



Allegiance Benefit Plan Management, Inc.  
2806 S. Garfield St. P.O. Box 3018  
Missoula, MT 59806  
[www.askallegiance.com/ccg](http://www.askallegiance.com/ccg)

# TABLE OF CONTENTS

Identification Cards	4
Network Providers	6
General Questions	9
Online Services	11
Login Features	13
How to Read Your Explanation of Benefits (EOB)	15
Important Contact Information	20



# IDENTIFICATION CARDS

## DEAR PLAN MEMBER:

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

You 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

## IMPORTANT FEATURES TO NOTICE ON YOUR ID CARD:

Questions?  
1-855-333-1004  
[www.askallegiance.com/ccg](http://www.askallegiance.com/ccg)

**Member**

- 1 Collier County Government
- 2 Group ID No.: 2003021
- 3 Covered Person: JOHN SAMPLE
- 4 Participant ID#: SMPL0001
- 5 Effective Date: 01/01/2015

Dependent(s)  
JANE SAMPLE  
JIMMY SAMPLE

**Medical Plan**

Community Health Partner "S"

No Referral Required

Basic Plan Ded: \$2000, 80% after Ded

**Pharmacy Plan**

RxBin: 009893  
RxPCN: ROIRX

ENVISION Rx  
OPTION Rx  
Helpdesk:  
1-800-361-4542

Tier 1/Tier 2 Copay: 30%    Ded:\$400 Ind/\$800 Fam  
Tier 3 Copay: 50%        OOP \$1400 Ind/\$2800 Fam

Please present your new ID card to your healthcare providers and pharmacy to prevent any disruption with your claims.

Your card may not be identical to the sample card.

**Medical Claims Submission**

CHP Providers submit claims to:  
Allegiance  
PO Box 3018  
Missoula, MT 59806  
Payer ID 81040

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

**Utilization**

PRE-CERTIFICATION: Contact Community Health Partners forty eight (48) hours prior to the requested service at 1-239-659-7770 or 1-888-594-9008. Failure to pre-certify certain benefits may result in reduced benefits. Business Hours 8 a.m. - 5 p.m.

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

**Dental Plan**

Cigna DPPO Shared Administration Plus  
[www.CignaDentalSA.com](http://www.CignaDentalSA.com)

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

**Important Numbers**

24 hour Verification of Coverage: (406) 523-3199  
Customer Service: 1-855-333-1004  
Visit Our Website at: [www.askallegiance.com/ccg](http://www.askallegiance.com/ccg)  
To verify provider participation, CHP Providers call 1-239-659-7760 or [www.chealthpartners.com](http://www.chealthpartners.com).

EAP - Health Management Systems of America - 1-800-767-5320

This card does not guarantee eligibility or payment.

# 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.

- 1. Group Name:** The name of your Group. In most cases, this is your employer.
- 2. Group ID Number:** The identification number for your Group. Please refer to this number if you call or write about your claim.
- 3. 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.
- 4. Participant ID#:** 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.
- 5. Effective Date:** Date coverage began or a change with your plan took place.
- 6. 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.
- 7. "S":** Indicates Shared Administration, which is connected to the Cigna network.
- 8. 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.
- 9. Mailing Address:** The address for claims submission. Most providers will submit claims on your behalf.
- 10. Dental Plan:** The type of dental coverage offered by your plan.
- 11. Utilization:** Plan requirement information for pre-certification. Refer to your Summary Plan Description booklet for complete pre-certification information.
- 12. 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 Allegiance toll-free Customer Service number is 1-855-333-1004. Our website is [www.askallegiance.com/ccg](http://www.askallegiance.com/ccg), 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.

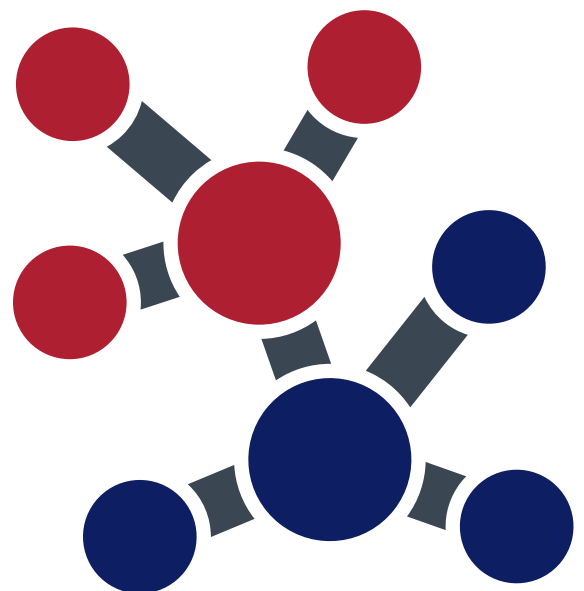
# NETWORK PROVIDERS

## ..... **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:**

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 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.

