Allegiance®
a Cigna Company

WELCOME TO YOUR HEALTH BENEFITS

NMC
Northwestern Medical Center

Allegiance Benefit Plan Management, Inc.
2806 S. Garfield St. P.O. Box 3018
Missoula, MT 59806
www.askallegiance.com/NMC

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TABLE OF CONTENTS

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 should have received a new identification card (ID Card) in the mail. 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.

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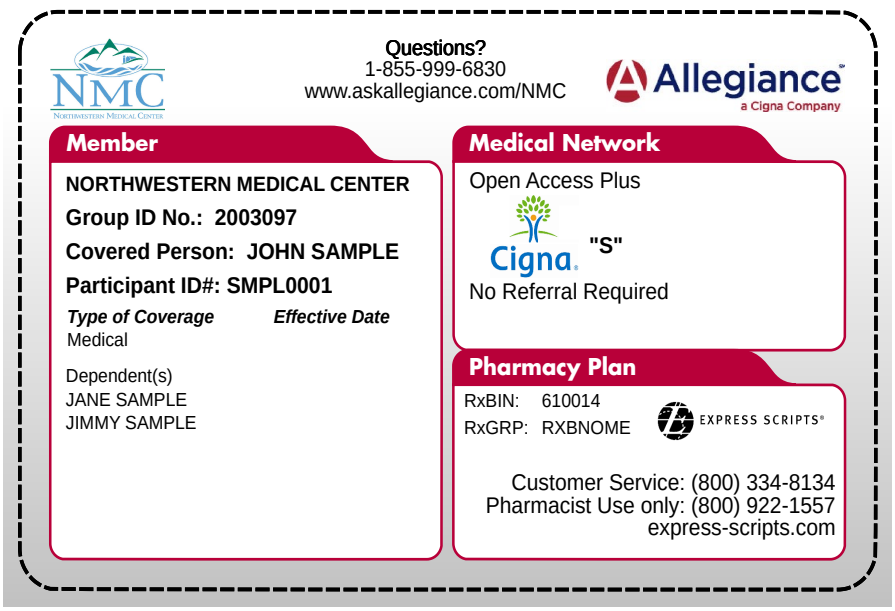
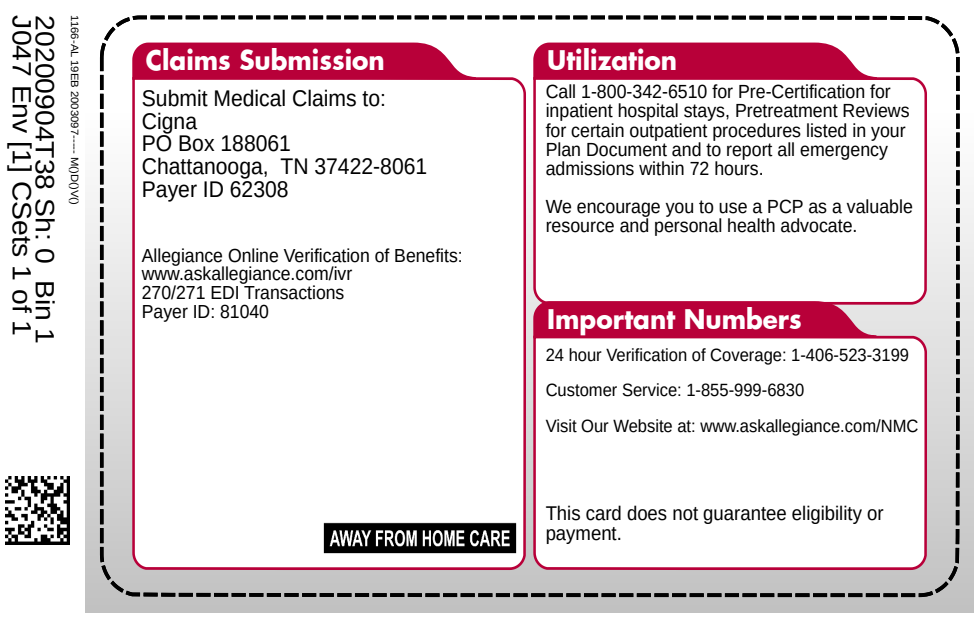
IDENTIFICATION CARDS

IMPORTANT FEATURES TO NOTICE ON YOUR ID CARD:





Please present your new ID card to your healthcare providers and pharmacy 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.

