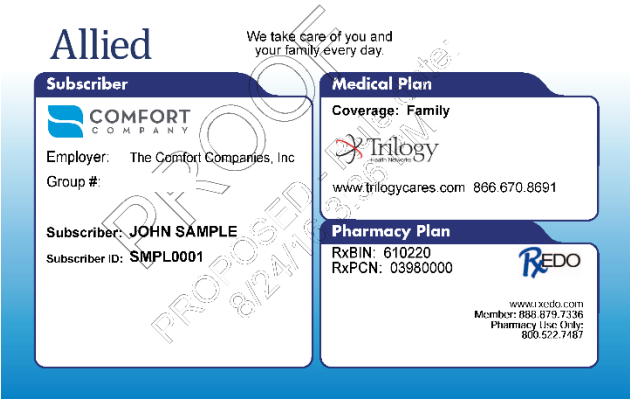
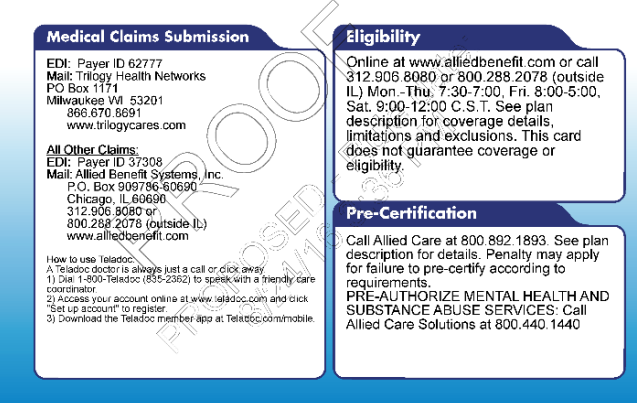


Trilogy Payer Agreements

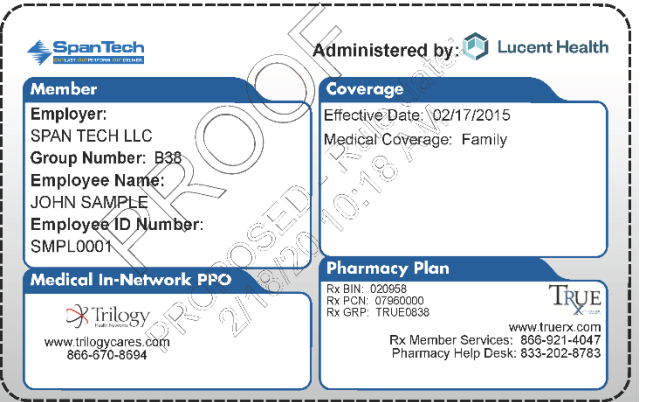
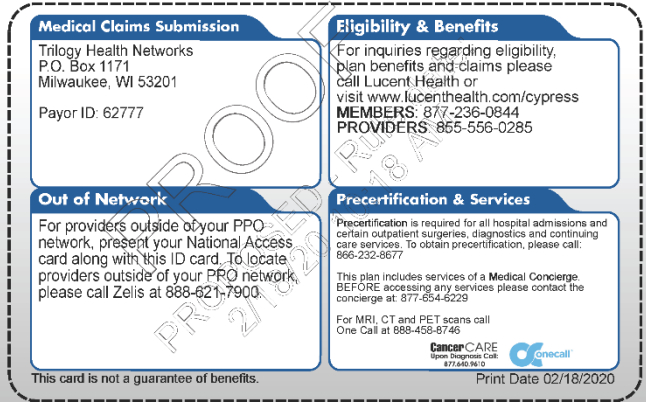
Claims Address	Payer ID	Payer/TPA	Phone (Benefits & CS)	Website
Trilogy Health Networks P.O. Box 1171 Milwaukee, WI 53201	62777	Allied	800-288-2078	alliedbenefit.com
		Lucent Health	877-236-0844-Members 855-556-0285-Providers	lucenthealth.com/cypress
		Medova HealthCare	866-827-6607-Members 800-766-4184-Providers	lifestylehealthbenefits.com
Prairie States Enterprises P.O. Box 23 Sheboygan, WI 53082	36373	Prairie States	800-615-7020	prairieontheweb.com
Health Payment Systems P.O. Box 510620 Milwaukee, WI 53203 888-477-7968	20270	Auxiant BPA CB-Sisco EBSO Exceedent Lucent Health Meritain Health-MN PBA Prairie States	800-279-6772 800-236-7789 800-457-4726 800-558-7798 844-532-5220 877-236-0844 800-925-2272 800-435-5694 800-615-7020	
The Alliance P.O. Box 44365 Madison, WI 53744	88461	Aither Health	877-407-0302	aitherhealth.com
		Allegiance	800-877-1122	askallegiance.com
		Allied	800-288-2078	alliedbenefit.com
		Alternative Risk Management	800-392-1770	altrisk.com
		Auxiant	800-279-6772	auxiant.com
		BPA	800-236-7789	bpaco.com
		Continental Benefits	Employer Specific: See ID card	continentalbenefits.com
		EBSO	800-558-7798-Members 866-296-4002-Providers	ebsobenefits.com
		HealthEZ	844-302-7774-Members 844-449-5553-Providers	healthezbenefits.com
		Lucent Health	877-236-0844-Members 855-556-0285-Providers	lucenthealth.com/cypress
		Medova	866-827-6607-Members 800-766-4184-Providers	lifestylehealthbenefits.com
Northern III HP	800-723-0202	nihp.com		
Prairie States	855-993-9163	prairieontheweb.com		
Sisco	866-420-8575	siscobenefits.com		

