



# WELCOME

TO YOUR HEALTH BENEFITS

---

**Allegiance Benefit Plan Management, Inc.**

2806 S. Garfield St., P.O. Box 3018 | Missoula, MT 59806-3018  
1-855-999-4293 | [www.AskAllegiance.com/SPH](http://www.AskAllegiance.com/SPH)

# WELCOME

## TO YOUR HEALTH BENEFITS

### Table of Contents

<u>Identification Cards</u> .....	3
<u>Network Providers</u> .....	6
<u>Online Services</u> .....	8
<u>General Questions</u> .....	9
<u>Life of a Claim</u> .....	10
<u>How to Submit a Claim</u> .....	11
<u>Online Features for Members</u> .....	13
<u>Sample Explanation of Benefits (EOB)</u> .....	15
<u>How to Read Your EOB</u> .....	16
<u>Online Form Submission</u> .....	18
<u>How Allegiance Works with Your Healthcare Providers</u> .....	19
<u>Info for Providers Working with Allegiance</u> .....	20
<u>Important Contact Information</u> .....	21

# 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.**




# IDENTIFICATION CARDS

# Sample ID Card



St. Peter's Health

Rightway Member Services  
(833) 950-4399  
rightwayhealthcare.com  
Providers: See Back of Card



**Allegiance**  
a Cigna Company



**Member**

**ST PETER'S HEALTH**  
Group ID No.: 0010791  
Covered Person: **JOHN SAMPLE**  
Participant ID#: **SMPL0001**

Type of Coverage	Effective Date
Medical	


Dependent(s)  
JANE SAMPLE  
JIMMY SAMPLE

**Medical Network**

**Pharmacy Plan**

RxBIN: 610011  
RxPCN: IRX  
RxGRP: RXBENHOSP



RX Customer Service: 1-800-334-8134  
Pharmacy Help Desk: 1-800-880-1188  
[www.optumrx.com](http://www.optumrx.com)

**Claims Submission**

MT Medical Providers  
Allegiance PO Box 3018  
Missoula, MT 59806  
Payer ID: 81040

Non MT Providers 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

**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.

**Deductible Information**

Plan Opt:	In-Network	Non-Network
Ind/Fam Ded		
Ind/Fam OOP		

**Important Numbers**

24 hour Verification of Coverage: 1-406-523-3199  
Customer Service: 1-855-999-4293  
Visit Our Website at: [www.askallegiance.com](http://www.askallegiance.com)

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.**



# 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.

### **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 **Rightway** toll-free Customer Service number is **1-833-950-4399**. Our website is **[www.AskAllegiance.com/SPH](http://www.AskAllegiance.com/SPH)**, 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: PPO

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 in the area where the service was provided.

## NETWORK PROVIDERS

# How to Access 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 1-833-950-4399 and requesting the names of providers in your area.

A helpful video walkthrough of the provider search function is also available online at [www.AskAllegiance.com](http://www.AskAllegiance.com).

1. Log on to [www.AskAllegiance.com/SPH](http://www.AskAllegiance.com/SPH).
2. Click the **Find a Provider** link.
3. Enter your **Participant ID** from the front of your card and click **Search**. Read the disclaimer and check the box to **Accept**.
4. Click the **Cigna** link, then read the instructions and check the box to **Accept**. **Click Continue to Cigna Provider Search Page**.
5. Enter your location, then 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** then choose **PPO, PPO Tiered**.
7. 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

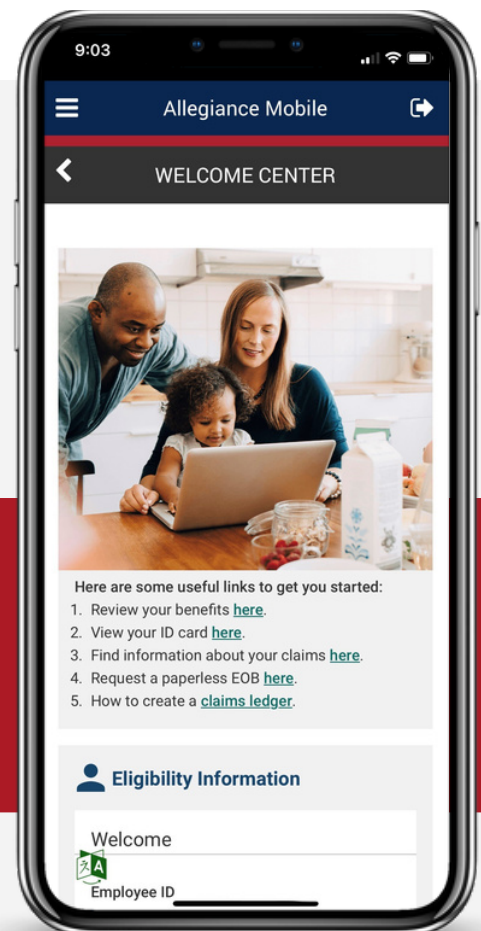
At Allegiance, our number one priority is taking care of our members. We offer broad online access while following security guidelines on the Allegiance website, putting benefits and claims information at your fingertips.

