, and more joyful years. (*SoloCare Members 18 years or older)



Need more reasons to choose Alliant?

2024 Press Ganey Human Experience Pinnacle of Excellence Award Winner

This award is part of Press Ganey’s annual ranking of the top hospitals and health systems in the country, according to performance in patient experience.



As a winner of three Press Ganey HX Pinnacle of Excellence Awards®, Alliant Health Plans has ranked in the top 5% of healthcare providers in delivering member experience over a minimum of three consecutive years. Press Ganey works with more than 41,000 healthcare facilities in its mission to reduce patient suffering and enhance caregiver resilience to improve the overall safety, quality and experience of care.

Local Client Services

Our locally based, bilingual Client Services Representatives are ready to help you understand your benefits, answer questions about coverage and claims, and resolve issues. Client Services Representatives will work you until your questions are answered or issue is resolved.

MDLIVE - Telehealth

Alliant members have the opportunity to maintain good health in the comfort of their home. Benefits include 24/7 health care by phone or video through MDLIVE. This benefit provides personalized care for hundreds of medical and mental health needs with no surprise costs. Create an account to use on-demand care for injuries and illness as well as wellness screenings, routine care, and specialist referrals. Member cost share will apply according to plan benefits.

24-Hour Nurse Advice Line

Not feeling well at 2 a.m.? Members have unlimited calls to our free 24-hour Nurse Advice Line at (855) 299-3087.

Member Portal

This 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.

Important Terms to Know

Copayment

A fixed amount you pay for a service being received. Copayments count toward your out-of-pocket maximum but not the deductible.

Deductible

The amount you pay before your Alliant plan begins to pay. After deductibles are paid, coinsurance is applied. There is a maximum amount you would have to pay in a calendar year.

Coinsurance

Your share, calculated as a percentage of the allowed amount, of a covered service. This amount is applied after the deductible is met. For example, if Alliant pays 80% you pay 20%.

Out-of-Pocket Maximum

The highest amount of money you could pay out-of-pocket during a calendar year. This includes deductibles, copayments and coinsurance. You then pay nothing for additional covered in-network expenses for the rest of the calendar year.

Premium

The total amount you pay, usually monthly, to keep your plan active.



Choose the right plan for you.

The Affordable Care Act (ACA), the federal law that reformed the health insurance market, established metal levels to indicate the value of your insurance coverage: Platinum, Gold, Silver and Bronze.

Platinum

This is the highest level with both the highest premium and the richest benefits. Platinum plans are 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 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.



