Welcome

to your health benefits

Welcome

to your health benefits

Table of Contents

Allegiance℠
by Cigna Healthcare

Identification Cards

Dear Plan Member,

Welcome to your Health Plan administered by Cigna's Third Party Administrator (TPA), Allegiance Benefit Plan Management (Allegiance). We offer the highest quality service in claims administration and management.
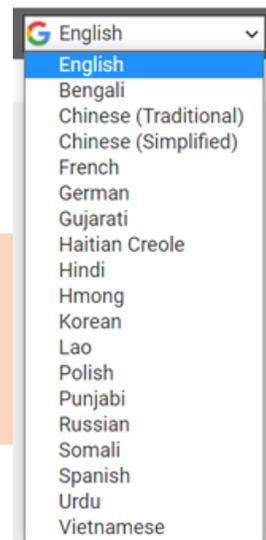
You will be receiving a new identification card (ID card) once you enroll in the plan.

This card is important as it contains your group number and provides claims filing information. It is your responsibility to inform your healthcare providers of the information on the ID card.

Please make sure you present your Allegiance ID card each time you visit a provider and pharmacy.

To translate the Allegiance Member Portal to a different language, click the Google Translate drop down menu in the upper right corner, then choose your preferred language.

G English
English
Bengali
Chinese (Traditional)
Chinese (Simplified)
French
German
Gujarati
Haitian Creole
Hindi
Hmong
Korean
Lao
Polish
Punjabi
Russian
Somali
Spanish
Urdu
Vietnamese

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by Cigna Healthcare

Sample ID Cards

Front of Card: All Health Plans

CCPS Collier County Public Schools

FOR ELIGIBILITY/BENEFITS
www.askallegiance.com/ivr
270/271 EDI Transactions Payer ID: 81040
1-855-333-1012
www.askallegiance.com/ccps

Allegiance by Cigna Healthcare

Member
Collier County Public Schools
Group ID No.: 2003022
Covered Person: JOHN SAMPLE
Participant ID#: SMPL0001
Type of Coverage   *Effective Date*
Medical

Dependent(s)
JANE SAMPLE
JIMMY SAMPLE

Medical Network
cigna Open Access Plus

Community Health Partners

No Referral Required

In Collier County: CHP Network
Outside Collier County: Cigna OAP Network

Pharmacy Plan
RxBIN: 014179
RxPCN: 9743
RxGRP: 10131

BeneCard PBF

Member Services: 888-907-0070
Pharmacy Help desk: 888-907-0050
www.benecardpbf.com

Back of Card: Basic Pathway

Claims Submission
CHP Providers submit claims to:
Allegiance   PO Box 3018
Missoula, MT 59806   Payer ID 81040

Other Providers submit claims to:
Cigna Healthcare   PO Box 188061
Chattanooga, TN 37422-8061   Payer ID: 62308

Allegiance Online Verification of Benefits:
www.askallegiance.com/ivr
270/271 EDI Transactions   Payer ID: 81040

Mail PBM Claims to:
BeneCard PBF   5040 Ritter Rd
Mechanicsburg, PA 17055

AWAY FROM HOME CARE

Utilization
PRE-CERTIFICATION: Contact CHP at 1-239-659-7770 or 1-888-594-9008. Failure to pre-certify certain benefits may result in reduced benefits. Pre-certification is not a guarantee of benefit levels.

CHARGES FOR EMERGENCY ROOM SERVICES FOR NON-EMERGENCY USE INCLUDING THE FACILITY AND PROFESSIONAL FEES ARE NOT COVERED.

We encourage you to use a Primary Care Provider as a valuable resource and personal health advocate.

Deductible Information
Basic Pathway

	In Network	Out of Network
Ind/Fam Ded	$3,750/$7,500	$6,000/$12,000
Ind/Fam OOP	$5,500/$11,000	$16,000/$32,000
Copay: 40% after Deductible		

Important Numbers
24 hour Verification of Coverage: (406) 523-3199
Customer Service: 1-855-333-1012
Visit Our Website at: www.askallegiance.com/ccps

To verify provider participation, CHP providers call 1-239-659-7760 or www.chealthpartners.com.

To verify Cigna providers go to www.askallegiance.com/ccps

CHP Emotional Wellness Program, call 1-239-659-7751.

BeneCard PBF: For Prior Auth/DUR - 888-723-6001

Telemedicine: Recuro 855-6RECURO or recurohealth.com

This card does not guarantee eligibility or payment.

Back of Card: Custom Pathway

Claims Submission
CHP Providers submit claims to:
Allegiance   PO Box 3018
Missoula, MT 59806   Payer ID 81040

Other Providers submit claims to:
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Visit Our Website at: www.askallegiance.com/ccps

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To verify Cigna providers go to www.askallegiance.com/ccps

CHP Emotional Wellness Program, call 1-239-659-7751.

BeneCard PBF: For Prior Auth/DUR - 888-723-6001

Telemedicine: Recuro 855-6RECURO or recurohealth.com

This card does not guarantee eligibility or payment.

Deductible Information
Custom Pathway

	In Network	Out of Network
Ind/Fam Ded	$1,250/$2,500	$1,300/$2,600
Ind/Fam OOP	$5,000/$10,000	$8,500/$17,000
Copay PCP $50 SPC $75		

Back of Card: Enhanced Pathway

Claims Submission
CHP Providers submit claims to:
Allegiance   PO Box 3018
Missoula, MT 59806   Payer ID 81040

Other Providers submit claims to:
Cigna Healthcare   PO Box 188061
Chattanooga, TN 37422-8061   Payer ID: 62308

Allegiance Online Verification of Benefits:
www.askallegiance.com/ivr
270/271 EDI Transactions   Payer ID: 81040

Mail PBM Claims to:
BeneCard PBF   5040 Ritter Rd
Mechanicsburg, PA 17055

AWAY FROM HOME CARE

Utilization
PRE-CERTIFICATION: Contact CHP at 1-239-659-7770 or 1-888-594-9008. Failure to pre-certify certain benefits may result in reduced benefits. Pre-certification is not a guarantee of benefit levels.