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 Rightway customer service at 1-833-950-4399. The Customer Service Department is available from 6:00 AM - 5:00 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. These options are available 24 hours a day, seven days a week.

### **Interactive Voice Response (VR) System**

- Call 1-833-950-4399 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 Internet Access to your Claims Data**

- This process is described in detail in the online features page of this handbook.

# Life of a Claim

## FROM SUBMISSION TO PAYMENT



### PROVIDER SUBMITS THE CLAIM

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



### 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.



### 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.



### CLAIM PROCESSED

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



### 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.



### PAYMENT ISSUED

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

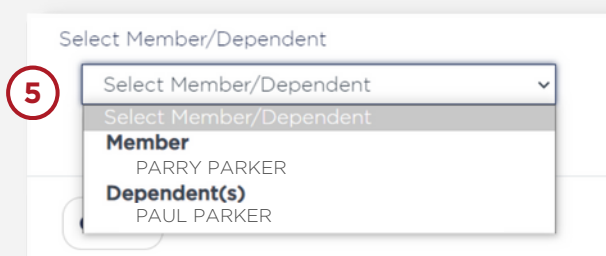
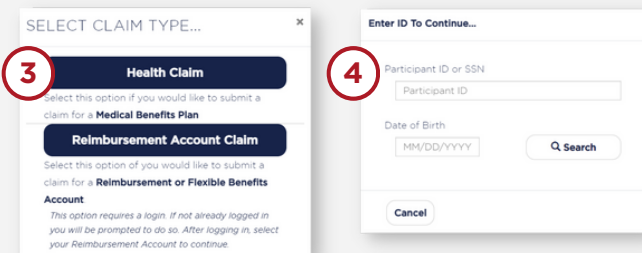
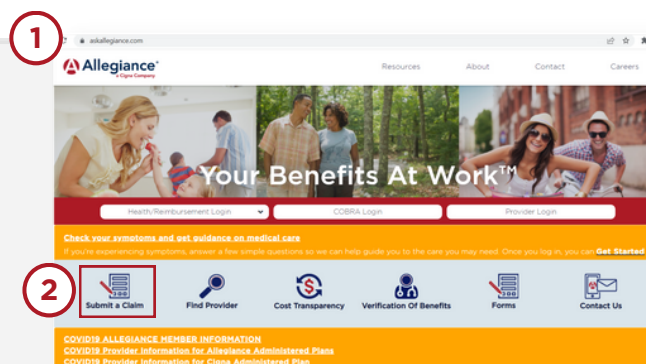
At the same time, an Explanation of Benefits (EOB) Summary will be available online for review by the member. The EOB shows how the claim processed and what their potential bill could be.



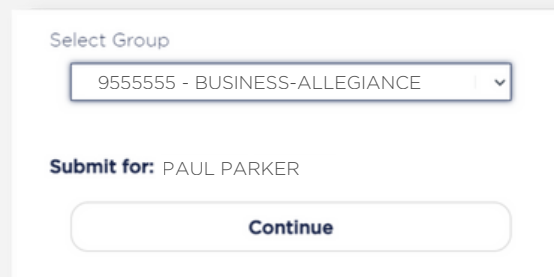
# HOW TO Submit a Claim

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/SPH](http://www.AskAllegiance.com/SPH).

- 1 Go to [www.AskAllegiance.com/SPH](http://www.AskAllegiance.com/SPH).
- 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 dropdown will appear for you to select the specific family member that 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.



