



A GUIDE TO ADMINISTERING
YOUR HEALTH PLAN
FOR EMPLOYERS

ASSURE



WELCOME TO NETWORK HEALTH

This administration guide is designed to help you deliver benefits to employees. Everyone involved in the administration of your health plan should become familiar with the information in this guide.

It's important to know this guide is subject to change. To ensure you are using the most up-to-date version, visit networkhealth.com, select the **For Members and Employers** tab, then select **Employers** from the dropdown menu and then select **Employer Resources**. Under **Employer Guides**, click on **Assure Administration Guide**.

For information specific to your company's health plan, refer to your Health Plan Document. If you have any questions, please call your Network Health sales client manager.

If employees have questions, they can call our member experience team at 844-300-5537 or send us a secure message through the member portal at login.networkhealth.com.

Self-insured plans administered by Network Health Administrative Services, LLC. 2074-07-0723

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THE NETWORK HEALTH DIFFERENCE

Organized by a group of Fox Valley doctors, we started small in 1982. Today, we serve more than 110,000 members and we've earned a strong reputation for quality and personal service. We're a locally owned, Wisconsin-based company—accountable to our customers, not shareholders. For over 40 years we've been trusted experts in health insurance, offering a different kind of health insurance that puts customers first.

We bring you the best health plan experience possible because our mission is to create healthy and strong Wisconsin communities. Being locally owned allows us to be flexible and responsive, helping us create custom, cost-saving solutions for our customers.

At Network Health, we do what's right because that is who we are. We do what's right, even when it isn't easy. That's why we take extra steps to make health insurance affordable and understandable, so you can make the most of your coverage.

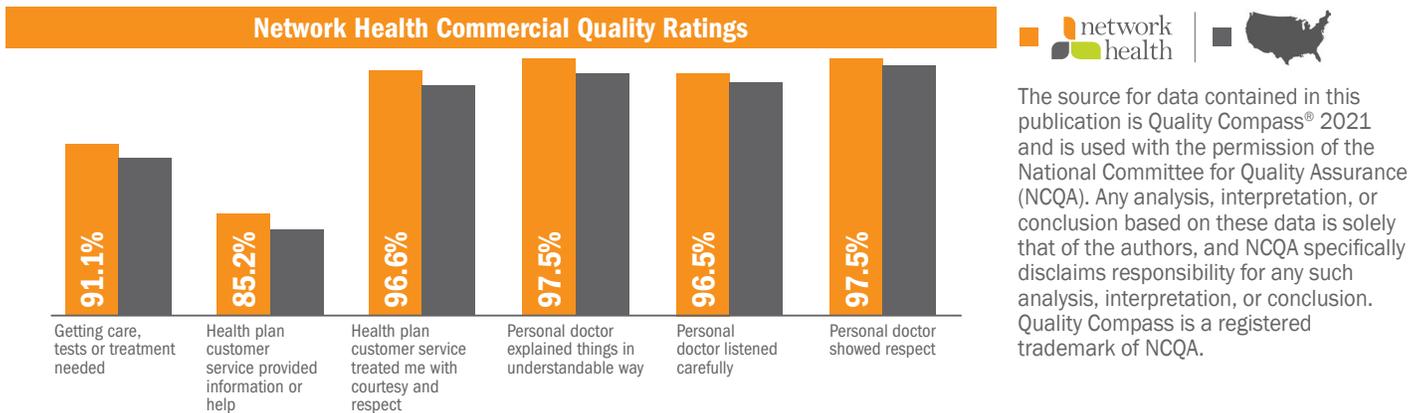
AT YOUR SERVICE

Some companies bombard you with industry language. We talk like people, not insurance dictionaries. Our plain-language approach paired with highly rated service provides the ultimate customer support.

When our customers call, they quickly get a knowledgeable, caring team member with a straight answer that's easy to understand. We offer an in-house team of member experience representatives to take care of our customers.

What Our Customers Say

Our customers rate Network Health and our providers higher than the national average in the following categories.



What Our Providers Say

Providers rate Network Health well above other plans.