"S": Indicates Shared Administration, which is connected to the Cigna network.

Mailing Address: 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 (855) 999-6830. Our website is www.askallegiance.com/NMC, 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

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:

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 a out-of-network provider, you may be responsible for those amounts which are in excess of the "maximum eligible expense" charges in the area where the service was provided.

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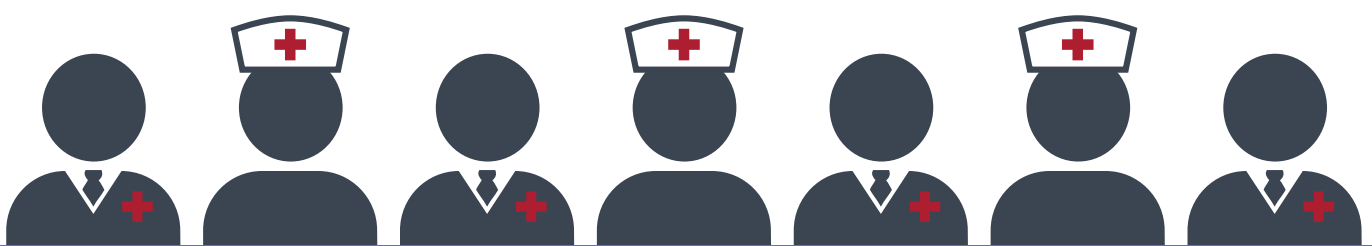
NETWORK PROVIDERS

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 (855) 999-6830 and requesting the names of providers in your area.

A helpful video walkthrough of the provider search function is also available online at www.askallegiance.com/NMC.

1. To access a list of NMC or Cigna OAP Providers, go to: www.askallegiance.com/NMC.
2. Click on "Find a Provider"
3. To access a list of NMC Providers, click the "Search NMC Providers" link on the page.
4. To access the Cigna OAP Provider Directory, click the Cigna link and read the instructions.
5. Click “Continue to go to the Cigna Provider Search Page.”
6. Enter the zip code or city you want to search and choose to search by Doctor Type, Doctor Name or by Facility.
7. If prompted to Login/Register, click "Continue as guest"
8. Click "Continue" when prompted to select a plan. Then choose "Open Access Plus" or "Open Access Plus, OA Plus, Choice Fund OA Plus"
9. The results will pull directly up on the screen with the option of exporting or printing the result.



Please note: The network 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.

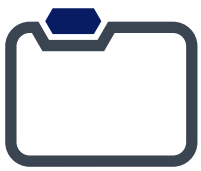
If you need to file a claim directly please submit to the address on the back of your card or use the online claims submission tool.

SERVICE QUESTIONS

If you have a benefit question, you may call our Customer Service Department at (855) 999-6830. 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 (855) 999-6830 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.