CHARGES FOR EMERGENCY ROOM SERVICES FOR NON-EMERGENCY USE INCLUDING THE FACILITY AND PROFESSIONAL FEES ARE NOT COVERED.

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Deductible Information
Enhanced Pathway

	In Network	Out of Network
Ind/Fam Ded	$500/$1,000	$800/$1,600
Ind/Fam OOP	$3,000/$6,000	$4,800/$9,600
Copay PCP $30 SPC $50		

Important Numbers
24 hour Verification of Coverage: (406) 523-3199
Customer Service: 1-855-333-1012
Visit Our Website at: www.askallegiance.com/ccps

To verify provider participation, CHP providers call 1-239-659-7760 or www.chealthpartners.com.

To verify Cigna providers go to www.askallegiance.com/ccps

CHP Emotional Wellness Program, call 1-239-659-7751.

BeneCard PBF: For Prior Auth/DUR - 888-723-6001

Telemedicine: Recuro 855-6RECURO or recurohealth.com

This card does not guarantee eligibility or payment.

Please present your new ID card to your healthcare providers to prevent any disruption with your claims. Your card may not be identical to the sample card.

Allegiance SM by Cigna Healthcare

Important Features
to notice on your ID Card

Please present your new ID card to your healthcare providers to prevent any disruption with your claims. Your card may not be identical to the sample card.

Group Name
The name of your Group. In most cases, this is your employer.

Group ID Number
The identification number for your Group. Please refer to this number if you call or write about your claim.

Pharmacy Coverage
You will see the logo of your pharmacy benefit manager and the BIN/PCN numbers. Your pharmacy will use this information, along with the employee alternate ID number or social security number and patient's date of birth, to process your prescription claims. For assistance, call the Member and Rx Helpline number.

Participant ID Number
The identification number assigned to you, the member. This is individual and unique to you.

Type of Coverage
Your plan elections under your Group. This will show the coverage(s) you are enrolled in and your enrollment election.

Network Logos
The logos of each network you can access for in-network benefits. Please see the Network Provider section of the booklet if you need assistance locating an in-network provider.

Effective Date
The date coverage began or a change with your plan took place.

Claims Submission
The address for claims submission. Most providers will submit claims on your behalf.

Covered Person
Name of the employee who is the insured. Please note that an employee can present their ID card for any individuals covered under the plan as the filing information is all the same.

Pre-Notification / Utilization Management
Refer to your Summary Plan Description booklet for complete pre-certification information. You can also view more information regarding the program in the Utilization Management section of this booklet.

Away from Home Care
Lets providers know you are accessing the Cigna network outside your local network area.

Customer Service
Contact information to obtain additional information regarding your claims, eligibility, benefit questions, etc. The website provides access to find a provider, important forms, online account review, EOBs and other personalized information. You can review this information online if active on the plan, or call our customer service team for assistance.

The toll-free Customer Service number is 1-855-333-1012. Our website is www.AskAllegiance.com/CCPS and provides the status of submitted claims, a summary of recent online activity, and direct links to a network provider website for lists of participating providers and their locations.

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Network Providers

Network Providers are organizations that include local physicians and healthcare professionals in your area. A network provider is not an insurance company or HMO.

Rather, it is a collection of healthcare providers who agree to submit claim forms on your behalf and accept an agreed-upon payment so you do not receive any surprise bills.

You will be responsible for any remaining deductible or coinsurance outside of what the plan pays for Eligible Charges.

Advantages of Using the Network Providers: OAP

As a plan participant, you are free to go to any provider you choose for services covered by the plan. However, by utilizing a network provider, you can save on out-of-pocket expenses. The amount of money you may save by using the network provider will vary depending on the provider, the service provided and the details of your health benefit plan.

However, if you receive services from an out-of-network provider, you may be responsible for costs that would not be associated with an in-network provider.
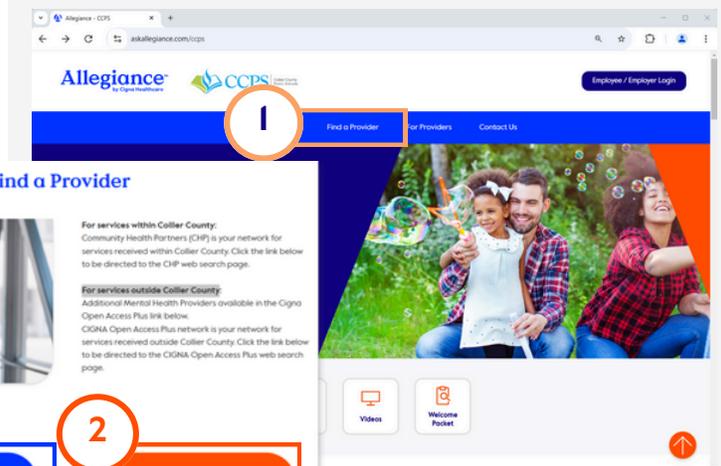
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How To Find Network Providers

There are two ways to access information regarding network providers in your area:

- Via the internet by using the instructions below
- By contacting customer service at 1-855-333-1012 and requesting the names of providers in your area

1 Go to **www.AskAllegiance.com/CCPS** and click on **Find Provider.**

For services outside Collier County

2 From the Find a Provider page, members searching for a provider outside of Collier County should click on **Cigna Open Access Plus.**

3 You will be redirected to the Cigna Provider Directory. Here you can search **Doctor by Type, Doctor by Name,** or **Health Facilities and Group Practices** within any city entered into the search bar.