PROVIDERS		
Category	Network Health	
Would recommend Network Health to other providers	92.9%	
Category	Network Health	Next Highest Competitor
Overall provider satisfaction	79.9%	58.5%

ENROLLMENT

New employees and dependents enrolling must do so within 31 days of becoming eligible for insurance coverage. Birth dates and social security numbers are required for everyone who enrolls.

HOW TO ENROLL EMPLOYEES

There are three ways you can manage the enrollment of employees. Network Health strives to provide quick and accurate services to our customers during their enrollment. We process 95 percent of new applications within five days and mail participant ID cards within 10 business days of receiving new or updated enrollment.

1. Mail a completed [Assure Enrollment Application](#) to the address below.

Network Health
 Attn: Enrollment Services Department
 1570 Midway Pl.
 Menasha, WI 54952

2. Fax a completed [Assure Enrollment Application](#) to 920-720-1904.

3. Send a secure email with a completed [Assure Enrollment Application](#) to nhcommercialenrollment@networkhealth.com

EMPLOYEE MATERIALS

Once employees are enrolled, they will receive the following materials.

- Network Health ID card with medical coverage information and Express Scripts, Inc.® (ESI) pharmacy information
- How to Use Your Health Plan guide

When employees receive their participant ID cards, they need to verify that their name and address on materials are correct. If the information is incorrect, employees should call our member experience team at the number listed on the back of their participant ID card to update their information. This will ensure they receive any information we send to them.

ORDERING ADDITIONAL ID CARDS

Employees can call our member experience team at the number listed on the back of their participant ID card.



networkhealth.com

Line of Business: LF_LLC
Group Name: GroupName
Group Number: GroupNumber

Participant #:	Participant Name:	What Participant Pays:	Network In:
MemberID01	MemberName01	Deductible:	Individual CopayXX
MemberID02	MemberName02	Family	CopayXX
MemberID03	MemberName03	Out-of-Pocket Maximum:	Individual CopayXX
MemberID04	MemberName04	Family	CopayXX
MemberID05	MemberName05	Preventive	CopayXX
MemberID06	MemberName06	Emergency Room Services	CopayXX
MemberID07	MemberName07	Urgent Care	CopayXX
MemberID08	MemberName08	PCP Office Visit	CopayXX
		Specialist Office Visit	CopayXX

Pharmacy Information: Rx BIN: 003858 RxPCN: A4 RxGrp: WAEA

MEMBER EXPERIENCE: 844-300-5537 (TTY 800-947-3529)
 Pharmacy Team: 800-309-7583
 MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS
 Network Health P.O. Box 568, Menasha, WI 54952
 Payer ID: 39144
 Provider Use Only: 844-300-5537
 Pharmacist Use Only: 800-922-1557

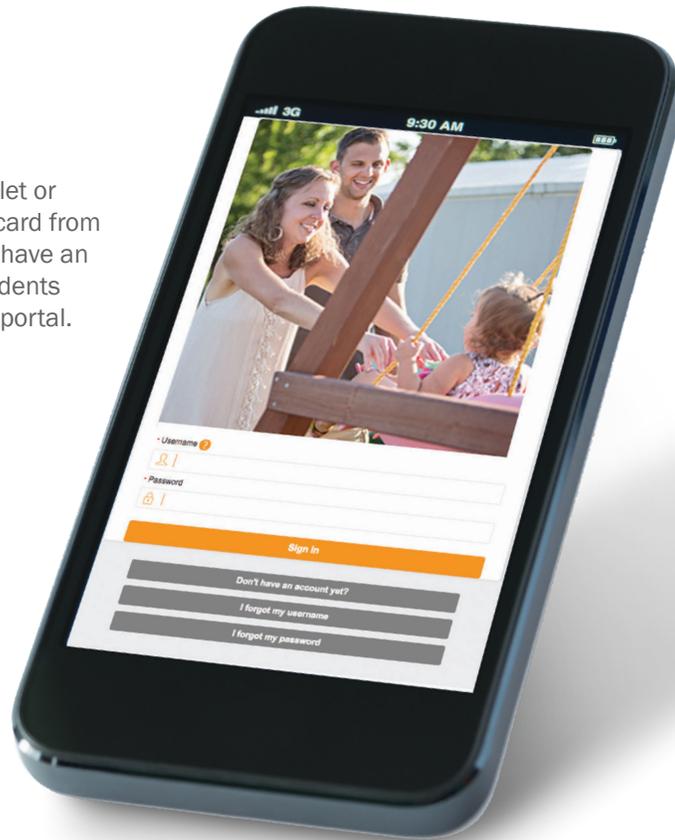
Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the following:
 CT, MRI/MRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, physical therapy, occupational therapy, EGD, capsule endoscopy, non-preventive colonoscopy, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

