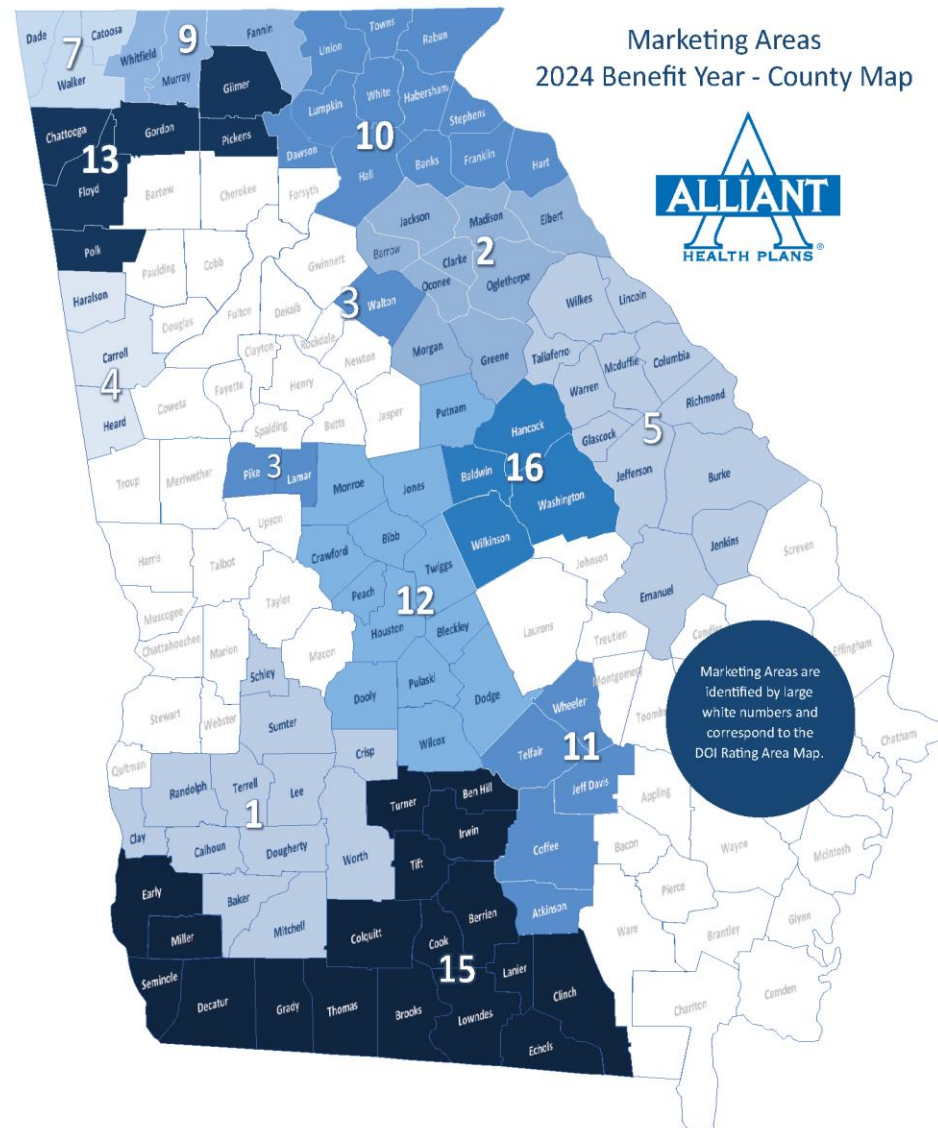




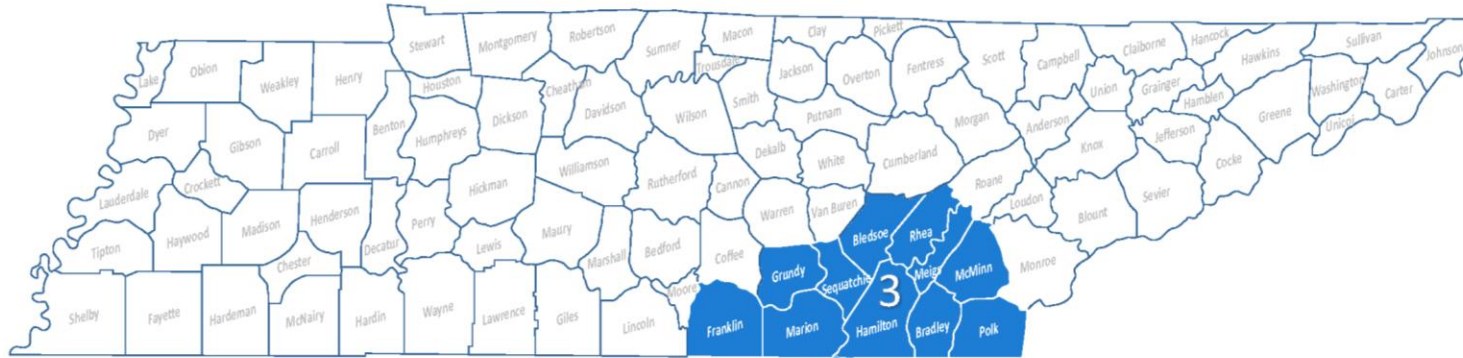
Alliant Health Plans

Tennessee

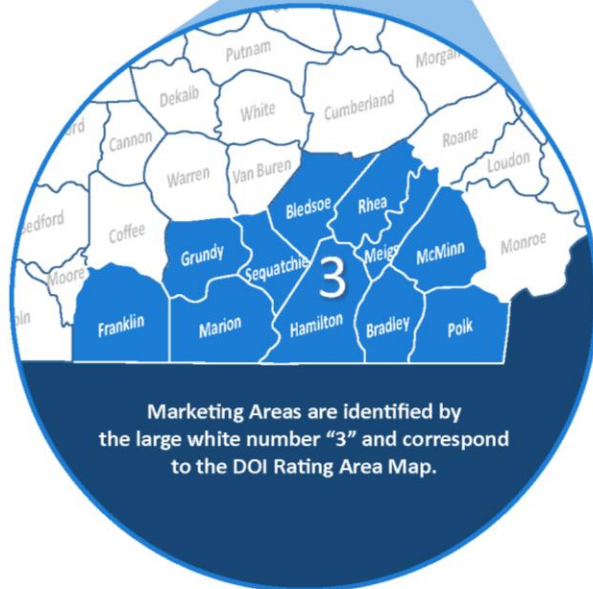
Alliant Health Plan's Reach



2024 Tennessee County Coverage



2025 Marketing Areas
County Map



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

Counties

Bledsoe
Bradley
Franklin
Grundy
Hamilton
Marion
McMinn
Meigg
Polk
Rhea
Sequatchie

Portfolio Overview

A variety of Tennessee EPO health Plans with In-Network benefits only.

- 3 FREE PCP visits on select Tennessee EPO plans. Look for plans with the first three PCP visits at no cost share to Member. After the first three free PCP visits, the Member pays the cost for PCP visits as listed on their plan.
- \$0 - \$5 generic prescription drugs and \$10 preferred prescription drugs on select Tennessee EPO plans.
- MDLive telehealth available with all SoloCare plans. PCP co-pays or coinsurance apply.

2024 Plan Offerings

<https://www.alliantplans.com/docs/solocare/2025/brochure-tn.pdf>

Platinum

- SoloCare Standard Platinum EPO
- SoloCare Platinum EPO

Silver

- SoloCare Standard Silver EPO
- SoloCare Silver EPO 7000
- SoloCare Silver EPO 6000/60
- SoloCare Silver EPO
- SoloCare Silver EPO HDHP

Gold

- SoloCare Standard Gold EPO
- SoloCare Gold EPO 2300
- SoloCare Gold EPO HDHP 1600
- SoloCare Gold EPO HDHP 3000

Bronze

- SoloCare Bronze EPO HDHP
- SoloCare Exp Bronze EPO 7200

Network Highlights

- Acute Inpatient Hospitals
(Must have Emergency services available 24/7): 231
- Surgical Services (Ambulatory Surgical Centers
and Outpatient Hospital) 285
- Critical Care Services - Intensive Care Units (ICU): 151
- PCP: 16,504
- Hospital systems: CHI Memorial Hospital, Erlanger
Health, Bradley Medical Center, Parkridge Medical
Center, Vanderbilt University Medical Center





Alliant Health Plans

Website Guide for Open Enrollment

<https://alliantplans.com/>



Individual and Family Health Plans

When choosing the right health plan for you or your family, consider cost, network coverage, plan benefits and design. We want your coverage options to be as clear and understandable as possible.