Enter the specific information you are searching for or choose from the pre-populated options in the drop down menu. Click **Search.**

You will be prompted to either log into your Cigna account, create a Cigna account, or to continue your search as a guest.

4 If you continue as a guest, you will be asked to **select your plan type**. Click on the **Open Access Plus, OA plus, Choice Fund OA Plus** link.

For Services Within Collier County

2 From the Find a Provider page, members searching for a provider within Collier County should click on **Community Health Partners.**

3 You will be redirected to the Community Health Partners homepage. Click on **Provider Search**, then follow the prompts to search their directory.
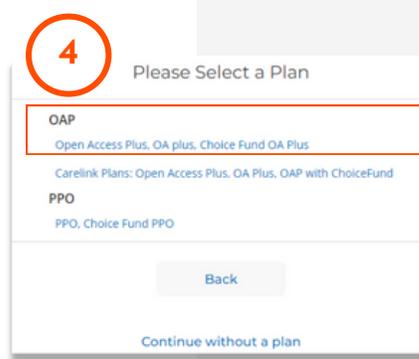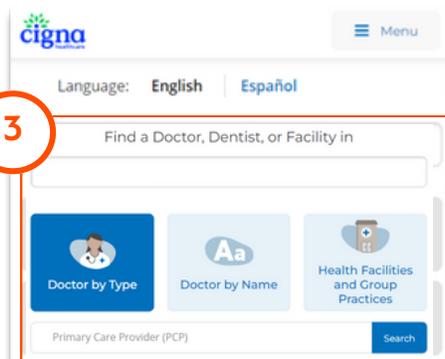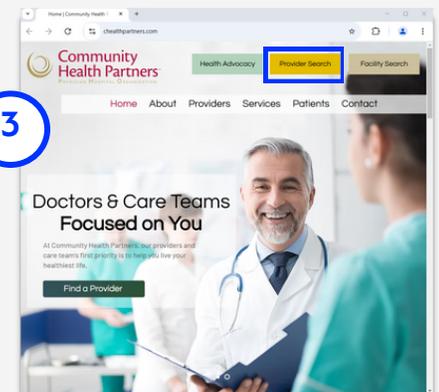
Please Note | The listing of network providers is subject to change without notice. Before receiving services, please verify with the provider that they are still a participating provider.

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Online Services

At Allegiance, our number one priority is taking care of our members. We offer broad online access while following security guidelines on the Allegiance website, putting benefits and claims information at your fingertips.

Our website offers personalized services with the click of a mouse. By registering, you will have 24-hour access to information regarding your health plan. You can check the status of a claim, review coverage and benefits, and verify who is covered under your plan.

Online services also give you the option to submit requests for additional identification cards.
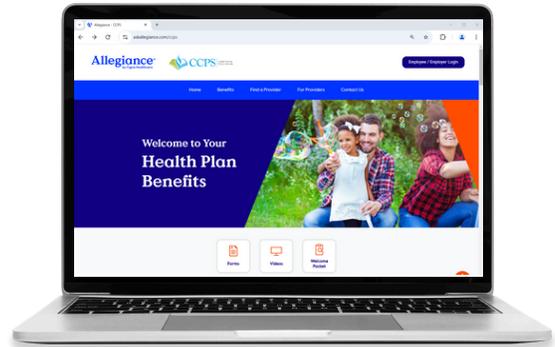
These services are also available through the Allegiance Mobile App available in Google Play and Apple App stores.
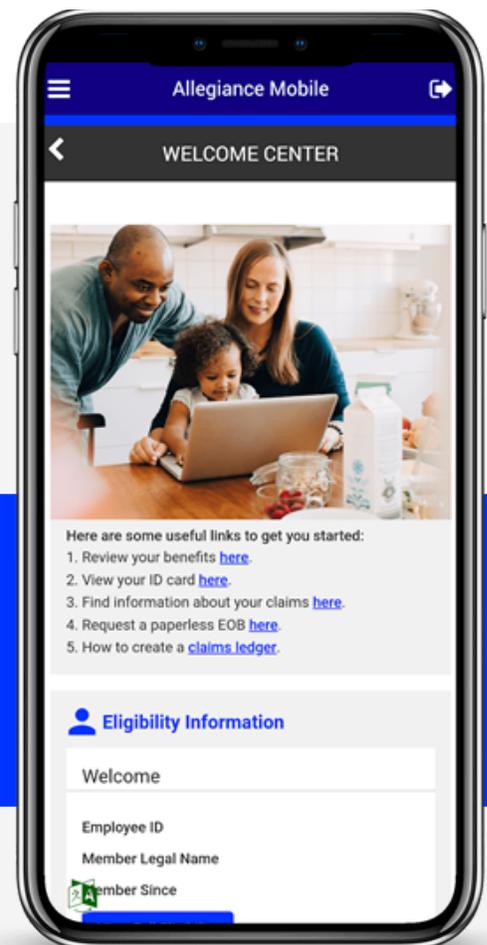
General Questions

Claims Procedure

In most instances, you will only need to present your new ID card to your physician, hospital, or other healthcare provider. Most providers will take the claims information from your card and file on your behalf.

If you need to file a claim directly, please submit to the address on the back of your card or use the online claims submission tool.

Service Questions

If you have a benefit question, you may call customer service at 1-855-333-1012. The Customer Service Department is available from 8:00 AM - 7:00 PM Eastern Time (ET). Our staff will be available to assist you with any questions or problems you may have.