<p>Customer Service: Eligibility and Benefit Information: 800-288-2078 Certification and Prior Authorization: 800-892-1893 Provider Network Information: 888-292-0272</p> <p>Website: www.alliedbenefit.com</p>	<p>Claim Submission Address: Trilogy Health Networks P.O. Box 1171 Milwaukee, WI 53201 (Paper Claims)</p> <p>EDI Payer ID #62777 (Electronic Claims)</p>
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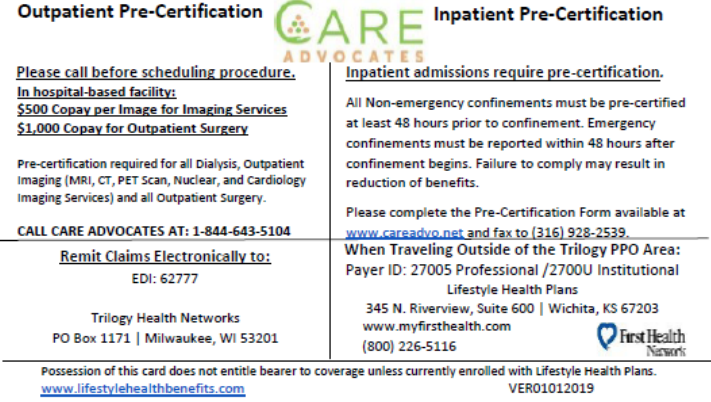
<p>Sample ID Card (Front):</p> 	<p>Sample ID Card (Back):</p> 
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**Payer: Lucent Health
Self Funded Group Products**

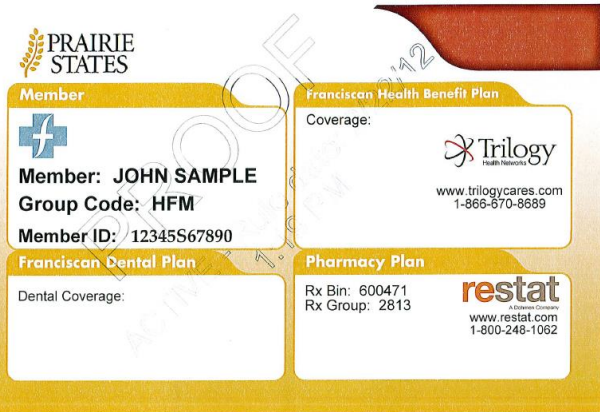

<p>Customer Service: Eligibility and Benefit Information: 877-236-0844 Provider Network Information: 866-670-8694</p> <p>Website: lucenthealth.com/cypress</p>	<p>Claim Submission Address: Trilogy Health Networks P.O. Box 1171 Milwaukee, WI 53201 (Paper Claims)</p> <p>EDI Payer ID # 62777 (Electronic Claims)</p>
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<p>Sample ID Card (Front):</p> 	<p>Sample ID Card (Back):</p> 
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Payer: Medova HealthPlan Self Funded Group Products

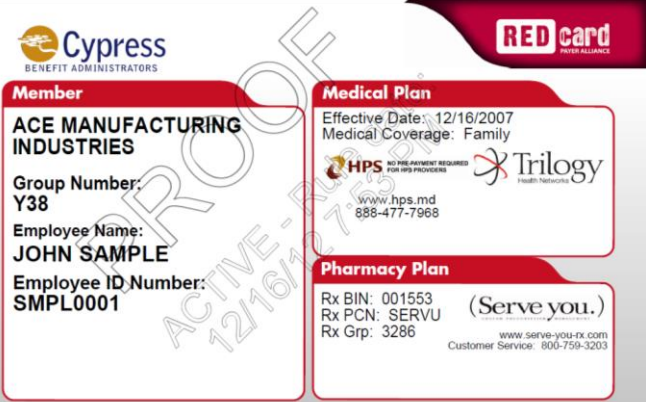

<p>Customer Service: Eligibility and Benefit Information: 866-827-6607 Certification and Prior Authorization: 866-978-2029 Provider Network Information/Claim Status: 866-670-8691</p> <p>Website: www.lifestylehealthbenefits.com</p>	<p>Claim Submission Address:</p> <p>Trilogy Health Networks P.O. Box 1171 Milwaukee, WI 53201 (Paper Claims)</p> <p>EDI Payer ID #62777 (Electronic Claims)</p>
<p>Sample ID Card (Front):</p> 	<p>Sample ID Card (Back):</p> 

Payer: Prairie States Self Funded Group Products

<p>Customer Service: Eligibility and Benefit Information: 800-615-7020 or 920-451-7020 Certification and Prior Authorization: 800-615-7020 or 920-451-7020 Provider Network Information: 866-670-8689</p> <p>Website: www.prairieontheweb.com</p>	<p>Claim Submission Address:</p> <p>Prairie States Enterprises P.O. Box 23 Sheboygan, WI 53082-0023 (Paper Claims)</p> <p>EDI Payer ID # 36373 (Electronic Claims)</p>
<p>Sample ID Card (Front):</p> 	<p>Sample ID Card (Back):</p> 