Shop for Individual Insurance:

No Subsidy →

Subsidy →

SoloCare Brochure

Download the latest brochure

Brochures →


Summary of Benefits and Coverage (SBC)

To find your Summary of Benefits and Coverage

SBCs →

Member Registration


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Member Resource




Find a Provider



Make a Payment

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Search

LOG IN

Select your role to login

Member Portal

Provider Portal

Broker Portal

Employer Portal

Member Portal

Experience your Member Portal in a fresh new way! In the newly released Member Portal, take control of your health and view your plan at a glance, receive plan notifications, enroll in autopay through your Member Portal, authorize the release of your Protected Health Information (PHI) to the individual(s) of your choice, and view and track the process of Prior Authorizations.

Member Login

Please log into your account

Username

Forgot Username

Password

Forgot Password

☐ Remember me

Log In

Register

Copyright 2018-2023. Alliant Health Plans, Inc

Please sign the End User License Agreement

END USER LICENSE AGREEMENT

HEALTH ONE ALLIANCE, LLC, ON ITS OWN BEHALF AND ON BEHALF OF ITS AFFILIATES AND SUBSIDIARIES ("COMPANY"), A GEORGIA LIMITED LIABILITY COMPANY, IS WILLING TO PROVIDE THE SERVICES SET FORTH IN THE TERMS AND CONDITIONS AND FOR A NONEXCLUSIVE, LIMITED AND REVOCABLE LICENSE TO ACCESS THE PORTAL OTHERWISE BEING PROVIDED TO YOU HEREUNDER ("SERVICES") ONLY UPON THE CONDITION THAT YOU ACCEPT ALL OF THE TERMS AND CONDITIONS CONTAINED IN THIS END USER LICENSE AGREEMENT ("AGREEMENT"). PLEASE READ THIS AGREEMENT CAREFULLY. BY CLICKING THE "I ACCEPT" BUTTON AT THE BOTTOM OF THIS AGREEMENT AND PROCEEDING TO USE THE SERVICES, YOU WILL INDICATE YOUR AGREEMENT TO BE BOUND BY THE

☐ I Agree to the End User License Agreement ⓘ

Date of Birth: mm/dd/yyyy

Submit

Cancel

Please sign the Authorization and Sharing of Information

I hereby agree and acknowledge that I am of the legal age to contract and to make independent decisions regarding my health information and any protected health information. As an individual with the capacity to contract and provide consent and authorizations, I hereby voluntarily acknowledge and agree to comply with the term of this End User License Agreement.

Authorization to Share Information. By accepting this Agreement, You authorize Company to disclose the User Content (defined herein) with those entities and individuals You (i) list on Your account profile, (ii) provide Your unique access number and/or electronic invitation to a third-party for the purposes of accessing Your account (if applicable), (iii) otherwise designate by notifying Company; (iv) as permitted by this Agreement; or (v) as Required by Law. User Content means any and all data that You enter into the portal, that You authorize being released into the portal by a payer or healthcare provider, including without limitation patient identifiable health information that may constitute "Protected Health Information" as defined by

☐ I Agree to the Authorization and Sharing of Information ⓘ

Submit

Cancel

←12345→

Registration Step 1 of 5

To register, please enter the following data.

First Name:

Last Name:

Date of Birth:

Gender:

☐ M

☐ F

Zip Code:

Submit

←12345→

Registration Step 2 of 5

To register, please enter the following data.

Last 4 digits of SSN:

OR

Physical Address:

City, ST, Zip:

Submit

Cancel

←12345→

Registration Step 3 of 5

Please select the method of how you would like to receive your activation code.

☐ Text to XXX-XXX-XXXX

☐ Email to JohnDoe@Alliantplans.com

☐ Mail to Address, City, State Zip

If your address information is incorrect then please call
Customer Service at (866) 403-2785.

Submit

Cancel

←12345→

Registration Step 4 of 5

To finalize your registration please enter the activation code that was
texted to XXX-XXX-XXXX.

Activation Code:

Submit

Cancel

If you didn't receive an activation code, please click "Request Another Code"

Request Another Code

←12345→

Registration Step 5 of 5

Please enter the following data to access your account.

