

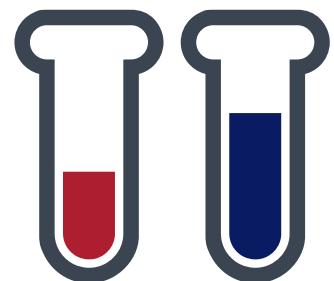
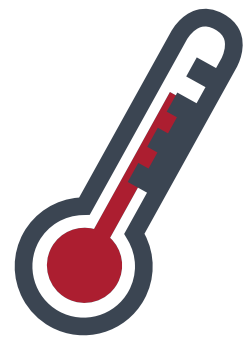
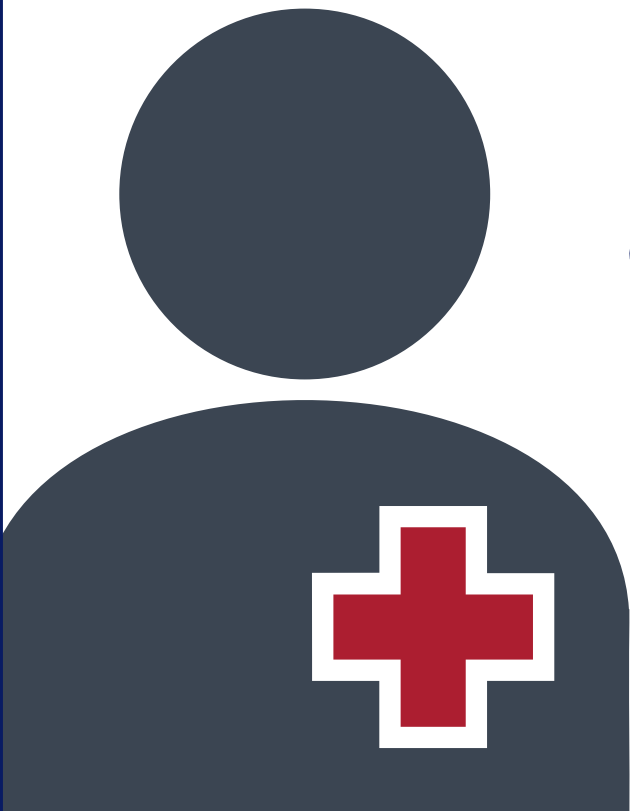


PRISMA
HEALTH®

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

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IDENTIFICATION CARDS

DEAR PLAN MEMBER:

Welcome to your Health Plan administered by 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.

IDENTIFICATION CARDS


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

PRISMA HEALTH™

<p>Member</p> <p>Prisma Health Covered Person: JOHN SAMPLE Participant ID#: SMPL0001 Dependent(s) JANE SAMPLE JIMMY SAMPLE</p> <p>Type of Coverage Effective Date Medical / Rx</p> <p>Medical Plan</p> <p>Plan Option: Premier EPO Group ID No.: 1400101</p>	<p>Medical Network</p> <p>PRISMA HEALTH™ MIDLANDS NETWORK UPSTATE NETWORK</p> <p><small>Premier plan members have limited access to the Cigna network. Refer to your plan summary for more details. Cigna Open Access Plus "S" No Referral Required</small></p> <p>Pharmacy Plan</p> <p>RxBin: 009893 PCN: ROIRX ENVISIONRx</p>
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1166-AL-3AD2 1400101-PREMIER EPO--- MID(VV)


20181214T02 Sh: 0 Bin 1
JOB1 Env [1] Csets 1 of 1



<p>Important Numbers</p> <p>Allegiance Contact/Customer Service: 1-855-999-2271</p> <p>Allegiance Website: www.AskAllegiance.com/PrismaHealth</p> <p>24-Hour Verification of Coverage: 1-406-523-3199</p> <p>Online Verification of Benefits: www.AskAllegiance.com/ivr</p> <p>270/271 EDI Transactions Payer ID: 81040</p> <p>Envision Rx Customer Service: 1-833-640-2850 www.envisionrx.com</p> <p>This card does not guarantee eligibility or payment.</p> <p style="text-align: center;">AWAY FROM HOME CARE</p>	<p>Claims Submission</p> <p>Prisma Health Network providers submit claims to: Allegiance PO Box 3018 Missoula, MT 59806 Payer ID: 81040</p> <p>All other providers submit claims to: Cigna PO Box 188061 Chattanooga, TN 37422-8061 Payer ID: 62308</p> <p>270/271 EDI Transactions Payer ID: 81040</p> <p>Utilization</p> <p>Call 1-800-342-6510 for precertification for inpatient hospital stays, pretreatment reviews for certain outpatient procedures listed in your Plan Document and to report all emergency admissions within 72 hours.</p> <p>We encourage you to use a primary care physician as a valuable resource and personal health advocate.</p>
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1166-AL-19EB 1400101-PREMIER EPO--- MID(VV)

20181214T02 Sh: 0 Bin 1
JOB1 Env [1] Csets 1 of 1



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.