For all other prior authorizations contact Network Health at 866-709-0019.
Medical Drug Authorizations: Care Continuum at 877-787-8705.
 Self-insured plans administered by Network Health Administrative Services, LLC.




MEMBER PORTAL

Employees and dependents can use their phone, tablet or personal computer to view or print a copy of their ID card from the member portal. It's a convenient way for them to have an ID card with them at all times. Employees and dependents can visit login.networkhealth.com to log in to the portal.



ADDITIONAL ENROLLMENT INFORMATION

LATE ENROLLMENT

Eligible employees or dependents are considered late enrollees if both the following are true.

- They did not enroll when first eligible for coverage.
- They are not eligible under a special enrollment period (see special enrollment period below).

Late enrollees will have to wait until the next open enrollment period to obtain coverage.

Important Note: When an employee changes from non-eligible to eligible status, they must follow the employer's rules for a waiting period. An example would be changing from part-time to full-time work status.

ENROLLMENT CHANGES

All enrollment changes must be made within 31 days of the change. There are three ways you can make these changes.

1. **Submit a paper [Assure Enrollment Application](#) to our enrollment services department.**

**Network Health
Attn: Enrollment Services Department
1570 Midway Pl.
Menasha, WI 54952**

2. **Fax a completed [Assure Enrollment Application](#) to 920-720-1904.**
3. **Send a secure email with a completed [Assure Enrollment Application](#) to nhcommercialenrollment@networkhealth.com.**

SPECIAL ENROLLMENT PERIOD

Eligible employees or dependents who did not enroll when they were first eligible may be able to enroll for coverage during a special enrollment period. To qualify, the applicant must have originally declined coverage because he or she was covered by another health plan. Special enrollment applies to the following situations.

- Employee, spouse and newly eligible dependents who are the result of a qualifying event (e.g., marriage or newborn/adopted children). Other dependents are not eligible as a result of the qualifying event.
- Coverage effective date for loss of coverage or marriage will be no later than the first of the month following the qualifying event.
- Coverage effective date for birth or adoption is the date of the qualifying event.
- Enrollment must be requested within 31 days of the loss of other coverage or qualifying event.

If a dependent is not enrolled during the 31-day period, enrollment must take place during your company's annual open enrollment period or under a special enrollment period.

A dependent becomes eligible for coverage at the following times.

- The date the employee is eligible for coverage.
- The date of marriage for an employee's new spouse and stepchildren.
- The date of birth of the employee's natural-born child.
- The date a child is placed in the employee's home for adoption or the date a court issues a final order granting adoption of the child to the employee (whichever occurs first).
- The date of birth of a child born to the employee's covered dependent child who is under the age of 18.
- The date of a court order requiring the employee to provide health care coverage for a dependent child.

A special enrollment period of 31 days begins for an employee's newborn child on the date of birth. Coverage starts on the child's date of birth.

ENDING COVERAGE

Coverage ends if one of the following occurs.

- Network Health or your company ends the group policy.
- An employee is no longer an eligible participant, as specified on the Employer Group Application.
- An employee requests to cancel enrollment with an [Assure Enrollment Application](#).
- Death of the employee.

Important Note: A dependent's coverage ends when they are no longer considered a dependent (e.g., divorce occurs or a dependent child reaches maximum age).