Payer: Health Payment Systems Self Funded Group Products

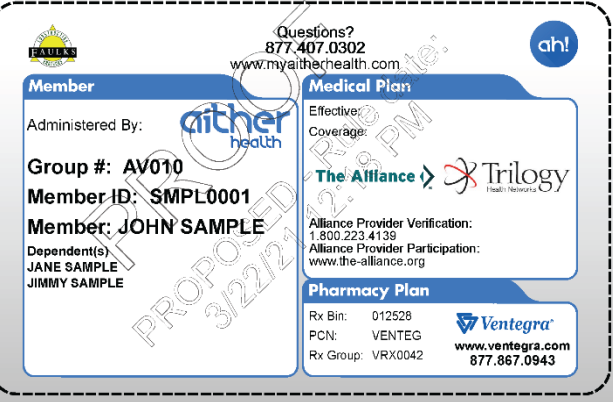
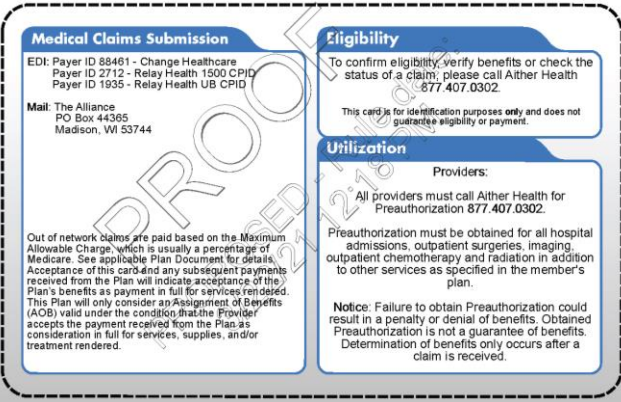
<p>Customer Service: Eligibility and Benefit Information: See page one for specific TPA Certification and Prior Authorization: See ID card of specific TPA Provider Network Information: 888-477-7968</p> <p>Website: www.hps.md</p>	<p>Claim Submission Address:</p> <p>Health Payment Systems P.O. Box 510620 Milwaukee, WI 53203 (Paper Claims)</p> <p>EDI Payer ID # 20270 (Electronic Claims)</p>
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<p>Sample ID Card (Front):</p> 	<p>Sample ID Card (Back):</p> 
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The Alliance/Trilogy Health Networks – Self Funded Group Products

Payer: Aither Health

<p>Customer Service: Eligibility and Benefit Information: 877-407-0302 www.aitherhealth.com</p> <p>Certification and Prior Authorization: 877-407-0302</p> <p>Website: www.aitherhealth.com</p>	<p>Claim Submission Address:</p> <p>The Alliance P.O. Box 44365 Madison, WI 53744-4365 (Paper Claims)</p> <p>EDI Payer ID # 88461 (Electronic Claims)</p>
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<p>Sample ID Card (Front):</p> 	<p>Sample ID Card (Back):</p> 
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Payer: Allegiance

Customer Service:

Eligibility and Benefit Information:
800-877-1122
www.askallegiance.com

Certification and Prior Authorization:
800-342-6510

Website: www.askallegiance.com

Claim Submission Address:

The Alliance
 P.O. Box 44365
 Madison, WI 53744-4365
 (Paper Claims)

EDI Payer ID # 88461
 (Electronic Claims)

Sample ID Card (Front):

Sample ID Card (Back):

Payer: Allied Benefits

Customer Service:

Eligibility and Benefit Information:
800-288-2078
www.alliedbenefit.com

Certification and Prior Authorization:
800.892.1893

Website: www.alliedbenefit.com

Claim Submission Address:


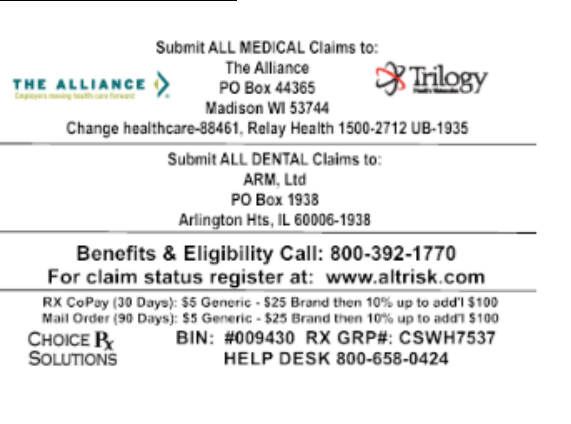
The Alliance
 P.O. Box 44365
 Madison, WI 53744-4365
 (Paper Claims)

EDI Payer ID # 88461
 (Electronic Claims)

