



Welcome to your new Employee Benefits Program

Your new employer-established health benefit plan is provided by Allstate Benefits and administered by Allied Benefit Systems, LLC (Allied).

Your new plan works a little differently than the traditional PPO plans you might be accustomed to. With this plan, there is no network; you are free to use any doctor or hospital you choose (except for transplants and outpatient prescription drugs). The plan pays the same benefits regardless of where you go. The Member Advocacy Program described below is an important component of your plan, and team members are available to assist with billing and covered charge inquiries.

Soon, you will receive your permanent ID cards in the mail. With the online tools outlined below, you can access temporary ID cards immediately, as well as all your plan documents.

Member Advocacy Program: An Important Part of Your Coverage

Health care and health care benefits can be complicated, and we know it's important to you to make the right health care choices for your family. Allstate Benefits and Allied have teamed up to provide you with a dedicated Member Advocacy Team. The team is available to help you:

- Understand your benefits and how to use your plan
- Understand your Explanation of Benefits (EOB)
- Find providers
- Answer questions about billing

Remember, this plan is different and does not pay benefits like a traditional PPO plan. It's important to know the amount you are responsible for on the provider bill. When you receive medical care, if you have a copay, you are required to pay that at time of service. After you receive care:

- You will receive an Explanation of Benefits (EOB) – EOBs are also available to you on the member portal at www.alliedbenefit.com
- The EOB will show what the plan paid and what is the Patient Responsibility
- You receive a bill from the provider
- Make sure your bill from the provider matches the Patient Responsibility portion on the EOB
- If you are billed for amounts that exceed the Patient Responsibility, call the Member Advocacy Team at 888-306-0905 before you pay any excess amounts. The team will help you understand what is your responsibility and what is not*
 - If you pay the provider for those excess amounts, they are not eligible for dispute under the Program

*Not all provider billing is eligible for the Member Advocacy Program. Excluded charges include, but are not limited to: Any amounts paid for by the member, charges for non-covered services or charges in excess of a benefit limit; charges for penalties under the plan (such as the 30% penalty for non-emergency use of an Emergency Room); non-emergency medical transportation when an authorized provider is not used, charges that should be bundled with another service charge (such as for the second and subsequent surgeries in the same surgical session and assistant surgeon and surgical assistant charges that should be billed as part of the surgical event). This list is subject to change without notice. Call the Member Advocacy Team to verify if charges are eligible.

To speak with a dedicated Team Member, please call 888-306-0905

Allied Member Advocacy Team hours (Central time)	
Monday–Thursday	7:30 a.m. to 7:00 p.m.
Friday	8:00 a.m. to 5:00 p.m.
Saturday	9:00 a.m. to 12:00 p.m.

Your plan also includes a Maternity Program – a valuable benefit that provides one-to-one support from a registered nurse for the health of you and your baby. Call the Member Advocacy Team to enroll.

For more details and other plan benefit information, we encourage you to visit your online member portal.

Your online member portal

Refer to the following instructions for creating your member web account at www.alliedbenefit.com. This is where you go to access:

- Your plan documents
 - Summary Plan Description (SPD)
 - Summary of Benefits and Coverage (SBC)
 - Temporary ID cards
- View your own Personal Health Record for a complete record of all your health care activity under this plan
- Reports to help you understand how your claims have been processed and you can check claim status
- Allied's knowledge database, where you can get answers to medical questions, procedures & conditions
- Wellness reminders for tests and annual exams

Setting-Up Your Allied Member Web Account

It only takes a few minutes to set up your Allied member web account. Here's how:

- 1) Go to www.alliedbenefit.com. For your initial login, you will select "REGISTER."



- 2) Proceed to enter the required information into "WEBSITE ACCOUNT REQUEST" with your personal information. Your "Group number" begins with an L followed by 6 numbers and can be found on your ID Card or obtained from your employer.

Then click the "SUBMIT" button, and you will receive account information to the e-mail address provided. If you need help registering or logging in to the member portal, please call 888-306-0905 for assistance.

The Allstate Benefits Self-Funded Program provides tools for employers owning small to mid-sized businesses to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. For employers in the Allstate Benefits Self-Funded Program, stop-loss insurance is underwritten by: Integon National Insurance Company in CT, NY and VT; Integon Indemnity Corporation in FL; and National Health Insurance Company in all other states where offered

