



*Health
First*

WELCOME

To Your Health Benefits

Allegiance Benefit Plan Management, Inc.

2806 S. Garfield St. P.O. Box 3018

Missoula, MT 59806

www.askallegiance.com/hf

 **Allegiance**[®]
a Cigna Company

WELCOME

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Identification Cards

Dear Plan Member:

Welcome to your Health Plan administered by Cigna's 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.



Identification Cards



Questions?
1-855-999-3892
www.askallegiance.com/HF



Member

HEALTH FIRST
Group ID No.: 2004001
Covered Person: JOHN SAMPLE
Participant ID#: SMPL0001
Type of Coverage **Effective Date**
 Medical
 Dependent(s)
 JANE SAMPLE
 JIMMY SAMPLE

Medical Network

Open Access Plus

 No Referral Required

Pharmacy Plan

RxBin: 003858
 PCN: A4
 RxGrp: HLTHFST
 EXPRESS SCRIPTS®
 Customer Service: 1-855-230-7796
 Pharmacist Use Only: 1-800-922-1557
express-scripts.com

1166-AL-23AE 2004001-CHOICE PLAN----M(D)(V)
 20211229T59 Sh: 0 Bin 1
 J02F Env [1] Csets 1 of 1



Claims Submission

Submit Medical Claims to:
 Cigna
 PO Box 188061
 Chattanooga, TN 37422-8061
 Payer ID 62308

270/271 EDI Transactions
 Payer ID: 81040

AWAY FROM HOME CARE

Utilization

Call 1-800-342-6510 for Pre-Certification for inpatient hospital stays, Pretreatment Reviews for certain outpatient procedures listed in your Plan Document and to report all emergency admissions within 72 hours.

We encourage you to use a PCP as a valuable resource and personal health advocate.

Deductible Information

Plan Option: **EPO Choice**

	High Value/ Preferred	Cigna (National)	Non Network
Ind Ded	\$500	\$500	\$500
Ind OOP	\$2,000	\$2000	\$4,000

Important Numbers

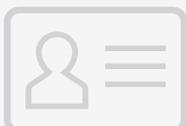
24 hour Verification of Coverage: 1-406-523-3199
 Customer Service: 1-855-999-3892
 Visit Our Website at: www.askallegiance.com/HF

This card does not guarantee eligibility or payment.

1166-AL-3BZ1 2004001-CHOICE PLAN----M(D)(V)
 20211229T59 Sh: 0 Bin 1
 J02F Env [1] Csets 1 of 1



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.

Identification Cards

Below is a description of your ID card. Each category corresponds with the information on the sample copy of the ID card on the previous page.

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.

Covered Person: Name of the employee the coverage is under. Please note that an employee can present his/her ID card for any individuals covered under the plan as the filing information is all the same.

Participant ID #: Employee's unique identification number. Refer to this ID number if you call or write about your claim. Providers will use this number for claims submission.

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

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

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.

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

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.

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.

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.

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

The toll-free Customer Service number is **1-855-999-3892**. Our website is **www.askallegiance.com/hf**, 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.

Network Providers

What is a Network Provider?

Network Providers are organizations that include local physicians and healthcare professionals in your area. A network provider is not an insurance company or HMO. It is a network of healthcare providers who agree to file claim forms on behalf of enrollees and accept the network providers' maximum allowable fees as payment in full with no balance billing. 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: PPO

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. You are not required to use a network provider. However, if you obtain service from an out-of-network provider, you may be responsible for those amounts which are in excess of the maximum eligible expense in the area where the service was provided.

Network Providers

How to Access the Network Providers:

You can access information regarding network providers in your area in two ways: via the internet by using the instructions below or by contacting customer service at 1-855-999-3892 and requesting the names of providers in your area.

1. Log on to www.askallegiance.com/hf
2. Click the Find a Provider link.
3. Select the appropriate search selection

**Search for High Value,
Preferred and
Cigna Brevard Providers**

**Search for
Cigna Florida and National
Providers Outside of Brevard**

How To Find a Provider Through Cigna

4. Fill out the search options on the left sit to start search for facilities and provider specialties.
5. Verify you have the correct PPO Network desired.
6. Once all fields are filled out hit Search with the magnifying glass.
7. The results will display on the screen.



Please note: the listing of network providers is subject to change without notice. Before receiving services, please verify with the provider that he/she is still a participating provider.

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 our Customer Service Department at 1-855-999-3892. The Customer Service Department is available from 8:00 am - 8:00 pm Eastern Standard Time (EST). 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. The options are available 24 hours a day, seven days a week. The first option is our Interactive Voice Response (IVR) system. You may call 1-855-999-3892 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. The second option is to sign up for internet access to your claims data. This process is described in detail in the online service page.