If you have a question regarding whether or not a claim has been received and the current status, there are two additional options to access that information. These options are available 24 hours a day, seven days a week.

Interactive Voice Response (VR) System

- Call 1-855-333-1012 to reach an auto-attendant.
- Follow the voice prompts to check on your claim.
- You will need the 12-digit alternate ID number or your 9-digit Social Security number and date of service for the claim to complete the inquiry.

Sign up for online access to your Claims Data

This process is described in detail on the online features page of this booklet on page 13.

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Life of a Claim

from Submission to Payment

1 **Provider Submits the Claim**

The healthcare provider's billing team creates an electronic claim with patient services provided and submits it to Cigna.

2 **Network Pricing**

Cigna reviews the claim based on the provider contract to apply the appropriate in-network discount, then forwards the claim to Allegiance for processing.

3 **Claim Received by Allegiance**

Upon receipt of the claim by Allegiance, the claim gets indexed (or uploaded) to the appropriate member's account for review by the claims examiner.

4 **Claim Processed**

The claims examiner will review and process the claim towards the appropriate benefits available through the plan.

5 **Ready for Payment**

After processing by the claims examiner, the claim is pended for funding and release of payment.

All claims that have processed under the plan will finalize processing at the same scheduled time.

6 **Payment Issued**

After the claim has been finalized and funded, payment will be released to the healthcare provider.

At the same time, an Explanation of Benefits (EOB) Summary will be available online for review by the member. The EOB shows how the claim processed and what the potential out-of-pocket expense could be.

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How to Submit a Claim

Your healthcare provider is encouraged to submit claims on your behalf, but if you ever need to submit a claim directly, Allegiance makes it easy with an online tool.

The following steps outline the process to submit a claim online at **www.AskAllegiance.com/CCPS**.

1   Go to **www.AskAllegiance.com/CCPS**.

2   Select **Forms.**

**3**   Click **Submit a Medical Claim.**

4   Enter your Health Plan Participant ID or Social Security Number as well as your Date of Birth. Click **Search.**

5   If you entered your Health Plan Participant ID, a dropdown will appear for you to select the specific family member that received the service. Select the appropriate member name and click continue.

If you entered a Social Security Number, you may be prompted to select a group; please select the group that represents the member's current health plan, then click continue.
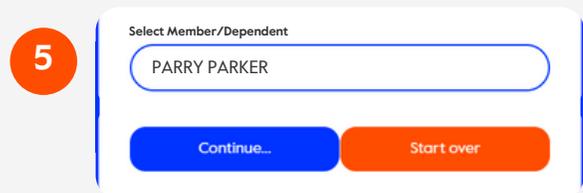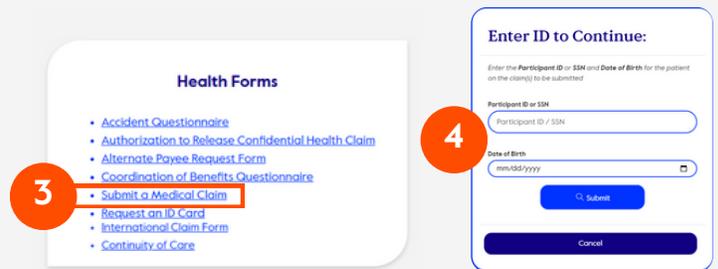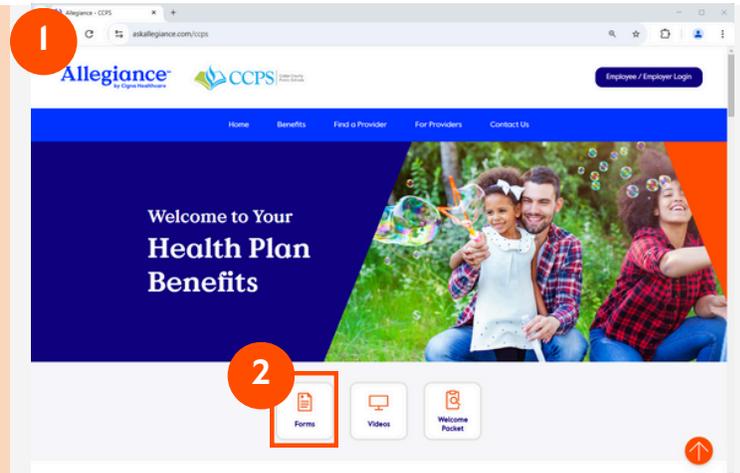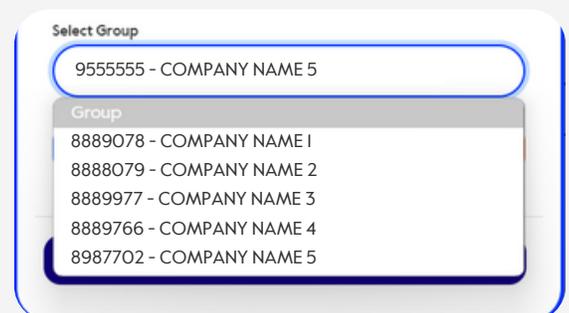
How To Submit a Claim
continued

6 The member information will pre-populate based on what is in our system. If the member email and/or phone number do not pre-populate, please add this information so our team can easily reach you if needed.

