



Welcome

to your health benefits



Allegiance Benefit Plan Management, Inc.

2806 S. Garfield St., PO Box 3018 | Missoula, MT 59806-3018
1-855-999-3893 | www.AskAllegiance.com

Welcome

to your health benefits

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Identification Cards

Dear Plan Member,

Welcome to your Health Plan administered by Cigna's Third Party Administrator (TPA), Allegiance Benefit Plan Management (Allegiance). We offer the highest quality service in claims administration and management.

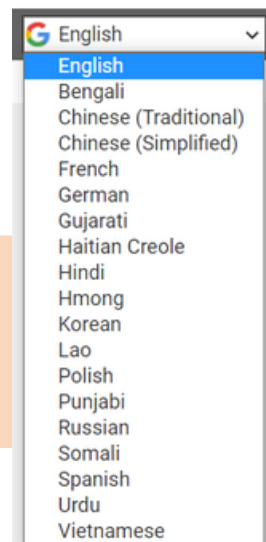
You will be receiving a new identification card (ID card) once you enroll in the plan.

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.



To translate the Member Portal to a different language, click the Google Translate drop down menu in the upper right corner, then choose your preferred language.



Sample ID Cards

World Wide Technology

To Verify Eligibility and Benefits
270/271 EDI Transactions-Payer ID: 81040
1-855-999-3893
www.askallegiance.com

Allegiance
by Cigna Healthcare

Member

WORLD WIDE TECHNOLOGY
Group ID No.: 2001063
Covered Person: JOHN SAMPLE
Participant ID#: SMPL0001

Type of Coverage: Medical Effective Date

Dependent(s)
JANE SAMPLE
JIMMY SAMPLE

Medical Network

cigna Open Access Plus

No Referral Required

Plan: Platinum	In Network \$250/\$500	Non Network \$1,000/\$2,000
Ind/Fam Deductible	\$2,000/\$4,000	\$6,000/\$12,000
Ind/Fam Out of Pocket		

Pharmacy Plan

RxBin: 003858
PCN: A4
RxGrp: JTEA

EXPRESS SCRIPTS

Customer Service: 1-888-310-4045
Pharmacist Use Only: 1-800-922-1557
express-scripts.com

Front of Card: Gold Plan

To Verify Eligibility and Benefits
271 EDI Transactions-Payer ID: 81040
1-855-999-3893
www.askallegiance.com

Allegiance
by Cigna Healthcare

Medical Network

cigna Open Access Plus

No Referral Required

Plan: Gold	In Network \$250/\$500	Non Network \$1,000/\$2,000
Ind/Fam Deductible	\$2,000/\$4,000	\$6,000/\$12,000
Ind/Fam Out of Pocket		

Pharmacy Plan

RxBin: 003858
PCN: A4
RxGrp: JTEA

EXPRESS SCRIPTS

Customer Service: 1-888-310-4045
Pharmacist Use Only: 1-800-922-1557
express-scripts.com

Front of Card: Platinum Plan

Claims Submission

Submit Medical Claims to:
Cigna PO Box 188061
Chattanooga, TN 37422-8061
Payer ID: 62308

270/271 EDI Transactions-Payer ID: 81040

AWAY FROM HOME CARE

Dental Plan

DELTA DENTAL

Submit Dental Claims to:
Delta Dental of Missouri
PO Box 8890
St. Louis, MO 63126
www.deltadentalmo.com
1-800-335-8286 or 1-314-656-3001

Utilization

Call 1-800-342-6510 for Pre-Certification for inpatient hospital stays, Pretreatment Reviews for certain outpatient procedures listed in your Plan Document and to report all emergency admissions within 72 hours.

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

Important Numbers

24 hr Medical Coverage Verification: 1-406-523-3199
Allegiance Customer Service: 1-855-999-3893
Visit Our Website at: www.askallegiance.com
Vision Plan-EyeMed: 1-866-800-5457

Employee Assistance Program: 1-800-356-0845

This card does not guarantee eligibility or payment.

Back of Card



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.

Important Features

to notice on your ID Card

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.



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.

Pharmacy Coverage

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.

Participant ID #

The name of your Group. In most cases, this is your employer.

