

Information About Your

MMIA Employee Benefits Plan



Claims Administration by



Benefits Cards

Dear MMIA EB Program Participant:

Your MMIA Employee Benefits (EB) Health Plan is a self-funded group health program for employees and retirees of Montana public entities. Beginning July 1, 2008, Allegiance Benefit Plan Management (Allegiance) will be responsible for medical claims administration. Allegiance offers quality service in claims administration and management. **Your MMIA benefits are not changing; they will be processed by Allegiance as outlined in your plan booklet.**

Enclosed with this brochure is a new benefits card(s) for your Health Plan. You will receive one card if you elected single coverage. If you elected dependent coverage, you will receive a benefit card for yourself and one for each dependent over the age of 18. These cards are important as they contain your group number and provide claims filing information. **It is your responsibility to inform your health care providers of the information on the benefits card. Please present your MMIA EB card each time you visit a provider.**

Important Features to Notice on Your Benefits Card:

- 1 Group Medical Number
- 2 To help safeguard your identity, Allegiance uses a randomly generated 12 digit number as your participant identification. This number is printed on your benefits card. For a smooth transition, please show your providers your new card. Your providers will submit this number on claims instead of your social security number.
3. The address for medical claims submission is on the back of the benefits card. Most providers will submit the bill to Allegiance directly on your behalf. If you need to submit a medical claim to Allegiance, please mail to P.O. Box 5066, Missoula, MT 59806-5066.
- 4 24-hour verification of coverage is available through the Interactive Voice Response (IVR) faxback system at **1-406-523-3199**.
- 5 The MMIA EB toll-free Medical Benefits Customer Service number is **1-866-339-4308**.
- 6 Pre-Notification is recommended before admission on all scheduled outpatient surgical procedures or inpatient hospital stays. You should report all emergency admissions within 72 hours. Refer to your Summary Plan Description booklet for complete pre-notification information.
- 7 You will see a CatalystRx logo on the back of your card for prescription drug benefits. Your benefits card is all the pharmacy will need to process your prescription claims regardless of the type of prescription drug coverage you have. Always provide your benefits card to the pharmacy when purchasing a prescription. The CatalystRx Customer Service number is **1-888-869-4600**. If ordering prescriptions by mail from Ridgeway Pharmacy always include your member number.
- 8 The Allegiance website is **www.abpmtpa.com/mmia**. This website can provide you with status of health claims, a summary of recent online activity and provide directories of participating providers. You can also access the Allegiance website by logging on to www.mmia.net and clicking on the link to Allegiance. Additional information regarding participating providers and networks can be found on the PPO networks page of this brochure.
- 9 For employees with medical coverage, you will see a variety of PPO logos on your card. Your health benefit ID card has the logo for each of the PPOs that you can access.

If you have any questions regarding your new benefits card or any of the information listed above, please call Customer Service at: **1-866-339-4308**.

Benefits Cards

MMIA
MONTANA MUNICIPAL INTERLOCAL AUTHORITY

COVERED PERSON
EMPLOYEE ID. NO.
TYPE OF COVERAGE

MEDICAL GROUP ID. NO.
EFFECTIVE DATE

This card is for ID purposes only and in no way guarantees benefits. For fast claim service, identify the group and employee ID number on all claims.

Mail Medical claims to:
Allegiance
PO Box 5066
Missoula, MT 59806

Dental Information
Delta Dental Ins. Co.
www.deltadentalins.com
1-800-521-2651

Vision Information
VSP
1-800-877-7195

24 HOUR MEDICAL VERIFICATION OF COVERAGE: (406) 523-3199
Customer Service: 1-866-339-4308
Visit our Website at: www.abpmtpa.com/mmia

PRE-NOTIFICATION IS RECOMMENDED before admission on all scheduled outpatient surgical procedures or inpatient hospital stays. You should report all emergency admissions within 72 hours. Refer to your Summary Plan Description booklet for complete pre-notification information. CALL 1-800-342-6510

CatalystRx[®]
BIN-#005947 PCN-CLAIMCR
GRP-MMIA
Customer Service: 1-888-869-4600
Website: www.catalystrx.com

PROVIDER DIRECT, LLC | **INTERWEST** | **Treasure State Health Care Network**
MultiPlan complementary network multiplan.com | **Community Health Network** | **FIRST CHOICE HEALTH**

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Your card may not be identical to this sample card.

Certain aspects, such as PPO logos, vary by different locations.

PPO Networks and General Questions

Preferred Provider Organizations (PPO)

What is a Preferred Provider Organization?

PPOs are organizations that include local physicians and health care professionals in your area. A PPO is not an insurance company or HMO. It is a network of health care providers who agree to file claim forms on behalf of enrollees and accept the PPO's maximum allowable fees as payment in full with no balance billing. You may be responsible for paying a deductible and any applicable copayments according to your plan, and for any remaining balance over what the plan has paid, but only up to the contracted maximum allowable expense that the provider has agreed upon.