"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.

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 1-855-999-2271. Our website is www.askallegiance.com/PrismaHealth, 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:**

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” charges 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 1-855-999-2271 and requesting the names of providers in your area.

1. Go to www.askallegiance.com/prismahealth.
2. Click the “Find a Provider” tab.
3. Select your plan.
4. Click on the Tier 1 Provider link that says click here.
5. Fill out the search information. Click “Search.”
6. The results will pull directly up on the screen and you have the option of exporting the data or printing the result.



7 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. You can submit a claim online at www.askallegiance.com/Submissions/Health/Claim

SERVICE QUESTIONS

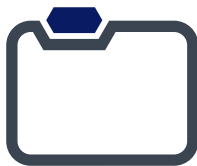


If you have a benefit question, you may call our Customer Service Department at 1-855-999-2271. The Customer Service Department is available from 8:00 am - 8:00 pm Eastern Standard Time (EST). Our staff will be available to assist you with any questions or problems you may have.



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 1-855-999-2271 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 SERVICES

Log on to www.AskAllegiance.com/PrismaHealth. To set up new login information, click **Employee / Employer Login**, then **Register New User**. You will be required to enter basic demographic information to verify your identity.

Once you enter this information, the system will ask you to create a username and password. Please note the specific character and length requirements.

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.

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.

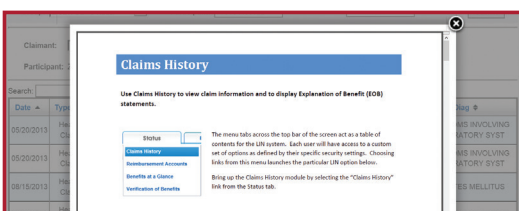
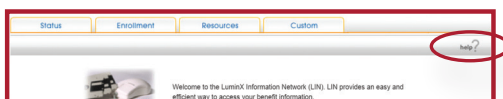
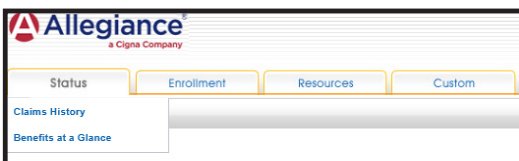
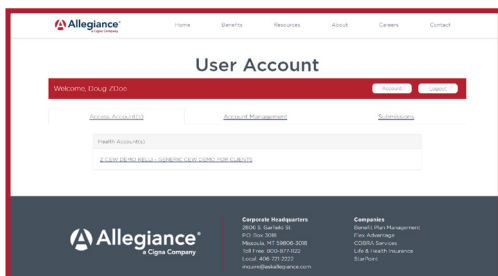
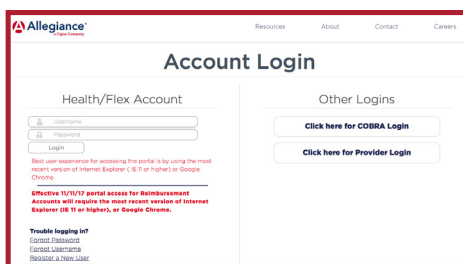
Select the **Status** tab to access Claim History, Benefits at a Glance for a benefits summary, or Verification of Benefits for benefit details. The Verification of Benefits (VOB) is a brief summary of benefits provided by your plan. Click Verification of Benefits and select a coverage category to display 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.

Select the **Resources** tab to access the Document Library for important forms and plan information.

If at any point, you would like additional assistance, click the **help?** button on the right side of the page.

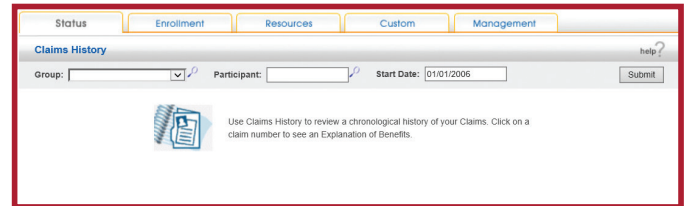
Each service has its own Help section with clear instructions and useful tips for finding the information you need.