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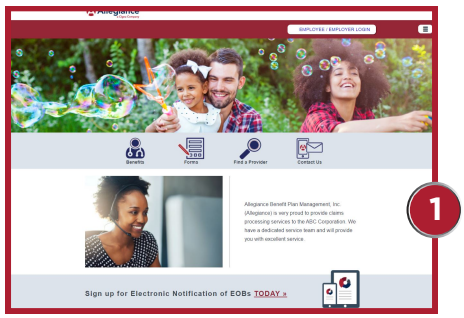
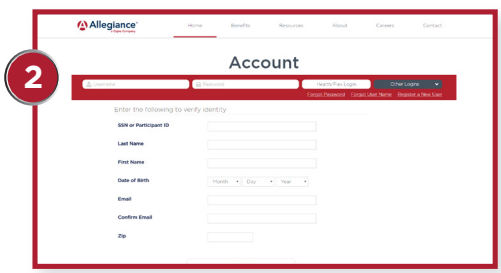
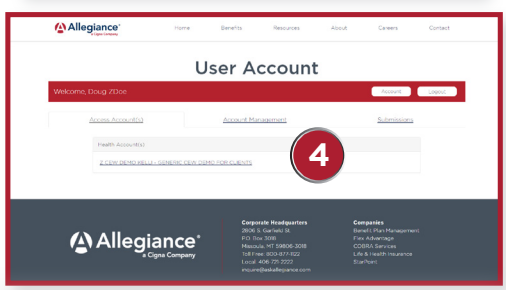
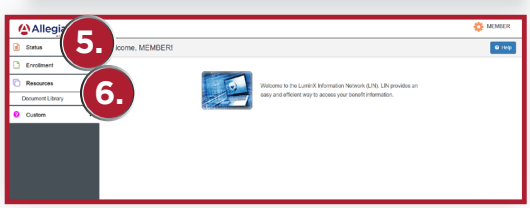
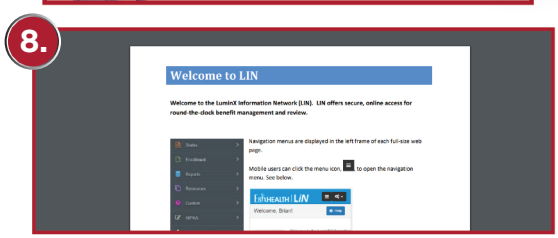
ONLINE SERVICES









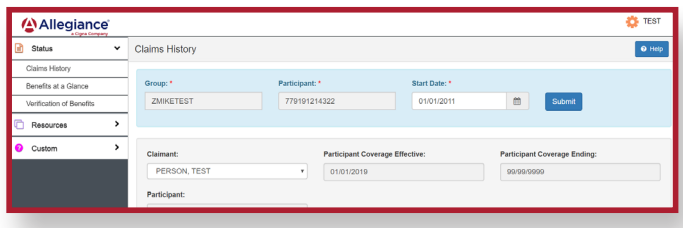


1. Log on to **www.askallegiance.com/NMC**. You will be required to enter basic demographic information to verify your identity.
2. Once you enter this information, the system will ask you to create a username and password. Please note the specific character and length requirements.
3. After clicking **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 now 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.
5. Select the **Status** tab to access Claim History, Benefits at a Glance for a benefits summary, or Verification of Benefits for benefit details. The Verification of Benefits (VOB) is a brief summary of benefits provided by your plan. Click Verification of Benefits and select a coverage category to display your information. The name of the covered participant and dependents, as well as their effective dates, a brief overview of covered services, deductibles, copays and benefit maximums will be displayed. Follow the on-screen instructions to print the VOB. It is important to remember that the VOB information is based on the information in our files as of the date printed and is not a guarantee of payment or an approval of any specific services. See the following page for more information on accessing Explanations of Benefits, or EOBs.
6. Select the **Resources** tab to access the Document Library for important forms and plan information.
7. If at any point, you would like additional assistance, click the **help?** button on the right side of the page.
8. Each service has its own Help section with clear instructions and useful tips for finding the information you need.

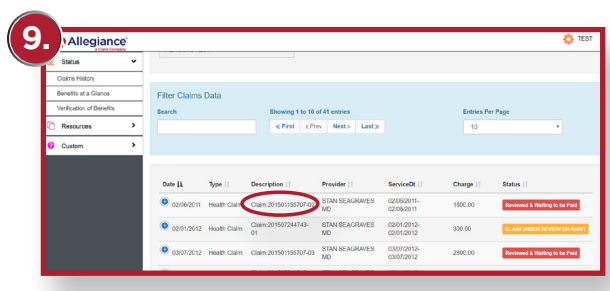
ONLINE SERVICES

FINDING YOUR EOBs
(Explanation of Benefits)

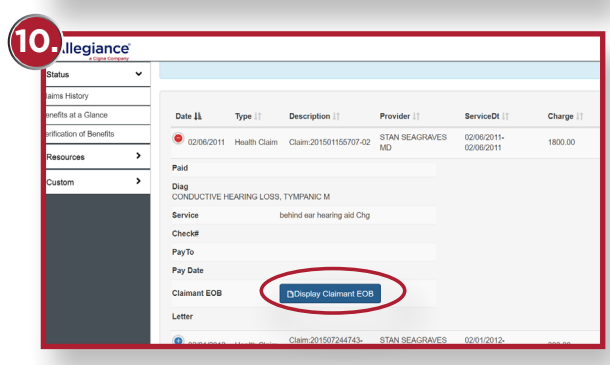
EOBs are located in the Status tab under Claims History. Other members under your plan will be listed in the Claimants drop-down box.*



9. To access your EOBs, find the claim you are looking for by referencing the **Provider, Service Dates**, and Charges. you can also use the **Search** options. Then click on the **Claim Number/ Description** to access detailed information about the claim.



