2026 Georgia



















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
- ☑ Live⁴lt 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. <u>Please check the 2026 Alliant SoloCare Drug List at AlliantPlans.com to see if your prescription drugs are covered.</u>

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. <u>Please check the 2026 Alliant SoloCare Drug List at AlliantPlans.com to see if your prescription drugs are covered.</u>





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. <u>Please check AlliantPlans.com to see if your doctors and medical facilities are</u> 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 Live⁴lt 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.





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



ApplingN/AN/AAtkinson11HMOBaconN/AN/ABaker1HMOBaldwinN/AN/ABanks10HMO/PPOBarrow2HMO/PPOBartowN/AN/ABen Hill15HMO/PPOBerrien15HMO/PPOBibb12HMO/PPOBrantleyN/AN/ABrooks15HMO/PPOBryanN/AN/ABullochN/AN/AButtsN/AN/ACalhoun1HMOCamdenN/AN/ACarroll4HMOCatoosa7HMO/PPOCharltonN/AN/AChathamN/AN/AChattahoocheeN/AN/AChattooga13HMO/PPO	COUNTY	RATE AREA	PLAN TYPE
BaconN/AN/ABaker1HMOBaldwinN/AN/ABanks10HMO/PPOBarrow2HMO/PPOBartowN/AN/ABen Hill15HMO/PPOBerrien15HMO/PPOBibb12HMO/PPOBrantleyN/AN/ABrooks15HMO/PPOBryanN/AN/ABullochN/AN/AButke5HMO/PPOButtsN/AN/ACalhoun1HMOCamdenN/AN/ACarroll4HMOCatoosa7HMO/PPOCharltonN/AN/AChathamN/AN/AChattahoocheeN/AN/A	Appling	N/A	N/A
Baker1HMOBaldwinN/AN/ABanks10HMO/PPOBarrow2HMO/PPOBartowN/AN/ABen Hill15HMO/PPOBerrien15HMO/PPOBibb12HMO/PPOBleckley12HMO/PPOBrantleyN/AN/ABrooks15HMO/PPOBryanN/AN/ABullochN/AN/ABurke5HMO/PPOButtsN/AN/ACalhoun1HMOCamdenN/AN/ACandlerN/AN/ACatoosa7HMO/PPOCharltonN/AN/AChathamN/AN/AChattahoocheeN/AN/A	Atkinson	11	НМО
Baldwin N/A N/A Banks 10 HMO/PPO Barrow 2 HMO/PPO Bartow N/A N/A Ben Hill 15 HMO/PPO Berrien 15 HMO/PPO Bibb 12 HMO/PPO Bleckley 12 HMO/PPO Brantley N/A N/A Brooks 15 HMO/PPO Bryan N/A N/A Bulloch N/A N/A Bulloch N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Bacon	N/A	N/A
Banks 10 HMO/PPO Barrow 2 HMO/PPO Bartow N/A N/A Ben Hill 15 HMO/PPO Berrien 15 HMO/PPO Bibb 12 HMO/PPO Bleckley 12 HMO/PPO Brantley N/A N/A Brooks 15 HMO/PPO Bryan N/A N/A Bulloch N/A N/A Bulloch N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Baker	1	НМО
Barrow 2 HMO/PPO Bartow N/A N/A Ben Hill 15 HMO/PPO Berrien 15 HMO/PPO Bibb 12 HMO/PPO Bleckley 12 HMO/PPO Brantley N/A N/A Brooks 15 HMO/PPO Bryan N/A N/A Bulloch N/A N/A Bulloch N/A N/A Calhoun 1 HMO Camden N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Baldwin	N/A	N/A
Bartow N/A N/A Ben Hill 15 HMO/PPO Berrien 15 HMO/PPO Bibb 12 HMO/PPO Bleckley 12 HMO/PPO Brantley N/A N/A Brooks 15 HMO/PPO Bryan N/A N/A Bulloch N/A N/A Bulloch N/A N/A Calhoun 1 HMO Camden N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Banks	10	HMO/PPO
Ben Hill 15 HMO/PPO Berrien 15 HMO/PPO Bibb 12 HMO/PPO Bleckley 12 HMO/PPO Brantley N/A N/A Brooks 15 HMO/PPO Bryan N/A N/A Bulloch N/A N/A Bulloch N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Barrow	2	HMO/PPO
Berrien 15 HMO/PPO Bibb 12 HMO/PPO Bleckley 12 HMO/PPO Brantley N/A N/A Brooks 15 HMO/PPO Bryan N/A N/A Bulloch N/A N/A Burke 5 HMO/PPO Butts N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Bartow	N/A	N/A
Bibb 12 HMO/PPO Bleckley 12 HMO/PPO Brantley N/A N/A Brooks 15 HMO/PPO Bryan N/A N/A Bulloch N/A N/A Bulloch N/A N/A Butke 5 HMO/PPO Butts N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Ben Hill	15	HMO/PPO
Bleckley 12 HMO/PPO Brantley N/A N/A Brooks 15 HMO/PPO Bryan N/A N/A Bulloch N/A N/A Burke 5 HMO/PPO Butts N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Berrien	15	HMO/PPO
Brantley N/A N/A Brooks 15 HMO/PPO Bryan N/A N/A Bulloch N/A N/A Burke 5 HMO/PPO Butts N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Bibb	12	HMO/PPO
Brooks 15 HMO/PPO Bryan N/A N/A Bulloch N/A N/A Burke 5 HMO/PPO Butts N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Bleckley	12	HMO/PPO
Bryan N/A N/A Bulloch N/A N/A Burke 5 HMO/PPO Butts N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Brantley	N/A	N/A
Bulloch N/A N/A Burke 5 HMO/PPO Butts N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Brooks	15	HMO/PPO
Burke 5 HMO/PPO Butts N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Bryan	N/A	N/A
Butts N/A N/A Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Bulloch	N/A	N/A
Calhoun 1 HMO Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Burke	5	HMO/PPO
Camden N/A N/A Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Butts	N/A	N/A
Candler N/A N/A Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Calhoun	1	НМО
Carroll 4 HMO Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Camden	N/A	N/A
Catoosa 7 HMO/PPO Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Candler	N/A	N/A
Charlton N/A N/A Chatham N/A N/A Chattahoochee N/A N/A	Carroll	4	НМО
Chatham N/A N/A Chattahoochee N/A N/A	Catoosa	7	HMO/PPO
Chattahoochee N/A N/A	Charlton	N/A	N/A
·	Chatham	N/A	N/A
Chattooga 13 HMO/PPO	Chattahoochee	N/A	N/A
	Chattooga	13	НМО/РРО