*User Name:

*Password:

*Verify Password

*Email:


*Verify Email:


Mobile Phone:



☐ Allow Texts


Submit

Provider Search

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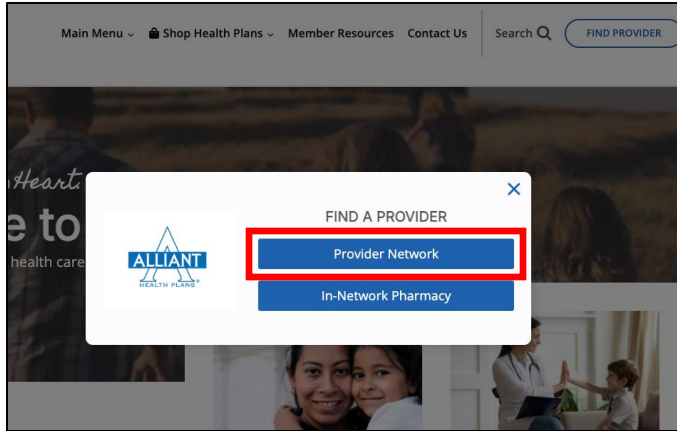
Member Resource



Find a Provider



Make a Payment








PLEASE NOTE:

This directory includes all providers in the Alliant Health Plans Network but may change from time to time. The directory is updated every business day and every effort has been made to ensure the accuracy of this information. Alliant verifies provider information prior to entry into the network, regularly reviews provider status and demographic information in addition to the recertifying every three year interval. To obtain a current copy of Alliant's Credentialing Criteria, please log onto www.alliantplans.com, select Providers and then Provider Manual on the left side of the page. You may also contact Alliant Client Services at 866-403-2785. Our network is designed and developed to support reasonable access to providers for our members. Providers included in this directory are independent third parties and NOT employees, representatives or agents of Health One Alliance or Alliant Health Plans. We are aware that providers' information and participation status change regularly and such information is updated in the directory following receipt. We also recommend that members contact the provider's office to verify its participation status and availability prior to receiving services. If you have additional questions regarding a provider's participation, please contact Alliant Health Plans Client Services at 800-811-4793. Please be aware that not all physicians and providers at contracted facilities (hospital, ambulatory surgical center, etc.) may be in-network. If you receive health care services at or through an in-network facility and the physicians or providers who provided that care are not in-network with your plan, the services will be paid in accordance with the state and federal laws.

Provider directory last updated on 10/10/2024 12:00:00 AM.

Enter Search

Browser Compatibility:

Element					
version	>49	>13	>47	>9.1	>39

IMPORTANT:

By not upgrading to a supported browser version, the user may experience incompatibility issues and possible errors.

Select Your Network / Choose Search Filter / Search Result

Search by My Member ID

Member ID

[Where do I locate my Member ID ?](#)

Q Search

OR

Search by Network

Network

Alliant Health Plans Network

Q Search

OR

Search by all Alliant Networks

Search will include providers from all Alliant Networks

Q Search

© 2024 - Provider Search, Alliant Health Plans

📍 Search by Location

Enter Location or Zip*

Example: Dalton, GA or 30720

AND

Proximity*

25 miles

Q Search

* Required Field

OR

👤 Search by Name

Enter Name*

Example: Smith,John Or Smith

optional

Enter City+State or Zip

Example: Dalton, GA or 30720

OR

Enter Group

Q Search

* Required Field

OR

☰ Search by Specialty

What kind of providers are you looking for?

Select Provider Type*



Physician/Practitioner

Hospital/Facility

Ancillary/Other

Rx Formulary List

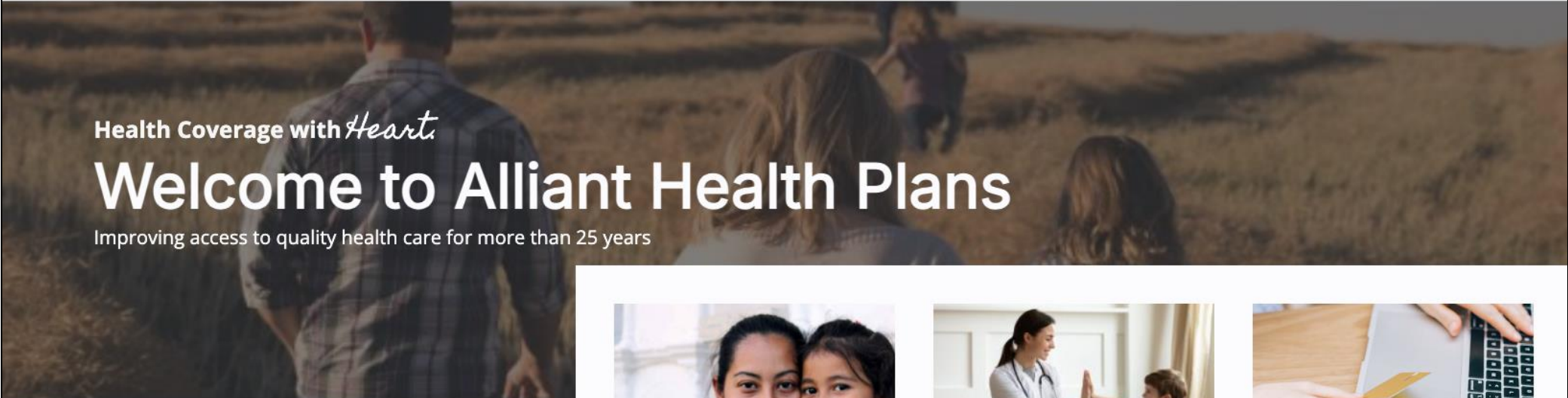
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Member Resource