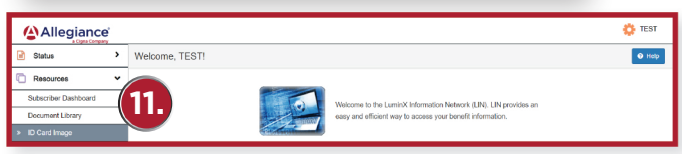
10. A pop-up will provide some additional information. Click on **Claimant** to pull up your EOB, which you can then print or save to your computer!



ID CARD IMAGE

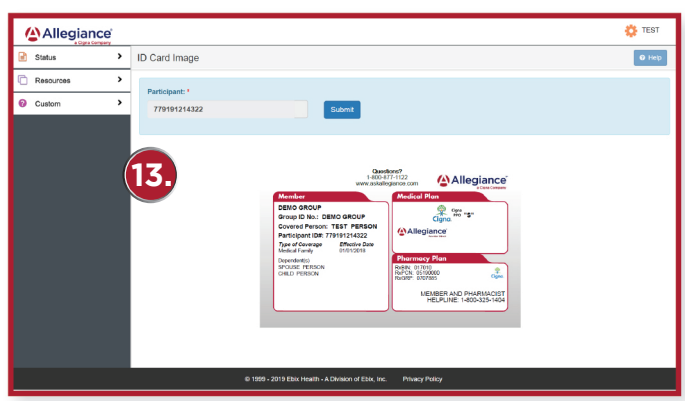
Allegiance members can access an online image of their ID card. This can be used to verify your participating status with a provider and ensure they have the necessary information to bill your Health Plan for any services.

11. Select **ID Card Image** under the **Resources** tab.



12. Select the member for whom you need the ID card and click **Submit** on the right hand of the screen.

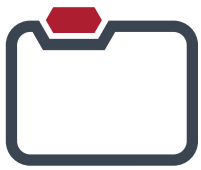
13. An image of the corresponding ID card will appear. From here you can print or save the image.



*Please note that due to HIPAA privacy regulations any individual over the age of 18 will need to set up their own account to view personal information. These laws exist to protect the privacy of confidential health and claims information.

LOGIN FEATURES

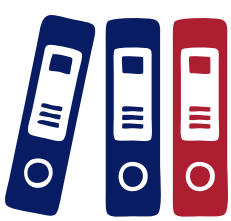
CLAIMS HISTORY



By selecting Claims History under the Status menu option, you may scroll through your entire claims history, or select a specific date to expedite your inquiry.

Click Submit to display basic information and a list of claims by date of service. Click the blue claim number to display an electronic version of the actual explanation of benefits (EOB). If you wish to view history for a dependent under age 18, click the drop-down arrow next to your name and their information will be displayed. Spouses and dependents age 18 and older will require their own username and password to view claim information due to HIPAA regulations.

DOCUMENT LIBRARY



Your Summary Plan Description can be found in the Document Library under the Resources menu option. The SPD, as well as other helpful documents designated by your employer, can also be accessed by clicking on this option.

LOGIN FEATURES

VERIFICATION OF BENEFITS

The Verification of Benefits (VOB) under the Status menu option is a brief summary of benefits provided by your plan. Click Verification of Benefits and select a coverage category to display your information. The name of the covered participant and dependents, as well as their effective dates, a brief overview of covered services, deductibles, copays and benefit maximums, will be displayed. It is important to remember that the VOB information is based on the information in our files as of the date printed and is not a guarantee of payment or an approval of any specific services. Follow the on-screen instructions to print the VOB.