Network Health will cancel employee or dependent coverage for the reasons listed below.

- An employee does not work or live in the Network Health service area. If you have employees outside of Network Health's service area, please contact your client manager to learn more about your options.
- An employee or dependent commits an act of physical or verbal abuse that poses a threat to provider personnel, participants or Network Health associates.
- An employee or dependent knowingly provides false information in an application for coverage.
- An employee or dependent allows another person to use their Network Health ID card.

CONTINUING COVERAGE

Network Health does not administer COBRA or State Continuation. Through our partnership with Employee Benefits Corporation (EBC), COBRA administration is provided for any groups with 20 or more total employees. Contact EBC at 800-346-2126 or visit their website at ebcflex.com for more information.

Visit the United States Department of Labor website at www.dol.gov/general/topic/health-plans/cobra for details on COBRA.



“Around here, we get to know one another. We care about one another. We know our neighbors.”

Kimberly Gehrke
Manager of Individual Sales at Network Health

CLAIMS PROCESSING

When it comes to claims processing, we put 40 years of experience to work to maintain a standard of excellence for our customers. Claims are processed in under 30 days and at 99.9 percent accuracy.

Your employees should not have to file a claim for services from a provider within our network. However, there are times when an employee might have to submit bills to Network Health for certain services when any of the following occur.

- Network Health is not the primary insurance carrier
- An employee or dependent receives medical care from providers outside of our network
- Services might be covered under workers' compensation
- Care is received in a foreign country

In these cases, itemized medical bills should be sent within 90 days of the date of service to Network Health at the address below. All bills submitted must be in English.

**Network Health
ATTN: Claims
P.O. Box 568
1570 Midway Pl.
Menasha, WI 54952**

If you or your employees have any questions about claims, please call our member experience team at the number listed on the back of the participant ID card.

NEW YORK AND MASSACHUSETTS SURCHARGE PAYMENT

A monthly surcharge is required to be paid by all third-party administrators who pay claims to providers in New York and Massachusetts. New York also requires a surcharge for covered lives. The surcharge is based on employees and dependents who live in New York. You will be required to sign paperwork for New York in order to have the surcharge included in the administration expense.

RESOURCES

- Learn more about how the claims process works. See Appendix A.
- Reference quick tips for understanding an explanation of benefits (EOB). See Appendix B.

Important note: Any claims received after the run-out period will be the employer's responsibility. There is no run-out period if coverage is terminated before the end of the plan year. For more information, refer to your Administrative Services Agreement (ASA).

GROUP BILLING

Your company receives a monthly billing statement around the 20th day of each month. Your bill will be available in your online group portal. A monthly email will be sent to notify you when your latest invoice is available. You can also receive your bill by mail if you choose. Payment is due on the first day of the month after the statement is received. To ensure your billing statement is accurate, make sure any enrollment changes are made prior to the 15th day of the month. **Failure to provide payment by the due date (the first of the month) will automatically suspend medical and pharmacy claim payments.**

Additional Information



Your bill can be paid through electronic fund transfer (EFT). Not only is it convenient, but it saves your company \$25 per month on administration fees. To set up EFT, please call our enrollment services department at 877-549-8793 and select option 2, or complete and return the [EFT Form](#) and fax it to 920-720-1904.

- Employees will appear in alphabetical order on your statement.
- We will only go back three billing cycles when returning payment for any terminated employees.

CHANGES

If there are changes in your enrollment that will affect your billing, do not adjust your premium statement on your own. The changes need to be submitted to Network Health using the [Assure Enrollment Application](#). It should include all additions, deletions and contract changes.

Once the form is complete, fax a copy to 920-720-1904, or mail it to the address below. You can also send a secure email with the completed [Assure Enrollment Application](#) to nhcommercialenrollment@networkhealth.com

Network Health
ATTN: Enrollment Services
1570 Midway Pl.
Menasha, WI 54952

If you have any questions about your billing statement, call our enrollment services department at 877-549-8793 and select option 2.

Important Note: Please let us know about any address or billing contact name changes.