Find a Provider



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Feature Services

[→ In Network Pharmacy Look Up Tool](#)[→ Formulary List](#)[→ Certificate of Coverage](#)[→ Transparency Notice & FAQs](#)[→ Interoperability](#)[→ Preventive Services Covered by Alliant](#)[→ Procedures Requiring Prior Authorization](#)[→ Enrollment Instructions for \\$0 Premium](#)[→ Symptom Checker](#)[→ Health & Wellness](#)



Rx Formulary List

Interactive Tool



In-Network Pharmacy Lookup Tool

Discover nearby pharmacies in your insurance network effortlessly with our In-Network Pharmacy Look-Up Tool.

→ [In Network Pharmacy Look Up Tool](#)



Pharmacy Mail Order Form

Discover nearby pharmacies in your insurance network effortlessly with our In-Network Pharmacy Look-Up Tool.

→ [Pharmacy Mail Order Form](#)

📅 2024 Plan Year

→ [Alliant/Prime Rx Net Results Formulary](#)

→ [Alliant/Prime Rx Look-Up Tool](#)

PDF version here



Live⁴It Rewards Program

Key Concepts: Live⁴It....L-I-V-E



Lifestyle & Environment

Mind, Body, Spirit
Income, Education,
Housing



Invest in One Another

Family
Friends
Philanthropy



Value Preventive Health

Preventive Exams
Healthy Weight
Reducing/Eliminating Addiction

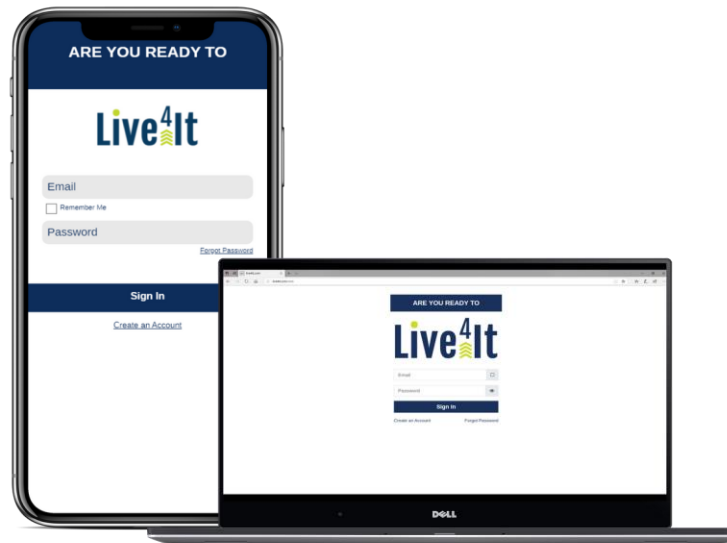


Eat, Drink & Be Merry

Nutrition
Sugar Intake
Emotional Vitality

How Live⁴It Works

- Download Live4It App/Portal & Join Expedition
- Engage in healthy behaviors and participate in activities
- Earn Expedition Points: 1 Point = \$1 Live4It Dollar = \$1.00
- Qualifying entrants* receive rewards on Live4It Alliant debit card (month after earned). The card serves as a way to earn and spend Live4It Dollars.



Why is Live⁴It Different?



Personalized



Common Platform



Member Focused



Community Connections

Program Details

Expedition Dates:
Based on Group Renewal Date
2024: 12 Months
“Alliant 4Corners 2024: January”

You will receive
Live⁴It Dollars¹ via Debit Mastercard®
(Live⁴It Alliant Benefits Card²)³.

