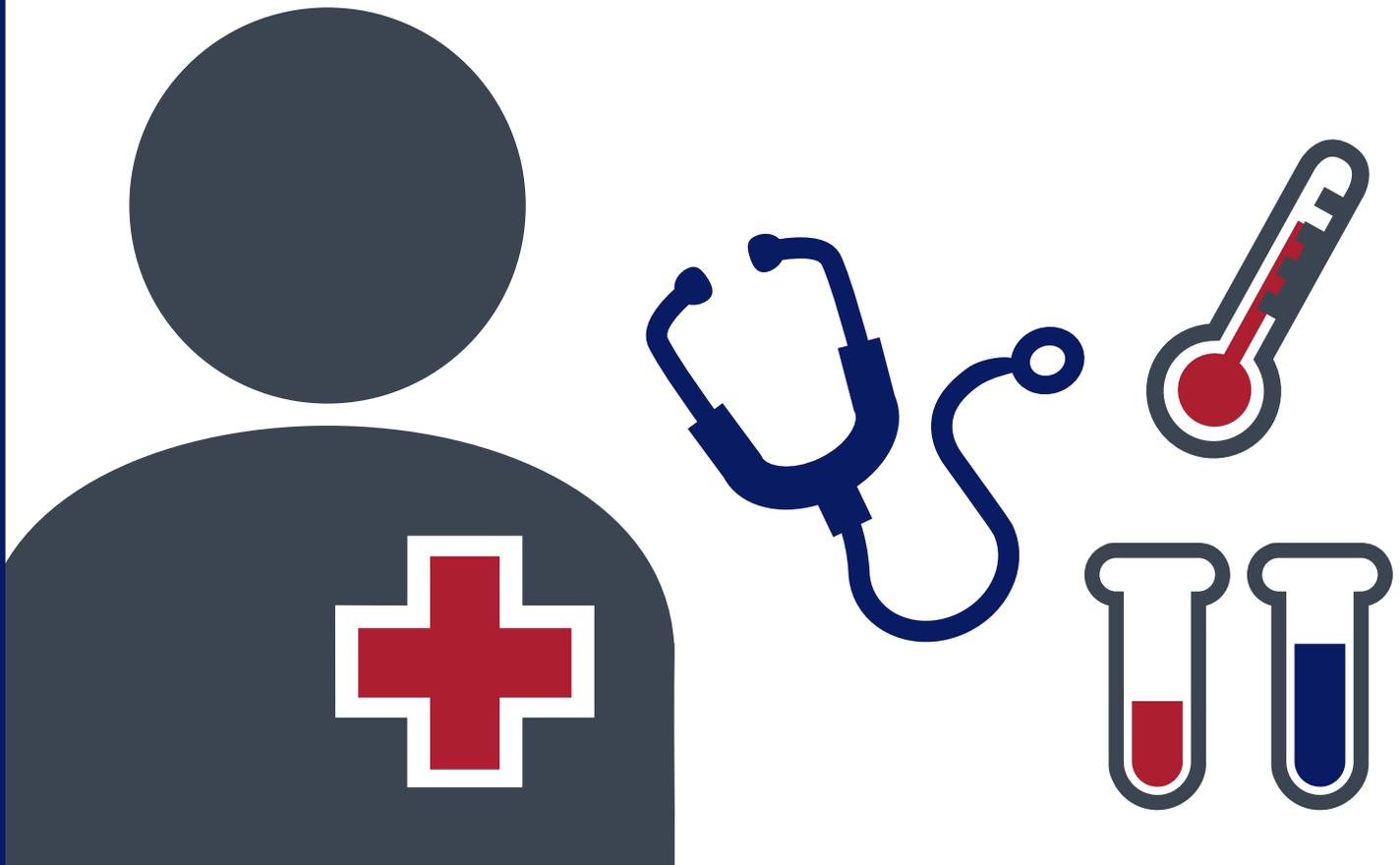




Allegiance Benefit Plan Management, Inc.
2806 S. Garfield St. P.O. Box 3018
Missoula, MT 59806
www.askallegiance.com/preventive

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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.