7 Under **Health Claim Information**, click **+ Add Claim.**

8 Enter the provider name and other related claim information **AS SPECIFIED ON YOUR BILL.** If the claim represents multiple dates of service, deselect the **Same day service** button and enter the date range for the claim. Once you have entered all of the necessary information, click **+ Add.**

9 Attach the claim documentation file. The file can be a scan, picture, or other file type representing claim documentation (ex: picture of the receipt from the provider). Click **Add Files,** select the document you wish to upload, then click **Open.**

10 Enter any additional information in the **Additional Comments** section at the bottom of the screen.

11 Once you have entered all of your claim information, click **Submit**. Allegiance will process your request and reach out with any questions.
Once your claim is submitted, you will receive a confirmation number. Recording your confirmation number is advised.

Submit a Claim

Contact Information
Name   Phone
( ) -
Email

Health Claim Information
+ Add Claim
Total Charges: $0.00

Uploaded Files
Accepted File Types: jpg, png, tiff, pdf
Size Limit: 10 MB per file
+ Add Files   Files: 0   Size: 0

Additional Health Claim Information   ✕

Provider name

Service description

Service date
From   mm/dd/yyyy

☑ Same day service

Charge
$ 0.00

+ Add   Cancel

Submit a Claim

Contact Information
Name   Phone
( ) -
Email

Health Claim Information
+ Add Claim
Total Charges: $0.00

Uploaded Files
Accepted File Types: jpg, png, tiff, pdf
Size Limit: 10 MB per file
+ Add Files   Files: 0   Size: 0

Additional Comments

Submit

Please Note | Once submitted, it can take up to three business days for the claim to appear online and 14-30 business days to receive payment.

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Online Features for Members

Login to the Allegiance Member Portal for instant access to claim status, eligibility, benefits information, ID cards, and more. This guide will provide an overview on navigating the site and using its services. To get started, create a login at **www.AskAllegiance.com/CCPS.**
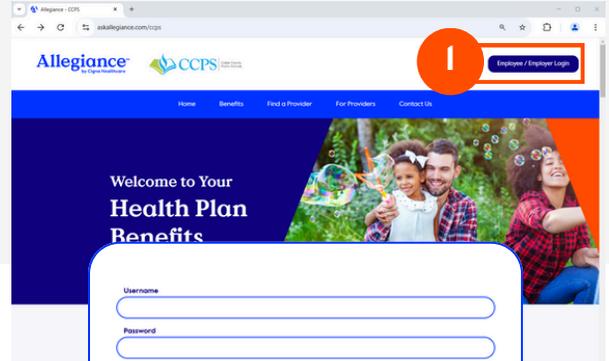
Logging In

1 Click on **Employee/Employer Login** at the top right corner of the home page.

2 To create login credentials, click the **Register New User** button at the bottom right of the login box. You will be asked to **verify your identity**.

Once you enter this information, the system will ask you to **create a username and password**. Please note the specific character and length requirements.

After creating credentials, the system will return you to the main login page. Enter your newly created username and password to continue on to the online member portal.

3 The Allegiance online portal allows you to access multiple Allegiance services through a single login. After entering your username and password credentials, please **select the service you need**. Note that depending on which services are elected, some members may see one or multiple options.

Online Services

4 The **WELCOME CENTER** includes an overview of your key Health Plan information. Review eligibility, recent claims, and more all from this home page.

5 **MY BENEFITS** shows demographic information for you and any enrolled dependents as well as all active plan information.

6 The **CLAIMS** page has views for all processed claims as well as a tab for in-process claims. The **Type** and **Date Range** boxes allow you to filter claims.
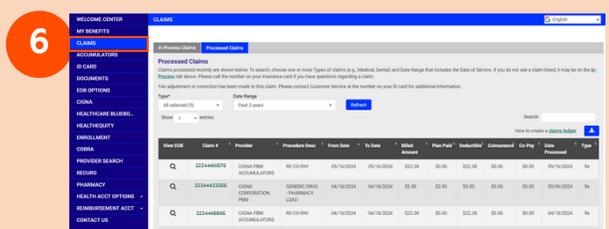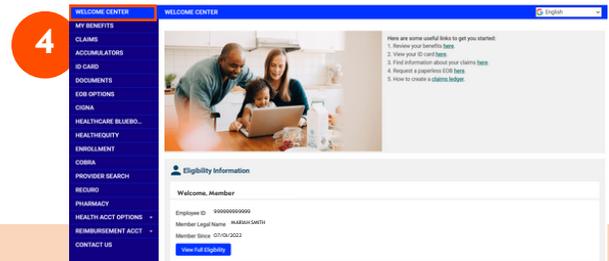
Online Features for Members
continued

7 Select the **Claim Number** to pull up a detailed view of a specific claim or click the **EOB** button to load your Explanation of Benefits.

8 On the **ACCUMULATORS** page, you can review your current accumulator status including Single and Family deductibles and out-of-pocket maximums.

9 Under **ID CARD**, clicking the **Get ID Card Now** button will instantly load an electronic version of your ID card.

10 If you need a replacement hard copy ID card, select **Request ID Card by Mail**. Complete the short form and confirm the address for your card; Allegiance will verify your information and a new card will be mailed to you.

11 For your Summary Plan Document, Summary of Benefits & Coverage, and other important materials, go to the **DOCUMENTS** page.

12 By registering for the Allegiance member portal, you can get all of your EOBs delivered to your preferred email. No more waiting for important documents to arrive in the mail or hunting through stacks of paper. Select **EOB OPTIONS** on the left-hand menu to update your preferred email or change your EOB preferences.