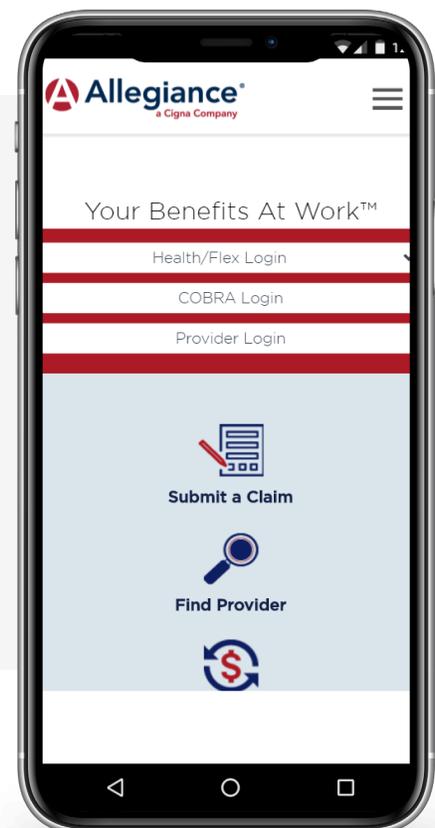
Online Services

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 at 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.

Online services are also available through the Allegiance Mobile App available in Google Play and Apple App stores.



Online Features For Members

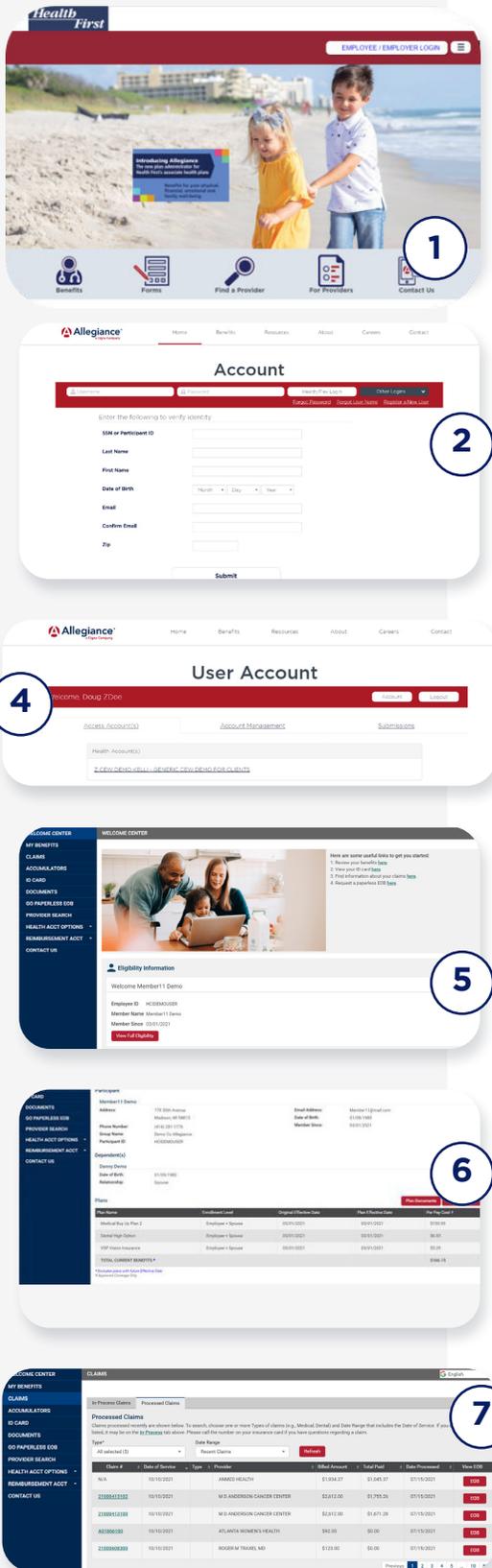
You can use your custom site for instant access to claims' status, eligibility, benefits information, ID cards and more. This guide will provide an overview on navigating the updated site and using its services. To get started, create a login at: www.askallegiance.com/hf

Logging In

1. To set up new login information, click on **Employee/Employer Login**, then **Register New User** at the bottom of the box. You will be required to enter basic demographic information to verify your identity.
2. Once you enter this information, the system will ask you to create a username and password. Please note the specific character and length requirements.
3. After clicking **Submit**, 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.
4. The Allegiance online portal allows you to access multiple Allegiance services through a single login. After entering your username and password information, please select the service you are looking for. Note that depending on which services you have elected, some members may see one or multiple options.