OR



# 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** Click the green **+ Add Claim** button.

**8** Enter the Provider name and other related claim information **AS SPECIFIED ON YOUR BILL**. If the claim represents multiple dates of service, de-select 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 other 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 'Submit a Claim' form with the following fields: Health/Reimbursement Login, COBRA Login, and Provider Login. The main heading is 'SUBMIT A CLAIM'. Under 'Contact Info', the Name is 'PAUL PARKER', Email is 'Paul@Parker.com', and Phone is '( 999 ) 999-9999'. Under 'Health Claim Information', there is a green '+ Add Claim' button and 'Total Charges: \$0.00'.

The screenshot shows the 'Additional Health Claim Information' modal form with the following fields: Provider name 'Dr. Jane Jones', Service description 'Elbow Pain', Service date '08/01/2022', a checked 'Same day service' checkbox, and Charge '\$ 125.00'. There are '+ Add' and 'Cancel' buttons at the bottom.

The screenshot shows the 'Submit a Claim' form with the following fields: Health/Reimbursement Login, COBRA Login, and Provider Login. The main heading is 'SUBMIT A CLAIM'. Under 'Contact Info', the Name is 'PAUL PARKER', Email is 'Paul@Parker.com', and Phone is '( 999 ) 999 - 9999'. Under 'Health Claim Information', there is a green '+ Add Claim' button and 'Total Charges: \$0.00'. Under 'Upload Files', it lists 'Accepted File Types: .jpg, .pdf, .png, .tif', 'Size Limit: 10MB per file', and 'Uploads: 0' with an 'Add Files' button. There is also an 'Additional Comments' text area.

The screenshot shows a single 'Submit' button.

## PLEASE NOTE

Once submitted it can take up to 3 business days for the claim to appear online and 14-30 business days to receive your payment.

# Online Features for Members

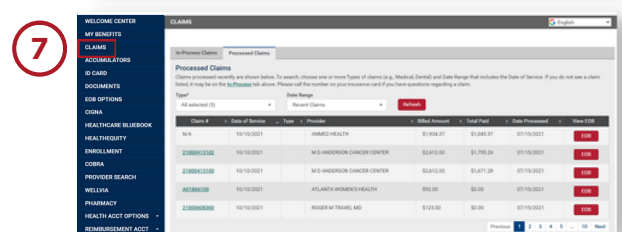
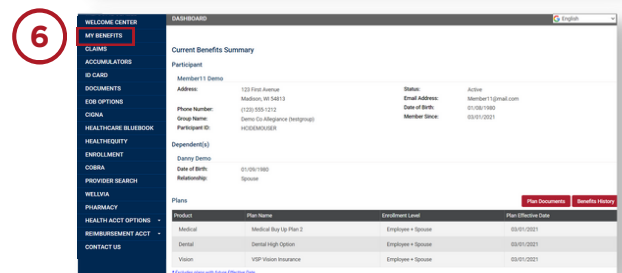
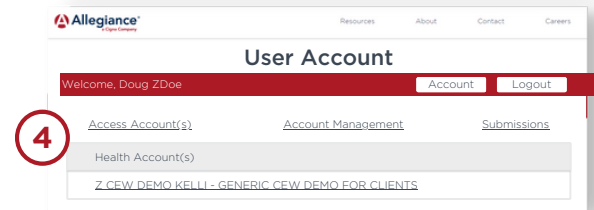
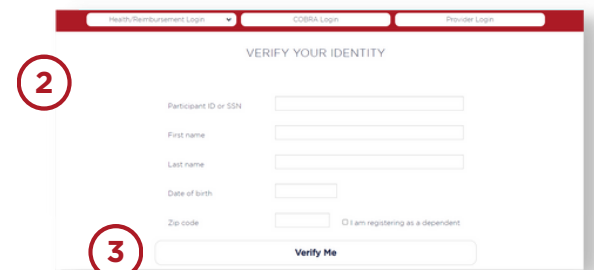
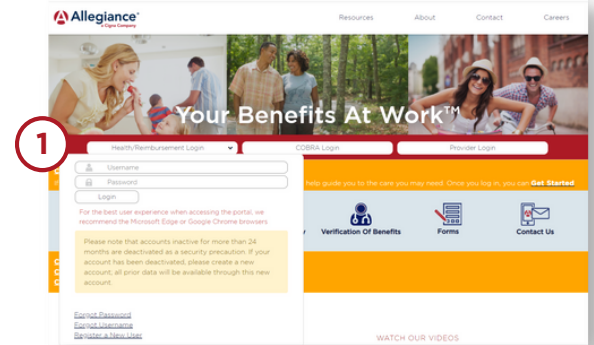
You can use your custom site for instant access to claims' status, eligibility, benefits information, ID cards and more. This guide will provide an overview on navigating the updated site and using its services. To get started, create a login at [www.AskAllegiance.com/SPH](http://www.AskAllegiance.com/SPH).