FINDING DOCTORS AND HOSPITALS

Network Health has a large network of high-quality doctors and hospitals for your employees to choose from, making it easy to find primary doctors and specialists close to home.

SEARCH FOR DOCTORS AND HOSPITALS ONLINE

- Go to **networkhealth.com**.
- Click **Find a Doctor** in the middle of the screen. In the **Plan Type** dropdown, select **HMO/POS/EPO (I get coverage through my employer)**.
- Click **Search**.

To request a hard copy of the provider directory, participants can contact member experience at the number listed on the back of their participant ID card.



CHOOSE A PERSONAL DOCTOR

An employee's personal doctor is also called a primary care practitioner (PCP). It's important to pick one doctor to coordinate all care. Because this doctor will become familiar with the employee, they can help make sure employees and their families get the care they need, and can make it easier to keep tabs on their overall health. PCPs can also recommend the best treatment if care is needed from other doctors. It's important that each member of their family has one personal doctor. Family members don't have to have the same doctor, and can change doctors if/when needed.

If an employee already has a personal doctor, it is important for the employee to confirm each year whether he or she still has the same doctor or if they've changed doctors.

Employees have two ways to choose or change a primary care physician.

1. Employees can visit **login.networkhealth.com** to log in to their Network Health portal. Then select **Change My Personal Doctor** and follow the steps to choose or change their doctor
2. Call our member experience team at the number listed on the back of the participant ID card.

NATIONWIDE COVERAGE

Network Health also provides coverage for people who live outside our service area. Through our partnership with First Health, using their networks, your out-of-state employees can receive affordable care from thousands of doctors and hospitals across the country.

If you have employees living outside of our service area, contact your client manager.

PHARMACY BENEFITS

Our partnership with Express Scripts, Inc.[®] (ESI) gives you access to an extensive pharmacy network, so your employees will have the convenience of a pharmacy near their home or workplace. ESI works to provide innovative and accessible prescription benefits while keeping costs low. A prescription drug mail-order program is also available.

Participants can manage their medications any time, anywhere from Express-Scripts.com or Express Scripts mobile app.

- Compare medication prices at multiple pharmacies
- Find nearby pharmacies and get directions
- Order refills, check order status and track shipments
- Talk with a pharmacist from the privacy of their home

ESI's customer service center is also open 24 hours a day, seven days a week to answer questions about prescription drug coverage. To reach ESI, employees can call the number on the back of their participant ID card.

Read more about your pharmacy benefits at [networkhealth.com](https://www.networkhealth.com).

SAVEONSP PROGRAM

Network Health is partnering with ESI to bring you the SaveOnSP program to help save money on eligible specialty prescriptions by offering eligible specialty medications at no cost (\$0).

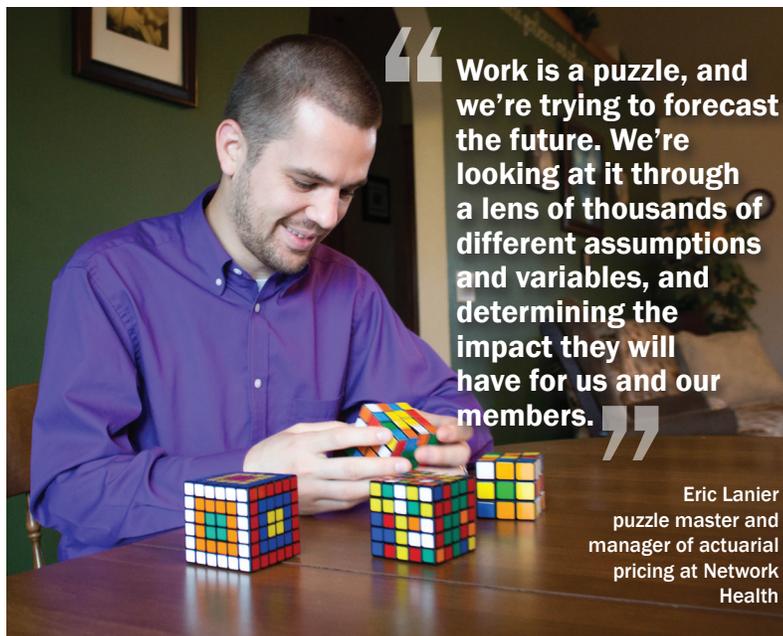
- Medications included in the SaveOnSP program are classified as Non-Essential Health Benefits under the Affordable Care Act
- View the SaveOnSP Drug List at [networkhealth.com/saveon-drug-list](https://www.networkhealth.com/saveon-drug-list)
- Prescriptions will be filled through participants' approved specialty pharmacy
- If employees do not participate in the SaveOnSP program, they will be responsible for the cost share listed on the SaveOnSP Drug List
- These medications will not count toward deductibles or out-of-pocket maximums

