

2026 SAMPLE ID CARDS

Individual
Prestige
product
plan name

network health
networkhealth.com

Plan Name
Plan Type: HMO

Member #:	Member Name:	What Member Pays:	Network
MemberID01	MemberName01	Deductible: Individual Family	In: \$ \$
		Out-of-Pocket Maximum: Individual Family	\$ \$
		Preventive Emergency Room Services Urgent Care PCP Office Visit Specialist Office Visit	\$ \$ \$ \$ \$

Pharmacy Information: Rx BIN: 3858 RxPCN: A4 RxGrp: W9YA

Individual
Prestige
product
plan name

network health
networkhealth.com

Plan Name Plan Name_DV
Plan Type: HMO

Member #:	Member Name:	What Member Pays:	Network
MemberID01	MemberName01	Deductible: Individual Family	In: \$ \$
		Out-of-Pocket Maximum: Individual Family	\$ \$
		Preventive	\$

Pharmacy Information: Rx BIN: 3858 RxPCN: A4 RxGrp: W9YA

Line of
business
name

network health
networkhealth.com

Line of Business: IFP_HMO

Member #:	Member Name:	What Member Pays:	Network
MemberID01	MemberName01	Deductible: Individual Family	In: \$ \$
MemberID02	MemberName02	Out-of-Pocket Maximum: Individual Family	\$ \$
MemberID03	MemberName03	Preventive Emergency Room Services Urgent Care PCP Office Visit Specialist Office Visit	\$ \$ \$ \$ \$

Pharmacy Information: Rx BIN: 3858 RxPCN: A4 RxGrp: W9XA

network health
networkhealth.com

Line of Business: IFP_POS

Member #:	Member Name:	What Member Pays:	Network
MemberID01	MemberName01	Deductible: Individual Family	In: \$ \$ Out: \$ \$
		Out-of-Pocket Maximum: Individual Family	\$ \$
		Preventive Emergency Room Services Urgent Care PCP Office Visit Specialist Office Visit	\$ \$ \$ \$ \$ \$ \$ \$

Pharmacy Information: Rx BIN: 3858 RxPCN: A4 RxGrp: W9XA

Individual and Family Prestige (on and off exchange plans)

Some plans may have fewer copayments than shown.

MEMBER EXPERIENCE: 855-275-1400 (TTY 711)
Pharmacy Team: 800-340-1305 (TTY 800-759-1089)
MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-580-9935
Network Health PO Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557



First Health Network

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: evicore.com or 877-787-8705

HMO plans underwritten by Network Health Plan.

MEMBER EXPERIENCE: 855-275-1400 (TTY 711)
Pharmacy Team: 800-340-1305 (TTY 800-759-1089)
MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-580-9935
Network Health PO Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557
EBC Dental: 888-831-6108
EyeMed Vision: 833-279-4360



First Health Network

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: evicore.com or 877-787-8705

HMO plans underwritten by Network Health Plan.

Individual and Family Grandmothered plans purchased prior to 2014

MEMBER EXPERIENCE: 855-275-1400 (TTY 711)
Pharmacy Team: 800-309-7583 (TTY 800-759-1089)

FOR PROVIDERS ONLY: 855-580-9935
Network Health PO Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557



First Health Network

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: evicore.com or 877-787-8705

HMO and POS plans underwritten by Network Health Plan.



2026 SAMPLE ID CARDS

Line of
business
name

 **Line of Business: HMO**
Group Name: GroupName
Group Number: GroupNumber

Member #:	Member Name:	What Member Pays:	Network
MemberID01	MemberName01	Deductible: Individual Family	In: \$ \$
MemberID02	MemberName02	Out-of-Pocket Maximum: Individual Family Preventive	\$ \$ \$

Pharmacy Information: Rx BIN: 3858 RxPCN: A4 RxGrp: W9XA

 **Line of Business: POS**
Group Name: GroupName
Group Number: GroupNumber

Member #:	Member Name:	What Member Pays:	Network
MemberID01	MemberName01	Deductible: Individual Family	In: \$ \$
		Out-of-Pocket Maximum: Individual Family Preventive Emergency Room Services Urgent Care PCP Office Visit Specialist Office Visit	\$ \$ \$ \$ \$ \$ \$

Pharmacy Information: Rx BIN: 3858 RxPCN: A4 RxGrp: W9XA

Line of
business
name

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

Member #:	Member Name:	What Member Pays:	Network
MemberID01	MemberName01	Deductible: Individual Family	In: \$ \$
		Medical Out-of-Pocket: Individual Family	\$ \$
		Out-of-Pocket Maximum: Individual Family Preventive Emergency Room Services Urgent Care PCP Office Visit Specialist Office Visit	\$ \$ \$ \$ \$ \$ \$

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

Commercial (Group)

- HMO
- HMO_SEWI
- HMO_ACA
- POS
- POS_SEWI
- OPT

Some group plans may have fewer copayments than shown.