COUNTY	RATE AREA	PLAN TYPE
Cherokee	N/A	N/A
Clarke	2	HMO/PPO
Clay	1	НМО
Clayton	N/A	N/A
Clinch	15	HMO/PPO
Cobb	N/A	N/A
Coffee	11	HMO/PPO
Colquitt	15	HMO/PPO
Columbia	5	НМО
Cook	15	HMO/PPO
Coweta	N/A	N/A
Crawford	12	HMO/PPO
Crisp	1	НМО
Dade	7	HMO/PPO
Dawson	10	HMO/PPO
Decatur	15	HMO/PPO
DeKalb	N/A	N/A
Dodge	12	HMO/PPO
Dooly	12	HMO/PPO
Dougherty	1	НМО
Douglas	N/A	N/A
Early	15	HMO/PPO
Echols	15	HMO/PPO
Effingham	N/A	N/A
Elbert	N/A	N/A
Emanuel	N/A	N/A

N/A

N/A

	RATE	PLAN
COUNTY	AREA	TYPE
Fannin	9	НМО/РРО
Fayette	N/A	N/A
Floyd	13	HMO/PPO
Forsyth	N/A	N/A
Franklin	10	HMO/PPO
Fulton	N/A	N/A
Gilmer	13	HMO/PPO
Glascock	5	HMO/PPO
Glynn	N/A	N/A
Gordon	13	HMO/PPO
Grady	15	HMO/PPO
Greene	2	HMO/PPO
Gwinnett	N/A	N/A
Habersham	10	HMO/PPO
Hall	10	HMO/PPO
Hancock	N/A	N/A
Harris	N/A	N/A
Haralson	4	НМО
Hart	10	HMO/PPO
Heard	4	НМО
Henry	N/A	N/A
Houston	12	HMO/PPO
Irwin	15	HMO/PPO
Jackson	2	HMO/PPO
Jasper	N/A	N/A
Jeff Davis	11	НМО
Jefferson	5	HMO/PPO

COUNTY	RATE AREA	PLAN TYPE	c
Jenkins	N/A	N/A	О
Johnson	N/A	N/A	P
Jones	12	HMO/PPO	Р
Lamar	N/A	N/A	Р
Lanier	15	HMO/PPO	Р
Laurens	N/A	N/A	Р
Lee	1	HMO/PPO	Р
Liberty	N/A	N/A	Р
Lincoln	5	НМО	Р
Long	N/A	N/A	Q
Lowndes	15	HMO/PPO	R
Lumpkin	10	HMO/PPO	R
Macon	N/A	N/A	R
Madison	2	HMO/PPO	R
Marion	N/A	N/A	S
McDuffie	5	HMO/PPO	S
McIntosh	N/A	N/A	S
Meriweather	N/A	N/A	Sı
Miller	15	HMO/PPO	St
Mitchell	1	НМО	St
Monroe	12	HMO/PPO	Si
Montgomery	N/A	N/A	Ta
Morgan	2	HMO/PPO	Ta
Murray	9	HMO/PPO	Ta
Muscogee	N/A	N/A	Ta
Newton	N/A	N/A	Te
Oconee	2	HMO/PPO	Te