13 Depending on your Health Plan, you may see additional options such as **HEALTHCARE BLUEBOOK**, **PROVIDER SEARCH**, and others. These links will connect you to other online services through a single sign-on (SSO). For all SSO links, please make sure to disable any pop-up blockers enabled by your browser as they will prevent the page from loading.
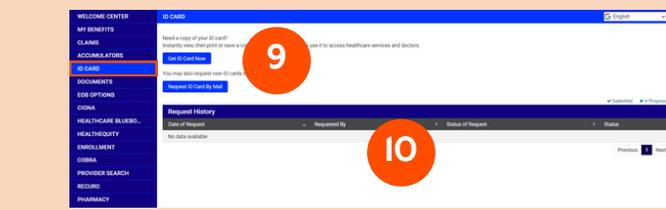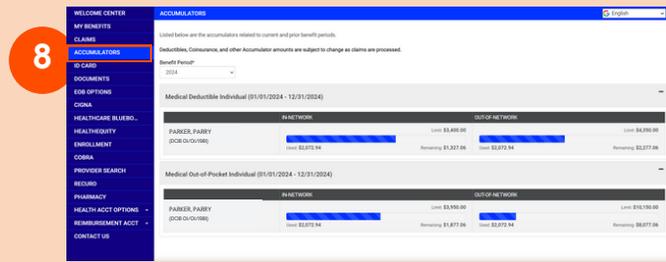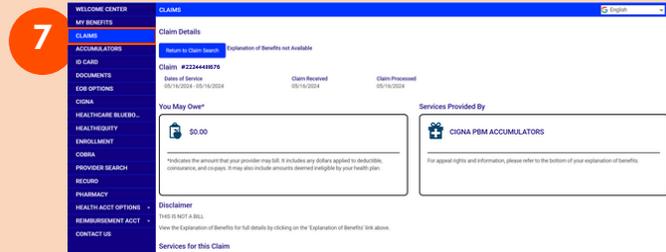
The Allegiance Member Portal provides all of the information you need to manage your Health Plan; but if you ever have questions about the portal or any of your benefits, please call your dedicated customer service representatives at the services number on your Health Plan ID Card.

Allegiance
by Cigna Healthcare

Sample Explanation of Benefits

Allegiance
by Cigna Healthcare

1 — Allegiance Benefit Plan Management, Inc.
P.O. Box 3018
Missoula MT 59806-3018

Forwarding Service Requested

Explanation of Benefits

Please retain for your records.
It is the only copy you will receive.

THIS IS NOT A BILL

2 — SIMON SAMPLE
123 ANYSTREET BLVD
ANYTOWN, MT 59801

J6C9   11,933

Customer Service

3 — **Group Name:** ABC COMPANY
4 — **Group #:** 2009999
5 — **Date:** 10/18/2024
6 — **EOB #:** 221018TRX7

7 — Claim status information or verification of benefits may be obtained 24 hours a day by accessing our website at DHPaceBenefits.com or our Interactive Voice Response (IVR) system at (406) 523-3199. For answers to other questions please contact Customer Service at (855) 497-1229. **8**

9 — Claim: 202412113J88B **11** — Member ID: XXXXXXXX9999 Employee: SIMON SAMPLE **13** — Patient Account #: 1999998887757575
10 — Patient: SIMON SAMPLE DOB: 01/13/XXX **12** — Provider: ANNIE GOOD MD

Treatment Dates (14)	Procedure (16)	Billed Amount (17)	Ineligible Amount (18)	Reference Code (19)	Adjustments (20)	Deductible (21)	Co-pay Amount (22)	Co-Insurance (23)	Paid At (24)	Payment Amount (25)
04/21-04/21/2023	trichomonas amplified	$46.10	$0.00	12634	$36.10	$0.00	$0.00	$0.00	0%	$0.00
04/21-04/21/2023	procudure trach amp	$23.40	$0.00	12634	$53.40	$0.00	$0.00	$0.00	0%	$0.00
04/21-04/21/2023	dna amp trach	$94.50	$0.00	12634	$54.50	$0.00	$0.00	$0.00	0%	$0.00
Column Totals		$144.00	$0.00		$144.00	$0.00	$0.00	$0.00		$0.00

26 — Other Insurance Credits $0.00
27 — Adjusted Payment $0.00

15 — **You MAY owe the provider.....** **$0.00**

Reference Code Description (28)

Code	Description
12634	Multiplan PPO discount. The patient is not responsible for this amount.

Appeal Rights (29)

Appeal procedures are printed as the last page of this document.

Deductible/Out of Pocket Summary (30)

Member Name	Description	Current Period	Amount Met	Past Period	Amount Met
COLLIN	PPO DEDUCTIBLE	01/01/24	$328.63		
COLLIN	PPO OUT OF POCKET	01/01/24	$393.63		
Family Totals:	NON-PPO DEDUCTIBLE	01/01/24	$122.25		
Family Totals:	PPO DEDUCTIBLE	01/01/24	$1,200.51		
Family Totals:	NON-PPO OOP	01/01/24	$122.25		
Family Totals:	PPO OUT OF POCKET	01/01/24	$3,616.08		

Allegiance
by Cigna Healthcare

How To Read Your Explanation of Benefits (EOB)

Below is a description of your Explanation of Benefits (EOB). The numbers correspond with the numbers on the sample copy of the EOB on the previous page of this booklet.

1. Claims Processing Office
This is the location of the claims processing office. You can write to customer service at this location.

2. Address
The name and address where the EOB is being mailed.

3. Group Name
The name of your Group (in most cases, this is your employer).

4. Group Number
The identification number for your Group. Please refer to this number if you call or write about your claim.

5. Date
The date the EOB was issued.

6. EOB Number
Reference number for Explanation of Benefits look-up.

7. General Customer Service Website
Contact information to obtain additional information regarding your claim.

8. Customer Service Phone Number
Your group's custom customer service phone number to obtain additional information regarding your claim.

9. Claim Number
The unique identification number assigned to this claim. Please refer to this number if you call or write about this claim.