Type of Coverage

Your plan elections under your group. This will show the coverage(s) you are enrolled in and your enrollment election.

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.

Effective Date

The date coverage began or a change with your plan took place.

Claims Submission

The address for claims submission. Most providers will submit claims on your behalf.

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.

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.

Away from Home Care

Lets providers know you are accessing the Cigna network outside your local network area.

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 1-855-999-3893. Our website is www.AskAllegiance.com, 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

Network Providers are organizations that include local physicians and healthcare professionals in your area. A network provider is not an insurance company or HMO.

Rather, it is a collection of healthcare providers who agree to submit claim forms on your behalf and accept an agreed-upon payment so you do not acquire any surprise bills.

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: OAP

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.

However, if you receive services from an out-of-network provider, you may be responsible for costs that would not be associated with an in-network provider.

How To Find Network Providers



There are two ways to access information regarding network providers in your area:

- Via the internet by using the instructions below
- By contacting customer service at 1-855-999-3893 and requesting the names of providers in your area



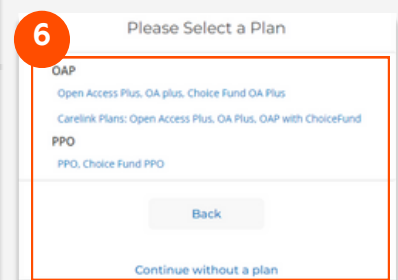
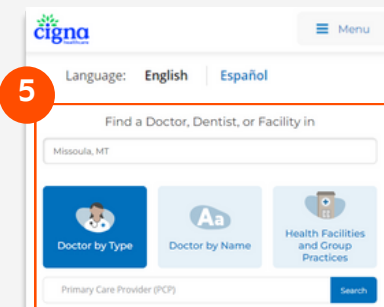
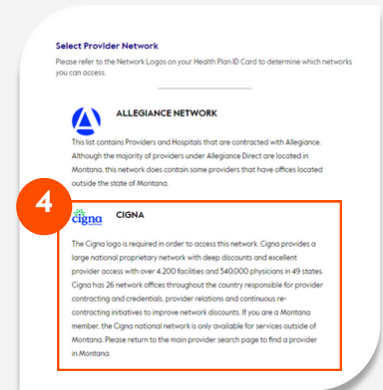
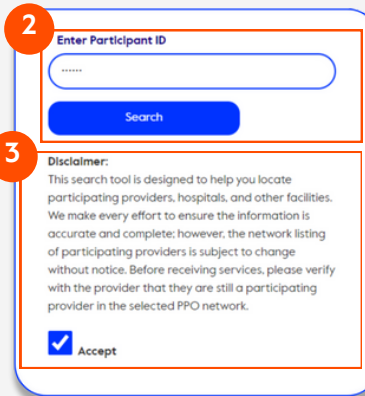
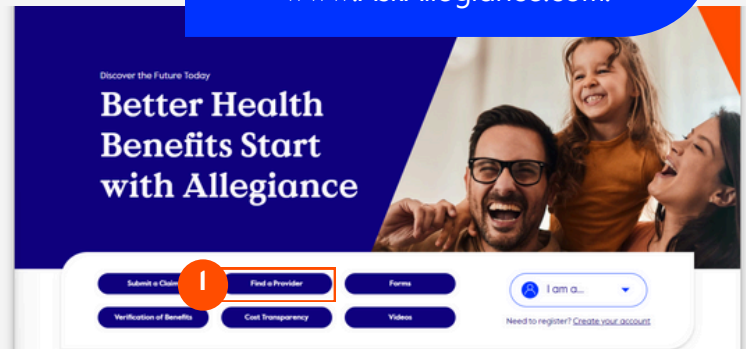
A helpful video walk-through of the provider search function is also available online at www.AskAllegiance.com.

- 1 Go to www.AskAllegiance.com and click on **Find Provider**.
- 2 Enter your **Participant ID Number or Social Security Number**, then click **Search**.
If you do not yet have a Participant ID Number, type the word 'search' into the ID Number box, then click the **Search** button.
- 3 Read the **Disclaimer**, then check the box next to **Accept**.
- 4 Click on the **Cigna** section to continue.
- 5 Enter your location and choose how you would like to search: **Doctor by Type**, **Doctor by Name**, or **Health Facilities**. From the pop-up window, select **Continue as guest** to continue your search.
- 6 Under **Select a Plan**, click **Continue**.