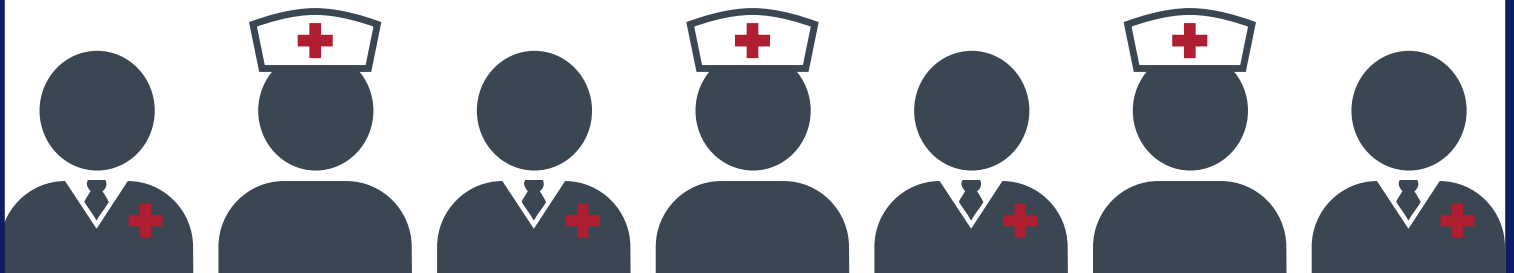


# NETWORK PROVIDERS

## ..... 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 1-855-333-1004 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/ccg](http://www.askallegiance.com/ccg)
- 2.** To locate a provider within Collier County, click the link for Community Health Partners.
- 3.** Click continue and then fill out your search information.
- 4.** Results will pull up on the screen and can be printed or saved.
- 5.** To locate a provider outside of Collier County, click the Cigna link.
- 6.** 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”.
- 7.** Fill out the search information. Click Search.
- 8.** 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 network listing of network providers is subject to change without notice. Before receiving services, please verify with the provider that he/she is still a participating provider.

# COMMUNITY HEALTH PARTNERS (CHP)

## ... **BUILDING A HEALTHIER COMMUNITY ONE MEMBER AT A TIME**

Community Health Partners (CHP) is a Physician Hospital Organization (PHO) that serves customers in Collier County and southern Lee Counties. CHP is a local comprehensive Provider Network comprised of over 700 Board Certified Multi-Specialty Physicians, Local Hospital Systems and Ancillary Healthcare Providers/Facilities. CHP represents the network as a whole, contracts with local employer groups, insurance companies and other networks, enabling employees and their beneficiaries access to medical services while reducing out-of-pocket expenses.

In addition to its network contracting functions, CHP also functions as a Utilization Management company offering medical services solutions with benefits for your employees. Local registered nurses and case managers review care and services for the DSBCB employees. They also assist members with locating physicians and facilities within their network, which reduces the cost to members and employers using pre-certification screening.

## ... **SMART CHOICE**

Smart Choice is a personalized program that focuses on education, prevention, behavior modification and self management to minimize common health risks: Heart Disease, High Blood Pressure, High Cholesterol, Diabetes, Weight Management and Asthma. A registered nurse and licensed dietitian meet one on one and educate enrolled members on improving lifestyle through nutrition-counseling and coaching.

## ... **WORKCARE**

WorkCare's Mission is to improve the quality of care and reduce workers compensation cost and liability. WorkCare manages utilization to promote the best level of health care within appropriate time frames. WorkCare's medical case managers communicate with local providers and have built a relationship over the years to efficiently coordinate and monitor medical services for an employer's injured workers. Case managers promote early return to work, provides education, provides timely information, and monitors treatment guidelines to return employees to productivity.



# 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 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 1-855-333-1004. The Customer Service Department is available from 8:00 am to 8:00 pm Eastern Standard Time (EST). Our staff will be available to assist you with any questions or problems you may have.



If you have a question regarding whether or not a claim has been received and the current status, there are two additional options to access that information. The options are available 24 hours a day, seven days a week. The first option is our Interactive Voice Response (IVR) system. You may call 1-855-333-1004 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.