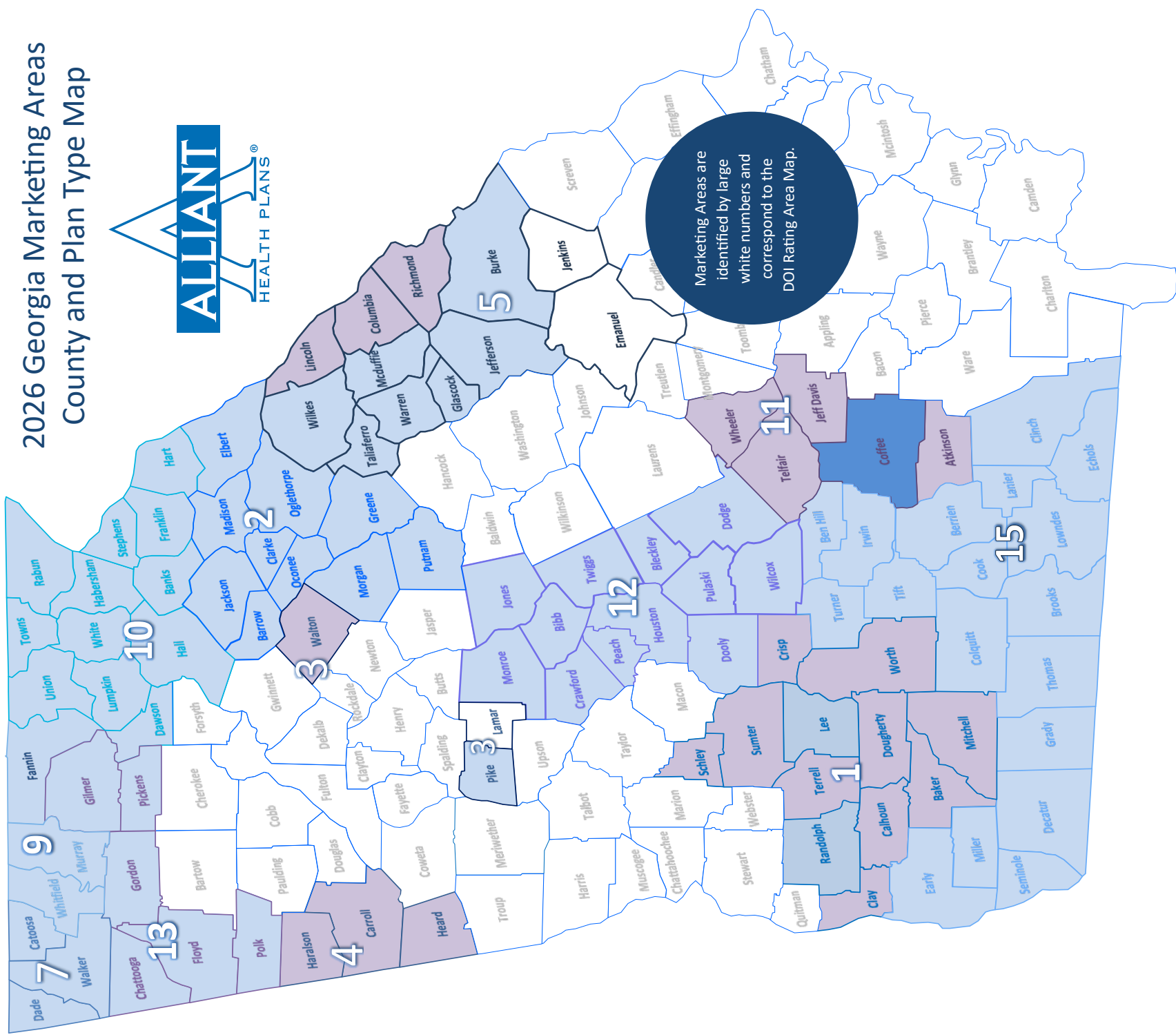
2026 Georgia Marketing Areas - County and Plan Type List



