



# INTRODUCING THE ALLIANT BENEFIT ADVOCATES



## WHO ARE THE BENEFIT ADVOCATES?

Benefit Advocates are highly trained professionals with extensive insurance industry experience who are available to assist you with your benefit needs.

## WHEN SHOULD YOU CALL YOUR BENEFIT ADVOCATE?

- Insurance claim questions
- Appeal of denied claims if warranted
- Benefit questions & clarifications
- Prescription problems
- Enrollment & eligibility questions
- Flexible Spending Account questions
- COBRA
- Other general questions \*

## WHAT YOU WILL NEED TO PROVIDE YOUR BENEFIT ADVOCATE OR THE INSURANCE CARRIER IN ORDER TO RECEIVE ASSISTANCE:

- Member ID Number or Social Security number
- Date of birth
- Your Employer's Name
- An itemized bill of services from provider/doctor, or an explanation of benefits (EOB) from the carrier.

## WHEN SHOULD YOU CONTACT YOUR HEALTH INSURANCE CARRIER DIRECTLY?

- To request a new or additional ID card
- For the initial submission of claims
- To verify your physician is in the network

Benefit Advocates are available to assist you Monday through Friday, 10:00 a.m. to 8:00 p.m. Eastern Time. All calls are kept confidential, and are tracked and monitored to resolution. Benefit Advocates also work with an interpretation service that supports 125 different languages. If you are in need of this service, please be prepared to tell the benefit advocate what language you need when you call.

## WHEN SHOULD I EXPECT A CALL BACK?

Alliant does not function as a traditional call center so you may have to leave a voice message when you call. Our service standard is to respond to you inquiry within 4 business hours. If your matter is urgent, please mention this in your message so we can prioritize your inquiry appropriately.

\* Benefit Advocates cannot answer questions on L&I claims, Medicare or Medicaid.

## BENEFIT ADVOCATE CONTACT INFORMATION

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