# GENERAL QUESTIONS

## ..... COBRA



Please refer to the section in your Summary Plan Description (SPD) booklet on Continuation of Coverage (COBRA) for your rights and responsibilities for continued health plan coverage upon loss of coverage. These COBRA rights may apply to you and your covered dependents and may vary depending on the number of employees in your company and the state in which you live. Please consult your Summary Plan Description for complete COBRA information.

The Allegiance Toll-free  
Customer Service number is:

**1-855-333-1004**

# ONLINE SERVICES



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



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



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



# ONLINE SERVICES

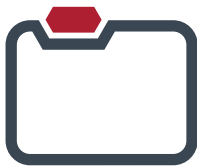
Follow these steps to register. Please note: you cannot create a login until you are effective on the plan.

1. Go to [www.askallegiance.com/ccg](http://www.askallegiance.com/ccg).
2. Choose Login.
3. If you've already visited this web portal, enter your username and password, check the privacy policy box 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 create a username of 1 to 20 case sensitive characters. You will also need to enter your email address and mark what type of user you are. Click Next.
6. The next screen will ask you to validate some information. 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, contact Allegiance for assistance at 1-855-333-1004. This service is available M-F 8am-8pm EST.
7. If your company has elected instant passwords you will be prompted to create a case sensitive password as well as a password hint. If the instant password feature is not available then a password will be mailed to you the following business day at the address on file.
8. Once you have your login and password, you will be able to log into your personal benefit site.



# LOGIN FEATURES

## CLAIMS HISTORY



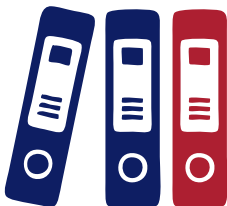
By selecting Claims History, you may scroll through your entire claims history, or select a specific date to expedite your inquiry.

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 Description 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.

# 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.

# HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)



20140625T12  
1166 6320

Page 1 of 2

J01B [26] 1 of 1

**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  
**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.

### Claim Summary

Claim Number	Patient Name	Total Charge	Ineligible Amount	Plan Discount	Deductible Amount	Co-pay Amount	Co-insurance	Patient Responsibility	Payment Amount
201401234567	SARAH SMITH	\$40.00	\$0.00	\$3.77	\$36.23	\$0.00	\$0.00	\$36.23	\$0.00
20141234567	SARAH SMITH	\$50.00	\$0.00	\$0.00	\$50.00	\$0.00	\$0.00	\$50.00	\$0.00
<b>Totals</b>		\$90.00	\$0.00	\$3.77	\$86.23	\$0.00	\$0.00	\$86.23	\$0.00

Claim: 201401234567 Member ID: 123456789012 Employee: SARAH SMITH Patient Account #: 1234  
Patient: SARAH SMITH DOB: 09/06/XXXX Provider: ELIZABETH PROVIDER, MD

Treatment Dates	Procedure	Billed Amount	Ineligible Amount	Reference Code	Plan Discount	Deductible Amount	Co-pay Amount	Co-insurance	Paid At	Payment Amount
02/24-02/24/2014	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
<b>Patient's Responsibility</b> .....										\$36.23
<b>Other Insurance Credits</b>										\$0.00
<b>Adjusted Payment</b>										\$0.00

Claim: 201412345679 Member ID: 123456789012 Employee: SARAH SMITH Patient Account #: 1234  
Patient: SARAH SMITH DOB: 09/06/XXXX Provider: ELIZABETH PROVIDER, MD

Treatment Dates	Procedure	Billed Amount	Ineligible Amount	Reference Code	Plan Discount	Deductible Amount	Co-pay Amount	Co-insurance	Paid At	Payment Amount
02/27-02/27/2014	chiropract manj 3-4 regions	\$50.00	\$0.00		\$0.00	\$50.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$50.00	\$0.00		\$0.00	\$50.00	\$0.00	\$0.00		\$0.00
<b>Patient's Responsibility</b> .....										\$50.00
<b>Other Insurance Credits</b>										\$0.00
<b>Adjusted Payment</b>										\$0.00

### Reference Code Description

Code	Description
I3108	Allegiance Benefit Plan Management Direct Discount The patient is not responsible for this amount.

### Appeal Rights

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

### Deductible/Out of Pocket Summary

Member Name	Description	Current Period	Amount Met
SARAH S	MAJOR MEDICAL DED	01/01/14	\$594.69
SARAH S	MAJOR MEDICAL OOP	01/01/14	\$594.69

# HOW TO READ YOUR EXPLANATION OF BENEFITS (EOB)

Below is a description of your Explanation of Benefits (EOB). The numbers correspond with the numbers on the sample copy of the EOB.