Refer to your **Health Plan ID card** to determine whether to select for OAP or PPO.

- **If OAP:** choose **Open Access Plus, OA Plus, or Choice Fund OA Plus**.
- **If PPO:** choose **PPO, Choice Fund PPO**

The results will display on the screen with options to filter, sort, access location maps, as well as export the data or print.



PLEASE NOTE

The listing of network providers is subject to change without notice. Before receiving services, please verify with the provider that they are still a participating provider.

Online Services

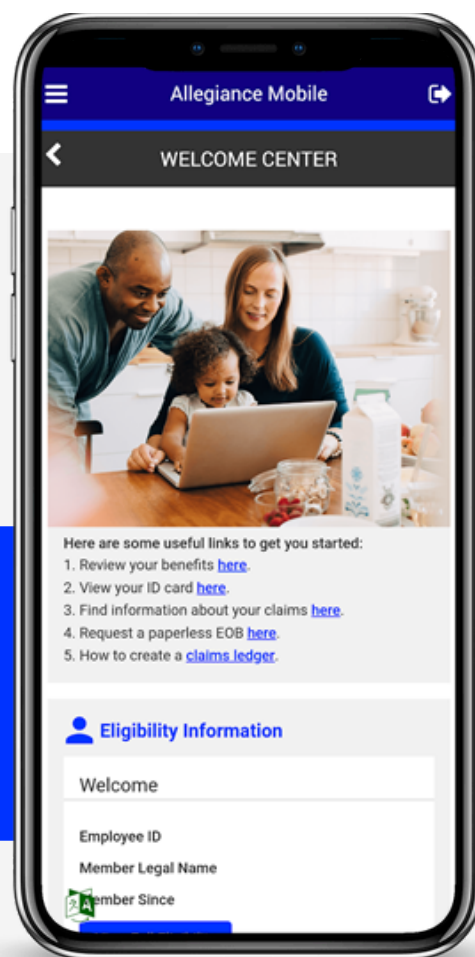
At Allegiance, our number one priority is taking care of our members. We offer broad online access while following security guidelines on the Allegiance website, putting benefits and claims information at your fingertips.

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.



These services are also available through the Allegiance Mobile App available in Google Play and Apple App stores.



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 customer service at 1-855-999-3893. The Customer Service Department is available from 7:00 AM - 6:00 PM Central Standard Time (CST). 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. These options are available 24 hours a day, seven days a week.

Interactive Voice Response (VR) System

- Call 1-855-999-3893 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.

Sign up for online access
to your Claims Data

This process is
described in detail on
the [online features](#)
section of this booklet
on page 13 .

Life of a Claim

from Submission to Payment

1 Provider Submits the Claim



The healthcare provider's billing team creates an electronic claim with patient services provided and submits it to Cigna.

2 Network Pricing



Cigna reviews the claim based on the provider contract to apply the appropriate in-network discount, then forwards the claim to Allegiance for processing.

3 Claim Received by Allegiance



Upon receipt of the claim by Allegiance, the claim gets indexed (or uploaded) to the appropriate member's account for review by the claims examiner.

4 Claim Processed



The claims examiner will review and process the claim towards the appropriate benefits available through the plan.

5 Ready for Payment



After processing by the claims examiner, the claim is pended for funding and release of payment.

All claims that have processed under the plan will finalize processing at the same scheduled time.

6 Payment Issued



After the claim has been finalized and funded, payment will be released to the healthcare provider to post to their billing system.

At the same time, an Explanation of Benefits (EOB) Summary will be available online for review by the member. The EOB shows how the claim processed and what their potential bill could be.

How To Submit a Claim

Your healthcare provider is encouraged to submit claims on your behalf; but if you ever need to submit a claim directly, Allegiance makes it easy with an online tool.

The following steps outline the process to submit a claim online at www.AskAllegiance.com.

