Tier 1: Consumer Choice Providers List			
Provider	Specialties	What to Expect	
2427 US Hwy 2 East Kalispell, MT 59901 (855) 249-9729 100 2nd St East, Suite 304 Whitefish, MT 59937 (855) 249-9729 https://bigskymobileimaging.com/	X-rays and Ultrasounds	NO COST on Traditional Plan if referred by Greater Valley Provider and High Deductible Plan applies to Deductible and 90/10 Coinsurance	
Big Sky Diagnostic Imaging, LLC 401 S Alabama Street, Suite 7 Butte, MT 59701 (406) 782-2997	MRIs and CTs	NO COST on Traditional Plan if referred by Greater Valley Provider and High Deductible Plan applies to Deductible and 90/10 Coinsurance DOES NOT INCLUDE TRAVEL BENEFIT	
1035 1st Ave West, Suite 310, Kalispell, MT 59901 (406)-607-4900 2181 HWY 2 East, Suite 9 Kalispell, MT 59901 406)-607-4900 https://greatervalleyhealth.org/contact	Primary Care, Same Day Care, Behavioral Health, Prenatal Care & Delivery, Dental, Case Management, Substance Use Treatment, Reduced Cost Prescription Medications, and Sliding Fee Discounts.	NO COST on Traditional Plan High Deductible Plan applies to Deductible and 90/10 Coinsurance	
Patients first. 1593 East Polston Ave Post Falls, ID 83854 (208) 262-2300 www.northwestspecialtyhospital.com	General Surgery, Orthopedic Surgery, Sleep Center, Ear Nose & Throat, Family Medicine, Imaging, Occupational Medicine, Podiatry, Internal Medicine, Urgent Care, Women's Care	NO COST on Traditional Plan High Deductible Plan applies to Deductible and 90/10 Coinsurance Travel Benefit Included * MUST email HR to pre-arrange surgeries	

(408) 862-2515

111 Baker Avenue Whitefish, MT 59937 (408) 862-2515

500 12th Avenue West Columbia Falls, MT 59912

www.glaciermedicalassociates.com

Primary Care, Walk-in Care, Pediatric/Newborn Care, Procedures; including Colonoscopies, Behavioral Health, Labs, X-rays

\$10 Copay for Office Visits on Traditional Plan and High Deductible Plan applies to Deductible and 90/10 Coinsurance

All other services apply to Deductible and 90/10 Coinsurance on both plans

Tier 1: Consumer Choice Provider List

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Provider 500 Occords to 010 4 Kellonell	Specialties	What to Expect
BIG SKY I.V. CARE for all of your home i.v. needs 560 Cascade Lp Ste.1 Kalispell, MT 59901 (406) 752-0440	IV Therapy/Infusions, Homer or In-Suite Infusions	Applies to Deductible and 90/10 Coinsurance for all services on both plans
www.bigskyivcare.com		
Heart & Hands MIDWIFERY FAMILY HEALTHCARE 770 W Reserve #3 Kalispell, MT 59901 (406) 300-4511 www.hhmidwifery.com	Obstetrics and Primary Care	\$25 Copay for Office Visits on the Traditional Plan High Deductible Plan applies to Deductible and 90/10 Coinsurance
www.mmidwilery.com		
Mediversity Care 2316 U.S. Hwy 93 North Kalispell, MT 59901 (406) 755-5661	Urgent Care Services	\$25 Copay on the Traditional Plan High Deductible Plan applies to Deductible and 90/10 Coinsurance
2360 Mullan Road Missoula, MT 59808 (406) 721-4436 www.missoulaboneandjoint.com	Orthopedics, Joint Replacement, Sports Medicine	\$100 Copay for Office Visits on the Traditional Plan All other services, Applies to Deductible and 90/10 Coinsurance on both plans Imaging is \$250 Copay, Deductible Waived, 90/10 Coinsurance on the Traditional Plan High Deductible Plan applies to Deductible and 90/10 Coinsurance for imaging
1600 Hospital Way Whitefish, MT 59937 406-863-3500 www.krh.org/nvh	All Hospital Services Provided	Applies to Deductible and 90/10 Coinsurance for most services on both plans Imaging: \$250 Copay, Deductible Waived, 90/10 Coinsurance for CT, MRI, and PET scans \$50 Copay, Deductible Waived, 90/10 Coinsurance for Diagnostic Testing, including, X-ray and Ultrasound on the Traditional Plan High Deductible Plan applies to Deductible and 90/10 Coinsurance for Imaging
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Tier 1: Consumer Choice Providers -Consumer Choice providers are in-network providers who are at a lower cost and are focused upon improving the quality of care.

Tier 2: Network Providers - The health plans offered to you by Kalispell Public Schools use the Cigna Provider Network and you can search for providers at www.askallegiance.com/KPS. You will experience lower out-of-pocket costs when utilizing providers that participate in the Cigna Provider Network. Tier 3: Out-of-Network Providers - Since non-network providers are not contracted with Allegiance, payment will be based on the allowable amounts for non-network providers. You will be responsible for payment of any balances owed to your providers. These balance-billed amounts do not accrue towards your deductible or out-of-pocket maximum. Non-network providers are not obligated to submit claims forms for you.