



WELCOME

HEALTH BENEFITS

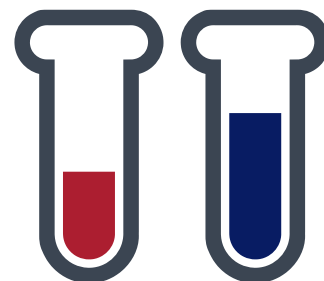
TO YOUR



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

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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 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.


IDENTIFICATION CARDS

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




Questions?
1-800-877-1122
www.askallegiance.com/UO



Member UNIVERSAL ORLANDO Group ID No.: 2003083 Covered Person: JOHN SAMPLE Participant ID#: SMPL0001 Type of Coverage Effective Date Medical Dependent(s) JANE SAMPLE JIMMY SAMPLE	Medical Network   Pharmacy Plan RxBIN: 610602 RxPCN: NVT RxGRP: AMC Member and Pharmacist helpline: 1-855-673-6504 www.navitus.com 
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1166-AL 2160 2003083-3---M/D/V/V
20190122T00 Sh: 0 Bin 1
J22B Env [1] CSets 1 of 1


1166-AL 1AD9 2003083-3---M/D/V/V
20190122T00 Sh: 0 Bin 1
J22B Env [1] CSets 1 of 1


Medical Claims Submission Submit claims to: Allegiance P.O. Box 3018 Missoula, MT 59806 Payer ID: 81040 Please be advised that this plan has limits on each service eligible for coverage. For more information please refer to the website or phone numbers listed under important numbers. 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.	Important Numbers 24-Hour Verification of Benefits Go online: www.askallegiance.com/ivr Call 1-406-523-3199 270/271 EDI Transactions: Payer ID 81040 Customer Service: 1-800-877-1122 Visit our Website at www.askallegiance.com/UO
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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. All covered dependents under the employee will use the same ID 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.

Medical Network: The logos of each network you can access for benefits. Please see the Network Provider section of the booklet if you need assistance locating an network provider.

Pharmacy Plan: 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.

Medical Claims Submission: The address for claims submission. Most providers will submit claims on your behalf.

Important Numbers: 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 toll-free Customer Service number is 1-800-877-1122. Our website is www.AskAllegiance.com/UO, 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.

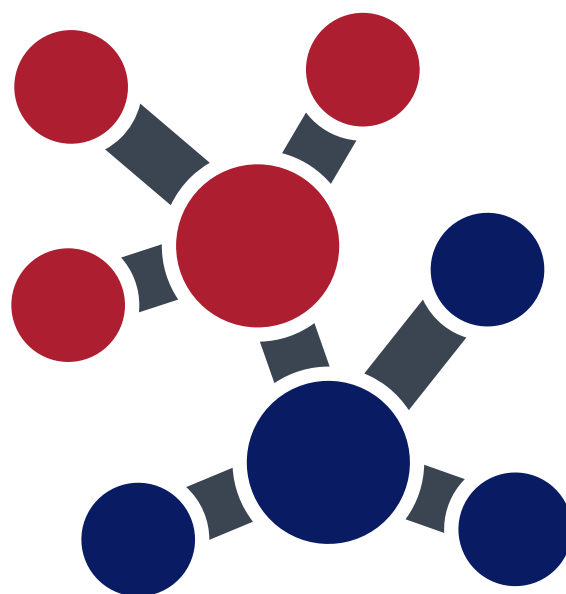
NETWORK PROVIDERS

..... **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 copayments.

..... **ADVANTAGES OF USING THE NETWORK PROVIDERS:**

Your plan covers in-network services only. It is important to verify that your provider is in-network before receiving services. The following page provides instructions for finding participating providers.



