2026 Tennessee

SoloCare™ Individual and 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

EPO plans available On and Off Exchange

- Plans available in Bronze, Silver, Gold and Platinum metal levels. These plans have In-Network benefits only. There are no Out-of-Network benefits on these plans.
- All Bronze plans are HSA eligible.
- Access to the Alliant Health Plans Provider Network.
- EPO plans do not require a referral to see a doctor.
- $5 Generic and $10 Preferred prescription drugs on select EPO 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.

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?

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.

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%.

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.

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.

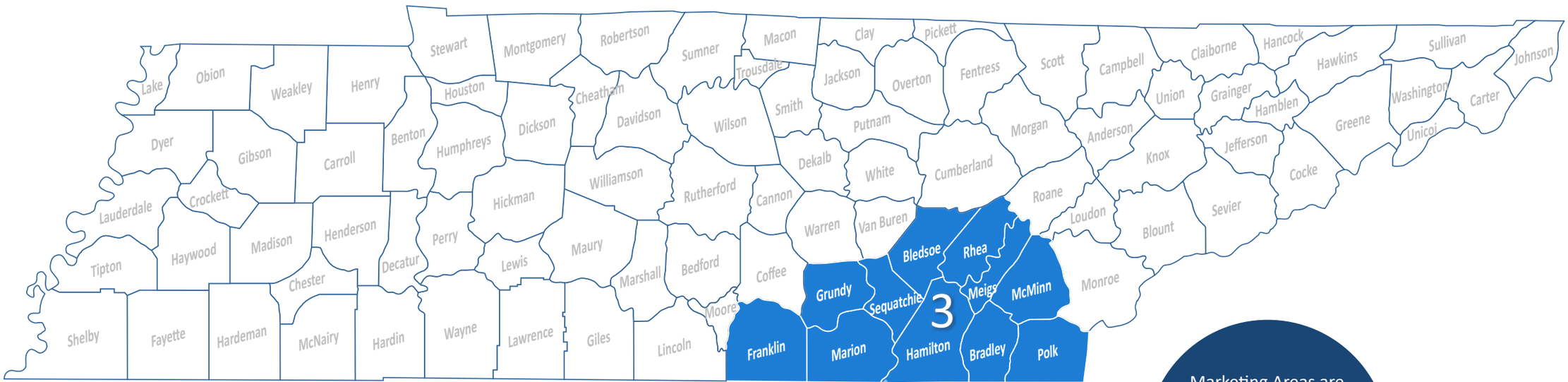
Silver

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 Marketing Areas - County and Plan Type List



Marketing Areas are identified by the large white number “3” and correspond to the DOI Rating Area Map.

COUNTY	RATE AREA
Bledsoe	3
Bradley	3
Franklin	3
Grundy	3

COUNTY	RATE AREA
Hamilton	3
Marion	3
McMinn	3
Meigs	3

COUNTY	RATE AREA
Polk	3
Rhea	3
Sequatchie	3

Counties where EPO plans are sold

ON & OFF Market - EPO Standardized Plans

ON & OFF The Health Insurance Marketplace										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	Chiro	Rx Generic/Preferred Brand/ Non-Preferred Brand/ Specialty*
SoloCare Standard Platinum EPO $0 10005 (00) (01)	100%	$0/ $0	$5,200 / $10,400	$100	$15	$10	$20	$10	$10	$5 / $10 / $50 / $150
SoloCare Standard Gold EPO $2000 DED 10006 (00) (01)	75%	$2,000/ $3,000	$8,200 / $16,400	25%	$45	$30	$60	$30	$30	$15 / $30 / $60 / $250
SoloCare Standard Silver EPO $6000 DED 10007 (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
SoloCare Standard Exp Bronze EPO $7500 DED 10008 (00) (01)	50%	$7,500/ $15,000	$10,000 / $20,000	50%	$75	$50	$100	$50	$50	$25/$50 After DED/ $100 After DED/$500 After DED

ON & OFF Market - EPO High Deductible Health Plans

ON & OFF The Health Insurance Marketplace										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	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*
SoloCare Bronze EPO $8500 DED HSA 10004 (00) (01)	100%	$8,500/ $17,000	$8,500/ $17,000	0%	0%	0%	0%	0%	0%	0% / 0% / 0% / 0%

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. Exception: SoloCare Standard Exp Bronze EPO $7500 50% 10008 has Preferred Brand, Non-Preferred Brand, and Specialty drug tiers that require payment toward the deductible before copay cost shares apply.**

ON & OFF Market - EPO Traditional Plans

ON & OFF The Health Insurance Marketplace										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	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*
SoloCare Gold EPO $1500 DED 10010 (00) (01)	70%	$1,500/ $3,000	$8,500 / $17,000	30%	$75	$15	$30	$15	$15	$5 / $40 / $50 / 30%
SoloCare Silver EPO $5000 DED 10014 (00) (01)	60%	$5,000/ $10,000	$9,200 / $18,400	40%	$75	$40	$80	$40	$40	$5 / $70 / 40% / 50%
SoloCare Silver EPO $6500 DED 10013(00) (01)	60%	$6,500/ $13,000	$9,600 / $19,200	40%	$75	$40	$80	$40	$40	$5 / $75 / 40%/ 50%
SoloCare Exp Bronze EPO $9500 DED 10015(00) (01)	50%	$9,500/ $19,000	$10,150 / $20,300	50%	50%	50%	50%	50%	50%	50% / 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. Exception: SoloCare Standard Exp Bronze EPO $7500 50% 10008 has Preferred Brand, Non-Preferred Brand, and Specialty drug tiers that require payment toward the deductible before copay cost shares apply.**

OFF MARKET ONLY - EPO Traditional Plans

OFF The Health Insurance Marketplace										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	Chiro	Rx Generic/Preferred Brand/Non-Preferred Brand/ Specialty*
SoloCare Silver Off EPO $6000 DED 10012-00	70%	$6,000/ $12,000	$10,150 / $20,300	30%	$75	First 3 visits free, then $45	$75	$45	$45	$20 / $65 / $150/ $225
SoloCare Off Silver EPO $5000 DED 10019--00	60%	$5,000/ $10,000	$9,200 / $18,400	40%	$75	$40	$80	$40	$40	$5 / $70 / 40% / 50%
SoloCare Off Silver EPO $6500 DED 10020-00	60%	$6,500/ $13,000	$9,600 / $19,200	40%	$75	$40	$80	$40	$40	$5 / $75 / 40% / 50%
SoloCare Off Standard Silver EPO $6000 DED 10021-00	60%	$6,000/ $12,000	$8,900 / $17,800	40%	$60	$40	$80	$40	$40	$20 / $40 / $80 After DED / $350 After DED

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. Exception: SoloCare Standard Exp Bronze EPO $7500 50% 10008 has Preferred Brand, Non-Preferred Brand, and Specialty drug tiers that require payment toward the deductible before copay cost shares apply.**