Advantages of Using the PPO Networks:

As a plan participant, you are free to go to any provider you choose for services covered by the plan. However, by utilizing a PPO provider you can save on out of pocket expenses. The amount of money you may save by using the PPO network will vary depending on the provider, the service provided, and the details of your health benefit plan. You are not required to use a preferred provider but if you obtain service from a non-PPO provider you may be responsible for those amounts which are in excess of the "allowable fee" in the area where the service was provided.

How to Access the PPO Networks:

You can access information regarding PPO providers in your area in two ways. One way is via the Internet. The MMIA page at the Allegiance website (www.abpmtpa.com/mmia) lists all PPO networks. Click on Montana Provider Search or national provider search and enter the area you want to search. The other way is to call the Customer Service number on the back of your benefits card and request the names of providers in your area.

Claims Procedure

In most instances all you will need to do is present your new benefits card to your physician, hospital, or other health care provider. Most providers will take the claims information from your new card and bill the MMIA EB program. Claims forms can be downloaded from the Allegiance website. If you do need to submit a paper file, please send the claim to:

MMIA EB Program ~ P. O. Box 5066 ~ Missoula, MT 59806-5066

Service Questions

If you have a benefit question you may call your Customer Service Department at 1-866-339-4308. The Customer Service Department is available from 7:00 am to 6:00 pm Mountain time. Staff will be available to assist you with any questions or problems you may have. If your question is whether or not a claim has been received and what the status is, there are two other options to access that information which are available 24 hours a day, seven days a week. The first is our Interactive Voice Response (IVR) system. You may call **1-866-339-4308** to reach an auto-attendant and from there option 2 will access the IVR system. Follow the voice prompts to check on your claim. You will need the 9 digit identification number of the employee and the date of service for the claim to complete the inquiry. The other option is to sign up for Internet access to your claims data. That process is described in detail on the next page.

Toll-free Customer Service number is: **1-866-339-4308**

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. **Please contact the Allegiance COBRA Services Inc. at 1-800-259-2738 or consult your SPD for complete COBRA information.**

Benefit Management Services

Benefit Management

As part of your group health plan, Benefit Management services are included for all covered members. These services will be provided by StarPoint and are designed to:

- Provide information regarding your Benefits before you receive treatment, services, medicines, or medical supplies;
- Provides information about Benefits regarding proposed procedures or alternate treatment plans;
- Directs you to the appropriate provider network, including participating out-of-state providers;
- Help you avoid reductions in payment, which may occur if the services are not Medically Necessary or the setting is not medically appropriate;
- And if appropriate, assign a case manager to work with you and your providers of care to design a treatment plan.

Prior Authorization

You should notify StarPoint of an inpatient admission, outpatient surgery, or other medical procedure or service as soon as your provider recommends or schedules the following services:

1. Scheduled Inpatient Admissions.
2. Unscheduled Admissions. If it is not possible to schedule the admission ahead of time due to an emergency situation, notify StarPoint within 24 hours of the admission or the next working day.
3. Outpatient Surgeries and Other Medical Procedures and Services. If you notify StarPoint prior to outpatient surgeries and other medical procedures, you will be advised which services are eligible for coverage under the Plan and how choices of providers can affect your Benefits.
4. Retrospective Review. A retrospective review may be performed after the claims have been submitted to determine whether or not the services, supplies, or treatment were Medically Necessary and/or the setting was appropriate. You are responsible for charges for any services which are determined to be not Medically Necessary and/or those charges incurred in a medically inappropriate setting (e.g., performed inpatient when an outpatient setting was appropriate).

Prior Authorization is recommended for some services and supplies to help you identify potential expenses, payment reductions, or claim denials you may have if the proposed services, supplies, medications, or ongoing treatment are not Medically Necessary or not a Covered Medical Expense of the Plan. Prior Authorization is not a guarantee of payment by the Plan.

Chronic Disease Management

If you have an ongoing medical condition or a catastrophic illness, you should contact StarPoint. If appropriate, a care manager will be assigned to work with you and your providers to design a treatment plan to help you receive the most appropriate care that is also cost effective. Care management involves patient education, referral coordination, utilization review, and individual care planning.

Although Benefit Management is available, notifying the Plan, obtaining Prior Authorization, or participating in Care Management is not a guarantee of payment by the Plan.

You can contact StarPoint at 1-800-877-1122

Nurseline

24/7 Nurseline

The 24/7 nurse helpline is provided to you under your MMIA healthcare plan. This benefit is free of charge to participants and their covered family members under their plan through their municipality. Not knowing when to seek medical care can be a stressful situation. Sometimes you may just need assistance knowing the appropriate time to seek out that help. You can ask questions and discuss confidentially any healthcare issues that you or your covered dependents may have. A nurse is ready to help you!

Call 1-888-557-2052 toll-free, 24 hours/7 days per week to speak with a Registered Nurse Counselor.

Employee Assistance Program

EAP

The Employee Assistance Program offers confidential assistance and support for depression, anxiety, stress, substance abuse, workplace issues or conflicts, parenting and family issues, etc. The 24 hour toll free number can put you in touch with a specialist who can help identify the nature of your problems and the appropriate resources to address them. The plan offers up to five free visits with a clinician within the EAP network and a 25% discount on legal assistance.