## Logging In

- 1 To set up new login information, click on **Health/Reimbursement Login**, then **Register New User** at the bottom of the box. 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 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.

## 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.

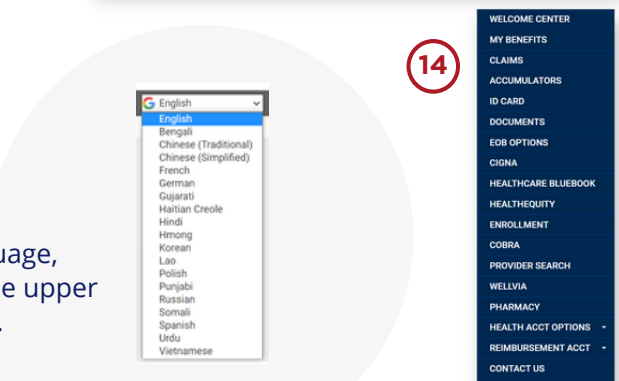
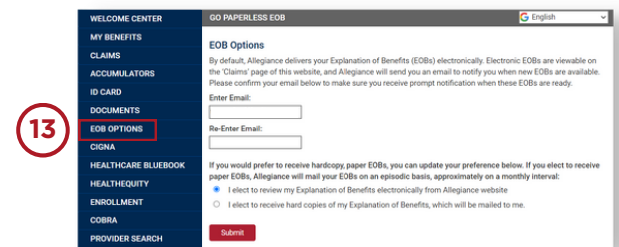
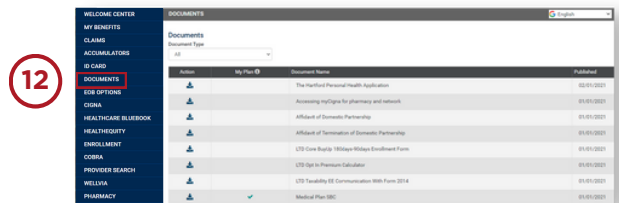
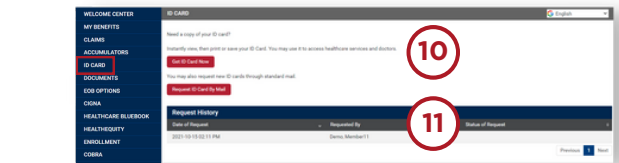
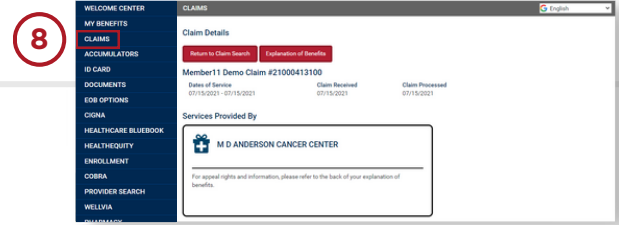




# ONLINE FEATURES FOR MEMBERS

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 SPD, SBC and other important materials, go to the **DOCUMENTS** page.
- 13 As a part of signing up on the Allegiance Member Portal, you can get all of your EOBs directly 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. For all single sign on links, please make sure to disable any pop-up blockers enabled by your browser as they will prevent the page from loading.



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.

The [www.AskAllegiance.com](http://www.AskAllegiance.com) portal provides all of the information you need to manage your Health Plan, but if you ever have questions around the portal or any of your benefits, please call your dedicated Member Advocates at the services number on your Health Plan ID Card.

# EXPLANATION OF BENEFITS (EOB)

# Sample Explanation of Benefits



1

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

### Forwarding Service Requested

2

JOHN A SAMPLE  
1234 MAIN AVE  
ANYTOWN MT 12345-6789

## Explanation of Benefits

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

**THIS IS NOT A BILL AND DOES NOT  
INCLUDE A CHECK FOR REIMBURSEMENT**

### Customer Service

3

Group Name: ABC COMPANY, INC.