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.*



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.

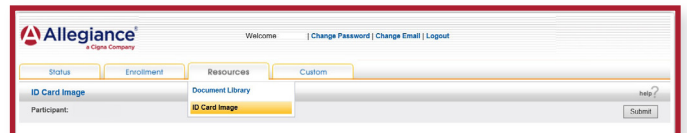
Claimant: ZDOE, DEBBIE	Participant Coverage Effective: 01/01/2013 Thru 99/99/9999					
Participant: ZDOE, DOUG	Participant Remarks:					
Search: <input type="text"/>						
Date	Type	Description	Provider	ServiceDt	Charge\$	
05/20/2013	Health Claim	Claim:201308202583	J MICHAEL CALDWELL MD	05/20/2013-05/20/2013	60	
05/20/2013	Health Claim	Claim:201308202583	J MICHAEL CALDWELL MD	05/20/2013-05/20/2013	8	

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!

Field	Value	EOB
Service:	electrocardiogram complete Chg	Claimant
Check#:		
PayTo:		
Pay Date:	08/22/2013	

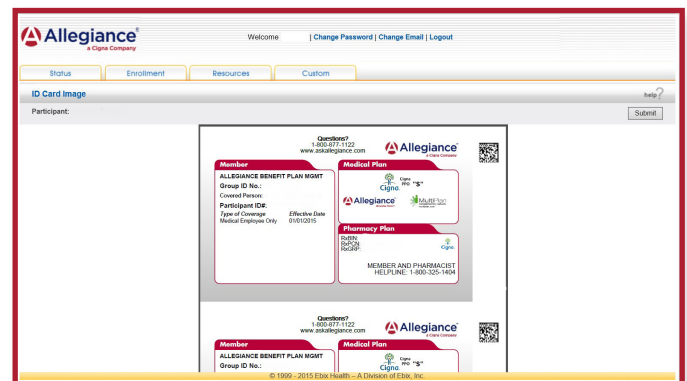
ID CARD IMAGE

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.



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

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

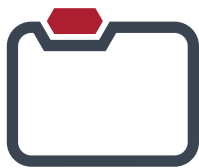


An image of the corresponding ID card will appear. From here you can print or save the image.

*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

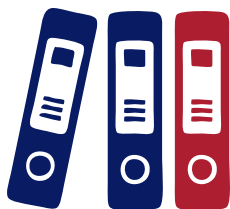
CLAIMS HISTORY



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 and How to Read Your EOB can be found in the Document Library under the Resources menu option. This guidebook, 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 pharmacy, as well as the Cigna website. The Cigna website will have tools 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.

HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)




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

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.

Forwarding Service Requested

*****SCH 3-DIGIT 590
26 1 AT 0.406

2 SARAH SMITH
1919 SAMPLE WAY
ANYTOWN MT 59047-1509

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: 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	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

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

25 Other Insurance Credits: \$0.00
26 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

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

28 Other Insurance Credits: \$0.00
29 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

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/PrismaHealth

The C.O.B. provisions are applied as outlined in your Summary Plan Description.

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.

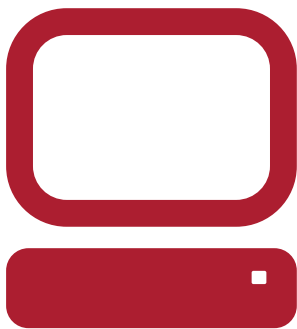
- 16. Coinsurance:** Member's cost sharing on eligible expenses on a percentage basis usually after deductible (i.e., 20%). Patient Responsibility.
- 17. Patient Responsibility:** After all benefits have been calculated, this is the amount of which the patient is responsible. This is a total of deductible, 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/PrismaHealth

The C.O.B. provisions are applied as outlined in your Summary Plan Description.

ONLINE SUBMISSION

ONLINE CLAIM SUBMISSION



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

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:
1-855-999-2271
8:00 am - 8:00 pm EST



Website
www.askallegiance.com/PrismaHealth



Claims Submission Address:
MyHFN/PHQC Providers:
Allegiance
PO Box 3018, Missoula, MT, 59806

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



24-hour Faxback Verification of Coverage:
1-855-999-2271 or (406) 523-3199



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.