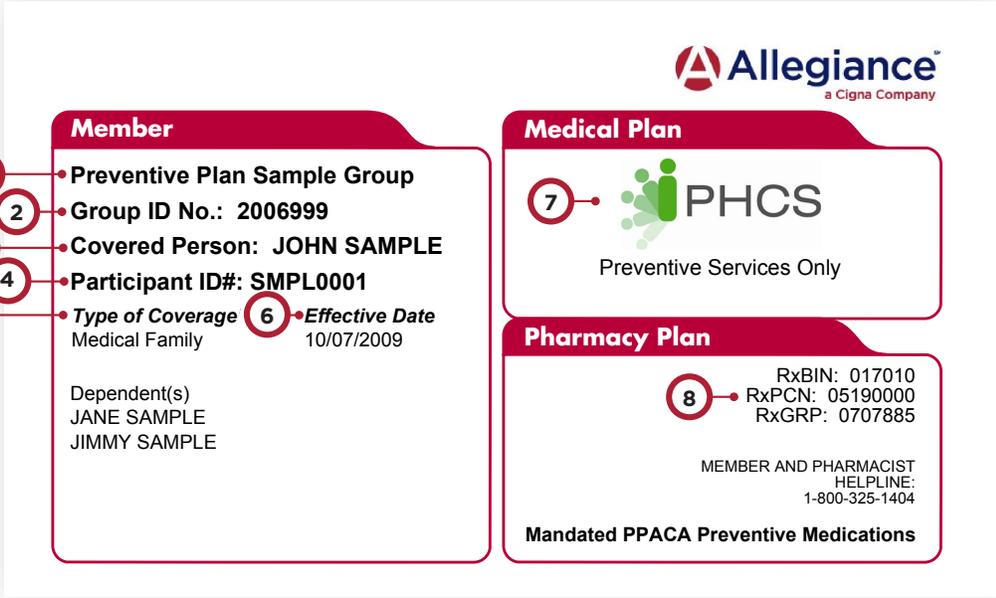
You will be receiving a new identification card (ID card) once you enroll in the plan. This card is important as it contains your group number and provides claims filing information. It is your responsibility to inform your health care providers of the information on the ID card.



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

IDENTIFICATION CARDS

... IMPORTANT FEATURES TO NOTICE ON YOUR ID CARD:



Member

- 1 • Preventive Plan Sample Group
- 2 • Group ID No.: 2006999
- 3 • Covered Person: JOHN SAMPLE
- 4 • Participant ID#: SMPL0001
- 5 • Type of Coverage: Medical Family
- 6 • Effective Date: 10/07/2009

Dependent(s)
JANE SAMPLE
JIMMY SAMPLE

Medical Plan

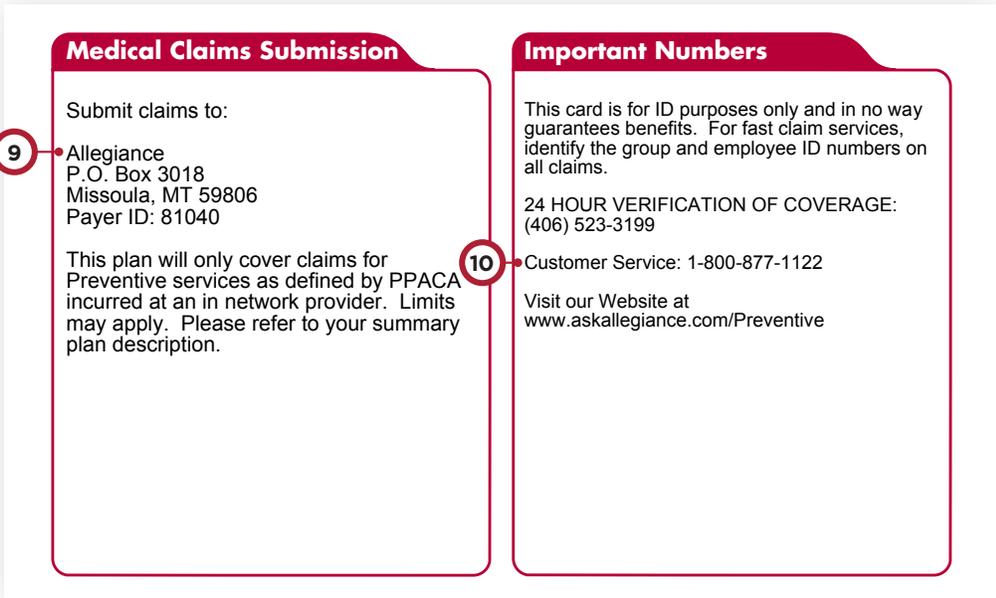
7 • PHCS
Preventive Services Only

Pharmacy Plan

8 • RxBIN: 017010
RxPCN: 05190000
RxGRP: 0707885

MEMBER AND PHARMACIST
HELPLINE:
1-800-325-1404

Mandated PPACA Preventive Medications



Medical Claims Submission

9 • Submit claims to:
Allegiance
P.O. Box 3018
Missoula, MT 59806
Payer ID: 81040

This plan will only cover claims for Preventive services as defined by PPACA incurred at an in network provider. Limits may apply. Please refer to your summary plan description.