Online Services

5. The **WELCOME CENTER** includes an overview of your key Health Plan information. Review eligibility, recent claims and more all from this home page.
6. **MY BENEFITS** shows demographic information for you and any enrolled dependents as well as all active plan information.
7. 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

Online Services

8. Select the **Claim #** to pull up a detailed view of a specific claim or click the **EOB** button to load your Explanation of Benefits.
9. On the **ACCUMULATORS** page, you can review your current accumulator status including Single and Family deductibles and out-of-pocket maximums.
10. Under **ID CARD**, clicking the **Get ID Card Now** button will instantly load an electronic version of your ID Card.
11. 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.
12. For your SPD, SBC, and other important materials, go to the **DOCUMENTS** page.
13. Looking to reduce the papers lying around? Select the **GO PAPERLESS EOB** page and elect to review Explanation of Benefits electronically. After confirming your email, you will receive a notice every time a new EOB is posted, so you can easily and quickly access it online without needing to wait for a hard copy in the mail.
14. 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. For all single sign on links, please make sure to disable any pop-up blockers enabled by your browser as they will prevent the page from loading.

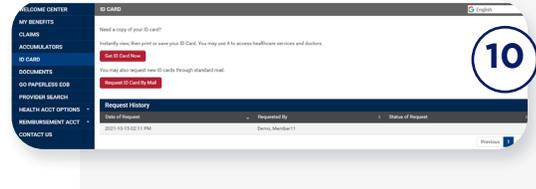
The www.askallegiance.com/hf portal provides all of the information you need to manage your Health Plan, but if you ever have questions around the portal or any of your benefits, please call your dedicated Member Advocates at the services number on your Health Plan ID Card.



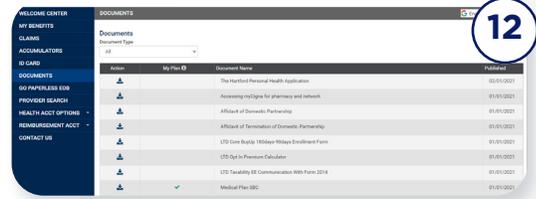
8



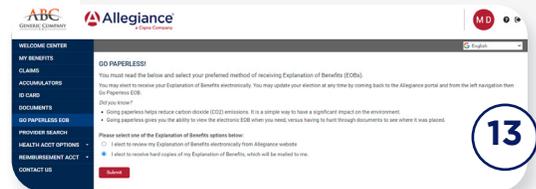
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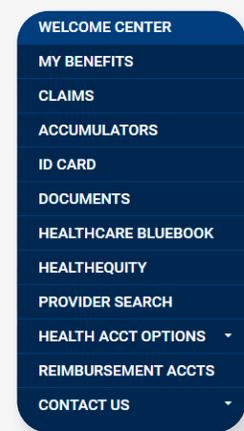
10



12



13



14

How to Read Your Explanation of Benefits (EOB)

1 Allegiance Benefit Plan Management
Allegiance Benefit Plan Management, Inc.
PO BOX 1923
MISSOULA MT 59806-1923

2 Forwarding Service Requested

*****SCH 3-DIGIT 590
26 1 AT 0.406
SARAH SMITH
1919 SAMPLE WAY
ANYTOWN MT 59047-1509

20140625T12
1166 6320

Page 1 of 2

J01B [26] 1 of 1

Explanation of Benefits

Please retain for your records.
THIS IS NOT A BILL
It is the only copy you will receive.

3 Customer Service

4 Group Name: SAMPLE GROUP

5 Group #: 1234567

6 Date: 03/12/2014

7 EOB #: 1234567890

status information or verification of benefits may be obtained 24 hours a day by accessing our website at www.askallegiance.com or our Interactive Voice Response (IVR) system at (406) 523-3199. For answers to other questions please contact Customer Service at (800) 735-1923.

8 Claim Summary

Claim Number	Patient Name	Total Charge	Ineligible Amount	Plan Discount	Deductible Amount	Co-pay Amount	Co-Insurance	Patient Responsibility	Payment Amount
201401234567	SARAH SMITH	\$40.00	\$0.00	\$3.77	\$36.23	\$0.00	\$0.00	\$36.23	\$0.00
20141234567	SARAH SMITH	\$50.00	\$0.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00	\$0.00
Totals		\$90.00	\$0.00	\$3.77	\$86.23	\$0.00	\$0.00	\$86.23	\$0.00

Claim: 201401234567 Member ID: 1234567890 Employee: SARAH SMITH Patient Account #: 1234
Patient: SARAH SMITH DOB: 09/06/XXXX Provider: ELIZABETH PROVIDER, MD

Treatment Dates	Procedure	Billed Amount	Ineligible Amount	Reference Code	Plan Discount	Deductible Amount	Co-pay Amount	Co-Insurance	Paid At	Payment Amount
02/24-02/24	chiropract manj 1-2 regions	\$40.00	\$0.00	I3108	\$3.77	\$36.23	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$40.00	\$0.00		\$3.77	\$36.23	\$0.00	\$0.00		\$0.00

