

2024 SAMPLE ID CARDS

Individual
Prestige
product
plan name

network health
networkhealth.com

Plan Name
Plan Type: HMO

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

Pharmacy Information: Rx BIN: 003858 RxPCN: A4 RxGrp: W9YA


Individual and Family Prestige (on and off exchange plans)

MEMBER EXPERIENCE: 855-275-1400 (TTY 800-947-3529)
Pharmacy Team: 800-340-1305
MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-275-1400
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557
DentaQuest Routine Dental: 833-955-3424
EyeMed Vision: 833-279-4360

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information or 866-709-0019
eviCore healthcare - evicore.com/resources/healthplan/network-health-wisconsin
Care Continuum: 877-787-8705

HMO plans underwritten by Network Health Plan.



Individual
Prestige
product
plan name

network health
networkhealth.com

Plan Name
Plan Type: HMO

Member #:	Member Name:	What Member Pays:	Network In:
MemberID01	MemberName01		
MemberID02	MemberName02	Deductible:	
MemberID03	MemberName03	Individual	CopayXX
MemberID04	MemberName04	Family	CopayXX
MemberID05	MemberName05	Out-of-Pocket Maximum:	
MemberID06	MemberName06	Individual	CopayXX
MemberID07	MemberName07	Family	CopayXX
MemberID08	MemberName08	Preventive	CopayXX

Pharmacy Information: Rx BIN: 003858 RxPCN: A4 RxGrp: W9YA

MEMBER EXPERIENCE: 855-275-1400 (TTY 800-947-3529)
Pharmacy Team: 800-340-1305
MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-275-1400
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557
DentaQuest Routine Dental: 833-955-3424
EyeMed Vision: 833-279-4360

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information or 866-709-0019
eviCore healthcare - evicore.com/resources/healthplan/network-health-wisconsin
Care Continuum: 877-787-8705

HMO plans underwritten by Network Health Plan.



Line of
business
name

network health
networkhealth.com

Line of Business: IFP_HMO

Member #:	Member Name:	What Member Pays:	Network In:
MemberID01	MemberName01		
MemberID02	MemberName02	Deductible:	
MemberID03	MemberName03	Individual	CopayXX
MemberID04	MemberName04	Family	CopayXX
MemberID05	MemberName05	Out-of-Pocket Maximum:	
MemberID06	MemberName06	Individual	CopayXX
MemberID07	MemberName07	Family	CopayXX
MemberID08	MemberName08	Preventive	CopayXX

Pharmacy Information: Rx BIN: 003858 RxPCN: A4 RxGrp: W9XA


Individual and Family Grandmothered plans purchased prior to 2014

MEMBER EXPERIENCE: 855-275-1400 (TTY 800-947-3529)
Pharmacy Team: 800-309-7583

FOR PROVIDERS ONLY: 855-275-1400
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information or 866-709-0019
eviCore healthcare - evicore.com/resources/healthplan/network-health-wisconsin
Care Continuum: 877-787-8705

HMO and POS plans underwritten by Network Health Plan.



network health
networkhealth.com

Line of Business: IFP_POS

Member #:	Member Name:	What Member Pays:	Network In:	Out:
MemberID01	MemberName01			
MemberID02	MemberName02	Deductible:		
MemberID03	MemberName03	Individual	CopayXX	CopayXX
MemberID04	MemberName04	Family	CopayXX	CopayXX
MemberID05	MemberName05	Out-of-Pocket Maximum:		
MemberID06	MemberName06	Individual	CopayXX	CopayXX
MemberID07	MemberName07	Family	CopayXX	CopayXX
MemberID08	MemberName08	Preventive	CopayXX	

Pharmacy Information: Rx BIN: 003858 RxPCN: A4 RxGrp: W9XA

2024 SAMPLE ID CARDS

Line of business name

network health
networkhealth.com

Line of Business: HMO or HMO_SEWI
Group Name: GroupName
Group Number: GroupNumber

Member #:	Member Name:	What Member Pays:	Network In:
MemberID01	MemberName01		
MemberID02	MemberName02	Deductible:	
MemberID03	MemberName03	Individual	CopayXX
MemberID04	MemberName04	Family	CopayXX
MemberID05	MemberName05	Out-of-Pocket Maximum:	
MemberID06	MemberName06	Individual	CopayXX
MemberID07	MemberName07	Family	CopayXX
MemberID08	MemberName08	Preventive	CopayXX

Pharmacy Information: Rx BIN: 003858 RxPCN: A4 RxGrp: W9XA

Commercial (Group)

Lines of business include the following.