OUT-OF-POCKET PROTECTION

Out-of-pocket protection maximizes assistance programs from manufacturers. It tracks copayment assistance as secondary insurance at the specialty pharmacy and adjusts accumulators accordingly. This helps prevent participants from artificially reaching out-of-pocket maximums and helps reduce copayment assistance from impacting benefit design.

How it works

1. Prescription is processed at the specialty pharmacy
2. Participant copayment or coinsurance is added to the deductible (if applicable) and out-of-pocket
3. Specialty pharmacy applies the copayment assistance
4. Any participant copayment assistance is tracked by the specialty pharmacy
5. ESI removes any participant copayment assistance from the deductible (if applicable) and out-of-pocket amounts



“ Work is a puzzle, and we’re trying to forecast the future. We’re looking at it through a lens of thousands of different assumptions and variables, and determining the impact they will have for us and our members. ”

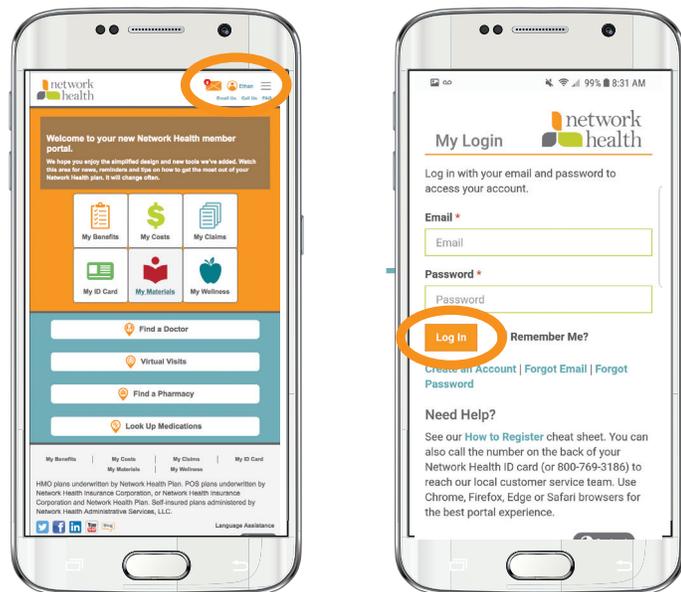
Eric Lanier
puzzle master and
manager of actuarial
pricing at Network
Health

USING MY ACCOUNT FOR EMPLOYEES

For plan information specific to your company's plan, employees can log in to the member portal account at login.networkhealth.com. See our [How to Register](#) information sheet for first time login instructions.

This mobile responsive portal is viewable from any device at any time and allows employees to access information about their plan, benefits, claims and more. Once signed in, he or she has access to the following.

- Benefits and coverage overview
- Claims detail and status
- Out-of-pocket expenses tracker
- Compare prescription drug costs and find information about specific drugs
- Secure messaging with our local member experience team



TOOLS FOR BETTER HEALTH

After signing in to the member portal, employees can click on the MDLIVE® link to access virtual visits.

Health Assessment (WebMD® Health Assessment)

This tool asks general questions about health habits and lifestyle to build a personal health summary and a plan for how employees can reduce health risks, adopt healthier habits and live better.