COUNTY	RATE AREA	PLAN TYPE	COUNTY	RATE AREA	PLAN TYPE	COUNTY	RATE AREA	PLAN TYPE	COUNTY	RATE AREA	PLAN TYPE	COUNTY	RATE AREA	PLAN TYPE	COUNTY	RATE AREA	PLAN TYPE
Appling	N/A	N/A	Cherokee	N/A	N/A	Fannin	9	HMO/PPO	Jenkins	N/A	N/A	Oglethorpe	2	HMO/PPO	Thomas	15	HMO/PPO
Atkinson	11	HMO	Clarke	2	HMO/PPO	Fayette	N/A	N/A	Johnson	N/A	N/A	Paulding	N/A	N/A	Tift	15	HMO/PPO
Bacon	N/A	N/A	Clay	1	HMO	Floyd	13	HMO/PPO	Jones	12	HMO/PPO	Peach	12	HMO/PPO	Toombs	N/A	N/A
Baker	1	HMO	Clayton	N/A	N/A	Forsyth	N/A	N/A	Lamar	N/A	N/A	Pickens	13	HMO/PPO	Towns	10	HMO/PPO
Baldwin	N/A	N/A	Clinch	15	HMO/PPO	Franklin	10	HMO/PPO	Lanier	15	HMO/PPO	Pierce	N/A	N/A	Treutlen	N/A	N/A
Banks	10	HMO/PPO	Cobb	N/A	N/A	Fulton	N/A	N/A	Laurens	N/A	N/A	Pike	N/A	N/A	Troup	N/A	N/A
Barrow	2	HMO/PPO	Coffee	11	HMO/PPO	Gilmer	13	HMO/PPO	Lee	1	HMO/PPO	Polk	13	HMO/PPO	Turner	15	HMO/PPO
Bartow	N/A	N/A	Colquitt	15	HMO/PPO	Glascocock	5	HMO/PPO	Liberty	N/A	N/A	Pulaski	12	HMO/PPO	Twiggs	12	HMO/PPO
Ben Hill	15	HMO/PPO	Columbia	5	HMO	Glynn	N/A	N/A	Lincoln	5	HMO	Putnam	12	HMO/PPO	Union	10	HMO/PPO
Berrien	15	HMO/PPO	Cook	15	HMO/PPO	Gordon	13	HMO/PPO	Long	N/A	N/A	Quitman	N/A	N/A	Upson	N/A	N/A
Bibb	12	HMO/PPO	Coweta	N/A	N/A	Grady	15	HMO/PPO	Lowndes	15	HMO/PPO	Rabun	10	HMO/PPO	Walker	7	HMO/PPO
Bleckley	12	HMO/PPO	Crawford	12	HMO/PPO	Greene	2	HMO/PPO	Lumpkin	10	HMO/PPO	Randolph	1	HMO/PPO	Walton	3	HMO
Brantley	N/A	N/A	Crisp	1	HMO	Gwinnett	N/A	N/A	Macon	N/A	N/A	Richmond	5	HMO	Ware	N/A	N/A
Brooks	15	HMO/PPO	Dade	7	HMO/PPO	Habersham	10	HMO/PPO	Madison	2	HMO/PPO	Rockdale	N/A	N/A	Warren	5	HMO/PPO
Bryan	N/A	N/A	Dawson	10	HMO/PPO	Hall	10	HMO/PPO	Marion	N/A	N/A	Schley	1	HMO	Washington	N/A	N/A
Bulloch	N/A	N/A	Decatur	15	HMO/PPO	Hancock	N/A	N/A	McDuffie	5	HMO/PPO	Screven	N/A	N/A	Wayne	N/A	N/A
Burke	5	HMO/PPO	DeKalb	N/A	N/A	Harris	N/A	N/A	McIntosh	N/A	N/A	Seminole	15	HMO/PPO	Webster	N/A	N/A
Butts	N/A	N/A	Dodge	12	HMO/PPO	Haralson	4	HMO	Meriweather	N/A	N/A	Spalding	N/A	N/A	Wheeler	11	HMO
Calhoun	1	HMO	Dooly	12	HMO/PPO	Hart	10	HMO/PPO	Miller	15	HMO/PPO	Stephens	10	HMO/PPO	White	10	HMO/PPO
Camden	N/A	N/A	Dougherty	1	HMO	Heard	4	HMO	Mitchell	1	HMO	Stewart	N/A	N/A	Whitfield	9	HMO/PPO
Candler	N/A	N/A	Douglas	N/A	N/A	Henry	N/A	N/A	Monroe	12	HMO/PPO	Sumter	1	HMO	Wilcox	12	HMO/PPO
Carroll	4	HMO	Early	15	HMO/PPO	Houston	12	HMO/PPO	Montgomery	N/A	N/A	Talbot	N/A	N/A	Wilkes	N/A	N/A
Catoosa	7	HMO/PPO	Echols	15	HMO/PPO	Irwin	15	HMO/PPO	Morgan	2	HMO/PPO	Taliaferro	N/A	N/A	Wilkinson	16	N/A
Charlton	N/A	N/A	Effingham	N/A	N/A	Jackson	2	HMO/PPO	Murray	9	HMO/PPO	Tattall	N/A	N/A	Worth	1	HMO
Chatham	N/A	N/A	Elbert	N/A	N/A	Jasper	N/A	N/A	Muscogee	N/A	N/A	Taylor	N/A	N/A			
Chattahoochee	N/A	N/A	Emanuel	N/A	N/A	Jeff Davis	11	HMO	Newton	N/A	N/A	Telfair	11	HMO			
Chattooga	13	HMO/PPO	Evans	N/A	N/A	Jefferson	5	HMO/PPO	Oconee	2	HMO/PPO	Terrell	1	HMO			