4

Group #: 9999999

5

Date: 02/14/2023

6

EOB #: 888888AB7C

7

Claim status information or verification of benefits may be obtained 24 hours a day by accessing our website at [www.askallegiance.com](http://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) 877-1122.

8

This is an episodic summary of claims processed.  
Any payment made to you was sent with a separate Explanation of Benefits.

9

### Go Green!

Allegiance offers paperless, electronic EOBs for all members. Electronic EOBs are faster, safer, and better for the environment. Access and store EOBs and claims history online - no more papers to save. Sign-up for this free service today at [www.AskAllegiance.com](http://www.AskAllegiance.com).

10

Claim: 2222222AB33

12

Member ID: XXXXXXXX5

13

Employee: JOHN A SAMPLE

14

Patient Account #: 987654321-A

11

Patient: JOHN A SAMPLE

DOB: 10/12/XXXX

Provider: SAM M SMITH DO

15

Treatment Dates	Procedure	Billed Amount	Ineligible Amount	Reference Code	Adjustments	Deductible Amount	Co-pay Amount	Co-Insurance	Paid At	Payment Amount
12/09-12/09/2022	immunization admin	\$35.00	\$0.00	I3108	\$7.35	\$0.00	\$0.00	\$0.00	100%	\$27.65
12/09-12/09/2022	immunization admin each add	\$35.00	\$0.00	I3108	\$7.35	\$0.00	\$0.00	\$0.00	100%	\$27.65
12/09-12/09/2022	flu vac no prsv 4 val 3 yrs+	\$23.00	\$0.00	I3108	\$4.83	\$0.00	\$0.00	\$0.00	100%	\$18.17
12/09-12/09/2022	ZOSTER(SHINGLE(S)VACCINE(4VZV)RECOMBINANT	\$207.00	\$0.00	I3108	\$43.47	\$0.00	\$0.00	\$0.00	100%	\$163.53
12/09-12/09/2022	prev visit est age 40-64	\$291.00	\$0.00	I3108	\$61.11	\$0.00	\$0.00	\$0.00	100%	\$229.89
Column Totals		\$591.00	\$0.00		\$124.11	\$0.00	\$0.00	\$0.00		\$466.89
16 - You MAY owe the provider....		\$0.00		27 - Other Insurance Credits		\$0.00				\$0.00
				28 - Adjusted Payment						\$466.89

29

### Reference Code Description

Code	Description
I3108	Allegiance Benefit Plan Management participating provider. The patient is not responsible.

30

### Appeal Rights

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

31

### Deductible/Out of Pocket Summary

Member Name	Description	Current Period	Amount Met	Past Period	Amount Met
JOHN A	MAJOR MEDICAL DED	01/01/22	\$82.16		
JOHN A	RX APPLIED TO OOP	01/01/22	\$18.40		
JOHN A	MAJOR MEDICAL OOP	01/01/22	\$138.00		
Family Totals:	MAJOR MEDICAL DED	01/01/22	\$600.00		
Family Totals:	RX APPLIED TO OOP	01/01/22	\$485.25		
Family Totals:	MAJOR MEDICAL OOP	01/01/22	\$1,650.61		

## 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. 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. 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. EOB Preference Information**  
Log in to choose your EOB delivery method and update your preferred email address.
- 10. Claim Number**  
The unique identification number assigned to this claim. Please refer to this number if you call or write about this claim.
- 11. Patient Name**  
The name of the individual for whom services were rendered or supplies were furnished.
- 12. Member ID**  
Employee's unique identification number. Refer to this ID number if you call or write about your claim.
- 13. Provider**  
The name of the person or organization who rendered the service or provided the medical supplies.
- 14. Patient Account Number**  
This is your account number assigned by the service provider.
- 15. 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*

## 16. 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. This amount does not include any payments made at time of service.

## 17. Procedure

Description of the services rendered.

## 18. Billed Amount

The amount billed for each service.

## 19. 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.

## 20. 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.

## 21. Adjustments

Identifies the savings received from a Network Provider, if applicable.