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. **You do not need an ID or group number to search for providers online.**

1. Log on to www.askallegiance.com/UO.

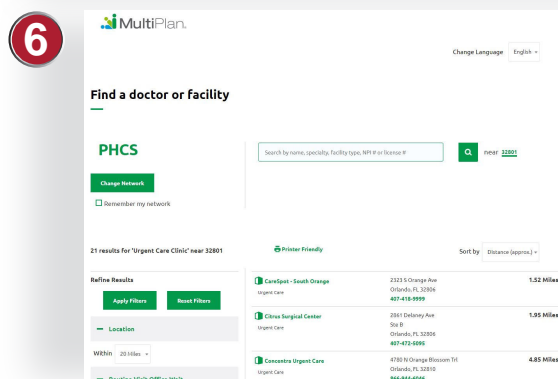
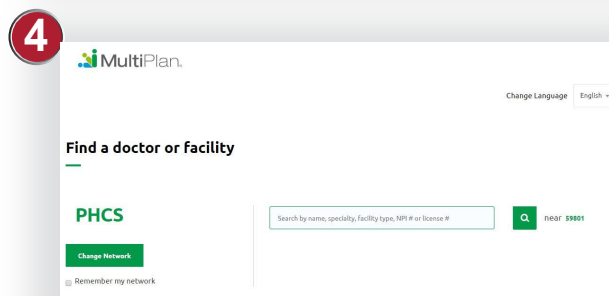
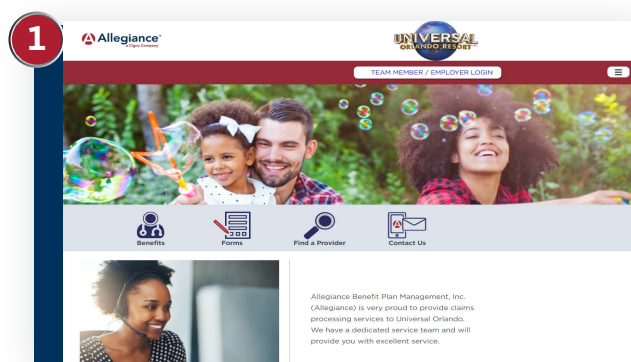
2. Click "Find a Provider" link, then click "Find a PHCS Provider".

3. Read the disclaimer in green, then click **OK**.

4. Fill out the search information, including zip code or city. Click **Search**.

5. Read the disclaimer in green then click **OK**.

6. The results will pull directly up on the screen and you have the option of 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 1-800-877-1122. 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 1-800-877-1122 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.

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.



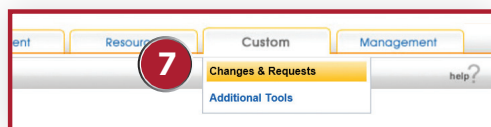
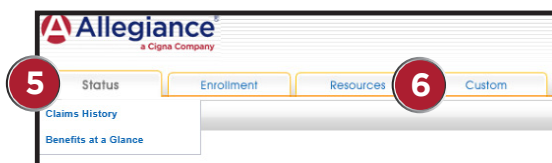
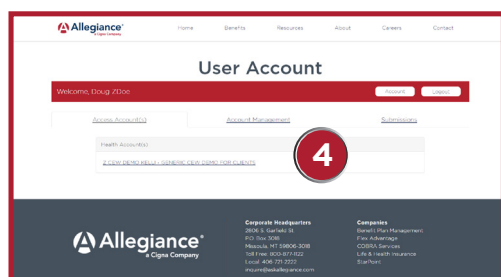
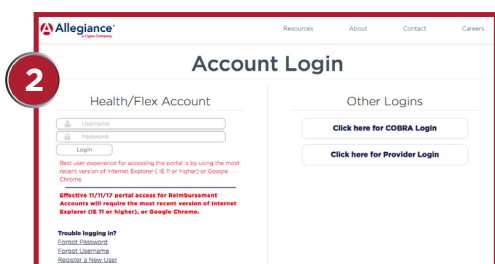
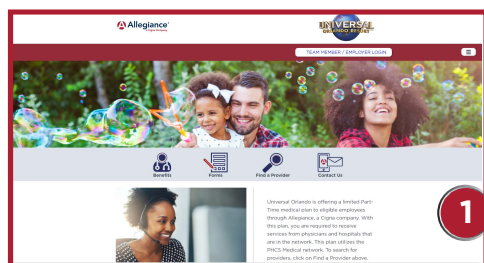
Our website offers personalized services at the click of a mouse. By registering, you will have 24 hour access to information regarding your health plan. You can check the status of a claim, review coverage and benefits, and verify who is covered under your plan.



Online services also give you the option to submit requests for additional identification cards.



