



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

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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.

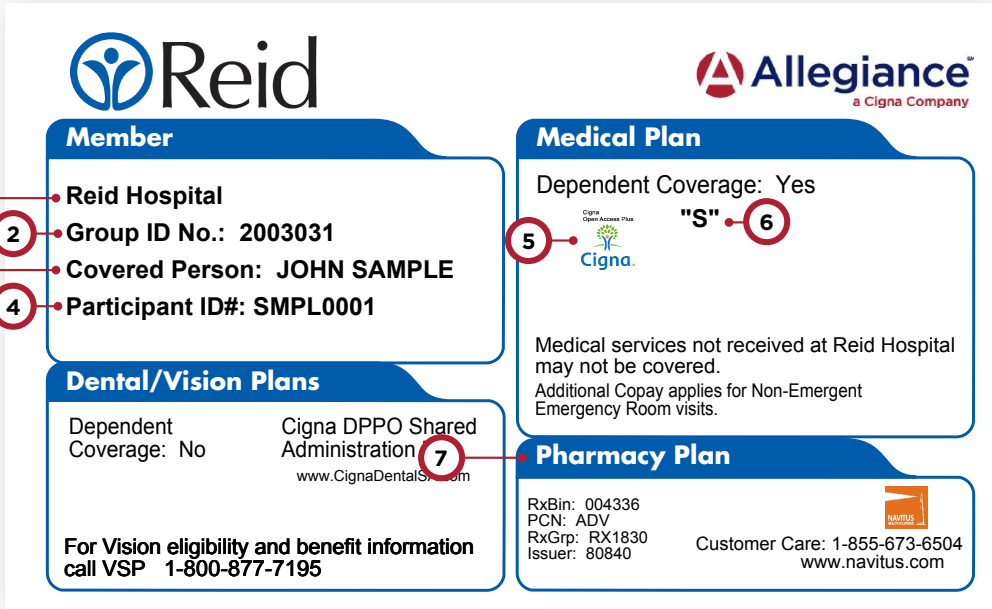
You will be receiving a new identification card (ID card) once you enroll in the plan. This card is important as it contains your group number and provides claims filing information. It is your responsibility to inform your health care providers of the information on the ID card.



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 Reid Hospital
- 2 Group ID No.: 2003031
- 3 Covered Person: JOHN SAMPLE
- 4 Participant ID#: SMPL0001

Medical Plan

Dependent Coverage: Yes

5 "S" 6

Medical services not received at Reid Hospital may not be covered. Additional Copay applies for Non-Emergent Emergency Room visits.

Dental/Vision Plans

Dependent Coverage: No Cigna DPPO Shared Administration www.CignaDentalShare.com

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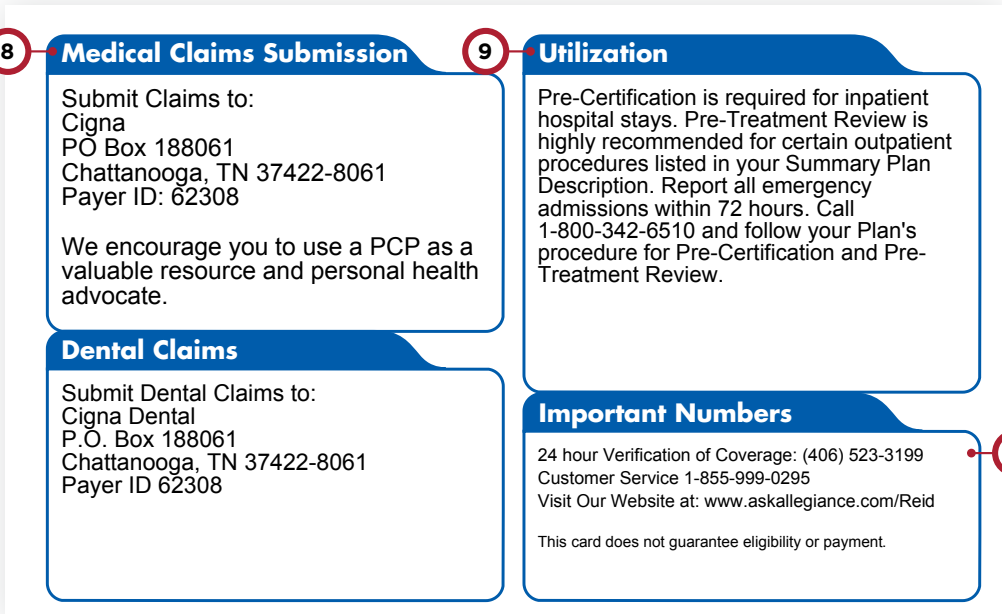
Pharmacy Plan

RxBin: 004336
PCN: ADV
RxGrp: RX1830
Issuer: 80840

Customer Care: 1-855-673-6504
www.navitus.com

For Vision eligibility and benefit information call VSP 1-800-877-7195

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.