MEMBER EXPERIENCE: 800-826-0940 (TTY 711)
 Pharmacy Team: 800-309-7583 (TTY 800-759-1089)
 MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-580-9935
 Network Health PO 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: evicore.com or 877-787-8705

HMO and POS plans underwritten by Network Health Plan.

State of Wisconsin Employees

MEMBER EXPERIENCE: 844-625-2208 (TTY 711)
 MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-580-9935
 Network Health PO 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: evicore.com or 877-787-8705

HMO plans underwritten by Network Health Plan.

2026 SAMPLE ID CARDS

Line of
business
name

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

Participant #: Participant Name:
MemberID01 MemberName01

What Participant Pays:	Network
In:	Out:
Medical Deductible:	\$ \$
Individual	\$ \$
Family	\$ \$
Medical Out-of-Pocket Maximum:	\$ \$
Individual	\$ \$
Family	\$ \$
Pharmacy Out-of-Pocket Maximum:	\$ \$
Individual	\$ \$
Family	\$ \$
Preventive	\$

HORIZON
Home Care & Hospice

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

Line of
business
name

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

Participant #: Participant Name:
MemberID01 MemberName01

What Participant Pays:	Network
Deductible:	In:
Individual	\$
Family	\$
Out-of-Pocket Maximum:	\$
Individual	\$
Family	\$
Preventive	\$
Emergency Room Services	\$ \$
Urgent Care	\$ \$
PCP Office Visit	\$ \$
Specialist Office Visit	\$ \$

Pharmacy Information: Rx BIN: 3858 RxPCN: A4 RxGrp: WAEA

Line of
business
name

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

Participant #: Participant Name:
MemberID01 MemberName01

What Participant Pays:	Network	
Deductible:	In:	Out:
Individual	\$	\$
Family	\$	\$
Out-of-Pocket Maximum:	\$	\$
Individual	\$	\$
Family	\$	\$
Preventive	\$	
Emergency Room Services	\$ \$	
Urgent Care	\$ \$	
PCP Office Visit	\$ \$	
Specialist Office Visit	\$ \$	

Pharmacy Information: Rx BIN: 3858 RxPCN: A4 RxGrp: WAEA

Horizon Home Care and Hospice

- SF_LLC

MEMBER EXPERIENCE: 877-780-6717 (TTY 711)
Pharmacy Team: 800-309-7583 (TTY 800-759-1089)
MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-580-9935
Network Health PO Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557



First Health Network

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

Self-insured plans administered by Network Health Administrative Services, LLC
or Network Health TPA, LLC.

Assure

MEMBER EXPERIENCE: 844-300-5537 (TTY 711)
Pharmacy Team: 800-309-7583 (TTY 800-759-1089)
MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-580-9935
Network Health PO Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557



First Health Network

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

Self-insured plans administered by Network Health Administrative Services, LLC
or Network Health TPA, LLC.

MEMBER EXPERIENCE: 844-300-5537 (TTY 711)
Pharmacy Team: 800-309-7583 (TTY 800-759-1089)
MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-580-9935
Network Health PO Box 568, Menasha, WI 54952
Payer ID: 39144
Pharmacist Help Desk: 800-922-1557



First Health Network

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

Self-insured plans administered by Network Health Administrative Services, LLC
or Network Health TPA, LLC.

2026 SAMPLE ID CARDS

Line of business name

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

Participant #: Participant Name: MemberID01 MemberName01	What Participant Pays:	Network In:
Deductible: Individual \$ Family \$		
Out-of-Pocket Maximum: Individual \$ Family \$		
Preventive Emergency Room Services Urgent Care PCP Office Visit Specialist Office Visit \$		

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

Network Health Home Office - HRA

MEMBER EXPERIENCE: 920-720-1330 (TTY 711)
 Pharmacy Team: 800-309-7583 (TTY 800-759-1089)
 MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-580-9935
 Network Health PO Box 568, Menasha, WI 54952
 Payer ID: 39144
 Pharmacist Help Desk: 800-922-1557



First Health Network

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

Self-insured plans administered by Network Health Administrative Services, LLC or Network Health TPA, LLC.