- 1 Go to www.AskAllegiance.com.
- 2 Select **Submit a Claim**.
- 3 Choose **Health Claim** for your Medical Plan – or – **Reimbursement Account Claim** for an HRA, HSA, or FSA reimbursement account.
- 4 Selecting **Health Claim** will prompt you to enter your Health Plan Participant ID or Social Security Number as well as your Date of Birth. Click **Search**.
- 5 If you entered your Health Plan Participant ID, a drop-down will appear for you to select the specific family member who received the service. Select the appropriate member name and click **Continue**.

If you entered a Social Security Number, you may be prompted to select a group; please select the group that represents the member's current health plan, then click **Continue**.

1

2

3

4

5

OR

5

How To Submit a Claim

continued

6 The member information will pre-populate based on what is in our system. If the member email and/or phone number do not pre-populate, please add this information so our team can easily reach you if needed.

7 Under **Health Claim Information**, Click **+ Add Claim**.

8 Enter the provider name and other related claim information **AS SPECIFIED ON YOUR BILL**. If the claim represents multiple dates of service, deselect the **Same day service** button and enter the date range for the claim. Once you have entered all of the necessary information, click **+ Add**.

9 Attach the claim documentation file. The file can be a scan, picture, or other file type representing claim documentation (ex: picture of the receipt from the provider). Click **Add Files**, select the document you wish to upload, then click **Open**.

10 Enter any additional information in the **Additional Comments** section at the bottom of the screen.

11 Once you have entered all of your claim information, click **Submit**. Allegiance will process your request and reach out with any questions.

Once your claim is submitted, you will receive a confirmation number.

Recording your confirmation number is advised.

The screenshot shows the top portion of the 'Submit a Claim' form. Step 6 points to the 'Contact Information' section, which includes fields for Name and Phone. Step 7 points to the 'Health Claim Information' section, which includes a '+ Add Claim' button and 'Total Charges: \$0.00'. Below that is the 'Uploaded Files' section with a '+ Add Files' button and 'Files: 0 Size: 0'.

The screenshot shows a modal titled 'Additional Health Claim Information'. Step 8 points to the 'Provider name' field. Other fields include 'Service description', 'Service date' (with a 'From' field and a date picker), a checked 'Same day service' checkbox, and a 'Charge' field with a '\$' symbol and '0.00'.

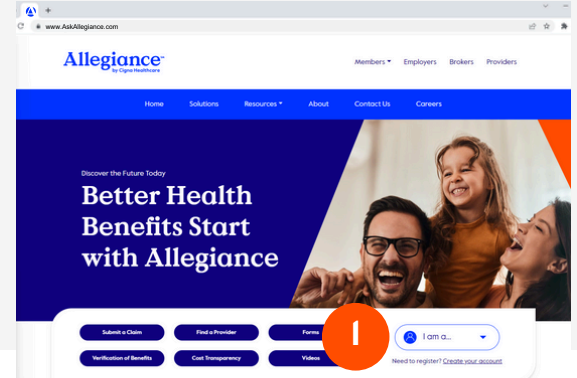
The screenshot shows the bottom portion of the 'Submit a Claim' form. Step 9 points to the '+ Add Files' button in the 'Uploaded Files' section. Step 10 points to the 'Additional Comments' text area. Step 11 points to the 'Submit' button at the bottom right.

PLEASE NOTE

Once submitted, it can take up to three business days for the claim to appear online and 14-30 business days to receive payment.

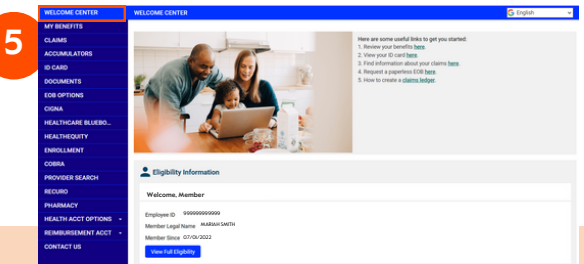
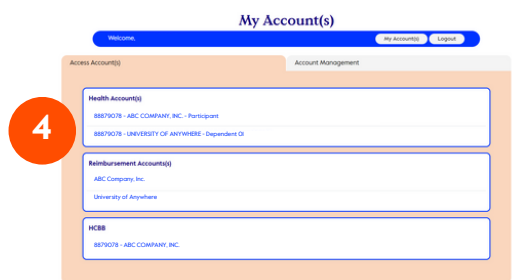
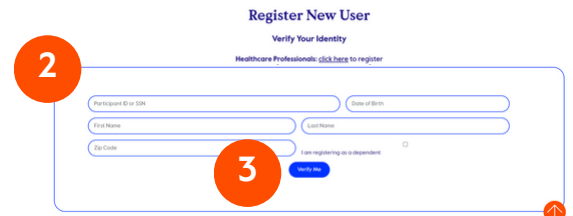
Online Features for Members