COUNTY	RATE	PLAN
	AREA	TYPE
Oglethorpe	2	HMO/PPO
Paulding	N/A	N/A
Peach	12	HMO/PPO
Pickens	13	HMO/PPO
Pierce	N/A	N/A
Pike	N/A	N/A
Polk	13	HMO/PPO
Pulaski	12	HMO/PPO
Putnam	12	HMO/PPO
Quitman	N/A	N/A
Rabun	10	HMO/PPO
Randolph	1	HMO/PPO
Richmond	5	НМО
Rockdale	N/A	N/A
Schley	1	НМО
Screven	N/A	N/A
Seminole	15	HMO/PPO
Spalding	N/A	N/A
Stephens	10	HMO/PPO
Stewart	N/A	N/A
Sumter	1	НМО
Talbot	N/A	N/A
Taliaferro	N/A	N/A
Tattnall	N/A	N/A
Taylor	N/A	N/A
Telfair	11	НМО
Terrell	1	НМО

COUNTY	RATE AREA	PLAN TYPE
Thomas	15	HMO/PPO
Tift	15	HMO/PPO
Toombs	N/A	N/A
Towns	10	HMO/PPO
Treutlen	N/A	N/A
Troup	N/A	N/A
Turner	15	HMO/PPO
Twiggs	12	HMO/PPO
Union	10	HMO/PPO
Upson	N/A	N/A
Walker	7	HMO/PPO
Walton	3	НМО
Ware	N/A	N/A
Warren	5	HMO/PPO
Washington	N/A	N/A
Wayne	N/A	N/A
Webster	N/A	N/A
Wheeler	11	НМО
White	10	HMO/PPO
Whitfield	9	HMO/PPO
Wilcox	12	HMO/PPO
Wilkes	N/A	N/A
Wilkinson	16	N/A
Worth	1	НМО

HMO = Counties where HMO plans are sold.

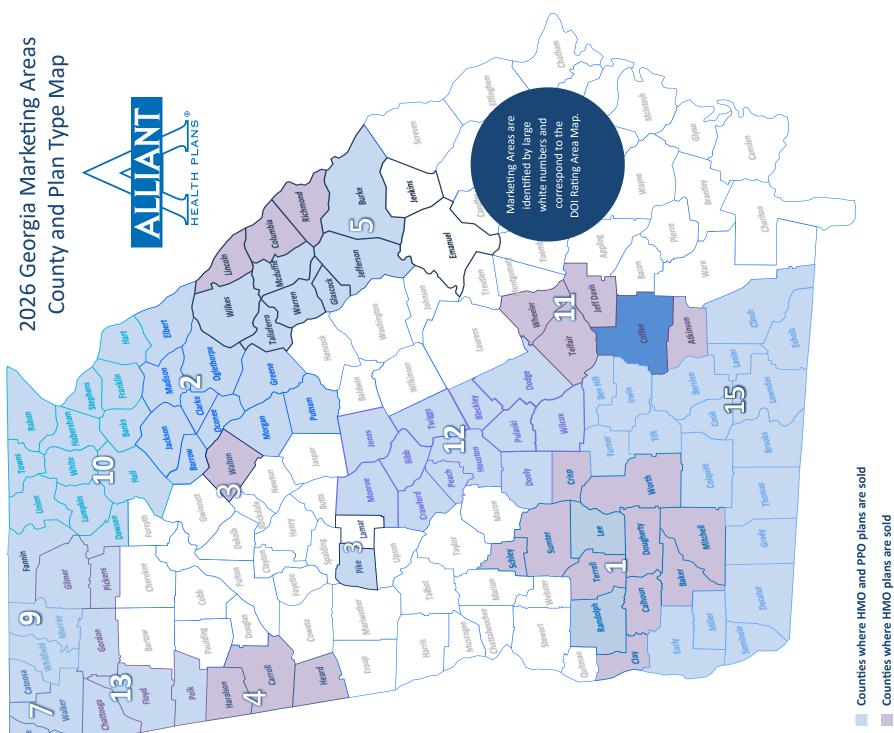
HMO/PPO = Counties where HMO and PPO plans are sold.

N/A = Alliant does not market SoloCare plans in this county for 2026.