Line of business name

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

Participant #: Participant Name: MemberID01 MemberName01	What Participant Pays:	Network In:
Deductible: Individual \$ Family \$		
Out-of-Pocket Maximum: Individual \$ Family \$		
Preventive \$		

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

Network Health Home Office - HSA

MEMBER EXPERIENCE: 920-720-1330 (TTY 711)
 Pharmacy Team: 800-309-7583 (TTY 800-759-1089)
 MDLIVE® Virtual Visits: 877-958-5455

FOR PROVIDERS ONLY: 855-580-9935
 Network Health PO Box 568, Menasha, WI 54952
 Payer ID: 39144
 Pharmacist Help Desk: 800-922-1557



First Health Network

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

Self-insured plans administered by Network Health Administrative Services, LLC or Network Health TPA, LLC.

Line of business name

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

Member Name: MemberName01	Member ID#: <123456789> FAMILY SAVINGS PLAN PAYS FOR COPAYMENTS, COINSURANCE AND DEDUCTIBLES ONLY
Dependents: MemberName02 MemberName03 MemberName04	Pharmacy Information: Rx BIN: <015433> RxPCN: <SSN> RxGrp: <Group>
Note: Enrollee's other employer-sponsored health plan coverage must be submitted first.	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: familysavingsplan@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.

2026 SAMPLE ID CARDS

Froedtert, ThedaCare and Holy Family



Third-Party Administration

In-Area

Froedtert and Holy Family



ThedaCare



Out-of-Area

Froedtert and Holy Family



ThedaCare

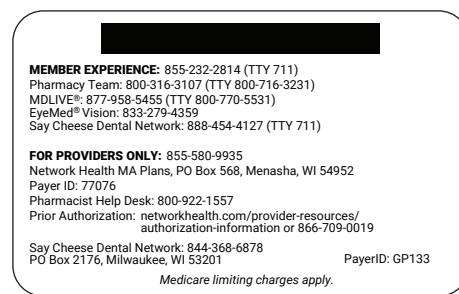
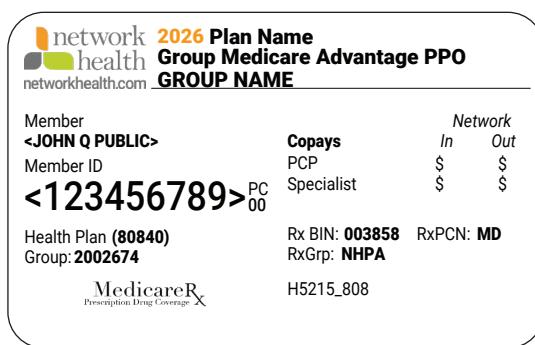


2026 SAMPLE ID CARDS

Group Medicare Advantage

- Cornerstone (PPO)
- Core (PPO)
- Core Plus (PPO)
- Foundation 1005 (PPO)
- Foundation Ultimate (PPO)
- Cornerstone 1001 (PPO)
- Cornerstone 1003 (PPO)
- Cornerstone 1004 (PPO)

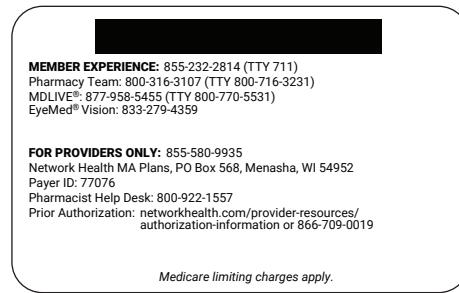
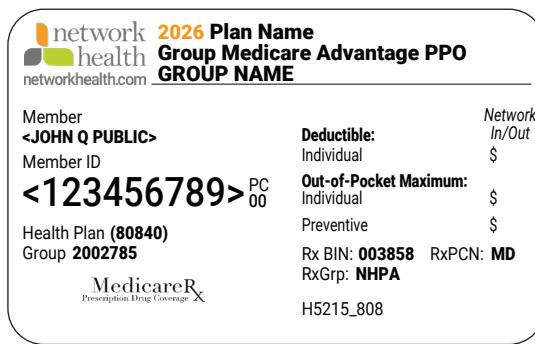
Plan name



Some group plans may have fewer benefits than shown.