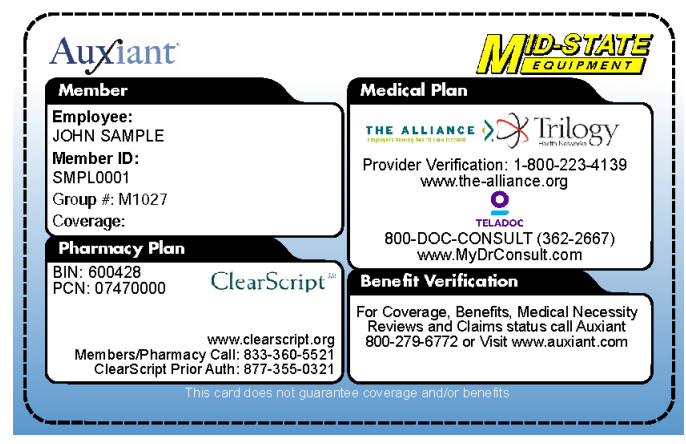
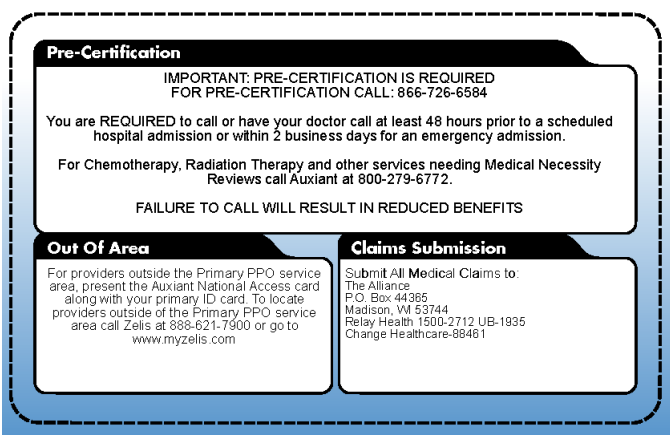
Sample ID Card (Front):

Sample ID Card (Back):

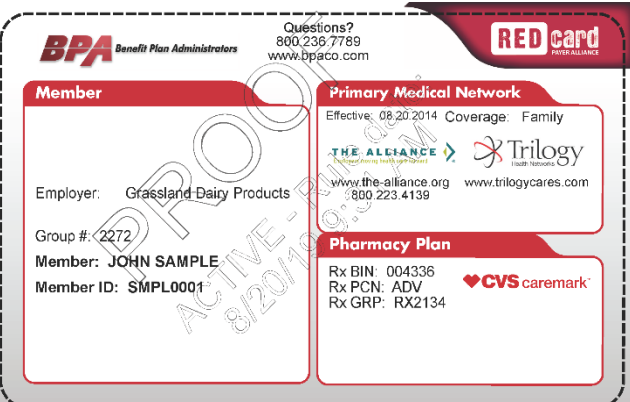
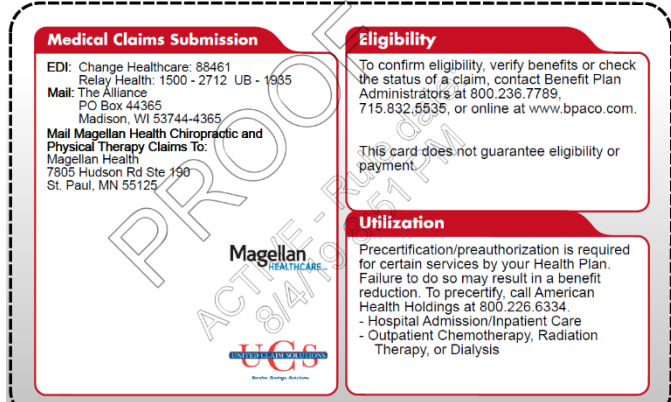
Payer: Alternative Risk Management (ARM)

<p>Customer Service: Eligibility and Benefit Information: 800-392-1770 altrisk.com</p> <p>Certification and Prior Authorization: 888-289-0700</p> <p>Website: altrisk.com</p>	<p>Claim Submission Address:</p> <p>The Alliance P.O. Box 44365 Madison, WI 53744-4365 (Paper Claims)</p> <p>EDI Payer ID # 88461 (Electronic Claims)</p>
<p>Sample ID Card (Front):</p> <div style="text-align: center; padding: 10px;">  <p>The image shows a sample ID card for Central Storage & Warehouse Co., Inc. It includes logos for CSW, THE ALLIANCE, and TrilogY. The card lists: Employee Name: SAMPLE CARD, Group Number: 7537, Employee ID #: 0753700537, Dependents: NO. It also features a MAP logo and a notice: 'For pre-notification call 888-289-0700. Pre-notification required for certain procedures. See Plan for details.' The date 04/2020 is printed at the bottom right.</p> </div>	<p>Sample ID Card (Back):</p> <div style="text-align: center; padding: 10px;">  <p>The image shows the back of a sample ID card. It contains instructions for submitting medical and dental claims to The Alliance and TrilogY. It lists addresses for medical claims (PO Box 44365, Madison WI 53744) and dental claims (PO Box 1938, Arlington Hts, IL 60006-1938). It also provides a benefits and eligibility call number (800-392-1770) and a website (www.altrisk.com). At the bottom, it lists 'CHOICE Rx SOLUTIONS' and a BIN number (#009430) with a RX GRP# (CSWH7537) and a help desk number (800-658-0424).</p> </div>

