



ALLEGIANCE

LIFE & HEALTH INSURANCE COMPANY, INC.

*Health Plan Summary*

1-800-228-0229

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



AS A MONTANA BUSINESS OWNER, you want to have options for the health insurance that you offer to your employees and their families. Allegiance's health insurance gives you those options. With a broad range of providers and specialists and health plans that are affordable, **Allegiance Life & Health Insurance Company, Inc.** is Montana's Choice for health insurance.

AT ALLEGIANCE, our name is a public statement that we're here to benefit you. **Allegiance Benefit Plan Management, Inc.**, our claims processor, has been working with employers and administering health benefit plans as a third party administrator for Montanans since 1981. Our experience, stability, and technology have made us a leader in the health benefits industry. Our commitment to quality and service is what makes us unique.

## GENERAL INFORMATION

**IN-NETWORK PROVIDERS:** Allegiance has a strong network of physicians and specialists across the state of Montana, as well as nationally. To find out if your provider is in our network, check our online look-up at: [www.allegiancelifeandhealth.com](http://www.allegiancelifeandhealth.com) or contact our customer service department at 1-800-737-3137.

**OUT-OF-NETWORK PROVIDERS:** Out-of-network providers have not contracted directly with Allegiance. Out-of-network providers can bill you the difference between the allowable fee and their total charge, plus any deductible and coinsurance, making your out-of-pocket cost potentially higher.

### OVERVIEW - PLAN OPTIONS

Lifetime Maximum: \$2,000,000

- Deductible: \$500 to \$5,000
- Benefit Percentage: 100, 90/10, 80/20, 70/30, 60/40, 50/50.
- Co-payment—optional
- Maximum Member Out-of-Pocket: \$1,000—\$5,000
- Online Wellness Tools
- Case Management Services

For more information, contact Allegiance Life & Health Insurance Company, Inc. at: **1-800-228-0229**, visit us online at [www.allegiancelifeandhealth.com](http://www.allegiancelifeandhealth.com) or contact your local agent.



# BENEFIT HIGHLIGHTS

	In-Network Benefit	Out-of-Network Benefit
<b>Deductible</b> <small>*Some restrictions apply on combinations of deductibles, coinsurance percentages and out-of-pocket maximums.</small>	<ul style="list-style-type: none"> <li>• \$500</li> <li>• \$750</li> <li>• \$1000</li> <li>• \$1250</li> <li>• \$1500</li> </ul>	<ul style="list-style-type: none"> <li>• \$2000</li> <li>• \$2500</li> <li>• \$3000</li> <li>• \$3300</li> <li>• \$4000</li> </ul>
<b>Benefit Percentage Paid by Policy</b>	<ul style="list-style-type: none"> <li>• 100%</li> <li>• 90%</li> <li>• 80%</li> <li>• 70%</li> </ul>	<ul style="list-style-type: none"> <li>• \$5000</li> <li>• Minimum HDHP Deductible</li> </ul> <p>Same dollar value as In-Network, but separate</p>
<b>Co-payment Option—Professional Office Visits</b>	<ul style="list-style-type: none"> <li>• 90/10—\$20 co-payment</li> <li>• 80/20—\$20 co-payment</li> <li>• \$30 co-payment available w/ all other PPO Plan Benefit Percentage options</li> <li>• Co-payment not subject to deductible</li> </ul>	<p>Subject to deductible &amp; coinsurance</p>
<b>Out-of-Pocket Maximum</b>	<ul style="list-style-type: none"> <li>• \$1,000<sup>c</sup></li> <li>• \$1,500<sup>c</sup></li> <li>• \$2,000<sup>c</sup></li> <li>• Plan pays upon satisfaction of Deductible (HDHP—Cornerstone Plans)</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,000<sup>c</sup></li> <li>• \$5,000<sup>c</sup></li> <li>• Max DHP OPM</li> </ul> <p>Same dollar value as In-Network, but separate</p>
<b>Preventative</b>	<ul style="list-style-type: none"> <li>• 100% to \$500 Deductible Waived</li> <li>• 100% to \$250 Deductible Waived</li> </ul>	
<b>Prescription</b>	<ul style="list-style-type: none"> <li>• Discount card with benefits subject to plan deductible and coinsurance equal to plan coinsurance choice and specialty Rx through Curascripts.</li> <li>• Pharmacy card program with Generic/Formulary/Brand co-pays at either               <ul style="list-style-type: none"> <li>• \$5/\$20/\$40 (mail = 2x retail)</li> <li>• \$10/\$30/\$60 (mail = 2x retail)</li> <li>• \$20 or 20% whichever is greater</li> </ul> </li> </ul> <p>Note: All specialty Rx must be obtained through Curascripts, insured pays 20% up to \$100 co-payment not subject to Deductible or Out-of-Pocket Maximum.</p>	
<b>Life-Time Maximum</b>	<ul style="list-style-type: none"> <li>• \$2,000,000</li> </ul>	
<p>Basic &amp; Standard Plans are also available through Allegiance Life &amp; Health Insurance Company, Inc.</p>		
<p><sup>a</sup> Family deductibles will be either 2x or 3x depending upon the tiering structure unless intended as an HDHP in which case, the family will be 2x the single and note (b) below. Deductibles do not count toward out-of-pocket maximums.  <sup>b</sup> If intended as an HDHP, the lower amount is for single coverage and the higher amount is for family coverage; otherwise, the lower amount will be in the individual internal deductible for the family amount. Please note, HDHP deductibles increase annually in accordance with federal regulations.  <sup>c</sup> Family out-of-pocket maximums will be either 2x or 3x the single amount depending upon the tiering structure unless intended as an HDHP, in which case, the family will be 2x the single. Please note, HDHP out-of-pocket maximums increase annually in accordance with federal regulations.</p>		