Health Information Library

An employee can research health topics, explanations of health problems, information about medical tests and procedures, as well as thousands of other common health and wellness topics.

Health Management Centers

Employees can use these to learn more about making changes so they're less likely to develop a serious health problem.

Alerts and Reminders

Allows employees to schedule email reminders about appointments, activities and upcoming screenings.

Virtual Visits – MDLIVE

MDLIVE gives you 24/7/365 access to board-certified doctors and pediatricians from your phone, secure video or MDLIVE App. It's virtual care, anywhere. Plus, with an average physician call-back time of less than 10 minutes, MDLIVE eliminates the need to take time out of your busy schedule to visit a doctor's office during regular business hours.

REWARDS FOR HEALTHY CHOICES*

There is more than one way to wellness. Network Health's WellnessWays program gives your employees just that, a variety of tools, resources and services needed to improve their overall health.

WELLNESSWAYS

WellnessWays is the wellness program offered by Network Health in partnership with WebMD®. It rewards participants for completing activities that support a healthy lifestyle. Participants can complete a range of activities throughout their plan year to earn up to \$250 in gift cards. Some of the wellness activities that can be completed for rewards include the following.

- Volunteering
- CPR/First Aid Certification
- Donating blood
- Sports league participation
- Buying an annual State Park pass
- Getting preventive screenings and vaccinations
- And more

Other resources and tools available include the following.

- Wellbeats OnDemand fitness app
- Ability to sync tracking devices to track your fitness goals
- Access to wellness program materials in one online portal
- Wellness challenges
- On-site lunch and learns
- Coordination of on-site health screenings and other wellness activities

Participants can access their wellness portal anywhere or anytime with the Wellness At Your Side app. This app can be downloaded for free on various smart phone devices and tablets.

If you have questions about the WellnessWays program and rewards, please email wellnessways@networkhealth.com.

WELLBEATS FITNESS BENEFIT

Included with the WellnessWays program is the **Wellbeats fitness benefit**. It delivers online, on-demand fitness classes, nutrition demos, recipes, goal-based challenges and fitness assessments anywhere or anytime, at no cost to participants. No matter where participants are at in their fitness journey, Wellbeats can help them feel happier, healthier and stronger.

- 600+ online classes, including yoga
- HIIT, strength training, mindfulness, running and more
- Easy-to-use navigation and interface
- Recommended classes base on personal preferences
- Goal-based challenges
- Easily track progress and personal statistics

*If your company is using our wellness program.



IMPORTANT CONTACTS

EMPLOYER CONTACTS

SALES AND SERVICE

Phone: 920-720-1250 or 800-276-8004

Fax: 920-720-1256

- Group supplies
 - Enrollment forms
 - Change forms
 - Enrollment packets
- Administrative materials
 - Health Services Policy
 - Certificate of coverage
 - Renewals

ENROLLMENT SERVICES

Phone: 920-720-1350 or 877-549-8793

Fax: 920-720-1904

Email: nhcommercialenrollment@networkhealth.com

- Eligibility issues
- Premium billing
- Payments
- Member materials

EMPLOYEE CONTACTS

MEMBER EXPERIENCE

Phone: 920-720-1370 or 844-300-5537

Fax: 920-720-1909

- Benefits
- Coordination of benefits
- Primary care physician changes
- Claims questions
- ID cards
- Member packets
- Dependent status
- Out-of-area coverage
- Coverage end dates
- Address changes

CARE MANAGEMENT

Phone: 866-709-0019

Fax: 920-720-1903

- Help with coordination of complex health care needs

CONDITION MANAGEMENT

Phone: 866-709-0019

Fax: 920-720-1916

- Help with chronic conditions
- Request resources about a condition

WELLNESS/HEALTH PROMOTION

Phone: 866-709-0019

Fax: 920-720-1916

- Rewards for healthy choices
- Access to wellness tools and resources

At Network Health, we take extra steps to make health insurance affordable and understandable, so you can make the most of your coverage. We do what's right, even when it isn't easy. We do what's right because it's who we are.