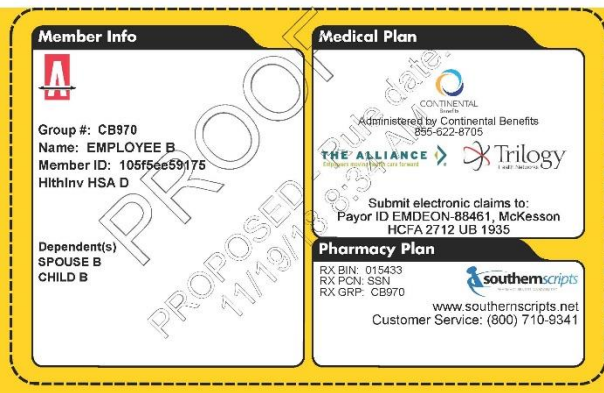

Payer: Auxiant

<p>Customer Service: Eligibility and Benefit Information: 800-279-6772 www.auxiant.com</p> <p>Certification and Prior Authorization: 866-726-6584</p> <p>Website: www.auxiant.com</p>	<p>Claim Submission Address:</p> <p>The Alliance P.O. Box 44365 Madison, WI 53744-4365 (Paper Claims)</p> <p>EDI Payer ID # 88461 (Electronic Claims)</p>
<p>Sample ID Card (Front):</p> <div style="text-align: center; padding: 10px;">  <p>The image shows a sample ID card for Auxiant. It features logos for Auxiant, MID-STATE EQUIPMENT, THE ALLIANCE, TrilogY, and ClearScript. The card is divided into sections: Member (Employee: JOHN SAMPLE, Member ID: SMPL0001, Group #: M1027, Coverage: [blank]), Medical Plan (Provider Verification: 1-800-223-4139, www.the-alliance.org; TELADOC 800-DOC-CONSULT (362-2667), www.MyDrConsult.com), Pharmacy Plan (BIN: 600428, PCN: 07470000, www.clearscript.org, Members/Pharmacy Call: 833-360-5521, ClearScript Prior Auth: 877-355-0321), and Benefit Verification (For Coverage, Benefits, Medical Necessity Reviews and Claims status call Auxiant 800-279-6772 or Visit www.auxiant.com). A footer note states: 'This card does not guarantee coverage and/or benefits.'</p> </div>	<p>Sample ID Card (Back):</p> <div style="text-align: center; padding: 10px;">  <p>The image shows the back of a sample ID card with three main sections: Pre-Certification (IMPORTANT: PRE-CERTIFICATION IS REQUIRED FOR PRE-CERTIFICATION CALL: 866-726-6584. You are REQUIRED to call or have your doctor call at least 48 hours prior to a scheduled hospital admission or within 2 business days for an emergency admission. For Chemotherapy, Radiation Therapy and other services needing Medical Necessity Reviews call Auxiant at 800-279-6772. FAILURE TO CALL WILL RESULT IN REDUCED BENEFITS), Out Of Area (For providers outside the Primary PPO service area, present the Auxiant National Access card along with your primary ID card. To locate providers outside of the Primary PPO service area call Zelis at 888-621-7900 or go to www.myzelis.com), and Claims Submission (Submit All Medical Claims to: The Alliance, P.O. Box 44365, Madison, WI 53744, Relay Health 1500-2712 UB-1935, Change Healthcare-88461).</p> </div>

Payer: BPA

<p>Customer Service: Eligibility and Benefit Information: 800-236-7789, 715-832-5535 www.bpaco.com</p> <p>Certification and Prior Authorization: American Health Holdings 800-226-6334</p> <p>Website: www.bpaco.com</p>	<p>Claim Submission Address:</p> <p>The Alliance P.O. Box 44365 Madison, WI 53744-4365 (Paper Claims)</p> <p>EDI Payer ID # 88461 (Electronic Claims)</p>
<p>Sample ID Card (Front):</p> 	<p>Sample ID Card (Back):</p> 

Payer: Continental Benefits

<p>Customer Service: Eligibility and Benefit Information: See ID card for concierge telephone # or visit www.continentalbenefits.com</p> <p>Certification and Prior Authorization: 800-641-5566 or visit continentalbenefits.getprecert.com</p> <p>Website: www.continentalbenefits.com</p>	<p>Claim Submission Address:</p> <p>The Alliance P.O. Box 44365 Madison, WI 53744-4365 (Paper Claims)</p> <p>EDI Payer ID # 88461 (Electronic Claims)</p>
<p>Sample ID Card (Front):</p> 	<p>Sample ID Card (Back):</p> 

Payer: EBSO

Customer Service:

Eligibility and Benefit Information:

800-558-7798-Members

866-296-4002-Providers

www.ebsobenefits.com

Certification and Prior Authorization:

Please see the back of ID card

Website: www.ebsobenefits.com

Claim Submission Address:

The Alliance

P.O. Box 44365

Madison, WI 53744-4365

(Paper Claims)

EDI Payer ID # 88461

(Electronic Claims)

Sample ID Card (Front):

Member
Employer: Ki Mobility, LLC
Group #: 220001
Member:
Member ID:

Medical Plan
THE ALLIANCE
www.the-alliance.org
www.trilogycare.com
800-223-4139
Coverage:

Pharmacy Plan
RXBIN: 800004
RXPCN: 008126
RXGRP: XX
MEDTRAKR
www.medtrakrx.com
Pharmacy Services: 800-771-4648

This card does not guarantee eligibility or payment

Sample ID Card (Back):

Medical Claims Submission
Change Healthcare: Payer ID 88461
Relay Health 1500: Payer ID 2712
Relay Health UB: Payer ID 1935
Mail: The Alliance
Attn: Claims Dept.
PO Box 44365
Madison, WI 53744-4365

Benefit Information
Members: For benefit questions, customer service, care navigation or to find a provider, please contact Allthias at 855-203-1850.
Providers: For eligibility and benefit information, please access EBSO's provider portal at www.ebsobenefits.com or call 866-296-4002.