Points cap 20 Expedition Points each
month. (\$240/Year Opportunity)

Expeditions are private.
A code is required to join an
Alliant 4Corners Expedition.

¹ 2024 Live⁴It Dollars are available to Qualified Entrants (Alliant Health Plans Subscribers, 18 years or older).

² Your Benefits Card will be mailed directly to you the month after: your effective date, first premium payment made, you join your Alliant 4Corners Expedition

³After receiving your Benefits Card, Live⁴It Dollars/Rewards will be loaded onto your card the month after they are earned. Dollars expire 30 days after termination of coverage.

Live⁴It Alliant SoloCare Expedition Point Values

<u>Concept Area</u>	<u>Section</u>	<u>Function</u>	<u>Point Value</u>
	Expedition	Join This Expedition	5
Lifestyle & Environment	Physical Activity	Step Count	0.1 per 4,000 steps
Value Preventive Health	Prevention	Colonoscopy, Flu Shot, Mammogram, Pap Smear, Preventive Eye Doctor Visit, Prostate Exam	5 each
		Preventive Health Exam	30
	Health Mapping	Questions	5
Eat, Drink & Be Merry	Mood Meter	Mood Meter Submission	0.1
	Video	Video/ Questions	Varies. See in App.
	Podcasts	Podcasts/ Questions	Varies. See in App.
	Excursions	Completion of Excursion	Varies. See in App.

Creating An Account

Step 1 of 3

REGISTRATION

*Email

*Confirm Email

*Create Password

Please create a password that contains a minimum of 8 characters, at least 1 uppercase letter and 1 special character.

*Confirm Password

Please make sure the two passwords are the same.

Submit

Cancel

Live4It

← Back

Step 2 of 3

REGISTRATION

*First Name

*Last Name

*Date of Birth

*Sex

☐ Female

☐ Male

*Ethnicity

*Race

*Language

*Home Zip Code

Cell Phone Number

Preferred Communication Method

Next

Cancel

Live4It

← Back

Step 3 of 3

REGISTRATION

END USER LICENSE Agreement

Health One Alliance, LLC on behalf of itself, its subsidiaries and affiliates, including d/b/a Live4It ("Live4It"), a Georgia limited liability company, is willing to provide to the person ("You" or "Your") clicking the "I Accept" button at the bottom of this End User License Agreement ("EULA") a license to use the Live4It App and Web Portal ("App"), in accordance with and subject to, and expressly conditioned upon, Your acceptance of the terms and conditions of this EULA. Please read this EULA carefully.

By clicking the "I Accept" button at the bottom of this EULA and proceeding to use the App, You agree to the terms and conditions of this EULA. By clicking "I Accept," You also represent and warrant to Live4It that You are of legal age to enter into this EULA. If You do not agree with the terms and conditions of this EULA, or if You are under the legal age to enter into this EULA, then Live4It is unwilling to provide the App to You, in which event You are not authorized to download, use, or otherwise access the App.

Submit

Cancel

Joining an Expedition


The screenshot shows the top of the Live4It mobile app. At the top is a navigation bar with the Live4It logo and a yellow bell icon. Below this is a light blue header with the word 'EXPEDITIONS' in white. Underneath is a dark blue button with the text 'Join Expedition' in white. The bottom of the screen features a grey navigation bar with three icons: a house, a lightbulb, and a circular arrow.

This screenshot shows the 'Join Expedition' screen. It includes the same top navigation bar and 'EXPEDITIONS' header. Below the 'Join Expedition' button, there is instructional text: 'Join an Expedition by scanning a QR code or entering a private code.' followed by a blue link 'Scan QR Code'. Below this is a text input field labeled 'Code' with a dark blue background. A note below the field states 'Code is case sensitive.' At the bottom of the form are two buttons: 'Cancel' and 'Join'. The bottom navigation bar is identical to the previous screen.

This screenshot shows the 'ALLIANT SOLOCARE' screen. It has the same top navigation bar. Below the header is a dark blue bar with the text 'ALLIANT SOLOCARE' in white. Underneath is a form with a label 'Organization' and a text input field containing 'Alliant Health Plans'. Below this are two radio button options: 'I am a Subscriber at Alliant Health Plans' (which is selected) and 'I am a Spouse or Dependent of a Subscriber at Alliant Health Plans'. A red tip is overlaid on the screen: 'Tip: Live4It is for everyone*. A spouse/dependent is eligible to join an Expedition, however, incentives (Live4It Dollars) are only available to Qualified Entrants (Alliant Health Plan subscribers). *18 years or older'. At the bottom is a dark blue button labeled 'Submit'. The bottom navigation bar is identical to the previous screens.