Login to the Allegiance Member Portal for instant access to claim status, eligibility, benefits information, ID cards, and more. This guide will provide an overview on navigating the site and using its services. To get started, create a login at www.AskAllegiance.com.



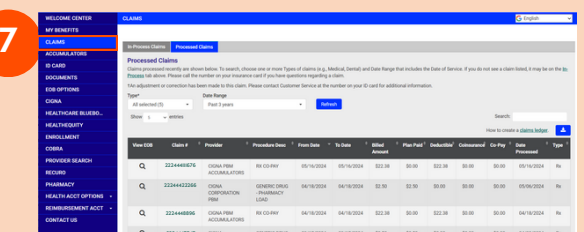
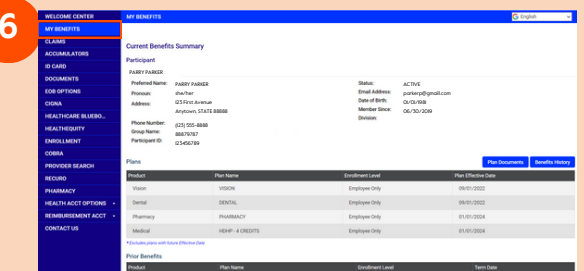
Logging In

- 1 To create login credentials, click on **Create your account** on the home page below the “Login as a...” drop-down menu. 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 **Verify Me**, 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 The Allegiance online portal allows you to access multiple Allegiance services through a single login. After entering your username and password credentials, please select the service you need. Note that depending on which services are elected, some members may see one or multiple options.



Online Services

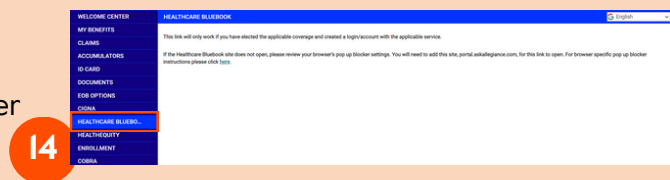
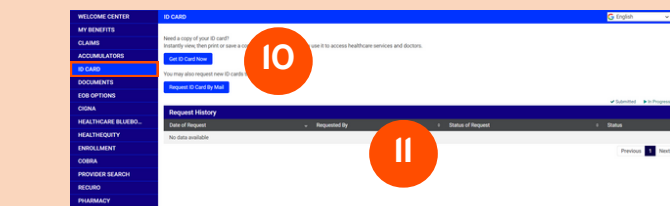
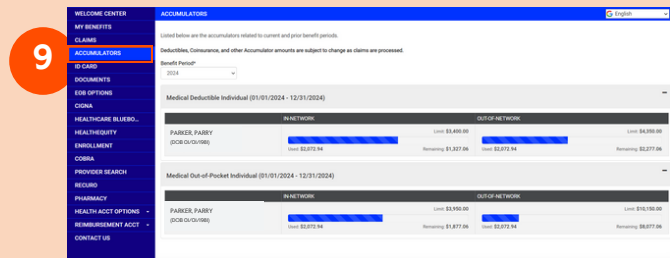
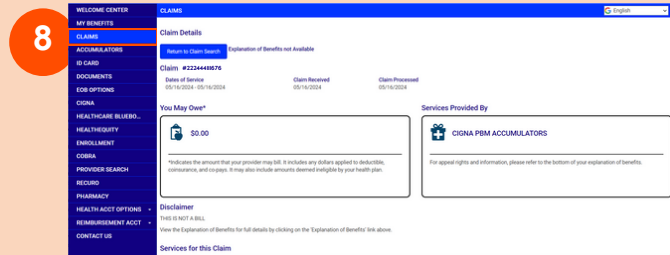
- 5 The **WELCOME CENTER** includes an overview of your key Health Plan information. Review eligibility, recent claims, and more all from this home page.
- 6 **MY BENEFITS** shows demographic information for you and any enrolled dependents as well as all active plan information.
- 7 The **CLAIMS** page has views for all processed claims as well as a tab for in-process claims. The **Type** and **Date Range** boxes allow you to filter claims.