ADDITIONAL TOOLS

The Additional Tools under the Custom menu option has a link to the Cigna website. This link will allow you to sign up for single sign on access to mycigna.com which will allow you to view your Cigna products such as pharmacy. You will have access to your prescription claim history, drug pricing, drug information, finding a pharmacy, etc. You also will have access to other Cigna items such as the Medical Cost Estimator, Healthy Rewards, and the Manage your Health tools.

LOGIN FEATURES

ID CARD IMAGE

As an Allegiance member, you can access an online image of your ID card. This can be used to verify your participating status with a provider and ensure they have the necessary information to bill your Health Plan for any services.

ELECTRONIC EOBS

As an Allegiance member, you can receive electronic EOBs at no extra charge through: Allegiance's Go Green Initiative. If you prefer expedited receipt of EOBs, you can receive an electronic notification to your email. Then simply log in through the online portal to view and print your EOB. You can elect electronic EOBs through either our online web portal or by contacting an Allegiance customer service representative.

Sign up is easy!
If you decide not to sign up for electronic EOBs, you will continue to receive a paper copy by mail. EOBs with a payment will be delivered by mail as processed.

If you have any questions, please contact our member service department at the phone number on your ID card.

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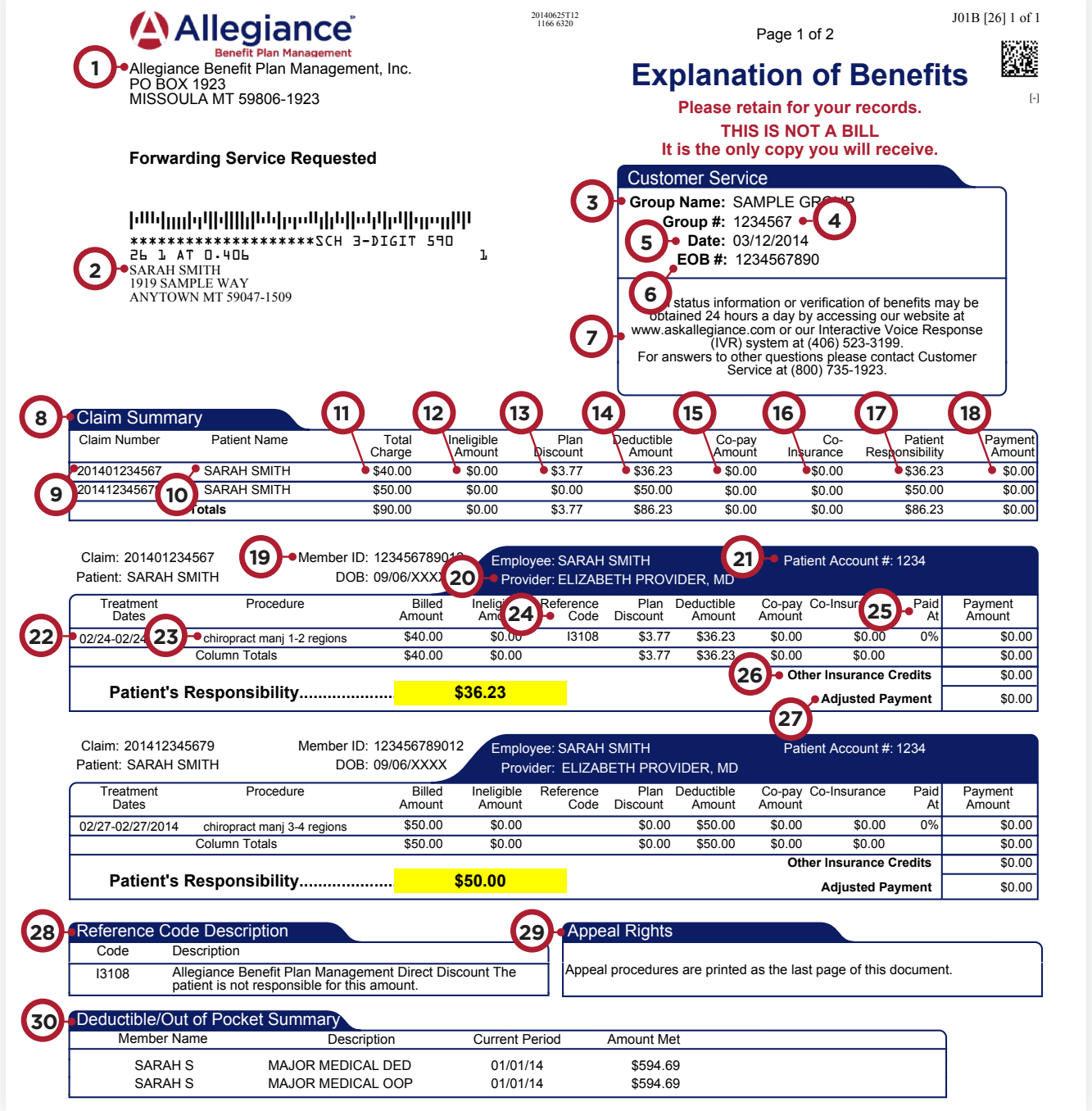
HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)