Medical Care Review
Pre-certification of inpatient hospitalization, outpatient surgery and other services is required prior to receiving care or by the next business day in an emergency. Refer to the plan document for a complete list.
Contact MediSolutions at 888-897-6334.
Failure to notify may result in reduced benefits.

Out of Area Network
To find a provider in the MultiPlan network call 888-342-7427 or visit www.multipan.com.

Payer: HealthEZ

Customer Service:

Eligibility and Benefit Information:

844-302-7774-Members

844-449-5553-Providers

www.healthezbenefits.com

Certification and Prior Authorization:

888-250-4144

Website: www.healthezbenefits.com

Claim Submission Address:

The Alliance

P.O. Box 44365

Madison, WI 53744-4365

(Paper Claims)

EDI Payer ID # 88461

(Electronic Claims)

Sample ID Card (Front):

Administered by: HEALTH EZ
Medical Network: THE ALLIANCE, TrilogY
Employer: TAHER

Policy Holder:
Group:
Subscriber:
Effective:
Medical Coverage:

Sample ID Card (Back):

MEMBERS
Client Services & Helpline: HealthEZBenefits.com
Benefits & myHealthEZ: 844-302-7774

PROVIDERS
Eligibility: MyHealthEZ.com/Provider
Benefits: 844-449-5553
Precert: 888-250-4144

Submit The Alliance Claims to: P.O. Box 44365, Madison, WI 53744
Change Healthcare-88461, Relay Health 1500-2712 UB-1935
Submit all other Claims to: Payer ID # 41178, HealthEZ: PO Box 211186, Eagan, MN 55121

MEDICAL NETWORK: The Alliance (Inside of WI), the-alliance.org
MEDICAL NETWORK: Aetna PPO (Outside of WI), Aetna.com/asa
Aetna Participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.

Payer: Lucent Health

Customer Service:

Eligibility and Benefit Information:
 877-236-0844-Members
 855-556-0285-Providers
www.lucenthealth.com/cypress

Certification and Prior Authorization:
Please call the number on the back of the ID card

Website: www.lucenthealth.com/cypress

Claim Submission Address:

The Alliance
P.O. Box 44365
Madison, WI 53744-4365
 (Paper Claims)

EDI Payer ID # 88461
 (Electronic Claims)

Sample ID Card (Front):

Administered by: Lucent Health	
<p>Member</p> <p>Employer: KELLER, INC.</p> <p>Group Number: Y04</p> <p>Employee Name: JOHN SAMPLE</p> <p>Employee ID Number: SMPL0001</p> <p>Pharmacy Plan</p> <p>Rx BIN: 600471 PCN: 7777 Rx Grp: 5600</p> <p> OPTUMRx www.optumrx.com Customer Service: 800-248-1062</p> <p>25% RX Copay</p>	<p>Your Benefits Advocate</p> <p>Kunkel Call 888-987-3129</p> <p>Members should contact Claim Counselors with any inquiries regarding claims, billing, plan benefits, or any other health plan related questions. Call or email claim.counselors@kunkel-inc.com</p> <p>Medical In-Network PPO</p> <p>Effective Date: 11/27/2014 Medical Coverage: Family</p> <p> THE ALLIANCE www.the-alliance.org 800-223-4139</p> <p> Trilogy Health Networks www.trilogycares.com</p> <p> MORAD Health 855-361-6886 Member Network</p>

Sample ID Card (Back):

<p>Medical Claims Submission</p> <p>The Alliance Attn: Claims Department P.O. Box 44365 Madison, WI 53744-4365 Change Healthcare: 88461 Relay Health: 1500-2712, UB-1935</p>	<p>Eligibility & Benefits</p> <p>For inquiries regarding eligibility, plan benefits and claims please call Lucent Health or visit www.lucenthealth.com/cypress MEMBERS: 877-236-0844 PROVIDERS: 855-556-0285</p>
<p>Out of Network</p> <p>For providers outside of your PPO network, present your National Access card along with this ID card. To locate providers outside of your PPO network, please call Zelis at 888-621-7900.</p>	<p>Precertification & Services</p> <p>Inpatient admissions & certain procedures/services require notification within the time specified in your benefit documentation. To obtain precertification, please call Kunkel Care Solutions: 855-558-2310</p> <p>Contact SupportLinc prior to all mental health or substance abuse services at: 888-881-5462</p> <p><i>Failure To Call May Result In Reduced Benefits</i></p> <p style="text-align: center;">Kunkel Care Solutions</p> <p style="text-align: center;">Print Date 12/05/2019</p>

This card is not a guarantee of benefits.