Online Features for Members

continued

- 8 Select the **Claim Number** to pull up a detailed view of a specific claim, or click the **EOB** button to load your Explanation of Benefits.
- 9 On the **ACCUMULATORS** page, you can review your current accumulator status including Single and Family deductibles and out-of-pocket maximums.
- 10 Under **ID CARD**, clicking the **Get ID Card Now** button will instantly load an electronic version of your ID card.
- 11 If you need a replacement hard copy ID card, select **Request ID Card by Mail**. Complete the short form and confirm the address for your card; Allegiance will verify your information and a new card will be mailed to you.
- 12 For your Summary Plan Document, Summary of Benefits & Coverage, and other important materials, go to the **DOCUMENTS** page.
- 13 By registering for the Allegiance member portal, you can get all of your EOBs delivered to your preferred email. No more waiting for important documents to arrive in the mail or hunting through stacks of paper. Select **EOB OPTIONS** on the left-hand menu to update your preferred email or change your EOB preferences.
- 14 Depending on your Health Plan, you may see additional options such as **HEALTHCARE BLUEBOOK**, **PROVIDER SEARCH**, and others. These links will connect you to other online services through a single sign-on (SSO). For all SSO links, please make sure to disable any pop-up blockers enabled by your browser as they will prevent the page from loading.



The Allegiance Member Portal provides all of the information you need to manage your Health Plan; but if you ever have questions about the portal or any of your benefits, please call your dedicated customer service representatives at the services number on your Health Plan ID Card.

Sample Explanation of Benefits



1 Allegiance Benefit Plan Management, Inc.
P.O. Box 3018
Missoula MT 59806-3018

Explanation of Benefits

Please retain for your records.
It is the only copy you will receive.

THIS IS NOT A BILL

Forwarding Service Requested

2 SIMON SAMPLE
123 ANYSTREET BLVD
ANYTOWN, MT 59801

J6C9 11,933

Customer Service

3 **Group Name:** ABC COMPANY
4 **Group #:** 2009999
5 **Date:** 10/18/2024
6 **EOB #:** 221018TRX7

7 Claim status information or verification of benefits may be obtained 24 hours a day by accessing our website at DHPaceBenefits.com or our Interactive Voice Response (IVR) system at (406) 523-3199. For answers to other questions please contact Customer Service at (855) 497-1229. 8

9 Claim: 202412113J88B 11 Member ID: XXXXXXXX9999 13 Patient Account #: 199998887757575
10 Patient: SIMON SAMPLE 12 Provider: ANNIE GOOD MD
14

Treatment Dates	Procedure	Billed Amount	Ineligible Amount	Reference Code	Adjustments	Deductible	Co-pay Amount	Co-Insurance	Paid At	Payment Amount
04/21-04/21/2023	trichomonas amplified	\$46.10	\$0.00	12634	\$36.10	\$0.00	\$0.00	\$0.00	0%	\$0.00
04/21-04/21/2023	procedure trach amp	\$23.40	\$0.00	12634	\$53.40	\$0.00	\$0.00	\$0.00	0%	\$0.00
04/21-04/21/2023	dna amp trach	\$94.50	\$0.00	12634	\$54.50	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$144.00	\$0.00		\$144.00	\$0.00	\$0.00	\$0.00		\$0.00
15 You MAY owe the provider....		26 Other Insurance Credits								25 \$0.00
		27 Adjusted Payment								\$0.00

28

Code	Description
12634	Multiplan PPO discount. The patient is not responsible for this amount.

