Looking for health insurance for 2017 through HealthCare.gov? We’ve created new state-specific Transgender Health Insurance Guides to help you better understand your options and select a plan that meets your needs and fits your budget.

- To see our analysis of transgender exclusions in silver plans sold through HealthCare.gov, check out: Transgender Health Insurance Guide for 2017: Georgia. These ratings were compiled by Out2Enroll through a review of silver marketplace plans only. Out2Enroll did not contact insurance companies to verify this information. In addition, plans may have other exclusions (such as cosmetic exclusions) that may impact your coverage so you should carefully review each plan to ensure it meets your needs. Not all insurers offer coverage in all areas of the state so carefully review the options in your area.

- To see more detailed information about each silver plan, check out the documents below. Insurance companies are listed in bold and we have included links to each plan’s specific Summary of Benefits & Coverage (a summary of plan features and out-of-pocket costs) and Evidence of Coverage (detailed plan information that includes coverage exclusions and limitations). Transgender and cosmetic exclusions will only be found in the Evidence of Coverage documents. We strongly recommend that you review both of these documents before selecting a 2017 marketplace plan.

If you still have questions about choosing a plan, we can help. Make an appointment with an LGBT-friendly expert who can help you consider your options and enroll for free.

<table>
<thead>
<tr>
<th>BlueCross BlueShield Healthcare Plan of Georgia</th>
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<tbody>
<tr>
<td>BCBSHP Silver Core Pathway HMO 5300</td>
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<tr>
<td>BCBSHP Silver Pathway Guided Access HMO 10% for HSA</td>
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## Disclaimer

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<tr>
<td>BCBSHP Silver DirectAccess, a Multi-State Plan</td>
<td><a href="https://www.sbc.anthem.com/dps/ccd1G64">https://www.sbc.anthem.com/dps/ccd1G64</a></td>
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### Ambetter Balanced Care

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<th>Plan Name</th>
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**Ambetter Balanced Care 10 (2017)**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 3 (2017)**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 4 (2017)**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 12 (2017)**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 1 (2017) + Vision**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 2 (2017) + Vision**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 10 (2017) + Vision**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 3 (2017) + Vision**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 1 (2017) + Vision + Adult Dental**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 2 (2017) + Vision + Adult Dental**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 10 (2017) + Vision + Adult Dental**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Ambetter Balanced Care 3 (2017) + Vision + Adult Dental**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Kaiser Permanente**

**KP GA Silver 2000/30**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**KP GA Silver 3000/30**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**KP GA Silver 2750/20% HSA**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**KP GA Silver Std 3500/30**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Humana**

**Humana Silver 3550/Atlanta HMOx**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Humana Silver 3550/Columbus GA HMOx**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

**Humana Silver 3550/Macon HMOx**
- **Summary of Benefits & Coverage**
- **Evidence of Coverage**

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<td>Humana Silver 3550/Savannah HMOx</td>
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<tr>
<td>Alliant</td>
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<tr>
<td>SoloCare Silver PPO 40007</td>
<td>Summary of Benefits &amp; Coverage</td>
<td>Evidence of Coverage – unavailable</td>
</tr>
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<td>SoloCare Silver PPO 40010</td>
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