Payer: Medova

Customer Service:

Eligibility and Benefit Information:
866-827-6607-Members
800-766-4184-Providers

Certification and Prior Authorization:
844-643-5104

Provider Network Information/Claim Status:
866-670-8691

Website: www.lifestylehealthbenefits.com

Claim Submission Address:

The Alliance
P.O. Box 44365
Madison, WI 53744-4365
 (Paper Claims)

EDI Payer ID # 88461
 (Electronic Claims)

Sample ID Card (Front):

<p>Dairy Connection A Product of Medova Healthcare</p>	
<p>Employee</p> <p>Member: Sample Name Member ID #: LDC54699901 Group #: LDC5469 Effective Date: 08/01/2019 Coverage Tier: EE Office Visit Copay After Deductible \$30/\$50</p> <p>Value-Added Program</p> <p> ON CALL MED (844) 746-6339 Avoid unnecessary copays for office, urgent care or ER visits</p>	<p>Medical PPO Network</p> <p> THE ALLIANCE Employers moving health care forward www.the-alliance.org</p> <p> Trilogy Health Networks www.trilogycares.com</p> <p>Provider Verification: (800) 223-4139</p> <p>Prescription Coverage</p> <p>RX Group #: 1765 RX Bin #: 600471 PCN: 7777 RX Help Desk: 1-800-279-3022 www.prescriptionnetwork.info</p> <p></p>

Customer Service: To confirm eligibility, verify benefits, or check the status of a claim: Providers please call: (800) 766-4184. Members please call: (866) 827-6607.

Sample ID Card (Back):

<p>Outpatient Pre-Certification Please call before scheduling procedure.</p> <p>Hospital-based and Free-standing outpatient services MUST be pre-certified.</p> <p>Outpatient services include: Oncology, Surgery, Dialysis and Imaging (MRI, CT, PET Scan, Nuclear and Cardiology)</p> <p>Hospital / Facility Subject to Deductible / Coinsurance</p> <p>CALL CARE ADVOCATES AT: (844) 643-5104</p> <p>Remit Claims Electronically to: Change Healthcare # 88461 Relay Health 1500 CPID # 2712 UB CPID # 1935 The Alliance PO Box 44365 Madison, WI 53744</p>	<p>Inpatient Pre-Certification Inpatient admissions require pre-certification</p> <p>All Non-emergency confinements must be pre-certified at least 48 hours prior to confinement. Emergency confinements must be reported within 48 hours after confinement begins. Failure to comply may result in reduction of benefits.</p> <p>Please complete the Pre-Certification Form available at www.careadvocates.net and fax to (316) 928-2539.</p> <p>When Traveling Outside of the WI Area: Payer ID: 27005 Professional / 2700U Institutional Lifestyle Health Plans 345 N. Riverview, Suite 600 Wichita, KS 67203 www.myfirsthealth.com (800) 226-5116</p> <p style="text-align: right;"></p>
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Possession of this card does not entitle bearer to coverage unless currently enrolled with Lifestyle Health Plans.
www.lifestylehealthbenefits.com VER072019

Payer: Northern Illinois Health Plan

Customer Service:

Eligibility and Benefit Information:
800-723-0202
 Certification and Prior Authorization:
800-723-0202

Website: www.nihp.com

Claim Submission Address:

The Alliance
P.O. Box 44365
Madison, WI 53744-4365
 (Paper Claims)

EDI Payer ID # 88461
 (Electronic Claims)

Sample ID Card (Front):

RINKA
 Group # NIHP7465

Medical Co-Payments:
 Office Visit: \$25
 Urgent Care Visit: \$25
 Emergency Room Visit: \$150
 Inpatient & Outpatient Services: \$250
 Pharmacy Co-Payments:
 \$10 / \$65 / \$100 / \$140

RXBIN: 004336
 RXPCN: ADV
 RXGRP: RX7979
 Customer Service: (866)818-6911
 Pharmacy Help Desk: (800)364-6331
 or visit www.caremark.com

Administered by:
NORTHERN ILLINOIS HEALTH PLAN

ID_COVTYPE1 ID_COVLEV1
 ID_COVTYPE2 ID_COVLEV2

COVERED MEMBERS MBR ID NUMBER

ID_EM_Fnam	ID_EM_Lname	ID_Hostmem
ID_D_Fnam_1	ID_D_Lname_1	
ID_D_Fnam_2	ID_D_Lname_2	
ID_D_Fnam_3	ID_D_Lname_3	
ID_D_Fnam_4	ID_D_Lname_4	
ID_D_Fnam_5	ID_D_Lname_5	
ID_D_Fnam_6	ID_D_Lname_6	

Logos: CVS Caremark, MDLIVE, Trilogi Health Networks, THE ALLIANCE

Sample ID Card (Back):

Send Medical Claims to:
The Alliance
PO Box 44365
Madison, WI 53744
Change Healthcare-88461, Relay Health 1500-2712 UB-1935

PRE-CERTIFICATION INSTRUCTIONS
 We must be notified within 5 business days or as soon as possible before a service that requires pre-certification occurs except emergency admissions must be confirmed within 48 hours.

Pre-certification is required for all inpatient stays, Outpatient Surgeries, Advanced Imaging (MRIs, CTs, PET Scans), Home Health & Hospice, Dialysis, Clinical Trials, Durable Medical Equipment over \$1,000, Prosthetic Devices, and Pre-transplantation evaluation.