This screenshot shows the 'ALLIANT SOLOCARE' screen with the 'Special Access' section. It has the same top navigation bar. Below the header is a dark blue bar with the text 'ALLIANT SOLOCARE' in white. Underneath is a section titled 'Special Access *' with explanatory text: 'To have Special Access to population health information and eligibility for incentives, we will need to share your information with Alliant Health Plans, Inc./Alliant Health Plans. Do you wish to share your information and elect Special Access?'. Below this text are two radio button options: 'Yes' and 'No'. At the bottom is a dark blue button labeled 'Submit'. The bottom navigation bar is identical to the previous screens.

Tip: Special Access is the process in which you grant your Employer and Alliant Health Plans permission to access certain data elements needed to award incentives, as applicable. To earn incentives, as applicable, you must select **Yes** to Special Access and **acknowledge** the Authorization and Sharing of Information document when joining the HOA Expedition.



ALLIANT SOLOCARE

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AUTHORIZATION AND SHARING OF INFORMATION

I hereby provide and acknowledge that I am of the legal age to contract and to make independent decisions regarding my health information and any protected health information. As an individual with the capacity to contract and provide consent and authorizations, I hereby voluntarily acknowledge and agree to comply with the term of this End User License Agreement.

Authorization to Share Information. By accepting this Agreement, You authorize Company to disclose the User Content (defined herein) with those entities and individuals You (i) list on Your account profile, (ii) provide Your unique access number and/or electronic invitation to a third-party for the purposes of accessing Your account (if applicable), (iii) otherwise designate by notifying Company; (iv) **[Alliant Health Plans, Inc.]** and/or **[Alliant Health Plans]**; (v) as permitted by this Agreement; or (vi) as Required by Law. User Content means any and all data that You enter into the portal, that You authorize being released into the portal by a payer or healthcare provider, including without limitation patient identifiable health information that may constitute "Protected Health Information" as defined by the Health Insurance Portability and Accountability Act of 1996, as

☐

I acknowledge the Authorization and Sharing of Information.




*By an



Submit


n

Special Access can be revoked in Expedition Details at any time. Incentives, as applicable may vary by Expedition. Please see Expedition Rules for additional information regarding user and incentive eligibility.

Submit



ALLIANT SOLOCARE

Special Access *

To have Special Access to population health information and eligibility for incentives, we will need to share your information with Alliant Health Plans, Inc./Alliant Health Plans. Do you wish to share your information and elect Special Access?

☒ Yes
 ☐ No

Mailing Address

Line 1

Line 2

City

State

▼




Zip Code




Are you insured through a(n) Alliant Health Plans, Inc. sponsored program?

☐ Yes
 ☐ No

*By selecting "Yes", you must also acknowledge the Authorization and Sharing of Information to be eligible for Special Access. Special Access can be revoked in Expedition Details at any time. Incentives, as applicable may vary by Expedition. Please see Expedition Rules for additional information regarding user and incentive eligibility.

Submit

ALLIANT SOLOCARE

Special Access *

To have Special Access to population health information and eligibility for incentives, we will need to share your information with Alliant Health Plans, Inc./Alliant Health Plans. Do you wish to share your information and elect Special Access?

☒ Yes
 ☐ No

Mailing Address

Line 1

Line 2

City

State

▼

Zip Code

Are you insured through a(n) Alliant Health Plans, Inc. sponsored program?

☒ Yes
 ☐ No

Health Plan

▼




Member ID *



Your Date of Birth

Your Name *

*By selecting "Yes", you must also acknowledge the Authorization and Sharing of Information to be eligible for Special Access. Special Access can be revoked in Expedition Details at any time. Incentives, as applicable may vary by Expedition. Please see Expedition Rules for additional information regarding user and incentive eligibility.

Submit

ALLIANT SOLOCARE

Special Access *

To have Special Access to population health information and eligibility for incentives, we will need to share your information with Alliant Health Plans, Inc./Alliant Health Plans. Do you wish to share your information and elect Special Access?

☒ Yes
 ☐ No

Mailing Address

Line 1

Line 2

City

State

Zip Code

Are you insured through a(n) Alliant Health Plans, Inc. sponsored program?