- HMO
- POS

MEMBER EXPERIENCE: 855-275-1400 (TTY 800-947-3529)
Pharmacy Team: 800-309-7583

FOR PROVIDERS ONLY: 855-275-1400
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information or 866-709-0019
eviCore healthcare - evicore.com/resources/healthplan/network-health-wisconsin
Care Continuum: 877-787-8705
HMO and POS plans underwritten by Network Health Plan.

EXPRESS SCRIPTS*
First Health Network

network health
networkhealth.com

Line of Business: POS or POS_SEWI
Group Name: GroupName
Group Number: GroupNumber

Member #:	Member Name:	What Member Pays:	Network In:	Out:
MemberID01	MemberName01			
MemberID02	MemberName02	Deductible:		
MemberID03	MemberName03	Individual	CopayXX	CopayXX
MemberID04	MemberName04	Family	CopayXX	CopayXX
MemberID05	MemberName05	Out-of-Pocket Maximum:		
MemberID06	MemberName06	Individual	CopayXX	CopayXX
MemberID07	MemberName07	Family	CopayXX	CopayXX
MemberID08	MemberName08	Preventive	CopayXX	

Pharmacy Information: Rx BIN: 003858 RxPCN: A4 RxGrp: W9XA

Line of business name

network health
networkhealth.com

<Company Name>
POLICY: Family Savings Plan™
GROUP NUMBER: <Group number>
EFFECTIVE DATE: <Effective Date>

Member Name:
<Susan Sunshine>

Member ID#:
<000000000>

Dependents:
<George Sunshine>
<Sissy Sunshine>
<Kip Sunshine>

Note: Enrollee's other employer-sponsored health plan coverage must be submitted first.

FAMILY SAVINGS PLAN PAYS FOR COPAYMENTS, COINSURANCE AND DEDUCTIBLES ONLY

Pharmacy Information:
Rx BIN: <003858>
RxPCN: <SSN>
RxGrp: <Group>

FOR PRESCRIPTION COVERAGE, SHOW YOUR FAMILY SAVINGS PLAN ID CARD AT THE PHARMACY

Family Savings Plan™

Always submit your documentation for reimbursement with a Claim Reimbursement Form, which is available at <https://networkhealth.com/fsp-claim-reimbursement-form.pdf>. Questions? Call 1-877-872-4232.

Network Health
ATTN: Family Savings Plan
P.O. Box 1725
Brookfield, WI 53008-1725
Fax: 262-825-9690
Secure Email: familyavingsplan@networkhealth.com
Only email documents if you have access to secure email.

The Family Savings Plan is a self-insured program offered by your employer. Medical claims must be filed with your other employer-sponsored health plan prior to submission to Network Health to ensure proper payment of services. Providers are paid directly for outstanding balances related to eligible copayments, coinsurance and deductibles.

Line of business name

network health
networkhealth.com

Line of Business: ETF
Group Name: GroupName
Group Number: GroupNumber
Effective Date: Effective Date

Member #:	Member Name:	What Member Pays:	Network In:
MemberID01	MemberName01	Deductible:	
MemberID02	MemberName02	Individual	CopayXX
MemberID03	MemberName03	Family	CopayXX
MemberID04	MemberName04	Medical Out-of-Pocket:	
MemberID05	MemberName05	Individual	CopayXX
MemberID06	MemberName06	Family	CopayXX
MemberID07	MemberName07	Out-of-Pocket Maximum:	
MemberID08	MemberName08	Individual	\$9450
		Family	\$18900
		Preventive	CopayXX
		Emergency Room Services	CopayXX
		Urgent Care	CopayXX
		PCP Office Visit	CopayXX
		Specialist Office Visit	CopayXX

HMO Plan - use of in-network providers is required unless prior authorized

State of Wisconsin Employees

MEMBER EXPERIENCE: 844-625-2208 (TTY 800-947-3529)
MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 844-625-2208
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information or 866-709-0019
eviCore healthcare - evicore.com/resources/healthplan/network-health-wisconsin
Care Continuum: 877-787-8705
HMO plans underwritten by Network Health Plan.

