






Tier 1: Consumer Choice Providers List

Provider	Specialties	What to Expect
 <p>2427 US Hwy 2 East Kalispell, MT 59901 (855) 249-9729</p> <p>100 2nd St East, Suite 304 Whitefish, MT 59937 (855) 249-9729</p> <p>https://bigskymobileimaging.com/</p>	<p>X-rays and Ultrasounds</p>	<p>NO COST on Traditional Plan if referred by Greater Valley Provider and High Deductible Plan applies to Deductible and 90/10 Coinsurance</p>
 <p>Big Sky Diagnostic Imaging, LLC</p> <p>401 S Alabama Street, Suite 7 Butte, MT 59701 (406) 782-2997</p>	<p>MRIs and CTs</p>	<p>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</p>
 <p>1035 1st Ave West, Suite 310, Kalispell, MT 59901 (406)-607-4900</p> <p>2181 HWY 2 East, Suite 9 Kalispell, MT 59901 406)-607-4900</p> <p>https://greatervalleyhealth.org/contact</p>	<p>Primary Care, Urgent Care, Behavioral Health, Maternity, Dental, and Case Management.</p>	<p>NO COST on Traditional Plan High Deductible Plan applies to Deductible and 90/10 Coinsurance</p>
 <p>NORTHWEST SPECIALTY HOSPITAL PATIENTS FIRST.</p> <p>1593 East Polston Ave Post Falls, ID 83854 (206) 262-2300</p> <p>www.northwestspecialtyhospital.com</p>	<p>General Surgery, Orthopedic Surgery, Sleep Center, Ear Nose & Throat, Family Medicine, Imaging, Occupational Medicine, Podiatry, Internal Medicine, Urgent Care, Women's Care</p>	<p>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</p>
 <p>111 Baker Avenue Whitefish, MT 59937 (408) 862-2515</p> <p>500 12th Avenue West Columbia Falls, MT 59912 (408) 862-2515</p> <p>www.glaciermedicalassociates.com</p>	<p>Primary Care, Walk-in Care, Pediatric/Newborn Care, Procedures; including Colonoscopies, Behavioral Health, Labs, X-rays</p>	<p>\$10 Copay for Office Visits on Traditional Plan and High Deductible Plan applies to Deductible and 90/10 Coinsurance</p> <p>All other services apply to Deductible and 90/10 Coinsurance</p>

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 <p>560 Cascade Lp Ste.1 Kalispell, MT 59901 (406) 752-0440</p> <p>www.bigskyivcare.com</p>	<p>IV Therapy/Infusions, Homer or In-Suite Infusions</p>	<p>Applies to Deductible and 90/10 Coinsurance for all services</p>
 <p>Heart & Hands MIDWIFERY FAMILY HEALTHCARE</p> <p>770 W Reserve #3 Kalispell, MT 59901 (406) 300-4511</p> <p>www.hhmidwifery.com</p>	<p>Obstetrics and Primary Care</p>	<p>\$25 Copay for Office Visits All other services apply to Deductible and 90/10 Coinsurance</p>
 <p>2316 U.S. Hwy 93 North Kalispell, MT 59901 (406) 755-5661</p>	<p>Urgent Care Services</p>	<p>\$25 Copay</p>
 <p>2360 Mullan Road Missoula, MT 59808 (406) 721-4436</p> <p>www.missoulaboneandjoint.com</p>	<p>Orthopedics, Joint Replacement, Sports Medicine</p>	<p>\$100 Copay for Office Visits All other services, Applies to Deductible and 90/10 Coinsurance Imaging is \$250 Copay, Deductible Waived, 90/10 Coinsurance</p>
 <p>1600 Hospital Way Whitefish, MT 59937 406-863-3500</p> <p>www.krh.org/nvh</p>	<p>All Hospital Services Provided</p>	<p>Applies to Deductible and 90/10 Coinsurance for most services. 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</p>

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.