# DENTAL PLAN SUMMARY

AT ALLEGIANCE, we're committed to helping you get the most out of your benefits. Our comprehensive dental plan provides a wide range of options to help meet your needs.

Design Characteristics	Benefit Options
Deductible*	\$25, \$50, or \$100
Preventative / Diagnostic*	100%, 90% or 80%
Basic*	80%, 70% or 60%
Major*	60% or 50%
Annual Maximum*	\$2,000, \$1,500, or \$1,000
Orthodontia - Coinsurance	<ul style="list-style-type: none"><li>• Not Covered</li><li>• 50%</li></ul>
Orthodontia Maximum (if covered)	<ul style="list-style-type: none"><li>• \$1,000</li><li>• \$1,500</li><li>• \$2,000</li></ul>

\* Please note: Some restrictions apply on combinations of deductibles, coinsurance percentages and out-of-pocket maximums.



## VISION PLAN SUMMARIES

AT ALLEGIANCE, we're committed to helping you get the most out of your benefits. With the Allegiance Advantage vision coverage, you can keep your eyes healthy and save on glasses, contacts, and exams. We offer two vision plan options to help meet your needs.

	Design Characteristics	Benefit Options
Option 1	Examination	<ul style="list-style-type: none"><li>• \$30 Maximum (Limited to once each calendar year)</li></ul>
	Frames	<ul style="list-style-type: none"><li>• \$40 Maximum (Limited to once every two calendar years)</li></ul>
	Lenses	<ul style="list-style-type: none"><li>• Single Vision (pair) \$50</li><li>• Bifocal (pair) \$72</li><li>• Trifocal (pair) \$95</li><li>• Contact lenses \$120</li></ul>

	Design Characteristics	Benefit Options
Option 2	Examination	<ul style="list-style-type: none"><li>• \$10 Co-payment / \$60 Maximum from Plan (Limited to once each calendar year)</li></ul>
	Frames	<ul style="list-style-type: none"><li>• \$25 Co-payment / \$100 Maximum from Plan (Limited to once every two calendar years)</li></ul>
	Lenses	<ul style="list-style-type: none"><li>• Single Vision (pair) \$25 Co-payment / \$50 Maximum from Plan</li><li>• Bifocal (pair) \$25 Co-payment / \$108 Maximum from Plan</li><li>• Trifocal (pair) \$25 Co-payment / \$132 Maximum from Plan</li><li>• Contact lenses \$25 Co-payment / \$220 Maximum from Plan</li></ul>

**Allegiance Life and Health Insurance Company, Inc.**



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