10. Patient Name
The name of the individual for whom services were rendered or supplies were furnished.

11. Member ID
Employee's unique identification number. Refer to this ID number if you call or write about your claim.

12. Provider
The name of the person or organization who rendered the service or provided the medical supplies.

13. Patient Account Number
This is your account number assigned by the service provider.

14. Treatment Dates
The date(s) on which services were rendered.

The Coordination of Benefits provisions are applied as outlined in your Summary Plan Description. Amounts not paid by your primary carrier may or may not be paid in full by this plan.

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15. Patient Responsibility
After all benefits have been calculated, this is the amount for which the patient is responsible. This is a total of deductible, co-pay, coinsurance, and potentially ineligible amounts. This amount does not include any payments made at time of service.

16. Procedure
Description of the services rendered.

17. Billed Amount
The amount billed for each service.

18. Ineligible Amount
Amount that is not eligible for benefits under the plan (i.e., duplicates, not covered service). Some amounts may be Patient Responsibility. Please refer to reference codes (#17, 28) for more information.

19. Reference Code
Code relating to the "ineligible" amount. This is used to request additional information or provide further explanations of the claim denial/payment. See #29 for additional information.

20. Adjustments
Identifies the savings received from a Network Provider, if applicable.

21. Deductible Amount
The amount of allowed charges that applies to your plan deductible that must be paid before benefits are payable. Patient Responsibility.

22. Co-pay Amount
The amount of allowed charges, specified by your plan, you must pay before benefits are paid. (i.e., $20 office visit co-pay). Patient Responsibility.

23. Co-insurance
Member's cost sharing on eligible expenses on a percentage basis usually after deductible (i.e., 20%). Patient Responsibility.

24. Paid At
The percentage your plan paid the eligible service under your benefit plan.

25. Payment Amount
Benefits payable for services provided.

26. Other Insurance Credits
Represents adjustments/payments based upon the benefits of other health plans or insurance carriers.

27. Adjusted Payment
The sum of the "Payment Amount" column for that claim.

28. Reference Code Description
Explanation of the Reference Code #20 will appear in this section.

29. Appeal Rights
Outline of your rights under your plan when an adverse claim determination is made.

30. Deductible/Out-of-Pocket Summary
Deductible/out-of-pocket accumulators for the current year as of the date of the EOB.

The Coordination of Benefits provisions are applied as outlined in your Summary Plan Description. Amounts not paid by your primary carrier may or may not be paid in full by this plan.

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Online Form Submission

Online form submission allows members to electronically submit forms. This feature is located on **www.AskAllegiance.com/CCPS.**

The forms found online are interactive. This results in a more efficient submission, leading to a faster turnaround. Members also receive confirmation that we received the information.

Allegiance will send out hard copy requests when information is required. You will also have the ability to fill out the form, print and mail-in or fax.

How to Submit an Online Form

1 Go to **www.AskAllegiance.com/CCPS.**

2 Click on **Forms**.

3 Click open the form you are looking for, then follow the prompts of that form.
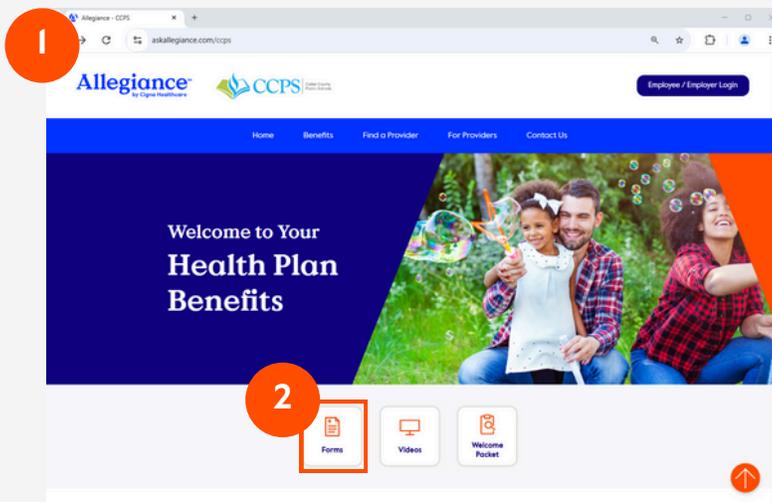
How Allegiance Works with Your Healthcare Providers

As the Third-Party Administrator (TPA) for your Health Plan, Allegiance processes claims submitted by your healthcare providers. This process works best when providers are aware of some basic information about your Health Plan coverage that will help them submit claims quickly and accurately.

We recommend providing the information below to your provider(s) along with your new ID card to make sure they understand how to properly submit claims and verify your Health Plan information.

Please present the following page of information to your provider.

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Information for Providers Working with Allegiance

Allegiance Benefit Plan Management, Inc. is the Third Party Administrator (TPA) for your patient's health plan. Though we are a wholly-owned subsidiary of Cigna, Allegiance operates independently to bring industry-leading flexibility and personalization to our clients. This means that providers must contact Allegiance directly for eligibility, benefits verification, and claims status for this patient.

Please review the information below regarding how to submit claims and verify eligibility.