ONLINE SERVICES

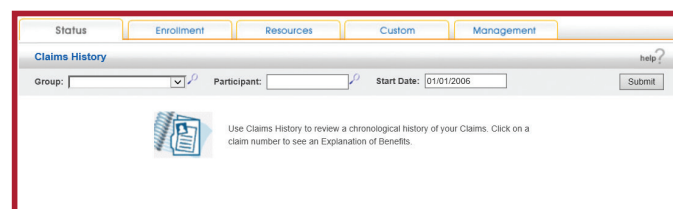


1. Log on to **www.AskAllegiance.com/UO**. To set up new login information, click Team Member / Employer Login, then **Register New User**. You will be required to enter basic demographic information to verify your identity.
2. Once you enter this information, the system will ask you to create a username 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. Click on Health Account - Universal Orlando, which will open your personal Benefits Portal.
5. Select the **Status** tab to access Claim History, Benefits at a Glance for a benefits summary, or Verification of Benefits for benefit details. See the following pages for more information on these options.
6. Select the **Resources** tab to access the Document Library for important forms and plan information. The Document Library will have your Summary Plan Document and other plan information. See the following page for accessing your ID Card Image
7. Allegiance or your employer may also have added information specific to your plan under the Custom tab. In the example, you can select Changes & Requests or Additional Tools, which may have more information regarding your pharmacy or other health plan services depending on your plan.

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.*



8 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.

8

Claimant: ZDOE, DEBBIE Participant Coverage Effective: 01/01/2013 Thru 99/99/9999

Participant: ZDOE, DOUG Participant Remarks:

Search:

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	

9 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!

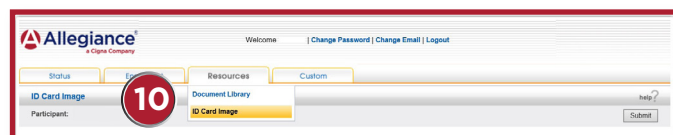
9

Details of 201308202583

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

ID CARD IMAGE

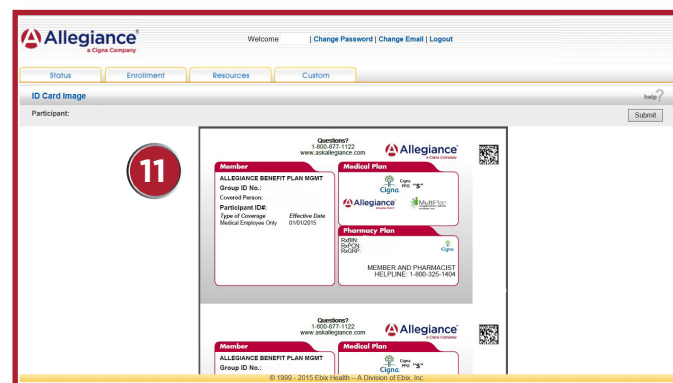
Allegiance members can access an online image of their ID card. This can be used to verify your participating status with a provider and ensure they have the necessary information to bill your Health Plan for any services.



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

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

12 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.

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 tab will have a link to your pharmacy benefit manager's website.

LOGIN FEATURES

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

2 Forwarding Service Requested

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

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.

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

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

26 Other Insurance Credits \$0.00
27 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

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/UO

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/UO

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

ONLINE SUBMISSION

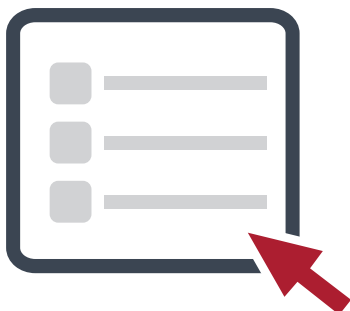
ONLINE CLAIM SUBMISSION



Online claim submission can be done on www.AskAllegiance.com/UO. Click on the **Benefits** icon and click **Submit a Claim**.

This feature allows members to electronically submit a health 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/UO under the Forms icons.

The forms found online are interactive and located under the Forms icon. 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:

1-800-877-1122

8:00 am - 8:00 pm EST



Website

www.AskAllegiance.com/UO



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



Navitus

1-855-673-6504



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.