First Health Network

2024 SAMPLE ID CARDS

Line of business name

network health
networkhealth.com

Line of Business: SF_LLC
Group Name: GroupName
Group Number: GroupNumber
Effective Date: Effective Date

Participant #:	Participant Name:	What Participant Pays:	Network In:	Network Out:
MemberID01	MemberName01	Individual	CopayXX	CopayXX
MemberID02	MemberName02	Family	CopayXX	CopayXX
MemberID03	MemberName03	Family	CopayXX	CopayXX
MemberID04	MemberName04	Family	CopayXX	CopayXX
MemberID05	MemberName05	Family	CopayXX	CopayXX
MemberID06	MemberName06	Family	CopayXX	CopayXX
MemberID07	MemberName07	Family	CopayXX	CopayXX

Medical Deductible:
Individual CopayXX CopayXX
Family CopayXX CopayXX

Medical Out-of-Pocket Maximum:
Individual CopayXX CopayXX
Family CopayXX CopayXX

Pharmacy Out-of-Pocket Maximum:
Individual CopayXX CopayXX
Family CopayXX CopayXX

HORIZON
Home Care & Hospice

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

Horizon Home Care and Hospice

- SF_LLC

MEMBER EXPERIENCE: 877-780-6717 (TTY 800-947-3529)
Pharmacy Team: 800-309-7583
MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 877-780-6717
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information or 866-709-0019
eviCore healthcare - evicore.com/resources/healthplan/network-health-wisconsin
Care Continuum: 877-787-8705
Self-insured plans administered by Network Health Administrative Services, LLC.

Line of business name

network health
networkhealth.com

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

Participant #:	Participant Name:	What Participant Pays:	Network In:	Network Out:
MemberID01	MemberName01	Individual	CopayXX	CopayXX
MemberID02	MemberName02	Family	CopayXX	CopayXX
MemberID03	MemberName03	Family	CopayXX	CopayXX
MemberID04	MemberName04	Family	CopayXX	CopayXX
MemberID05	MemberName05	Family	CopayXX	CopayXX
MemberID06	MemberName06	Family	CopayXX	CopayXX
MemberID07	MemberName07	Family	CopayXX	CopayXX
MemberID08	MemberName08	Family	CopayXX	CopayXX

Deductible:
Individual CopayXX CopayXX
Family CopayXX CopayXX

Out-of-Pocket Maximum:
Individual CopayXX CopayXX
Family CopayXX CopayXX

Preventive CopayXX CopayXX
Emergency Room Services CopayXX CopayXX
Urgent Care CopayXX CopayXX
PCP Office Visit CopayXX CopayXX
Specialist Office Visit CopayXX CopayXX

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

Assure

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

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

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information or 866-709-0019
eviCore healthcare - evicore.com/resources/healthplan/network-health-wisconsin
Care Continuum: 877-787-8705
Self-insured plans administered by Network Health Administrative Services, LLC.

Line of business name

network health
networkhealth.com

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

Participant #:	Participant Name:	What Participant Pays:	Network In:	Network Out:
MemberID01	MemberName01	Individual	CopayXX	CopayXX
MemberID02	MemberName02	Family	CopayXX	CopayXX
MemberID03	MemberName03	Family	CopayXX	CopayXX
MemberID04	MemberName04	Family	CopayXX	CopayXX
MemberID05	MemberName05	Family	CopayXX	CopayXX
MemberID06	MemberName06	Family	CopayXX	CopayXX
MemberID07	MemberName07	Family	CopayXX	CopayXX
MemberID08	MemberName08	Family	CopayXX	CopayXX

Deductible:
Individual CopayXX CopayXX
Family CopayXX CopayXX

Out-of-Pocket Maximum:
Individual CopayXX CopayXX
Family CopayXX CopayXX

Preventive CopayXX CopayXX
Emergency Room Services CopayXX CopayXX
Urgent Care CopayXX CopayXX
PCP Office Visit CopayXX CopayXX
Specialist Office Visit CopayXX CopayXX

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

Network Health Home Office - HRA

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

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

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information or 866-709-0019
eviCore healthcare - evicore.com/resources/healthplan/network-health-wisconsin
Care Continuum: 877-787-8705
Self-insured plans administered by Network Health Administrative Services, LLC.

Line of business name

network health
networkhealth.com

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

Participant #:	Participant Name:	What Participant Pays:	Network In:	Network Out:
MemberID01	MemberName01	Individual	CopayXX	CopayXX
MemberID02	MemberName02	Family	CopayXX	CopayXX
MemberID03	MemberName03	Family	CopayXX	CopayXX
MemberID04	MemberName04	Family	CopayXX	CopayXX
MemberID05	MemberName05	Family	CopayXX	CopayXX
MemberID06	MemberName06	Family	CopayXX	CopayXX
MemberID07	MemberName07	Family	CopayXX	CopayXX
MemberID08	MemberName08	Family	CopayXX	CopayXX

Deductible:
Individual CopayXX CopayXX
Family CopayXX CopayXX

Out-of-Pocket Maximum:
Individual CopayXX CopayXX
Family CopayXX CopayXX

Preventive CopayXX CopayXX

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

Network Health Home Office - HSA

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

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

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information or 866-709-0019
eviCore healthcare - evicore.com/resources/healthplan/network-health-wisconsin
Care Continuum: 877-787-8705
Self-insured plans administered by Network Health Administrative Services, LLC.