HMO = Counties where HMO plans are sold.
HMO/PPO = Counties where HMO and PPO plans are sold.
N/A = Alliant does not market SoloCare plans in this county for 2026.

2026 Georgia Marketing Areas County and Plan Type Map

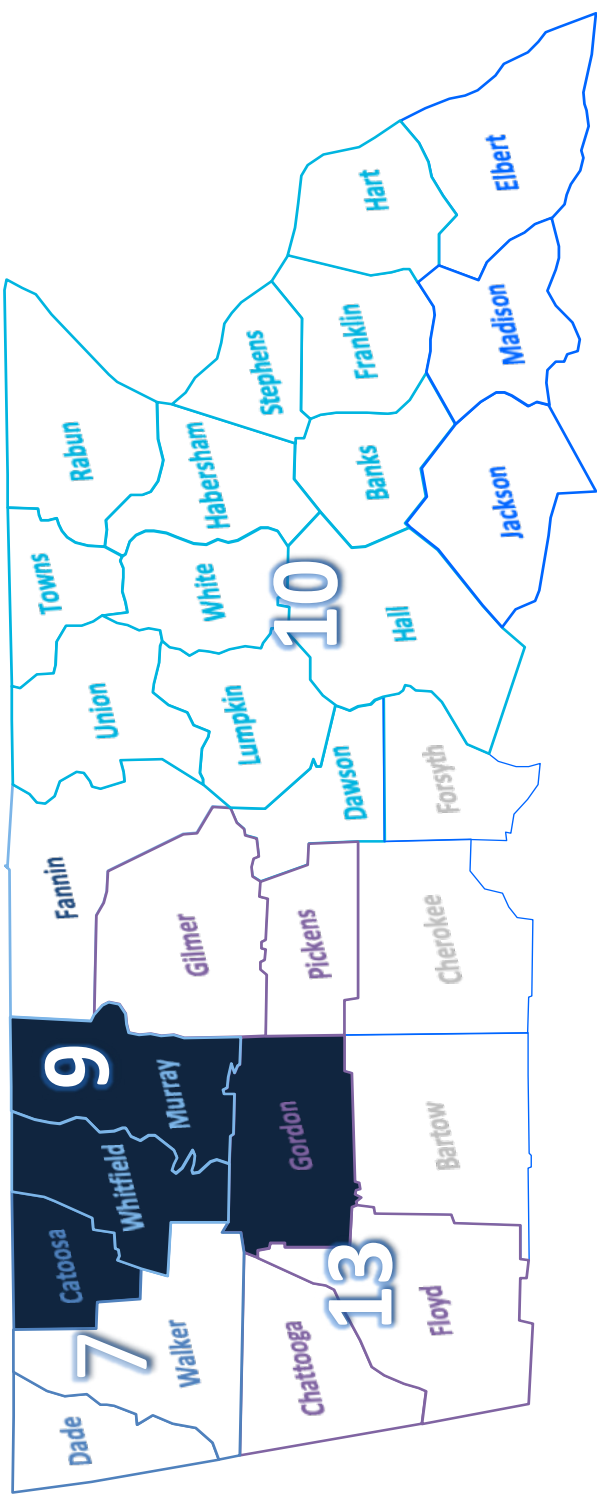


Counties where HMO and PPO plans are sold

Counties where HMO plans are sold



Marketing and Rating Areas 2026 Vitruvian Plus Plans - County Map



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

■ Counties where Vitruvian plans are sold



ON & OFF Exchange - PPO Standardized Plans



ON & OFF Exchange											2026 Alliant Network Only		
	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	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/Specialty*	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Standard Platinum PPO \$0 0% Chiro 40377 (00) (01)	100%	\$0/\$0	\$5,200/\$10,400	\$100	\$15	\$10	\$20	\$10	\$10	\$5 / \$10 / \$50 / \$150	60%	\$20,000/\$40,000	N/A
SoloCare Standard Silver PPO \$6000 40% Chiro 40379 (00) (01)	60%	\$6,000/\$12,000	\$8,900/\$17,800	40%	\$60	\$40	\$80	\$40	\$40	\$20 / \$40 / \$80 After DED/\$350 After DED	60%	\$20,000/\$40,000	N/A

In the Marketing Name for each plan, the (00) = the OFF Market plan name and the (01) = the ON Market plan name. Where coinsurance exists, benefits are first subject to the plan deductible. DED = Deductible

* Non-Preferred and Specialty drug tiers may require payment toward the deductible before copay cost shares apply.





ON & OFF Exchange - PPO Traditional Plans



ON & OFF Exchange											2026 Alliant Network Only		
Plan Marketing Name	In-Network										Out-of-Network		