- Online Verification of Benefits is available at www.AskAllegiance.com/ivr
- Allegiance Customer Service is available from 8a - 7p ET, Monday through Friday at 1-855-333-1012 ext. 3703 for Heather Stiegler
- Providers interested in HIPAA transactions 270/271 and 276/277 should have their clearing house contact Availity at https://www.availity.com

Process	Contact	Additional Information
Claim Submission	Cigna	PO Box 188061, Chattanooga, TN 37422-8061 Payer ID: 62308
Claim Processing	Allegiance	1-855-333-1012 ext. 3703 for Heather Stiegler
Claim Status	Allegiance	1-855-333-1012 ext. 3703 for Heather Stiegler
Claim Payment	Allegiance	1-855-333-1012 ext. 3703 for Heather Stiegler
Pre-Certification / Pre-Treatment Review	Allegiance Care Management	1-800-342-6510
Payment Refunds	Allegiance	PO Box 3018, Missoula, MT 59806-3018
Benefit Verification	Allegiance	1-855-999-3199 / 406-523-3199 www.AskAllegiance.com/ivr

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Contact Information

24-hour Faxback Verification of Coverage

1-855-333-1012 or 1-406-523-3199

Website
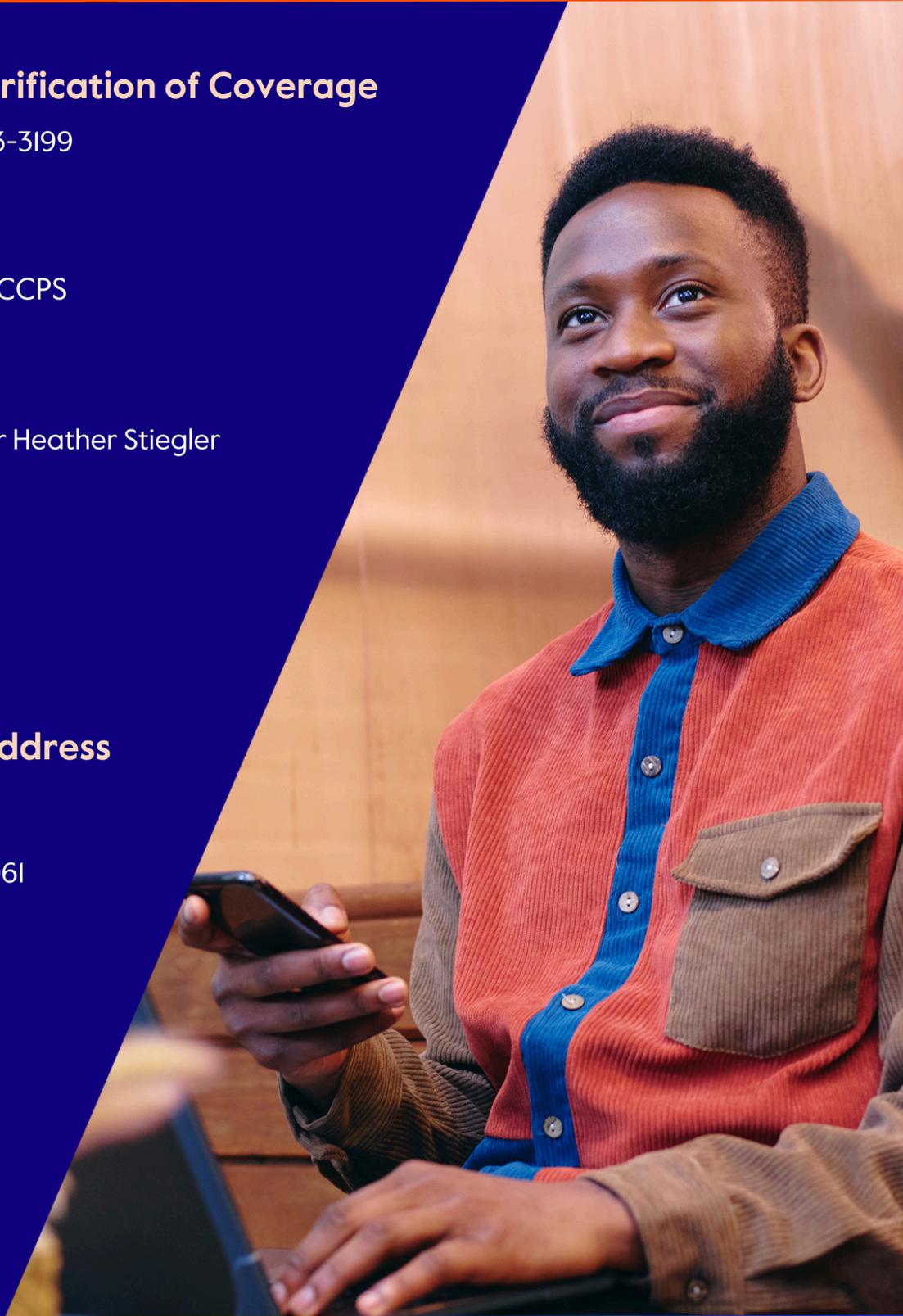www.AskAllegiance.com/CCPS

Customer Service
1-855-333-1012, ext. 3703 for Heather Stiegler
8:00 AM - 7:00 PM ET

BeneCard
1-888-907-0070

Claims Submission Address
CIGNA
PO Box 188061
Chattanooga, TN 37422-8061
Electronic Payer ID: 62308

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Contact Information

We're here to help. For questions about your health care plan or to set up a meeting to discuss your options, **contact Heather Stiegler at Allegiance.**

Heather Stiegler

On-site Client Service Representative, ICSA Certified

Phone
1-855-333-1012 ext. 3703

Email
Heather.Stiegler@AskAllegiance.com

Fax
1-866-201-0522

Located at
Benefits & Wellness Office
5775 Osceola Trail

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Allegiance Benefit Plan Management, Inc.

2806 S. Garfield St. | Missoula, MT 59806
1-855-333-1012 | www.AskAllegiance.com/CCPS

PLEASE NOTE: This brief has been prepared to highlight useful tools and services available. Please refer to the Summary Plan Document for detailed benefit information and plan limitations.