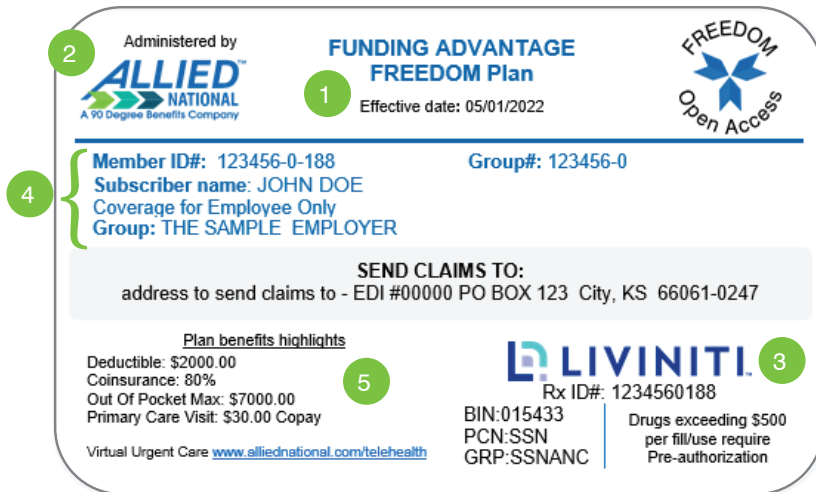


The sample ID cards and images shown on this example are for **informational purposes only.**

Freedom Plan Sample


PPO Plan Sample



Administered by **ALLIED NATIONAL** **FUNDING ADVANTAGE FREEDOM Plan** **FREEDOM Open Access**
 Effective date: 05/01/2022
 Member ID#: 123456-0-188 Group#: 123456-0
 Subscriber name: JOHN DOE
 Coverage for Employee Only
 Group: THE SAMPLE EMPLOYER
 SEND CLAIMS TO:
 address to send claims to - EDI #00000 PO BOX 123 City, KS 66061-0247
 Plan benefits highlights
 Deductible: \$2000.00
 Coinsurance: 80%
 Out Of Pocket Max: \$7000.00
 Primary Care Visit: \$30.00 Copay
 Virtual Urgent Care www.alliednational.com/telehealth
LIVINITI
 Rx ID#: 1234560188
 BIN:015433 PCN:SSN GRP:SSNANC
 Drugs exceeding \$500 per fill/use require Pre-authorization



LIVINITI **Cigna Cigna PPO** **ALLIED NATIONAL**
 BIN:015433 PCN:SSN GRP:SSNANC Rx ID#: 1234560188
FUNDING ADVANTAGE PLAN
 Group: THE SAMPLE EMPLOYER Group#: 123456-0
 Covered Member: JOHN DOE
 Effective 05/01/2022 Member ID# 123456-0-188
 Coverage For: Employee Only OV Copay (In Network): \$30.00
 Send Claims To: Cigna PPO
 address to send claims to EDI #00000 PO BOX 123 City, KS 66061-0247
 PPO Information: 800-825-7531 EX 8881
 Member Customer Service: 800-825-7531
 Provider Eligibility, Benefits and Precertification: 866-323-2985
www.alliednational.com for online service
 "S" Cigna Policy #0196397

Reimbursement for this major medical plan is based on Medicare allowable charges for services.
 Physician: 125% of Medicare allowable | Facility: 150% of Medicare allowable
Pre-notification required - Call 866-317-5273
 7 days prior to: Inpatient Admissions, Complex Imaging (CT scan, MRI).
 Facility to facility air transfers must call 877-542-8828.
 14 days prior to: Outpatient Surgeries over \$10,000; Drugs over \$500 per fill/use.
 In case of emergency, pre-notification is required within 48 hours.
 Provider Assistance 866-323-2985; Self-service at www.alliednational.com/provider
 Rx Benefits Assistance 833-325-1855
 For: Rx pre-authorization, Helpdesk & high-cost drug program case management.
 Member Assistance 800-825-7531; clientservices@alliednational.com
 Scan this QR code for additional member resources, including advocacy services and balance bill protection. You can also visit www.alliednational.com/member
 Member Resources

Members: Carry this card at all times. Before hospital admission or for other services as specified in your plan your physician must call for pre-cert authorization. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).
 Providers: Precertification must be obtained for services as specified in the member's plan. For precertification, call 866-323-2985.
 Notice: Possession of this card or obtaining precertification does not guarantee coverage
 Liviniti Rx Management
 Live Pharmacy Help Desk
 800-710-9341
www.liviniti.com
 Benefits are not insured by Cigna or affiliates.
AWAY FROM HOME CARE
 Plan Benefits: Primary Care Office Visit Copay: \$30.00
 Deductible: \$2000.00 Coinsurance: 80% Out Of Pocket Max: \$4000.00

- 1 Your plan name
- 2 Allied National is the TPA assisting your employer with the administration of the health plan
- 3 This is your Pharmacy Benefit Manager (PBM) that manages your prescription drug benefits

- 4 This is your personal and group information
- 5 This is a highlight of your plan's benefits
- 6 Contact information