	We Pay	You Pay									We Pay	You Pay	
	Coinsurance After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family	ER	Urgent Care	PCP Visit	Specialist Visit	Mental Health/ Substance Abuse Visit	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Platinum PPO \$1000 20% Chiro 40380 (00) (01)	80%	\$1,000/ \$2,000	\$1,500/ \$3,000	20%	20%	\$0	20%	\$0	\$0	\$0 / \$0 / \$0 / \$0	60%	\$20,000/ \$40,000	N/A
SoloCare Gold PPO \$500 20% Chiro 40399 (00) (01)	80%	\$500/ \$1,000	\$6,000/ \$12,000	20%	\$75	\$20	\$40	\$20	\$20	\$10 / \$25 / \$75 / 20%	60%	\$20,000/ \$40,000	N/A
SoloCare Gold PPO \$1500 30% Chiro 40002 (00) (01)	70%	\$1,500/ \$3,000	\$8,500/ \$17,000	30%	\$75	\$15	\$30	\$15	\$15	\$5 / \$40 / \$50 / 30%	60%	\$20,000/ \$40,000	N/A
SoloCare Gold PPO \$1000 20% Chiro 40378 (00) (01)	80%	\$1,000/ \$2,000	\$7,500/ \$15,000	20%	\$75	\$10	\$20	\$10	\$10	\$10 / \$30 / \$75 / 20%	60%	\$20,000/ \$40,000	N/A
SoloCare Silver PPO \$5000 40% Chiro 40331 (00) (01)	60%	\$5,000/ \$10,000	\$9,200/ \$18,400	40%	\$75	\$40	\$80	\$40	\$40	\$5 / \$70 / 40% / 50%	60%	\$20,000/ \$40,000	N/A
SoloCare Silver PPO \$6500 40% Chiro 40017 (00) (01)	60%	\$6,500/ \$13,000	\$9,600/ \$19,200	40%	\$75	\$40	\$80	\$40	\$40	\$5/ \$75 / 40% / 50%	60%	\$20,000/ \$40,000	N/A

In the Marketing Name for each plan, the (00) = the OFF Market plan name and the (01) = the ON Market plan name. Where coinsurance exists, benefits are first subject to the plan deductible. DED = Deductible

* Non-Preferred and Specialty drug tiers may require payment toward the deductible before copay cost shares apply.