8 Medical Claims Submission

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

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

Dental Claims

Submit Dental Claims to:
Cigna Dental
P.O. Box 188061
Chattanooga, TN 37422-8061
Payer ID 62308

9 Utilization

Pre-Certification is required for inpatient hospital stays. Pre-Treatment Review is highly recommended for certain outpatient procedures listed in your Summary Plan Description. Report all emergency admissions within 72 hours. Call 1-800-342-6510 and follow your Plan's procedure for Pre-Certification and Pre-Treatment Review.

Important Numbers

24 hour Verification of Coverage: (406) 523-3199
Customer Service 1-855-999-0295
Visit Our Website at: www.askallegiance.com/Reid

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This card does not guarantee eligibility or payment.

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 or the name of a dependent over the age of 18 covered under an employee. 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. Employee Id No:** 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. 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.
- 6. "S":** Indicates Shared Administration, which is connected to the Cigna network.
- 7. 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.
- 8. Mailing Address:** The address for claims submission. Most providers will submit claims on your behalf.
- 9. Pre-Notification/Utilization Management:** Plan recommendation/requirements before admission on all scheduled outpatient surgical procedures or inpatient hospital stays. 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.
- 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 1-855-999-0295. Our website is www.askallegiance.com/Reid. 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.

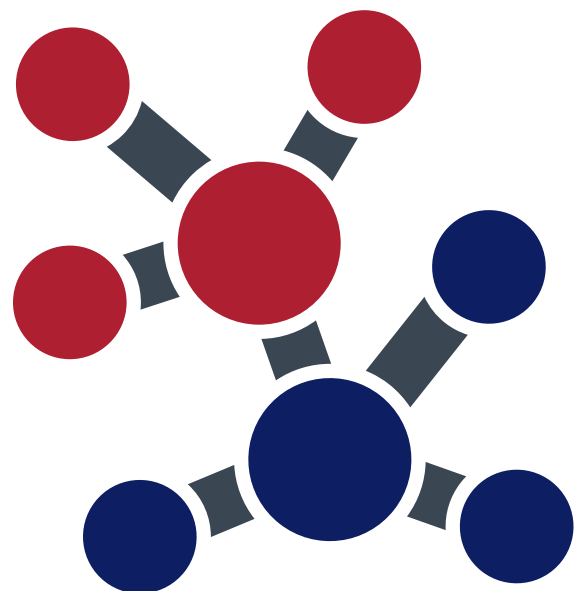
NETWORK PROVIDERS

..... **WHAT IS A NETWORK PROVIDER?**

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

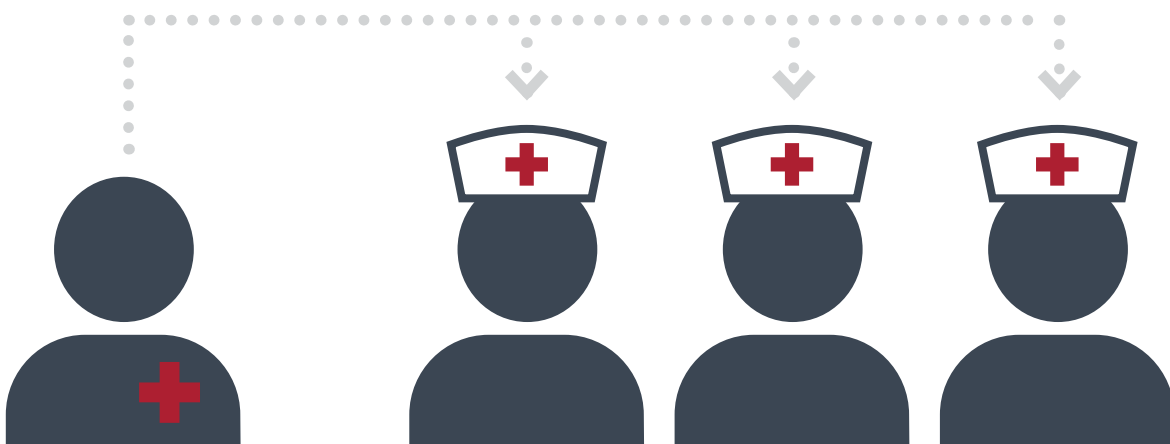


NETWORK PROVIDERS

..... 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 1-855-999-0295, also located on the back of your card, and requesting the names of providers in your area.

- 1.** To locate a provider in your area or out of state, please visit www.askallegiance.com/Reid
- 2.** For Tier 1 benefits, please utilize Reid Hospital, Reid Outpatient Surgery and Endoscopy (ROSE) and Reid Physician Associates.
- 3.** To locate a provider for your Tier 2 and Tier 3, click the Cigna-In-Network link.
- 4.** Click Continue to go to the Cigna Provider Search page. Remember to select your plan as “Open Access Plus, OA plus, Choice Fund OA Plus”.
- 5.** Fill out the search information. Click Search.
- 6.** 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 1-855-999-0295. The Customer Service Department is available from 8:00 am to 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 1-855-999-0295 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

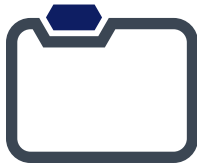
..... COBRA



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:
1-855-999-0295**

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.