- Cornerstone 1002 (PPO)

Plan name



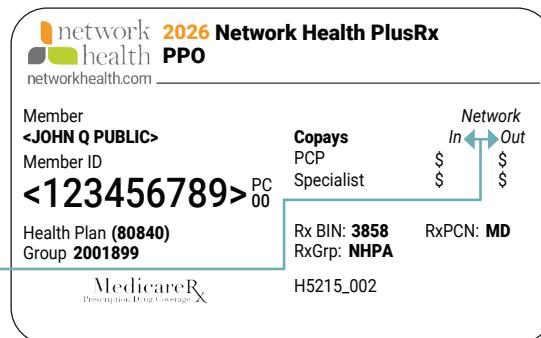
Some group plans may have fewer benefits than shown.

2026 SAMPLE ID CARDS

Plan name

Northeast

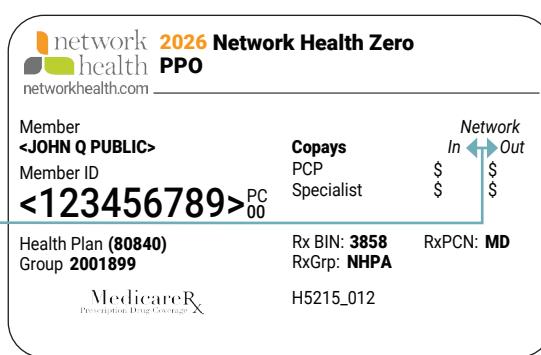
All northeast Wisconsin plans, except for Network Health Zero, have the same cost share for in- and out-of-network



Plan name

Northeast

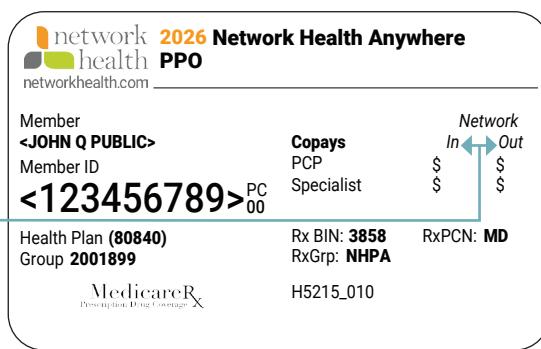
Network Health Zero has a higher cost share for out-of-network



Plan name

Southeast

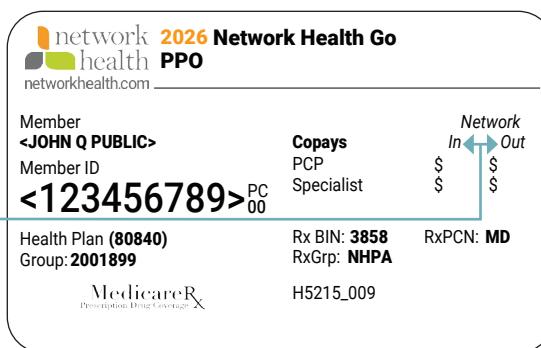
Network Health Anywhere has the same cost share in- and out-of-network



Plan name

Southeast

Network Health Go has a higher cost share for out-of-network



Medicare Advantage With Pharmacy Benefits

Northeast

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

Southeast

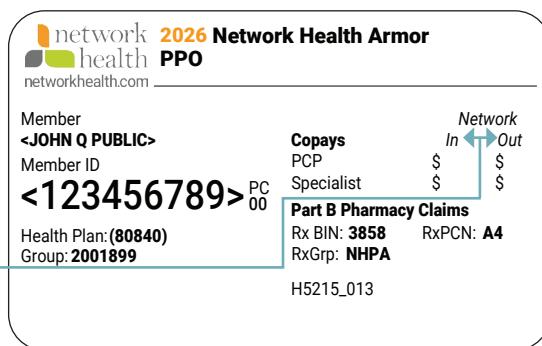
- Network Health Anywhere (PPO)
- Network Health Go (PPO)

2026 SAMPLE ID CARDS

Plan
name

Northeast

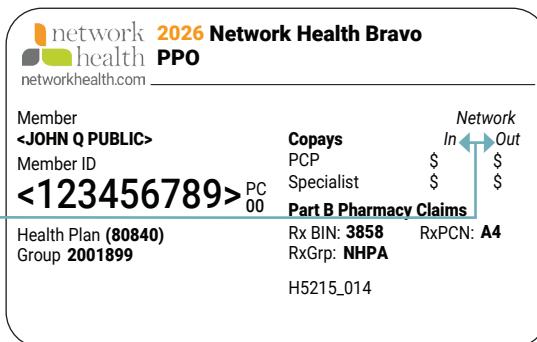
Network Health
Armor has the
same cost
share for in- and
out-of-network



Plan
name

Southeast

Network Health
Bravo has a
higher cost
share for
out-of-network



MEMBER EXPERIENCE: 800-378-5234 (TTY 711)
Pharmacy Team: 800-316-3107 (TTY 800-716-3231)
Pharmacy Direct: 877-958-5455 (TTY 800-770-5531)
EyeMed® Vision: 833-279-4359
EyeMed® Vision: 833-279-4359
Pick Your Perks: 888-831-4753 (TTY 711)

FOR PROVIDERS ONLY: 855-580-9935
Network Health MA Plans, PO 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

Medicare limiting charges apply.