OFF EXCHANGE ONLY - PPO Traditional & High Deductible Health Plans



OFF Exchange											2026 Alliant Network Only		
	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	Chiro	Rx Generic/Preferred Brand/ Non-Preferred Brand/ Specialty *	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Silver Off PPO \$6000 30% Chiro 40007-00	70%	\$6,000/ \$12,000	\$10,150/ \$20,300	30%	\$75	First 3 visits free, then \$45	\$75	\$45	\$45	\$20 / \$65 / \$150 / \$225	60%	\$20,000/ \$40,000	N/A
SoloCare Off Silver PPO \$5000 40% Chiro 40400-00	60%	\$5,000/ \$10,000	\$9,200/ \$18,400	40%	\$75	\$40	\$80	\$40	\$40	\$5 / \$70 / 40% / 50%	60%	\$20,000/ \$40,000	N/A
SoloCare Off Silver PPO \$6500 40% Chiro 40401-00	60%	\$6,500/ \$13,000	\$9,600/ \$19,200	40%	\$75	\$40	\$80	\$40	\$40	\$5 / \$75 / 40% / 50%	60%	\$20,000/ \$40,000	N/A
SoloCare Standard Off Silver PPO \$6000 40% Chiro 40402-00	60%	\$6,000/ \$12,000	\$8,900/ \$17,800	40%	\$60	\$40	\$80	\$40	\$40	\$20 / \$40 / \$80 After DED / \$350 After DED	60%	\$20,000/ \$40,000	N/A

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

* Non-Preferred and Specialty drug tiers may require payment toward the deductible before copay cost shares apply.



ON & OFF Exchange - HMO Standardized Plans



ON & OFF Exchange										2026 Alliant Network		
	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	Rx Generic/Preferred Brand/ Non-Preferred Brand/ Specialty *	Coinsurance Plan Pays After Deductible	Deductible Individual/Family	Out-of-Pocket Maximum Individual/Family
SoloCare Standard Platinum HMO \$0 0% 110047-00	100%	\$0/ \$0	\$5,200/ \$10,400	\$100	\$15	\$10	\$20	\$10	\$5 / \$10 /\$50 /\$150	40%	\$20,000/ \$40,000	N/A
SoloCare Standard Silver HMO \$6000 40% 110025-00	60%	\$6,000/ \$12,000	\$8,900/ \$17,800	40%	\$60	\$40	\$80	\$40	\$20 / \$40/ \$80 After DED/ \$350 After DED	40%	\$20,000/ \$40,000	N/A

In the Marketing Name for each plan, the (00) = the OFF Market plan name and the (01) = the ON Market plan name. Where coinsurance exists, benefits are first subject to the plan deductible. DED = Deductible

* Non-Preferred and Specialty drug tiers may require payment toward the deductible before copay cost shares apply.