For more information or to utilize the EAP services, call toll-free 1-866-248-4094 or log onto www.liveandworkwell.com. The access code is (MMIA).

Online Services

As claims administrator for the MMIA EB program, Allegiance's number one priority is taking care of our enrollees. Allegiance offers broad access while maintaining security on their state-of-the-art website, putting benefits and claims information at your fingertips.

The online 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. You can even view your plan document and review the most frequently asked questions.

Allegiance's Online Services also give you the option to submit requests for additional benefits cards.

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

1. Log onto www.abpmpa.com/mmia.
2. Next click on "Register New User". You will then be required to verify some personal information. For your privacy and security, we will send your password via US Mail within one business day after you register.

Get to know what is available by exploring the links on the website's left side of the page. If you have a question, click the Allegiance Website link and then click on the "Contact Us" link and ask your question there.

The Allegiance Web Address is:

www.abpmpa.com/mmia

How to Read Your Explanation of Benefits (E.O.B.)

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

Employee's name and address
FREDDY FRENCHTOWN
 345 SIX STICKS LN.
 RHYMING, IN 87654

Patients name
FREDDY FRENCHTOWN

Claim number
200301060123

Total charges submitted
10675.00

Explanation of code number used in connection with each ineligible amount on claim.

Non PPO Deductible accumulation
75.00

PPO deductible accumulation
279.66

Non PPO out-of-pocket
175.00

PPO out-of-pocket
1500.00

EXPLANATION OF BENEFITS

Page: 1
Date: 01/10/2003
EOB No: 0301101234

Ident: 555-55-1234
Group: 9876543
Group ID: SAMPLE GROUP

Participants I.D. number

Name of provider
John D. Doe MD

Who the payment was made to.

The following information is an explanation of the benefit determinations for claims which have completed processing.

*** THIS IS NOT A BILL ***

Claim: 200301060123 Patient: Freddy Frenchtown Birthdate: 08/01/1952 Provider: John D. Doe MD

Dates of service	Procedure Code	Description	Charge	Ineligible	Code	Deductible	Co Pay	% Paid	Paid	To You	May Owe
12/15/02 - 12/15/02	OFFIC/OUTPT VISIT E&M EST SE		100.00	45.00	1	55.00	.00		.00		20.00
12/15/02 - 12/15/02	LABORATORY TESTS		75.00	75.00	2		46.98		.00		.00
12/15/02 - 12/15/02	MRI ANGIO HEAD & OR NECK W/W		1500.00	225.00	1		127.66		400.00	DOCTOR	.00
12/16/02 - 12/16/02	NECK SPINAL FUSIONAL		5000.00	750.00	3		.00		1200.00	DOCTOR	.00
12/16/02 - 12/16/02	ARTHRODESS POST APP		4000.00	3900.00	1		.00		1300.00	DOCTOR	.00
				2700.00	2				.00		.00
					4				.00		.00
CLAIM TOTALS			10675.00	8350.00		229.66	.00		2900.00		20.00

Please use the reference code to look up the ineligible reason code listed on the box on the last page of this E.O.B.

This is our calculation of what you may owe the provider of service

Amount your group plan paid.

This is a specific benefit deductible, for example, if your plan has a \$10.00 co-pay for office visits.

This amount was applied to your annual deductible. The employee is responsible for paying this amount.

Code	Remarks
1	INTERCANTAIN DIRECT NEGOTIATED DISCOUNT. PATIENT IS NOT RESPONSIBLE FOR THIS AMOUNT.
2	Benefits were coordinated with your primary health care plan.
3	Your family deductible has been met for this calendar year.
4	Your individual out of pocket amount has been met for this calendar year.

DEDUCTIBLE / OUT OF POCKET SUMMARY

Name	Birthdate	Description	07/01/02-06/30/03
FREDDY F	08/01/1952	MAJOR MEDICAL DED	75.00
		PPO DEDUCTIBLE	279.66
		MAJOR MEDICAL COP	175.00
		PPO OUT OF POCKET	1500.00

Claim status information may be obtained 24 hours a day by accessing our Interactive Voice Response (IVR) system at (800)877-1122 or (406)523-3199. For answers to other questions please contact our Customer Service Department at (800)877-1122.

* 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.

Contact Information

MMIA EB Program Administration provided by:

MMIA
PO BOX 6669
HELENA, MT 59604
1-800-635-3089
www.mmia.net

Claims Administration provided by:

Allegiance Benefit Plan Management, Inc.
Customer Service: 1-866-339-4308
Allegiance Online Services: www.abpmpa.com/mmia

24-hour Faxback Verification of Coverage:
1-866-339-4308

Prescription Drug Contact Information

Catalyst Rx Customer Service: 1-888-869-4600
Website: www.catalystrx.com

Ridgeway Pharmacy Service: 1-800-630-3214
Website: www.ridgewayrx.com

Delta Dental Customer Service: 1-800-521-2651
Delta Dental website: www.deltadentalins.com

VSP Customer Service: 1-800-877-7195
VSP website: www.vsp.com

StarPoint Benefit Management and Prior Authorization
Disease Management - 1-877-792-7827
Case Management—1-877-792-7827
Hospitalization—1-800-342-6510
