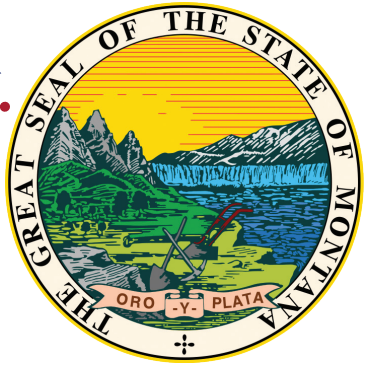
Allegiance℠
a Cigna Company

WELCOME TO YOUR HEALTH BENEFITS



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

Allegiance℠
a Cigna Company

TABLE OF CONTENTS

Identification Cards	3
Network Providers	6
General Questions	8
Online Services	9
Login Features	11
How to Read Your Explanation of Benefits (EOB)	13
Benefit Programs	16
Online Submission	21
Important Contact Information	22

Allegiance℠
a Cigna Company

IDENTIFICATION CARDS

DEAR PLAN MEMBER:

The State of Montana has contracted with Allegiance Benefit Plan Management (Allegiance) for services including claims processing, cost-saving provider contracts, and case management for your self-funded benefit plan. This book describes the services Allegiance provides you as a State Benefit Plan member.

You will soon receive a new identification card (ID card). 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.

Allegiance℠
a Cigna Company

IDENTIFICATION CARDS

IMPORTANT FEATURES TO NOTICE ON YOUR ID CARD:

Questions?
1-855-999-1057
www.askallegiance.com/som

Allegiance℠
a Cigna Company

Member

State of Montana
Group ID No.: 3000900
Covered Person: JOHN SAMPLE
Participant ID#: SMPL0001

Type of Coverage	*Effective Date*
Family	01/01/2016

Dependent(s)
JANE SAMPLE
JIMMY SAMPLE

Medical Plan

Open Access Plus

Allegiance® Provider Direct "S" Cigna.

No Referral Required

Claims Submission

Montana providers submit claims to:
Allegiance
PO Box 3018
Missoula, MT 59806
Payer ID: 81040

Providers outside Montana submit claims to:
Cigna
PO Box 188061
Chattanooga, TN 37422-8061
Payer ID: 62308

Submit routine and/or hardware vision claims to:
Cigna Vision
PO Box 385018
Birmingham, AL 35238-5018

Cigna Vision Customer Service: 1-877-478-7557

Utilization

Pre-Certification is strongly recommended for inpatient hospital stays. Pre-Treatment Review is strongly 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.

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

Important Numbers

24 hour Verification of Coverage:
(406) 523-3199
Customer Service:
1-855-999-1057
Visit Our Website at:
www.askallegiance.com/som

This card does not guarantee eligibility or payment.

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.

Allegiance℠
a Cigna Company

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 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.

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.

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 Document booklet for complete pre-certification information. You can also view more information regarding the program in the Utilization Management section (page 16 and 17) 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.

The toll-free Customer Service number is 1-855-999-1057. Our website is www.askallegiance.com/som, 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.

Allegiance℠
a Cigna Company

NETWORK PROVIDERS

WHAT IS AN IN-NETWORK PROVIDER?

In-network providers are organizations that include local physicians and healthcare professionals in your area. An in-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 in-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. The good news is, your network has not changed.

ADVANTAGES OF USING THE IN-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 an in-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 a out-of-network provider, you may be responsible for those amounts which are in excess of the "usual, customary and reasonable" charges in the area where the service was provided.

Allegiance℠
a Cigna Company

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 1-855-999-1057 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/som**
2. Click the Find a Provider search link.
3. To locate providers in Montana or surrounding areas, click the "Allegiance Direct Providers" link and then read the instructions. You will either need to select "Person" for an individual health care practitioner, or "Facility" for a hospital, surgery center, or other healthcare facility.
4. For providers outside of Montana, click the Cigna link and read the instructions.
5. 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."
6. Fill out the search information. Click Search.
7. 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 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.

Allegiance℠
a Cigna Company

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 new card and file on your behalf.

If you need to file a claim directly please submit it to the address on the back of your card or use the online claims submission tool.

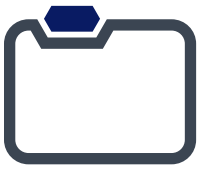
SERVICE QUESTIONS

If you have a benefit question, you may call our Customer Service Department at 1-855-999-1057. The Customer Service Department is available from 6:00 am - 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 1-855-999-1057 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.

Allegiance℠
a Cigna Company

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, www.askallegiance.com/som, 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.

Allegiance℠
a Cigna Company

ONLINE SERVICES

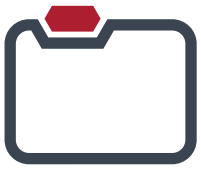
Follow these steps to register. Please note: you cannot create a login until you are effective on the plan.

1. Go to **www.askallegiance.com/som**
2. Choose Login.
3. If you've already visited this web portal, enter your username and password 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 validate some information on yourself. 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, call 1-855-999-1057 for assistance. This service is available M-F 6:00 am - 6:00 pm MST.
6. The next screen will allow you to create a username and password. Please note the username and password are case sensitive and must follow the outlined criteria on the page.
7. Once you have your login and password, you will be able to log into your personal benefit site.

Allegiance℠
a Cigna Company

LOGIN FEATURES

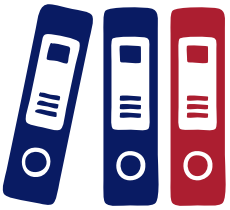
CLAIMS HISTORY



By selecting Claims History, 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 Document and How to Read Your EOB can be found in the Document Library. This guidebook, as well as other helpful documents designated by your employer, can also be accessed by clicking on this option.