☒ Yes
 ☐ No

Health Plan

Member ID *




Your Date of Birth

Your Name *

Alliant SoloCare

*By selecting "Yes", you must also acknowledge the Authorization and Sharing of Information to be eligible for Special Access. Special Access can be revoked in Expedition Details at any time. Incentives, as applicable may vary by Expedition. Please see Expedition Rules for additional information regarding user and incentive eligibility.

Submit

ALLIANT SOLOCARE

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EXPEDITION RULES

X

Lorem ipsum dolor sit amet, ad tale convenire theophrastus quo. Ad nam aperiri sententiae efficiendi. Vim debet blandit ut, eos ut possit luptatum, sea summo menandri instructor an. Cu vitae soluta eam. Id sit virtute ornatus, ea vim quot natum. Ad graeci quodsi eos. Deserunt pericula ea his, vis no simul vocent praesent, est in hinc deserunt delicata.

☐ No tritani periculis eos, soleat reprimique ne ius, eu malis paulo ludus est. Tation saperet et eam, ex mei debet omnium, ei quo eros dolorum convenire. Sed no phaedrum intellegat intellegebat, usu veniam accommodate ei. Ius ne ferri congue evertitur, eu usu alia dicit. Id eos novum interpretaris, dicam graeco aliquam nam ea. Nostro fabellas eos cu, aeterno mediocrem reprehendunt sit eu. Mei veri laboramus rationibus ea, solet epicuri ancillae et eum.

Nulla utroque eam ad. Ad per augue meliore inductum. Quo proba altera an. Id illud repudiare vix. Cum apeirian explicari abhorreant ei, qui et solet pericula, qui et legendos reprimique.

☐ I agree to the Expedition Rules.

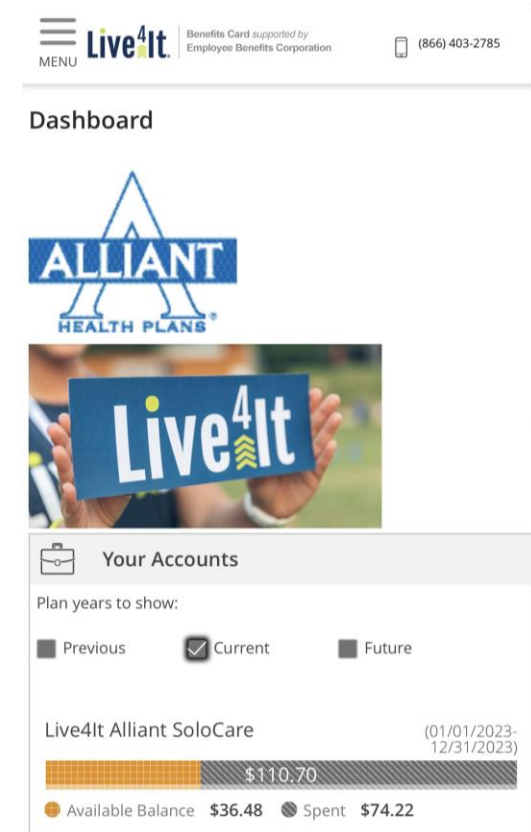
*By
anc

Join

Special Access can be revoked in Expedition Details at any time.
Incentives, as applicable may vary by Expedition. Please see Expedition Rules for additional information regarding user and incentive eligibility.

Submit

Live⁴It Alliant Benefits Card



Live⁴It Alliant Benefits Card

Qualifying Entrants will be eligible to receive Live⁴It Dollars/Rewards on a Debit Mastercard® (the Live⁴It Alliant Benefits Card). This Benefits Card will be mailed directly to you the month after:

Your effective date
(date on which your benefits begin in 2024)

You join your Alliant Expedition
(by entering your provided private code)

Debit cards typically arrive 10-14 business days after they are issued

Live⁴It Alliant Group Card Details

- Your Live⁴It Alliant Benefits Card will activate the first time you use it and can be used at a **variety of merchants**.
- Your Benefits Card will be mailed the month after you join the Expedition and points are earned.
- After receiving your Benefits Card, Live⁴It Dollars/Rewards will be loaded onto your card the **month after they are earned**.
- **Dollars expire 30 days after termination of coverage.***
- Qualifying Entrants must be participating in the Expedition, insured, and enrolled in a plan through Alliant Health Plans on the date incentives are awarded, applied, and paid.

Thank You!

AlliantPlans.com

866-403-2785

VFraire@AlliantPlans.com