TO PRE-CERTIFY, Call NIHP Care Management at (815) 599-7050 or (800) 723-0202
 (Refer to your Summary Plan Description for details)
 For **eligibility and benefits**, call:
 NORTHERN ILLINOIS HEALTH PLAN (800) 723-0202 or (815) 599-7050
To verify your provider is in-network, visit www.the-alliance.org
or call 1.800.223.4139

MDLIVE TELEMEDICINE AVAILABLE 24/7 - 365 DAYS
 To speak to a physician, call (888) 578-9054, visit www.MDLIVE.com/nihp, or download the user friendly app on your Apple or Android device.
 Please send RX claims to: CVS Caremark Claims Department, PO Box 52136, Phoenix, AZ 85072-2136
 This card is valid only when benefits are in effect under the Plan.

Payer: Prairie States

Customer Service:

Eligibility and Benefit Information:
855-993-9163
www.prairieontheweb.com

Certification and Prior Authorization:
800-615-7020

Website: www.prairieontheweb.com

Claim Submission Address:

The Alliance
P.O. Box 44365
Madison, WI 53744-4365
 (Paper Claims)

EDI Payer ID # 88461
 (Electronic Claims)

Sample ID Card (Front):

PRAIRIE STATES 1-800-Teladoc (835-2362) www.teladoc.com

Member: **JOHN SAMPLE**
 Group Code: **MGP**
 Member ID: **SMPL0001**
 Coverage: **Family**

Medical Plan: **THE ALLIANCE** | **Trilogi Health Networks**
www.the-alliance.org | www.trilogicare.com

Pharmacy Plan: **Costco Wholesale** | **Health Solutions**
 RxBin: 016127 | RxPCN: CWHS | RxGroup: MGP | 1-877-908-6024

Health Cost Manager: **alithias** | 1-855-843-8783 | www.alithias.com

For MRI benefits please contact SmartChoice MRI at 1-844-333-3674.

Sample ID Card (Back):

Medical Claims Submission
 The Alliance
 P.O. Box 44365
 Madison, WI 53744
 1-800-223-4139
www.the-alliance.org
 Electronic Claims Submission: 88461
 Relay Health 1500-2712
 Relay Health UB 1935

Pre-Certification/Utilization
 Pre-certification is required 7 days in advance of scheduled or 48 hours following an emergency for the following services or procedures:

- All Hospitalizations over 23 hours
- Chemotherapy/Radiation Therapy (Notification of oral agents)
- Diagnostics, outpatient - CT, MRI, PET
- Dialysis
- Durable Medical Equipment - All rentals. Purchases over \$500
- Genetic Testing
- Home Health/Home Infusion
- Hospice Services
- Mental Health - Inpatient & Transitional
- Pain Injections - Epidural Steroid & Facet
- Surgery - Inpatient and Outpatient
- Therapy Services - Occupational, Physical, Speech
- Transplant Services

Eligibility
 When traveling outside the primary PPO area, contact 1-800-226-5116 or www.myfirsthealth.com.

PROVIDERS - To confirm eligibility, verify benefits, or check claim status, visit www.prairieontheweb.com or call 1-855-993-8163.

ALL OTHER QUESTIONS - Please call Prairie States at 1-800-615-7020.

This card does not guarantee eligibility or payment.

Non-compliance with pre-authorization for Inpatient and Surgery will result in a \$250 penalty.

Payer: Sisco

Customer Service:

Eligibility and Benefit Information:

866-420-8575

www.siscobenefits.com

Certification and Prior Authorization:

866-420-8575

Website: www.siscobenefits.com

Claim Submission Address:

The Alliance

P.O. Box 44365

Madison, WI 53744-4365

(Paper Claims)

EDI Payer ID # 88461

(Electronic Claims)

Sample ID Card (Front):

SisCo
Experience the Benefits

Questions?
866-420-8575
www.siscobenefits.com

Member
Employer: Durex Industries
Group #: ACT702
Member:
Member ID:

Medical Plan
THE ALLIANCE **Trilogy**
www.the-alliance.org www.trilogycares.com
800.223.4139
Copays: PCP \$30 / Spec \$60

Pharmacy Plan
Rx Bin: 012528
PCN: VENTEG
Ventegra
Customer Service
877-867-0943

Sample ID Card (Back):

Claims Submission
EDI: 88461
Submit All Medical Claims to:
The Alliance
PO Box 44365
Madison, WI 53744
Change Healthcare-88461
Relay Health 1500-2712 UB-1935

Pre-Certification
Pre-certification is required prior to any hospital admission and certain other services specified in your plan. Emergency admissions must be confirmed within 2 business days.
If you are unsure of whether to go to the ER or urgent care, call the 24 hour Nurseline at 800-583-5888.
For Precertification or to verify eligibility and benefits call 866-420-8575.
Online Benefit Information
www.siscobenefits.com

LabCard
www.LabCard.com
1.800.646.7288
#12025600

LabCorp
#12025600

In Network Urgent Care:
First Health outside Wisconsin Counties and locations south of Interstate 80 in Illinois.

First Health Network

This card is valid only when benefits are in effect under the Plan.