Allegiance℠
a Cigna Company

LOGIN FEATURES

VERIFICATION OF BENEFITS

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. 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

Under Additional Tools is a link to the Cigna website. This link will allow you to sign up for single sign on access to mycigna.com which will allow you to view your Cigna products such as the Medical Cost Estimator, Healthy Rewards, and the Manage your Health tools.

Allegiance™
a Cigna Company

HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)

Allegiance
Benefit Plan Management

20140625T12
1166 6320

J01B [26] 1 of 1

Page 1 of 2

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 1

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.

8 Claim Summary

Claim Number	Patient Name	11 Total Charge	12 Ineligible Amount	13 Plan Discount	14 Deductible Amount	15 Co-pay Amount	16 Co-Insurance	17 Patient Responsibility	18 Payment Amount
201401234567	SARAH SMITH	$40.00	$0.00	$3.77	$36.23	$0.00	$0.00	$36.23	$0.00
9 20141234567	10 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	24 Reference Code	Plan Discount	Deductible Amount	Co-pay Amount	Co-Insurance	25 Paid At	Payment Amount
22 02/24-02/24	23 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
									26 **Other Insurance Credits**	$0.00
Patient's Responsibility.....			**$36.23**						**Adjusted Payment**	$0.00

27

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
									Other Insurance Credits	$0.00
Patient's Responsibility.....			**$50.00**						**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

Allegiance℠
a Cigna Company

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/som

The C.O.B. provisions are applied as outlined in your Summary Plan Document. Amounts not paid by your primary carrier may or may not be paid in full by this plan.

Allegiance℠
a Cigna Company

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/som

The C.O.B. provisions are applied as outlined in your Summary Plan Document. Amounts not paid by your primary carrier may or may not be paid in full by this plan.

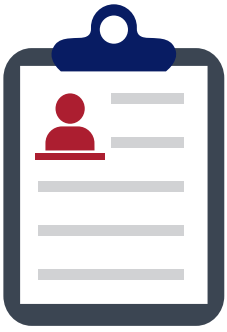
Allegiance®
a Cigna Company

BENEFIT PROGRAMS

CASE MANAGEMENT

The Allegiance Care Management 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 healthcare 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 Care Management 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 Allegiance Care Management once an admission date has been scheduled.

Once contacted, an Allegiance Care Management 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.

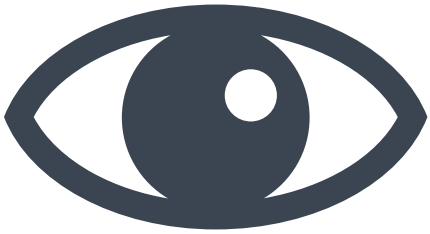
- **Pre-Notification:**
  Pre-notification is strongly recommended for all inpatient hospital admissions so medical necessity can be established before services are rendered.
- **Emergency Notifications:**
  Notification is strongly recommended within 72 hours of emergency admissions and for observation stays exceeding 23 hours.
- **Continued Stay Review:**
  Allegiance Care Management will contact the hospital on your anticipated release date to confirm discharge. If you require continued hospitalization, an Allegiance Care Management nurse will work with the hospital to identify

To learn more about utilization management, call toll-free **1-800-342-6510.**

Allegiance℠
a Cigna Company

BENEFIT PROGRAMS

VISION



ROUTINE VISION EYE EXAM

All members covered on the medical plan get one routine vision and eye health evaluation each year for $10 at an in-network provider. Cigna vision is the administrator for the vision plan. Please contact Cigna vision to determine if a provider is in-network.

VISION HARDWARE COVERAGE

Members must re-enroll each year for the Vision Hardware Plan. This plan covers some of the costs of glasses and contact. See Vision Hardware Coverage to learn more about what's covered on this plan.

Also, keep in mind that if you elect vision hardware, whoever is covered on your medical plan will be covered on your vision hardware plan.

To learn more about vision, call toll-free **1-877-478-7557**.

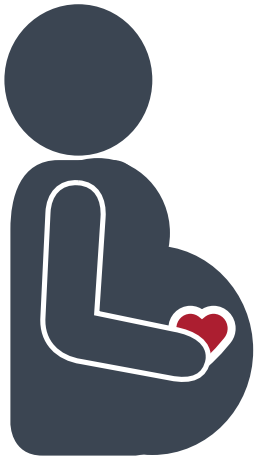
Allegiance®
a Cigna Company

BENEFIT PROGRAMS

MATERNITY MANAGEMENT

The Allegiance Care Management maternity management program 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:

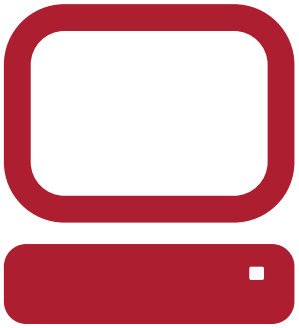
- Important pregnancy-related information
- Free prenatal vitamins (available to you for as long as you remain in the program)
- Cash incentive after registering for the program

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

Allegiance℠
a Cigna Company

ONLINE SUBMISSION

ONLINE CLAIM SUBMISSION



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

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.

Allegiance℠
a Cigna Company

IMPORTANT CONTACT INFORMATION

Customer Service:

1-855-999-1057

6:00 am - 6:00 pm MST

Allegiance Website

www.askallegiance.com/som

Allegiance Claims Submission Address:

Allegiance

PO Box 3018, Missoula, MT, 59806-3018

Electronic Payer ID: 81040

24-hour Faxback Verification of Coverage:

1-855-999-1057 or (406) 523-3199