29 Appeal Rights
Appeal procedures are printed as the last page of this document.

30

Member Name	Description	Current Period	Amount Met	Past Period	Amount Met
COLLIN	PPO DEDUCTIBLE	01/01/24	\$328.63		
COLLIN	PPO OUT OF POCKET	01/01/24	\$393.63		
Family Totals:	NON-PPO DEDUCTIBLE	01/01/24	\$122.25		
Family Totals:	PPO DEDUCTIBLE	01/01/24	\$1,200.51		
Family Totals:	NON-PPO OOP	01/01/24	\$122.25		
Family Totals:	PPO OUT OF POCKET	01/01/24	\$3,616.08		

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 on the previous page of this booklet.

- 1. Claims 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 Benefits look-up.
- 7. General Customer Service Website**
Contact information to obtain additional information regarding your claim.
- 8. Customer Service Phone Number**
Your group's custom customer service phone number to obtain additional information regarding your claim.
- 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 Name**
The name of the individual for whom services were rendered or supplies were furnished.
- 11. Member ID**
Employee's unique identification number. Refer to this ID number if you call or write about your claim.
- 12. Provider**
The name of the person or organization who rendered the service or provided the medical supplies.
- 13. Patient Account Number**
This is your account number assigned by the service provider.
- 14. Treatment Dates**
The date(s) on which services were rendered.

The Coordination of Benefits provisions are applied as outlined in your Summary Plan Description. Amounts not paid by your primary carrier may or may not be paid in full by this plan.

How To Read Your Explanation of Benefits (EOB)

continued

- 15. Patient Responsibility**
After all benefits have been calculated, this is the amount for which the patient is responsible. This is a total of deductible, co-pay, coinsurance, and potentially ineligible amounts. This amount does not include any payments made at time of service.
- 16. Procedure**
Description of the services rendered.
- 17. Billed Amount**
The amount billed for each service.
- 18. 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 (#17, 28) for more information.
- 19. 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 #29 for additional information.
- 20. Adjustments**
Identifies the savings received from a Network Provider, if applicable.
- 21. Deductible Amount**
The amount of allowed charges that applies to your plan deductible that must be paid before benefits are payable. Patient Responsibility.
- 22. Co-pay Amount**
The amount of allowed charges, specified by your plan, you must pay before benefits are paid. (i.e., \$20 office visit co-pay). Patient Responsibility.
- 23. Co-insurance**
Member's cost sharing on eligible expenses on a percentage basis usually after deductible (i.e., 20%). Patient Responsibility.
- 24. Paid At**
The percentage your plan paid the eligible service under your benefit plan.
- 25. Payment Amount**
Benefits payable for services provided.
- 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 #20 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.

The Coordination of Benefits provisions are applied as outlined in your Summary Plan Description. Amounts not paid by your primary carrier may or may not be paid in full by this plan.

Online Form Submission

Online form submission allows members to submit forms electronically. This feature is located on www.AskAllegiance.com.

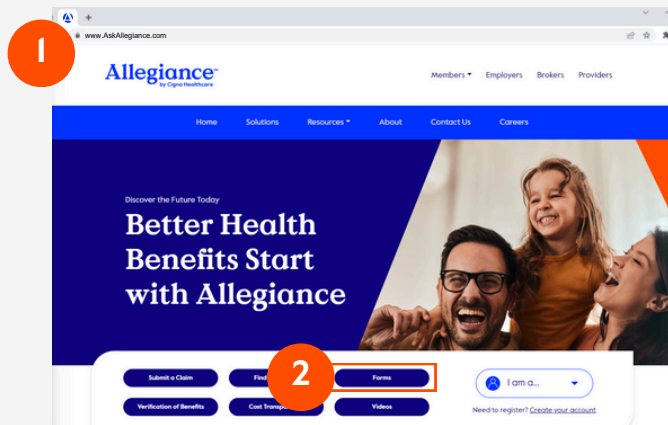
The forms found online are interactive. This results in a more efficient submission, leading to a faster turnaround. Members also receive confirmation that we received the information.

Allegiance will send out hard-copy requests when information is required from you. You will also have the ability to fill out the form to print and mail or fax.