ON & OFF EXCHANGE - HMO Traditional Plans



ON & OFF Exchange		2026 Alliant Network Only							
	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	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*
SoloCare Platinum HMO \$1000 20% 110028 (00) (01)	80%	\$1,000/ \$2,000	\$1,500 / \$3,000	20%	20%	\$0	20%	\$0	\$0 / \$0 / \$0 / \$0
SoloCare Gold HMO \$500 20% 110052 (00) (01)	80%	\$500/ \$1,000	\$6,000 / \$12,000	20%	\$75	\$20	\$40	\$20	\$10 / \$25 / \$75 / 20%
SoloCare Gold HMO \$1500 30% 110003-00	70%	\$1,500/ \$3,000	\$8,500 / \$17,000	30%	\$75	\$15	\$30	\$15	\$5 / \$40 / \$50 / 30%
SoloCare Gold HMO \$1000 20% 110024 (00) (01)	80%	\$1,000/ \$2,000	\$7,500 / \$15,000	20%	\$75	\$10	\$20	\$10	\$10 / \$30 / \$75/ 20%
SoloCare Silver HMO \$5000 40% 110009 (00) (01)	60%	\$5,000/ \$10,000	\$9,200 / \$18,400	40%	\$75	\$40	\$80	\$40	\$5/ \$70/ 40%/ 50%
SoloCare Silver HMO \$6500 40% 110008 (00) (01)	60%	\$6,500/ \$13,000	\$9,600 / \$19,200	40%	\$75	\$40	\$80	\$40	\$5 /\$75 / 40% / 50%
SoloCare Exp Bronze HMO \$9500 50% 110030 (00)(01)	50%	\$9,500/ \$19,000	\$10,150 / \$20,300	50%	\$75	50%	50%	50%	50% / 50%/ 50% / 50%
SoloCare Exp Bronze HMO \$6800 40% 110027 (00)(01)	60%	\$6,800/ \$13,600	\$10,150 / \$20,300	40%	\$75	\$25	40%	\$25	\$20/ 40% / 40% / 40%
SoloCare Exp Bronze HMO \$4000 50% 110053 (00)(01)	50%	\$4,000/ \$8,000	\$10,150 / \$20,300	50%	\$75	\$40	50%	\$40	\$25/ 50% / 50% / 50%
SoloCare Exp Bronze HMO \$8000 50% 110054 (00)(01)	50%	\$8,000/ \$16,000	\$10,150 / \$20,300	50%	\$75	\$40	\$150	\$40	\$3 / 50% / 50% / 50%

In the Marketing Name for each plan, the (00) = the OFF Market plan name and the (01) = the ON Market plan name. Where coinsurance exists, benefits are first subject to the plan deductible. DED = Deductible

* Non-Preferred and Specialty drug tiers may require payment toward the deductible before copay cost shares apply.



ON & OFF EXCHANGE - Vitruvian Health Plus Care Network ONLY

(Catoosa, Gordon, Murray and Whitfield County Residents **ONLY**)

ON & OFF Exchange		Vitruvian Health Plus Care Network ONLY							
	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	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*
SoloCare Vitruvian Plus Silver HMO \$6500 40% 130008 (00)(01)	60%	\$6,500/ \$13,000	\$9,600 / \$19,200	40%	\$75	\$40	\$80	\$40	\$5 / \$75 / 40% / 50%
SoloCare Vitruvian Plus Bronze HMO \$6800 40% 130027 (00)(01)	60%	\$6,800/ \$13,600	\$10,150 / \$20,300	40%	\$75	\$25	40%	\$25	\$20 / 40% / 40% / 40%

In the Marketing Name for each plan, the (00) = the OFF Market plan name and the (01) = the ON Market plan name. Where coinsurance exists, benefits are first subject to the plan deductible. DED = Deductible

* Non-Preferred and Specialty drug tiers may require payment toward the deductible before copay cost shares apply.





OFF EXCHANGE ONLY - HMO Traditional & High Deductible Health Plans



OFF Exchange		2026 Alliant Network Only							
		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	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*
SoloCare Off Silver HMO \$5000 60% 110055-00	60%	\$5,000/ \$10,000	\$9,200 / \$18,400	40%	\$75	\$40	\$80	\$40	\$5 / \$70 / 40% / 50%
SoloCare Off Silver HMO \$6500 40% 110056-00	60%	\$6,500/ \$13,000	\$9,600 / \$19,200	40%	\$75	\$40	\$80	\$40	\$5 / \$75 / 40% / 50%
SoloCare Standard Off Silver HMO \$6000 40% 110057-00	60%	\$6,000/ \$12,000	\$8,900 / \$17,800	40%	\$60	\$40	\$80	\$40	\$20 / \$40 / \$80 After DED / \$350 After DED

OFF Exchange		2026 Alliant Network Only							
		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	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*
SoloCare Bronze HMO \$8500 0% HSA 110019-00	100%	\$8,500/ \$17,000	\$8,500 / \$17,000	0%	0%	0%	0%	0%	0% / 0% / 0% / 0%

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

* Non-Preferred and Specialty drug tiers may require payment toward the deductible before copay cost shares apply.