2024 SAMPLE ID CARDS

Group Medicare

Plans include the following:

- Network Health Cornerstone (PPO)
- Network Health Cornerstone Ultimate (PPO)
- Network Health Cornerstone Ultimate Plus (PPO)
- Network Health Core (PPO)

Plan
name

network health
networkhealth.com

YYYY Marketing Plan Name
PPO
Group Name

Member *Network*
<JOHN Q PUBLIC>

	Copays	In	Out
Member ID	PCP	\$ <0>	\$ <0>
< 123456789 > ^{PC} ₀₀	Specialist	\$ <0>	\$ <0>

Health Plan (80840)
Group 2001899

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_808

MedicareRx
Prescription Drug Coverage

MEMBER EXPERIENCE: 855-232-2814 (TTY 800-947-3529)
Pharmacy Team: 800-316-3107 (TTY 800-899-2114)
MDLIVE®: 877-958-5455 (TTY 800-770-5531)

FOR PROVIDERS ONLY: 855-580-9935
Network Health MA Plans, P.O. Box 568, Menasha, WI 54952
Payer ID: 77076
Pharmacist Help Desk: 800-922-1557
Prior Authorization: networkhealth.com/provider-resources/
authorization-information or 866-709-0019
Delta Dental®: 866-548-0292 (TTY 711)
EyeMed Vision®: 833-279-4359
Medicare limiting charges apply.

2024 SAMPLE ID CARDS

Plan name

Northeast
All northeast Wisconsin plans, except for Zero, have the same cost share for in- and out-of-network

network health 2024 Network Health PlusRx PPO
networkhealth.com

Member <JOHN Q PUBLIC>
Member ID <123456789>
Health Plan (80840)
Group 2001899

Copays	Network	
	In	Out
PCP	\$ <0>	\$ <0>
Specialist	\$ <0>	\$ <0>

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_002

MedicareRx
Prescription Drug Coverage

Medicare with Pharmacy Benefits

Plans include the following:

Northeast

- Network Health Select (PPO)
- Network Health Choice (PPO)
- Network Health PremierRx (PPO)
- Network Health PlusRx (PPO)
- Network Health Zero (PPO)

Southeast

- Network Health Go (PPO)
- Network Health Anywhere (PPO)

Plan name

Northeast
Zero plan has a higher cost share for out-of-network

network health 2024 Network Health Zero PPO
networkhealth.com

Member <JOHN Q PUBLIC>
Member ID <123456789>
Health Plan (80840)
Group 2001899

Copays	Network	
	In	Out
PCP	\$ <0>	\$ <0>
Specialist	\$ <0>	\$ <0>

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_012

MedicareRx
Prescription Drug Coverage

Plan name

Southeast
Go plan has a higher cost share for out-of-network

network health 2024 Network Health Go PPO
networkhealth.com

Member <JOHN Q PUBLIC>
Member ID <123456789>
Health Plan (80840)
Group 2001899

Copays	Network	
	In	Out
PCP	\$ <0>	\$ <0>
Specialist	\$ <0>	\$ <0>

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_009

MedicareRx
Prescription Drug Coverage

Plan name

Southeast
Anywhere plan has the same cost share in- and out-of-network

network health 2024 Network Health Anywhere PPO
networkhealth.com

Member <JOHN Q PUBLIC>
Member ID <123456789>
Health Plan (80840)
Group 2001899

Copays	Network	
	In	Out
PCP	\$ <0>	\$ <0>
Specialist	\$ <0>	\$ <0>

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_010

MedicareRx
Prescription Drug Coverage

2024 SAMPLE ID CARDS

Plan name

Northeast
All northeast Wisconsin plans have the same cost share for in- and out-of-network

network health 2024 Network Health Armor PPO
networkhealth.com

Member <JOHN Q PUBLIC>
Member ID <123456789>^{PC}00

Copays	Network	
	In	Out
PCP	\$ <0>	\$ <0>
Specialist	\$ <0>	\$ <0>

Health Plan (80840)
Group 2001899

Part B Pharmacy Claims
Rx BIN: 003858 RxPCN: A4
RxGrp: NHPA
H5215_013

Medicare without Pharmacy Benefits

Plans include the following:

Northeast

- Network Health Armor (PPO)
- Network Health Premier (PPO)
- Network Health Plus (PPO)

Southeast

- Network Health Bravo (PPO)