MEMBER EXPERIENCE: 800-378-5234 (TTY 711)
Pharmacy Team: 800-316-3107 (TTY 800-716-3231)
MDLIVE®: 877-958-5455 (TTY 800-770-5531)
EyeMed® Vision: 833-279-4359
Say Cheese Dental Network: 888-454-4127 (TTY 711)

FOR PROVIDERS ONLY: 855-580-9935
Network Health MA Plans, PO Box 568, Menasha, WI 54952
Payer ID: 77076
Pharmacist Help Desk: 800-922-1557
Prior Authorization: networkhealth.com/provider-resources/
Authorizing information: 866-700-0112

Say Cheese Dental Network: 844-368-6878
PO Box 2176, Milwaukee, WI 53201 PayerID: GP133
Medicare limiting charges apply.

Medicare limiting charges apply.

Medicare Advantage Without Pharmacy Benefits

Northeast

- Network Health Armor (PPO)

Southeast

- Network Health Bravo (PPO)

Backer for the following plans

- Network Health Go (PPO)
- Network Health Select (PPO)
- Network Health Zero (PPO)

Backer for the following plans

- Network Health Anywhere (PPO)
- Network Health Armor (PPO)
- Network Health Bravo (PPO)
- Network Health Choice (PPO)
- Network Health PlusRx (PPO)
- Network Health PremierRx (PPO)

2026 SAMPLE ID CARDS

Plan
name

 networkhealth.com	<h2>2026 Network Health Cares</h2> <h3>PPO D-SNP</h3>						
<hr/>							
<p>Member <JOHN Q PUBLIC></p> <p>Member ID <123456789> <small>PC 00</small></p> <p>Health Plan (80840) Group 2001899</p>	<table border="0"> <tr> <td style="vertical-align: top;"> Copays </td> <td style="text-align: right;"> Network </td> </tr> <tr> <td style="vertical-align: top;"> PCP Specialist </td> <td style="text-align: right;"> In % Out % </td> </tr> <tr> <td></td> <td style="text-align: right;"> In % Out % </td> </tr> </table>	Copays	Network	PCP Specialist	In % Out %		In % Out %
Copays	Network						
PCP Specialist	In % Out %						
	In % Out %						
<hr/>							
 <small>Prescription Drug Coverage</small>	H5215_007						

Medicare Advantage Dual-Eligible Special Needs (D-SNP)

Northeast

- Network Health Cares (PPO D-SNP)

MEMBER EXPERIENCE: 855-653-4363 (TTY 711)
Pharmacy Team: 800-316-3107 (TTY 800-716-3231)
MDLIVE®: 877-958-5455 (TTY 800-770-5531)
EyeMed® Vision: 833-279-4361
Say Cheese Dental Network: 888-454-4127 (TTY 711)

FOR PROVIDERS ONLY: 855-580-9935
Network Health MA Plans, PO Box 568, Menasha, WI 54952
Payer ID: 77076
Pharmacist Help Desk: 800-922-1557
Prior Authorization: networkhealth.com/provider-resources/prior-authorization-information or 866-700-0110

Say Cheese Dental Network: 844-368-6878
PO Box 2176, Milwaukee, WI 53201

Medicare limiting charges apply.

Measures 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

 network health networkhealth.com	2026 Network Health Prime MSA
<hr/>	
Member <JOHN Q PUBLIC>	Part B Pharmacy Claims
Member ID 123456789	Rx BIN: 3858 RxPCN: A4 RxGrp: NHPA
PC 00	
H1181_1	
<hr/>	
Health Plan (80840) Group 2001899	

Medicare Advantage Medical Savings Account (MSA)

- Network Health Prime (MSA)

MEMBER EXPERIENCE: 800-378-5234 (TTY 711)
Pharmacy Team: 800-316-3107 (TTY 800-716-3231)

FOR PROVIDERS ONLY: 855-580-9935
Network Health MA Plans, PO 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

