



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



### Member

**WORLD WIDE TECHNOLOGY**

**Group ID No.: 2001063**

**Covered Person: JOHN SAMPLE**

**Participant ID#: SMPL0001**

<i>Type of Coverage</i>	<i>Effective Date</i>
Medical	

Dependent(s)  
 JANE SAMPLE  
 JIMMY SAMPLE

### Medical Network

Open Access Plus



Copay: PC \$15; SP \$25; UC \$50; ER \$125

No Referral Required

Medical Benefits	In Network	Non Network
Ind Deductible	\$250/\$500	\$1,000/\$2000
Ind Out of Pocket	\$2,000/\$4000	\$6,000/\$12,000

### Pharmacy Plan

RxBin: 003858

PCN: A4



RxGrp: JTEA

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

### Claims Submission

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

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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.

### 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](http://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.

### Dental Plan



Submit Dental Claims to:  
 Delta Dental of Missouri  
 PO Box 8690  
 St. Louis, MO 63126  
 www.deltadentalmo.com  
 1-800-335-8266 or 1-314-656-3001