## 22. Deductible Amount

The amount of allowed charges that apply to your plan deductible that must be paid before benefits are payable.  
*Patient Responsibility.*

## 23. Co-pay Amount

The amount of allowed charges, specified by your plan, you must pay before benefits are paid. (i.e., \$20 office visit copay).  
*Patient Responsibility.*

## 24. Co-insurance

Member's cost sharing on eligible expenses on a percentage basis usually after deductible (i.e., 20%). *Patient Responsibility.*

## 25. Paid At

The percentage your plan paid the eligible service under your benefit plan.

## 26. Payment Amount

Benefits payable for services provided.

## 27. Other Insurance Credits

Represents adjustments/payments based upon the benefits of other health plans or insurance carriers.

## 28. Adjusted Payment

The sum of the "Payment Amount" column for that claim.

## 29. Reference Code Description

Explanation of the Reference Code #20 will appear in this section.

## 30. Appeal Rights

Outline of your rights under your plan when an adverse claim determination is made.

## 31. 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

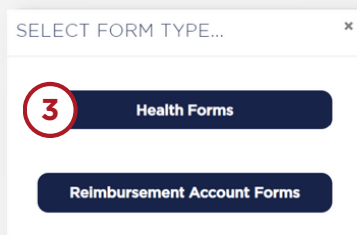
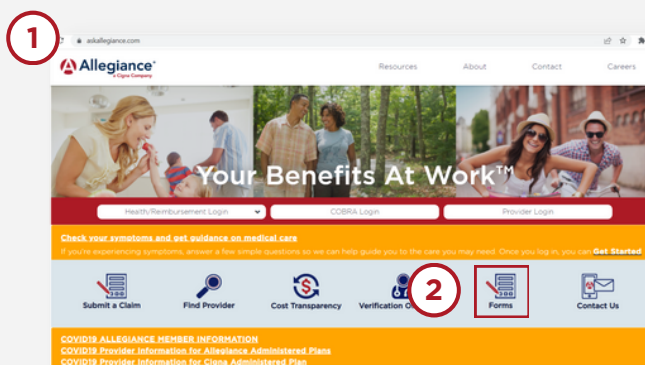
Online form submission allows members to electronically submit forms. This feature is located on [www.AskAllegiance.com/SPH](http://www.AskAllegiance.com/SPH).

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.

## HOW TO Submit an Online Form

- 1 Go to [www.AskAllegiance.com/SPH](http://www.AskAllegiance.com/SPH).
- 2 Click on the **Forms** icon.
- 3 From the pop up screen, click **Health Forms**.
- 4 Click open the form you are looking for, then follow the prompts of 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.**

## INFO 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 6a - 5p MST, Monday through Friday at 1-855-999-4293.
- **Providers interested in HIPAA transactions;** 270/271, 276/277 should have their clearinghouse contact Availity at <https://www.availity.com>

PROCESS	CONTACT	ADDITIONAL INFORMATION
Claim Submission	Allegiance	P.O. Box 3018, Missoula, MT 59806 Payer ID: 81040
Claim Processing	Allegiance	1-855-999-4293
Claim Status	Allegiance	1-855-999-4293
Claim Payment	Allegiance	1-855-999-4293
Pre-Certification / Pre-Treatment Review	Allegiance Care Management	1-800-342-6510
Payment Refunds	Allegiance	P.O. Box 3018, Missoula, MT 59806-3018
Benefit Verification	Allegiance	1-855-999-4293 / 406-523-3199 <a href="http://www.abpmtpa.com/nrsp/ivrrequest.asp">www.abpmtpa.com/nrsp/ivrrequest.asp</a>

**IMPORTANT**

# Contact Information

## **24-hour Faxback Verification of Coverage**

**1-855-999-4293 or (406) 523-3199**

## **Claims Submission Address**

**ALLEGIANCE**

**P.O. Box 3018**

**Missoula, MT 59806**

**Electronic Payer ID: 81040**

## **Customer Service**

**Rightway:**

**1-833-950-4399**

**Allegiance:**

**1-855-999-4293**

## **Optum Rx for PBM/RX**

**1-800-334-8134**

## **Website**

**[www.AskAllegiance.com/SPH](http://www.AskAllegiance.com/SPH)**



## **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.

---

## **Allegiance Benefit Plan Management, Inc.**

2806 S. Garfield St., P.O. Box 3018 | Missoula, MT 59806-3018  
1-855-999-4293 | [www.AskAllegiance.com/SPH](http://www.AskAllegiance.com/SPH)