

New Plan Announcement

Alliant Health Plans



Effective January 1, 2025

Effective January 1, 2025, Prime Therapeutics (Prime) will begin processing Commercial claims for Covered Persons of Alliant Health Plans.

Processing Requirements

To ensure uninterrupted service to Participating Pharmacies and Covered Persons of Alliant Health Plans, please use the following information to set up your system prior to January 1, 2025.

- Covered Person ID Number
- Date of Birth
- Gender
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code

Outstanding Claim Reversals and Processing

- To prepare for this transition, Participating Pharmacies should complete all claims processing and reversals by close of business December 31, 2024.
- For assistance with claims that have a date of fill prior to January 1, 2025, please contact SS&C Health at 800.424.1799

For more information

- Beginning January 1, 2025, if you have questions regarding claims processing, please contact Prime's Contact Center at 844.451.1373
- Prime's Commercial payer specification sheet is available at: [PrimeTherapeutics.com> Providers and Physicians> Payer Sheets> Commercial D.0 Payer Sheet](https://www.primetherapeutics.com/providers-and-physicians/payer-sheets/commercial-d0-payer-sheet).



Processing Requirements Continued:

Plan Sponsor	Plan Name	BIN	PCN
Alliant Health Plans	SimpleCare	610455	ALLNT
Alliant Health Plans	4Corners	610455	ALLNTLF
Alliant Health Plans	SoloCare On Exchange	610455	ALLNTON
Alliant Health Plans	SoloCare Off Exchange	610455	ALLNTOFF

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Examples of Alliant Member ID cards with Plan Name logos:

SUBSCRIBER: _____ **ID #:** _____
GROUP NAME: _____ **GROUP #:** _____

SUBSCRIBER EFFECTIVE DATE: _____



PPO:		OFFICE VISIT:	\$ Rx BIN:
DED (I/F) INN:	\$/ \$	SPEC VISIT:	\$ Rx PCN:
DED (I/F) OON:	\$/ \$	ER VISIT:	\$ Rx GENERIC: %
MAX OOP (I/F) INN:	\$/ \$	URG CARE:	\$ Rx PREF: %
MAX OOP OON:	N/A	Ded, Coins, Limits may apply	Rx BRAND: %
COINSURANCE:	%		Rx SPEC: %

SUBSCRIBER: _____ **ID #:** _____
GROUP NAME: _____ **GROUP #:** _____

SUBSCRIBER EFFECTIVE DATE: _____

PPO:		OFFICE VISIT:	\$ Rx BIN:
DED (I/F) INN:	\$/ \$	SPEC VISIT:	\$ Rx PCN:
DED (I/F) OON:	\$/ \$	ER VISIT:	\$ Rx GENERIC: %
MAX OOP (I/F) INN:	\$/ \$	URG CARE:	\$ Rx PREF: %
MAX OOP OON:	N/A	Ded, Coins, Limits may apply	Rx BRAND: %
COINSURANCE:	%		Rx SPEC: %

SUBSCRIBER: _____ **ID #:** _____
GROUP NAME: _____ **GROUP #:** _____

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PPO:		OFFICE VISIT:	\$ Rx BIN:
DED (I/F) INN:	\$/ \$	SPEC VISIT:	\$ Rx PCN:
DED (I/F) OON:	\$/ \$	ER VISIT:	\$ Rx GENERIC: %
MAX OOP (I/F) INN:	\$/ \$	URG CARE:	\$ Rx PREF: %
MAX OOP OON:	N/A	Ded, Coins, Limits may apply	Rx BRAND: %
COINSURANCE:	%		Rx SPEC: %

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AlliantPlans.com

Member Client Services:	(866) 403-2785	Submit Claims:
Provider Client Services:	(800) 811-4793	NEIC—#58234
Prior Auth, Referral:	(800) 865-5922	Mail Claims:
Pharmacy Help Line (Prime):	(844) 451-8288	Alliant Health Plans, Inc.
24-Hour Nurse Advice Line:	(855) 299-3087	P.O. Box 2667
Medical Network:	AlliantPlans.com	Dalton, GA 30722

Benefits may be limited or reduced outside of our service area or with a non-network provider. Refer to your plan documents.

Visit AlliantPlans.com or call Client Services for detailed Prior Authorization requirements.

Possession or use of this card does not guarantee coverage or payment.

This policy is fully insured and regulated by the State Insurance Commissioner.

Card Issue Date: XX/XX/XXXX