Patient's Responsibility..... **\$36.23**

Other Insurance Credits..... \$0.00

Adjusted Payment..... \$0.00

Claim: 201412345679 Member ID: 123456789012 Employee: SARAH SMITH Patient Account #: 1234
Patient: SARAH SMITH DOB: 09/06/XXXX Provider: ELIZABETH PROVIDER, MD

Treatment Dates	Procedure	Billed Amount	Ineligible Amount	Reference Code	Plan Discount	Deductible Amount	Co-pay Amount	Co-Insurance	Paid At	Payment Amount
02/27-02/27/2014	chiropract manj 3-4 regions	\$50.00	\$0.00		\$0.00	\$50.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$50.00	\$0.00		\$0.00	\$50.00	\$0.00	\$0.00		\$0.00

Patient's Responsibility..... **\$50.00**

Other Insurance Credits..... \$0.00

Adjusted Payment..... \$0.00

Code	Description
I3108	Allegiance Benefit Plan Management Direct Discount The patient is not responsible for this amount.

29 Appeal Rights

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

30 Deductible/Out of Pocket Summary

Member Name	Description	Current Period	Amount Met
SARAH S	MAJOR MEDICAL DED	01/01/14	\$594.69
SARAH S	MAJOR MEDICAL OOP	01/01/14	\$594.69

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.

- 1. Claim 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 Benefit look up.
- 7. Customer Service:** Contact information to obtain additional information regarding your claim.
- 8. Claim Summary:** One line summary of the claims payment information. A more detailed explanation of each line is outlined separately.
- 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:** The name of the individual for whom services were rendered or supplies were furnished.
- 11. Total Charge:** The amount billed for each service.
- 12. 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 (#24, 28) for more information.
- 13. Plan Discount:** Identifies the savings received from a Network Provider, if applicable.
- 14. Deductible Amount:** The amount of allowed charges that apply to your plan deductible that must be paid before benefits are payable. *Patient Responsibility.*
- 15. Copay:** The amount of allowed charges, specified by your plan, you must pay before benefits are paid. (i.e., \$20 office visit copay). *Patient Responsibility.*

The C.O.B. 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.



A larger print-ready version of this form is available under your log in: www.askallegiance.com/hf

How to Read Your Explanation of Benefits (EOB)

Continued description of your EOB. The numbers correspond with the numbers on the sample copy of the EOB.

- 16. Coinsurance:** Member's cost sharing on eligible expenses on a percentage basis usually after deductible (i.e., 20%). *Patient Responsibility.*
- 17. Patient Responsibility:** After all benefits have been calculated, this is the amount of which the patient is responsible. This is a total of deductible, copay, coinsurance, and potentially ineligible amounts.
- 18. Payment Amount:** Benefits payable for services provided.
- 19. Member ID:** Employee's unique identification number. Refer to this ID number if you call or write about your claim.
- 20. Provider:** The name of the person or organization who rendered the service or provided the medical supplies.
- 21. Patient Account Number:** This is your account number assigned by the service provider.
- 22. Treatment Dates:** The date(s) on which services were rendered.
- 23. Procedure:** Description of the services rendered.
- 24. 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 #28 for additional information.
- 25. Paid At:** The percentage your plan paid the eligible service under your benefit plan.
- 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 #24 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 C.O.B. 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.



A larger print-ready version of this form is available under your log in: www.askallegiance.com/hf

Online Submission

Online Claim Submission

Online claim submission can be done through the **Submit a Claim** icon on www.askallegiance.com/hf. This feature allows members to electronically submit a health or flex claim and attach the necessary receipts or information. Online claim submission provides faster turnaround and gives the member confirmation that we received the information. You will also have the ability to fill out the form, print and mail-in or fax.

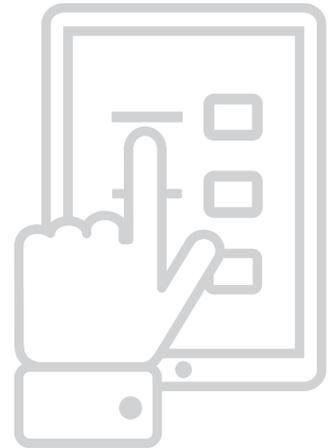


Online Form Submission

Online form submission allows members to electronically submit forms. This feature is located on www.askallegiance.com/hf.

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.





Important Contact Information



Customer Service

1-855-999-3892
8:00 am - 8:00 pm EST



Website

www.askallegiance.com/hf



Claims Submission Address

CIGNA
PO Box 188061,
Chattanooga, TN, 37422-8061
Electronic Payer ID: **62308**



24-hour Faxback Verification of Coverage:

1-855-999-3892 or (406) 523-3199



Express Scripts for RX

1-866-475-0056



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