Allegiance
Benefit Plan Management

20140625T12
1166 6320

J01B [26] 1 of 1

Page 1 of 2

Explanation of Benefits

Please retain for your records.

THIS IS NOT A BILL
It is the only copy you will receive.

[-]

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

Forwarding Service Requested

2
**********SCH 3-DIGIT 590
26 1 AT 0.406 1
SARAH SMITH
1919 SAMPLE WAY
ANYTOWN MT 59047-1509

Customer Service

3 **Group Name:** SAMPLE GROUP
Group #: 1234567 4
5 **Date:** 03/12/2014
EOB #: 1234567890
6

7 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	11 Total Charge	12 Ineligible Amount	13 Plan Discount	14 Deductible Amount	15 Co-pay Amount	16 Co-Insurance	17 Patient Responsibility	18 Payment Amount
201401234567	SARAH SMITH	$40.00	$0.00	$3.77	$36.23	$0.00	$0.00	$36.23	$0.00
9 20141234567	10 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
Patient: SARAH SMITH
19 Member ID: 123456789012
DOB: 09/06/XXXX 20
Employee: SARAH SMITH
Provider: ELIZABETH PROVIDER, MD
21 Patient Account #: 1234

22 Treatment Dates	23 Procedure	Billed Amount	Ineligible Amount	24 Reference Code	Plan Discount	Deductible Amount	Co-pay Amount	Co-Insurance	25 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
									26 **Other Insurance Credits**	$0.00
Patient's Responsibility.....		**$36.23**							**Adjusted Payment**	$0.00

27

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

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
									Other Insurance Credits	$0.00
Patient's Responsibility.....		**$50.00**							**Adjusted Payment**	$0.00

28 Reference Code Description

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

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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.*

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

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.

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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.

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

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.

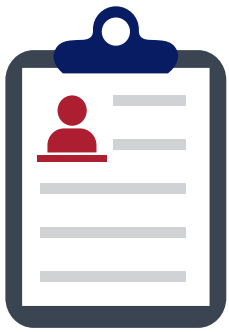
Allegiance®
Care Management

BENEFIT PROGRAMS

CASE MANAGEMENT

The Allegiance Care Management case management program is committed to providing you with services that will help effectively coordinate and manage your most medically challenging issues. Case managers are registered nurses who work one-on-one with you concerning all of your healthcare needs.

Our team approach ensures program nurses work closely with you, your family, facility, health providers and appropriate community resources. This approach ensures:



- Education is provided regarding your identified medical condition
- Assistance to help you navigate the often confusing healthcare system to ensure that appropriate and cost-effective care is obtained
- Coordination and access to appropriate healthcare treatment and community resources
- Collaboration with you, your family and healthcare providers to support your physician's plan of care

Your case manager will be in regular contact with you by phone and will provide written information upon your request. To learn more about case management services, call toll-free 1-877-792-7827.

Allegiance®
Care Management

BENEFIT PROGRAMS

UTILIZATION MANAGEMENT

The Allegiance Care Management utilization management program is comprised of a team of registered nurses who conduct assessments of complex cases to determine the medical appropriateness of inpatient medical facility admissions. You are encouraged to call Allegiance Care Management once an admission date has been scheduled.