Plan name

Southeast
Bravo has a higher cost share for out-of-network

network health 2024 Network Health Bravo PPO
networkhealth.com

Member <JOHN Q PUBLIC>
Member ID <123456789>^{PC}00

Copays	Network	
	In	Out
PCP	\$ <0>	\$ <0>
Specialist	\$ <0>	\$ <0>

Health Plan (80840)
Group 2001899

Part B Pharmacy Claims
Rx BIN: 003858 RxPCN: A4
RxGrp: NHPA
H5215_014

MEMBER EXPERIENCE: 800-378-5234 (TTY 800-947-3529)
Pharmacy Team: 800-316-3107 (TTY 800-899-2114)
MDLIVE®: 877-958-5455 (TTY 800-770-5531)
Pick Your Perks: 888-831-4753 (TTY 711)
FOR PROVIDERS ONLY: 855-580-9935
Network Health MA Plans, P.O. Box 568, Menasha, WI 54952
Payer ID: 77076
Pharmacist Help Desk: 800-922-1557
Prior Authorization: networkhealth.com/provider-resources/
authorization-information or 866-709-0019
EyeMed Vision: 833-279-4359

Medicare limiting charges apply

Backer for the following plans.

Network Health Select (PPO),
Network Health Go (PPO) and Network Health Zero.

MEMBER EXPERIENCE: 800-378-5234 (TTY 800-947-3529)
Pharmacy Team: 800-316-3107 (TTY 800-899-2114)
MDLIVE®: 877-958-5455 (TTY 800-770-5531)
FOR PROVIDERS ONLY: 855-580-9935
Network Health MA Plans, P.O. Box 568, Menasha, WI 54952
Payer ID: 77076
Pharmacist Help Desk: 800-922-1557
Prior Authorization: networkhealth.com/provider-resources/
authorization-information or 866-709-0019
Delta Dental: 866-548-0292 (TTY 711)
EyeMed Vision: 833-279-4359


Medicare limiting charges apply.

Backer for the following plans.

Network Health PlusRx (PPO), Network Health Plus (PPO), Network Health PremierRx (PPO), Network Health Premier (PPO), Network Health Choice (PPO), Network Health Anywhere (PPO), Network Health Armor and Network Health Bravo.

2024 SAMPLE ID CARDS


Plan name


2024 Network Health Cares
PPO D-SNP
 networkhealth.com

Member **<JOHN Q PUBLIC>**
 Member ID **<123456789>**^{PC}₀₀
 Health Plan (80840)
 Group 2001899

	Copays	<i>Network</i>
	<i>In</i>	<i>Out</i>
	PCP 0%-20%	0%-20%
	Specialist 0%-20%	0%-20%

Rx BIN: **003858** RxPCN: **MD**
 RxGrp: **NHPA**
 H5215_007


Prescription Drug Coverage

Medicare D-SNP

Plans include the following:

Northeast


- Network Health Cares (PPO D-SNP)

MEMBER EXPERIENCE: 855-653-4363 (TTY 800-947-3529)
 Pharmacy Team: 800-316-3107 (TTY 800-899-2114)
 MDLIVE®: 877-958-5455 (TTY 800-770-5531)

FOR PROVIDERS ONLY: 855-580-9935
 Network Health MA Plans, P.O. Box 568, Menasha, WI 54952
 Payer ID: 77076
 Pharmacist Help Desk: 800-922-1557
 Prior Authorization: networkhealth.com/provider-resources/authorization-information or 866-709-0019
 Delta Dental: 866-548-0292 (TTY 711)
 EyeMed Vision: 833-279-4361
Medicare limiting charges apply.

For Medicaid/T-19 members with Network Health, contact Managed Health Services at **888-713-6180** or visit mhswi.com

Plan name


2024 Network Health Prime
MSA
 networkhealth.com

Member **<JOHN Q PUBLIC>**
 Member ID **<123456789>**^{PC}₀₀
 Health Plan (80840)
 Group 2001899

Part B Pharmacy Claims
 Rx BIN: **003858** RxPCN: **A4**
 RxGrp: **NHPA**
 H1181_001

Medicare MSA

Plans include the following:

- Network Health Prime (MSA)

MEMBER EXPERIENCE: 800-378-5234 (TTY 800-947-3529)
 Pharmacy Team: 800-316-3107 (TTY 800-899-2114)

FOR PROVIDERS ONLY: 855-580-9935
 Network Health MA Plans, P.O. Box 568, Menasha, WI 54952
 Payer ID: 77076
 Pharmacist Help Desk: 800-922-1557



1570 Midway Pl.
 Menasha, WI 54952
 800-207-5769
networkhealth.com