- 1. Claim Processing Office:** this is the location of the claims processing office. You can write to customer service at this location.
- 2. Address:** the name and address where the EOB is being mailed.
- 3. Group Name:** the name of your Group (in most cases, this is your employer).
- 4. Group Number:** the identification number for your Group. Please refer to this number if you call or write about your claim.
- 5. Date:** the date the EOB was issued.
- 6. EOB Number:** reference number for Explanation of Benefit look up.
- 7. Customer Service:** contact information to obtain additional information regarding your claim.
- 8. Claim Summary:** one line summary of the claims payment information. A more detailed explanation of each line is outlined separately.
- 9. Claim Number:** the unique identification number assigned to this claim. Please refer to this number if you call or write about this claim.
- 10. Patient:** the name of the individual for whom services were rendered or supplies were furnished.
- 11. Total Charge:** the amount billed for each service.
- 12. Ineligible Amount:** amount that is not eligible for benefits under the plan (i.e., duplicates, not covered service). Some amounts may be *patient responsibility*. Please refer to reference codes (#24, 28) for more information.
- 13. Plan Discount:** identifies the savings received from a Network Provider, if applicable.
- 14. Deductible Amount:** the amount of allowed charges that apply to your plan deductible that must be paid before benefits are payable. *Patient Responsibility*.
- 15. Copay:** the amount of allowed charges, specified by your plan, you must pay before benefits are paid. (i.e., \$20 office visit copay). *Patient Responsibility*.

A larger print-ready version of this form is available under your log in:

[www.askallegiance.com/ccg](http://www.askallegiance.com/ccg)

The C.O.B. 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 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/ccg](http://www.askallegiance.com/ccg)

The C.O.B. 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.

# BENEFIT PROGRAMS

## HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)

The Allegiance Flex Advantage is a great way to instantly get tax dollars back into your paycheck and increase spendable income.

### FSA PROGRAM HIGHLIGHTS:

**Eligible Expenses:** Your Health FSA election will reimburse you for eligible expenses you, your spouse and your dependents incur during the plan year. All you have to do is elect the amount you want withheld before taxes from each paycheck and send Allegiance a reimbursement request with documentation of your eligible expenses to be reimbursed.

**Dual Purpose:** In order to be reimbursed for a “dual purpose” expense, expenses for items or services that are sometimes for purposes other than to treat a medical condition, or over-the-counter drugs and medicines, a diagnosis and recommendation for treatment from a medical professional is required.

**Use-Or-Lose:** Under the use-or-lose rule, any money not used by the end of the plan year cannot be returned to you. In addition, no changes to your election may be made during the plan year unless you experience a qualifying event as determined by Allegiance.

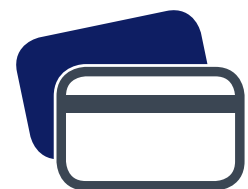
### DEPENDENT CARE FSA PROGRAM HIGHLIGHTS:

Your dependent care FSA allows you to use “before-tax” dollars to pay care expenses for children age 12 and under, or individuals unable to care for themselves.

An employee with a disabled spouse or a spouse who is a full-time student can claim \$250/month for one child and \$500/month for two or more children with the maximum election not to exceed \$5,000 per calendar year.

### REIMBURSEMENT PROCESS:

Check payment | Direct deposit | Debit card



# ONLINE SUBMISSION

## ONLINE CLAIM SUBMISSION



Online claim submission can be done through the “Submit a Claim” icon on [www.askallegiance.com/ccg](http://www.askallegiance.com/ccg). 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/ccg](http://www.askallegiance.com/ccg).

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.

# IMPORTANT CONTACT INFORMATION



Allegiance Customer Service for Collier County Government  
**1-855-333-1004 | 8:00 am - 8:00 pm EST**



Allegiance Website  
**[www.askallegiance.com/ccg](http://www.askallegiance.com/ccg)**



Allegiance Claims Submission Address

**CHP Providers:**

Allegiance  
P.O. Box 3018  
Missoula, MT 59806  
Payer ID:81040

**All other providers:**

CIGNA  
PO Box 188061  
Chattanooga, TN 37422-8061  
Payer ID: 62308

Dental Claims Submission Address

**Cigna DPPO Shared Administration Plus:**

Cigna Dental  
PO Box 188061  
Chattanooga, TN 37422-8061  
Payer ID: 62308



24-hour Faxback Verification of Coverage  
**1-855-333-1004 or (406) 523-3199**



Envision Pharmacy Customer Service  
**Help Desk 1-800-361-4542**