You can access a provider search, view verification of benefits, or submit a claim, even without a login. These services are available 24 hours a day.



LOGIN FEATURES



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. Go to www.askallegiance.com/reid and click “Login” to begin registering. Once you have gained a username and password, you can check claim status and review deductible and out of pocket accumulators through verification of benefits. Additionally, you can check the status of your reimbursement accounts, including flexible spending and dependent care. You can view your benefits at a glance to display members on the plan, coverage and plan options chosen, and confirm personal information such as address, email, etc.



The Allegiance website also has resources that allow you to download your Summary Plan Description (SPD) or other helpful documents such as How to Read your EOB. There are also options to request an additional ID card or to change your address.

There are a variety of services available on the Allegiance website. We encourage you to explore the options, at any time of the day.

HOW TO READ YOUR EXPLANATION OF BENEFITS (E.O.B.)



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

20140625T12
1166 6320

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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

4 Group #: 1234567

5 Date: 03/12/2014

6 EOB #: 1234567890

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.

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
Patient: SARAH SMITH

19 Member ID: 123456789012
DOB: 09/06/XXXX

Employee: SARAH SMITH
20 Provider: ELIZABETH PROVIDER, MD

21 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
02/24-02/24/2014	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**

26 Other Insurance Credits \$0.00

27 Adjusted Payment \$0.00

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

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 (E.O.B.)

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/reid

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.

HOW TO READ YOUR EXPLANATION OF BENEFITS (E.O.B.)

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%). 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/reid

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.

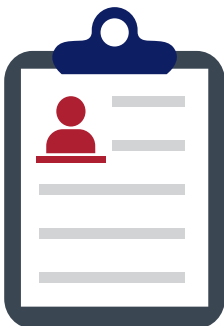
BENEFIT PROGRAMS

CASE MANAGEMENT

The Allegiance/StarPoint 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 health care 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**.

BENEFIT PROGRAMS

UTILIZATION MANAGEMENT

The Allegiance/StarPoint 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 StarPoint once an admission date has been scheduled.

Once contacted, a StarPoint 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 required for all inpatient hospital admissions so medical necessity can be established before services are rendered.

- **Emergency Notifications:**

Notification is required within 72 hours of emergency admissions and for observation stays exceeding 23 hours.

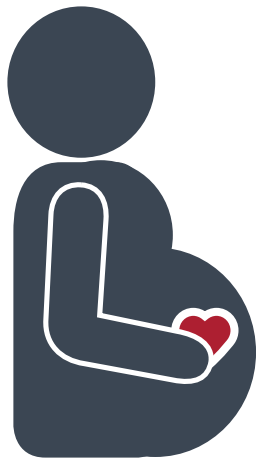
- **Continued Stay Review:**

StarPoint will contact the hospital on your anticipated release date to confirm discharge. If you require continued hospitalization, a StarPoint nurse will work with the hospital to identify medical necessity and extend days appropriately.



BENEFIT PROGRAMS

STARBABY



The Allegiance maternity management program, StarBaby, 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
- Free prenatal vitamins (available to you for as long as you remain in the program)

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

BENEFIT PROGRAMS

.... FLEXIBLE SPENDING ACCOUNT (FSA)

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

HEALTH 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: Under the use-or-lose rule, any money not used by the end of the 2 1/12 month grace period (March 15th) cannot be returned to you. In addition, no changes to your election may be made during the plan year unless you experience a qualifying event.

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.

An employee with a disabled spouse or a spouse who is a full-time student can claim \$250/month for one child and \$500/month for two or more children with the maximum election not to exceed \$5,000 per calendar year.

REIMBURSEMENT PROCESS:

Check payment | Direct deposit | Debit card | Joint Processing



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

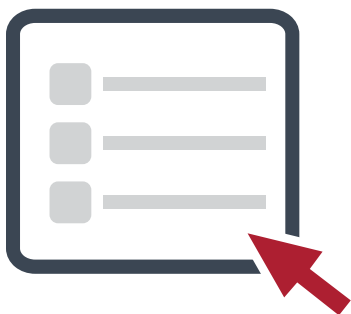
ONLINE SUBMISSION

ONLINE CLAIM SUBMISSION



Online claim submission can be done through the “Submit a Claim” link under the forms tab at www.askallegiance.com/reid. 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 at www.askallegiance.com/reid under forms.

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



Allegiance Customer Service:
1-855-999-0295



Allegiance Website
www.askallegiance.com/reid



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



24-hour Faxback Verification of Coverage:
1-855-999-0295 or (406) 523-3199



Navitus for PBM/RX
1-855-673-6504