How To Submit an Online Form

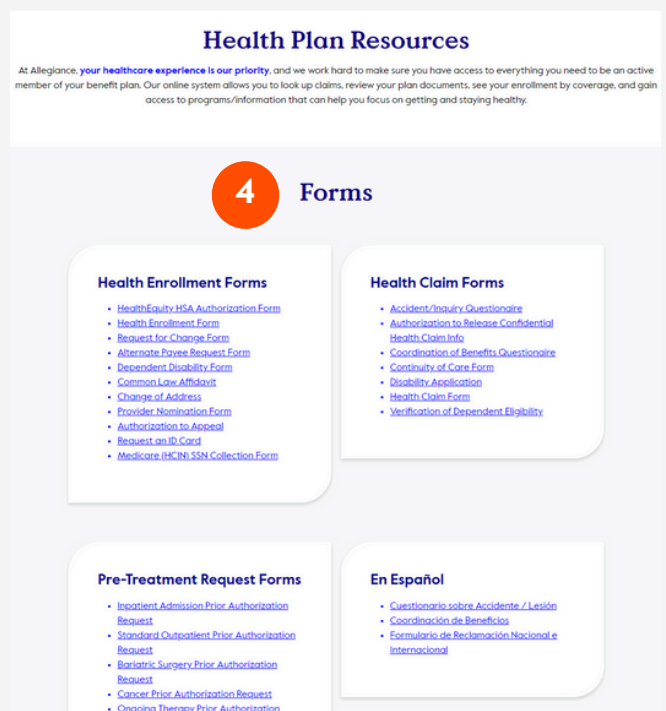
1 Go to www.AskAllegiance.com

2 Click on **Forms**.



3 From the pop-up screen, click **Health Claim Forms for Members**.

4 Scroll down until you find the form you are looking for, then click the link to that form and follow the prompts on that form.



How Allegiance Works with Your Healthcare Providers

As the Third-Party Administrator (TPA) for your Health Plan, Allegiance processes claims submitted by your healthcare providers. This process works best when providers are aware of some basic information about your Health Plan coverage that will help them submit claims quickly and accurately.

We recommend providing the information below to your provider(s) along with your new ID card to make sure they understand how to properly submit claims and verify your Health Plan information.



Please present the following page of information to your provider.

Information for Providers Working with Allegiance

Allegiance Benefit Plan Management, Inc. is the Third Party Administrator (TPA) for your patient's health plan. Though we are a wholly-owned subsidiary of Cigna, Allegiance operates independently to bring industry-leading flexibility and personalization to our clients. This means that providers must contact Allegiance directly for eligibility, benefits verification, and claims status for this patient.

Please review the information below regarding how to submit claims and verify eligibility.

- Online Verification of Benefits is available at <https://www.askallegiance.com/ivr>
- Allegiance Customer Service is available from 7a - 6p CST, Monday through Friday at 1-855-999-3893.
- Providers interested in HIPAA transactions; 270/271, 276/277 should have their clearing house contact Availity at <https://www.availity.com>

Process	Contact	Additional Information
Claim Submission	Cigna	PO Box 188061, Chattanooga, TN 37422-8061 Payer ID: 62308
Claim Processing	Allegiance	1-855-999-3893
Claim Status	Allegiance	1-855-999-3893
Claim Payment	Allegiance	1-855-999-3893
Pre-Certification / Pre-Treatment Review	Allegiance Care Management	1-800-342-6510
Payment Refunds	Allegiance	PO Box 3018, Missoula, MT 59806-3018
Benefit Verification	Allegiance	1-855-999-3893 / 406-523-3199 www.abpmtpa.com/nrsp/ivrrequest.asp

Contact Information

24-hour Faxback Verification of Coverage

1-855-999-3893 or (406) 523-3199

Website

www.AskAllegiance.com

Customer Service

1-855-999-3893

7:00 AM - 6:00 PM CST

Express Scripts (RX)

1-888-310-4045

Claims Submission Address

CIGNA

PO Box 188061

Chattanooga, TN 37422-8061

Electronic Payer ID: 62308



AllegianceSM

by Cigna Healthcare

Allegiance Benefit Plan Management, Inc.

2806 S. Garfield St., PO Box 3018 | Missoula, MT 59806-3018
1-855-999-3893 | www.AskAllegiance.com

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.