Important Numbers

10 • This card is for ID purposes only and in no way guarantees benefits. For fast claim services, identify the group and employee ID numbers on all claims.

24 HOUR VERIFICATION OF COVERAGE:
(406) 523-3199

Customer Service: 1-800-877-1122

Visit our Website at
www.askallegiance.com/Preventive

Please present your new ID card to your health care 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. The numbers correspond with the numbers on the sample copy of the ID card.

- 1. Group Name:** The name of your Group. In most cases, this is your employer.
- 2. Group ID Number:** The identification number for your Group. Please refer to this number if you call or write about your claim.
- 3. 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.
- 4. 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.
- 5. Type of Coverage:** Your plan elections under your group. This will show the coverage(s) you are enrolled in and your enrollment election.
- 6. Effective Date:** Date coverage began or a change with your plan took place.
- 7. 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.
- 8. 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.
- 9. Mailing Address:** The address for claims submission. Most providers will submit claims on your behalf.
- 10. 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 Allegiance toll-free Customer Service number is **1-800-877-1122**. Our website is **www.askallegiance.com/preventive**. The website can provide you with the status of the 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

..... 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 the 800# on the back of your card and requesting the names of providers in your area.

- 1.** Log on to www.askallegiance.com/preventive
- 2.** Click “Find a Provider” link.
- 3.** Select Provider Type for your search
- 4.** Fill out your search criteria and click Continue
- 5.** The results will pull directly up on the screen and you do have the option of exporting the data 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 health care provider. Most providers will take the claims information from your new 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 1-800-877-1122. The Customer Service Department is available from 6:00 am to 6:00 pm Mountain Standard Time (MST). 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 1-800-877-1122 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.

GENERAL QUESTIONS

..... COBRA



Please refer to the section in your Summary Plan Description (SPD) booklet on Continuation of Coverage (COBRA) for your rights and responsibilities for continued health plan coverage upon loss of coverage. These COBRA rights may apply to you and your covered dependents and may vary depending on the number of employees in your company and the state in which you live. Please consult your Summary Plan Description for complete COBRA information.

The Allegiance Toll-free
Customer Service number is:

1-800-877-1122

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

Follow these steps to register. Please note: you cannot create a login until you are effective on the plan.

1. Log onto www.askallegiance.com/preventive
2. Choose Login.
3. If you've already visited this web portal, enter your username and password, check the privacy policy box and click Login.
4. If you have never logged into the site, you will need to click Register New User on the login page.
5. This will prompt you to create a username of 1 to 20 case sensitive characters. You will also need to enter your email address and mark what type of user you are. Click Next.
6. The next screen will ask you to validate some information. If the information entered does not match the Allegiance database or you previously created a login, you will receive an error stating a login could not be created. If all information was entered correctly, contact Allegiance for assistance at 1-800-877-1122. This service is available M-F 6:00 am to 6:00 pm MST.
7. If your company has elected instant passwords you will be prompted to create a case sensitive password as well as a password hint. If the instant password feature is not available then a password will be mailed to you the following business day at the address on file.
8. Once you have your login and password, you will be able to log into your personal benefit site.



HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)



20140625T12
1166 6320

Page 1 of 2

J01B [26] 1 of 1

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

Explanation of Benefits



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

Forwarding Service Requested

*****SCH 3-DIGIT 590
26 1 AT 0.406
2 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 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.
7 For answers to other questions please contact Customer Service at (800) 735-1923.

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: 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
02/24-02/24/2014	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

Reference Code Description

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

Appeal Rights

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

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).

A larger print-ready version of this form is available under your log in:

www.askallegiance.com/preventive

The Care 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.

HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)

Continued description of your Explanation of Benefits (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%).
- 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/preventive

IMPORTANT CONTACT INFORMATION



Allegiance Customer Service:
1-800-877-1122



Allegiance Website
www.askallegiance.com/preventive



Allegiance Claims Submission Address:
Allegiance
PO Box 3018, Missoula, MT, 59806
Electronic Payer ID: 81040



24-hour Faxback Verification of Coverage:
1-800-877-1122 or (406) 523-3199