Once contacted, an Allegiance Care Management nurse reviewer will initiate the certification process and answer your questions. After your hospital discharge, a case manager will assist with any questions or follow-up healthcare needs you may have.

- **Pre-Notification:**
  Pre-notification is strongly recommended for all inpatient hospital admissions so medical necessity can be established before services are rendered.
- **Emergency Notifications:**
  Notification is strongly recommended within 72 hours of emergency admissions and for observation stays exceeding 23 hours.
- **Continued Stay Review:**
  Allegiance Care Management will contact the hospital on your anticipated release date to confirm discharge. If you require continued hospitalization, an Allegiance Care Management nurse will work with the hospital to identify

To learn more about utilization management, call toll-free **1-800-342-6510**.

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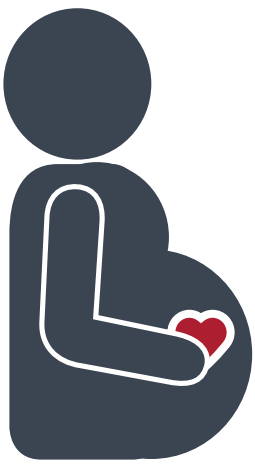
BENEFIT PROGRAMS

MATERNITY MANAGEMENT



The Allegiance Care Management maternity management program supports and assists you with having a healthy pregnancy. The program is designed to provide important pregnancy-related information and is available to you at no cost.

Your personal maternity nurse will be available to talk to you throughout your pregnancy either by phone or through secure email. Additionally, your nurse will continue to be a resource for you during your first weeks as a new mother.

PROGRAM BENEFITS:

- Important pregnancy-related information
- Valuable support from your own maternity nurse throughout your pregnancy
- Gift card after completing the program

For more information and to register today, call toll-free **1-877-792-7827**

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BENEFIT PROGRAMS

HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)

Allegiance Advantage℠ is a great way to instantly get tax dollars back into your paycheck and increase spendable income.

FSA PROGRAM HIGHLIGHTS:

Eligible Expenses: Your Health FSA election will reimburse you for eligible expenses you, your spouse and your dependents incur during the plan year. All you have to do is elect the amount you want withheld before taxes from each paycheck and send Allegiance a reimbursement request with documentation of your eligible expenses to be reimbursed.

Use-Or-Lose: To minimize the potential for leftover funds at the end of the year, the plan allows you to continue to incur eligible expenses two and a half months (75 days) after the end of the plan year.

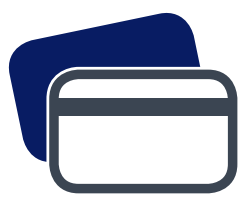
DEPENDENT CARE FSA PROGRAM HIGHLIGHTS:

Your dependent care FSA allows you to use "before-tax" dollars to pay care expenses for children age 12 and under, or individuals unable to care for themselves.

The maximum that you can elect in a calendar year is equal to the smallest of the following: $5,000 for a married couple filing taxes jointly, $2,500 if filing separately as a couple, or your spouses earned income. Unlike FSAs, dependent care FSAs may only reimburse expenses up to the amount you have contributed at any time during the plan year.

REIMBURSEMENT PROCESS:

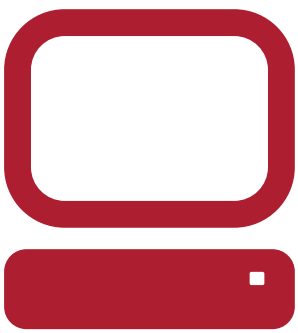
Check payment | Direct deposit | Debit Card



To learn more about Flex Advantage, call toll-free **1-877-424-3570**

ONLINE SUBMISSION

ONLINE CLAIM SUBMISSION



Online claim submission can be done through the **Submit a Claim** icon on **www.askallegiance.com/NMC**. 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/NMC**.

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.

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IMPORTANT CONTACT INFORMATION

Customer Service:
(855) 999-6830
8:00 am - 8:00 pm EST

Website
www.askallegiance.com/NMC

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

24-hour Faxback Verification of Coverage:
(855) 999-6830 or (406) 523-3199

RxBenefits
(800) 334-8134

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.