Evans







Counties where HMO plans are sold

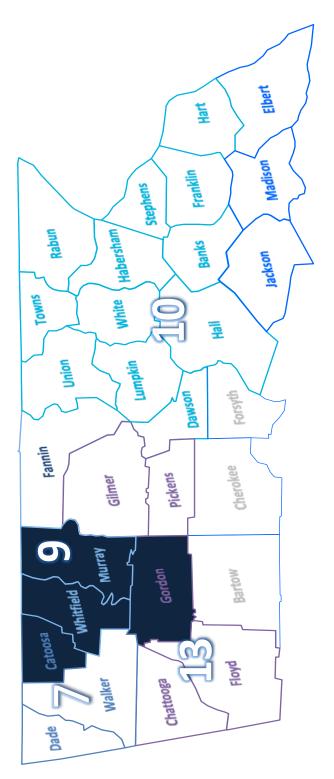
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Marketing and Rating Areas 2026 Vitruvian Plus Plans -County Map



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

Counties where Vitruvian plans are sold

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Contact your broker



ON & OFF Exchange - PPO Standardized Plans



ON & OFF Exchange												2026 Allia	nt Network Only	
	In-Network											Out-of-Network		
	We Pay					You	ı Pay		,		We Pay	Yo	ou Pay	
Plan Marketing Name	Coinsurance After Deductible	Deductible Individual/ Family	ividual/ Maximum ER Urgent PCP Specialist Health/ Chiro Non-Preferred Brand/ Spe-								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 I	Network Only
						In-Network						Out-of-Netwo	rk
	We Pay					You Pay	/				We Pay	Y	ou 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 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 Alliar	nt Network Only	
	In-Network											Out-of-Network		
	We Pay					Υ	ou Pay				We Pay	You	u 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	1 40% \$75 \$40 \$80 \$40 \$40 \$5 / \$75 / 40% / 50%									\$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 Netw
		Out-of-Network										
	We Pay					We Pay	Yo	u 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	/ \$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 I	Health Plus Care Network ONLY		
						In-Network					
	We 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-Pre- ferred 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 On											
	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.



NOTICE OF NON-DISCRIMINATION & LANGUAGE ASSISTANCE



NOTICE OF 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 (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Alliant Health Plans does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Alliant Health Plans:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Client Services at (866) 403-2785.

If you believe that Alliant Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Compliance Officer, PO Box 1128, Dalton, GA 30722, Ph: (706) 237-8802 or (888) 533-6507 ext. 125, Fax: (706) 229-6289, Email: Compliance@AlliantPlans.com.You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. This notice is available at Alliant Health Plan's website: AlliantPlans.com.

LANGUAGE ASSISTANCE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-403-2785 (TTY: 711).

Español (Spanish)

ATENCIÓN: si había español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-403-2785 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-403-2785 (TTY: 711).

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-403-2785 (TTY: 711)번으로 전화해 주십시 오.

繁體中文 (Chinese) 注意:如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-403-2785 (TTY:711).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહ્યય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-403-2785 (TTY: 711).

Français (French)

ATTENTION: Si yous parlez français, des services d'aide linguistique yous sont proposés gratuitement. Appelez le 1-866-403-2785 (ATS: 711).

አማርኛ (Amharic) ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትር*ጉ*ም እርዳታ ድርጅቶች፣ በነጻ ሊያማዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-866-403-2785 (ምስማት ለተሳናቸው: 711).

हिंदी (Hindi) ध्यान दें: यदद आप हिंदी बोलते हैं तो आपके ललए मुफ्त में भाषा सहायता सेवाएं उपलब्ध ह। 1-866-403-2785 (TTY: 711) पर कॉल कर।

Krevòl Avisven (French Creole)

ATAŃSYÓN: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-403-2785 (TTY: 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-403-2785 (телетайп: 711).

رى فوتل قىبسان بال قدعاس بال اشاردخلاو سادع اسمال اضرياً رفوتت لكل ةحاتم تين اجهال قيو غللا قدعاس بال اندخ الهذه ويسترعل قطل المدحت سناك ادار بويساني . كتب صالحًا لقدخ لا موقم علا شدّحت وأ (TTI TTY) 785-463-1 وقر لا بالكت الناج أبويل أوصول السّري تاقي سنت أول عملا

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-403-2785 (TTY:711).

تشپېيتامدخېو يوامکيې مکيېېنچمه درادېرار وېامشېستسدېر دېناگېار ينالېزېنالېېتشپېتامدخې،دېنکېمې پېتېحصي تسبحص پسرالف رگيا : بچرت (711 TTY) 873-2785 پرامشېاب . پدنشالېمې پود چوم پيناگېارېروطمىي،پستسدىلىباقېي،امىي لىاقپېردېتاخلىلطاي،غارايېاربېيسانمېينالىي يدىنكىيتبحسيدوخ مدن هده ار ايابي آييدى تكسيك بيس امتي

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-403-2785 (TTY: 711).

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます 1-866-403-2785 (TTY: 711). まで、お電話にてご連絡ください