


2026 SAMPLE ID CARDS

Individual
Prestige
product
plan name




Plan Name
Plan Type: HMO

Member #:	Member Name:	What Member Pays:	Network In:
MemberID01	MemberName01	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: 3858 RxPCN: A4 RxGrp: W9YA

Individual
Prestige
product
plan name




Plan Name Plan Name_DV
Plan Type: HMO

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

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


Line of
business
name



Line of Business: IFP_HMO

Member #:	Member Name:	What Member Pays:	Network In:
MemberID01	MemberName01	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: 3858 RxPCN: A4 RxGrp: W9XA



Line of Business: IFP_POS

Member #:	Member Name:	What Member Pays:	Network In:	Out:
MemberID01	MemberName01	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: 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



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



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




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 In:
MemberID01	MemberName01	Deductible:	
		Individual	\$
		Family	\$
		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 In:	Out:
MemberID01	MemberName01	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: 3858 RxPCN: A4 RxGrp: W9XA

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

 EXPRESS SCRIPTS™

 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.

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 In:
MemberID01	MemberName01	Deductible:	
		Individual	\$
		Family	\$
		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

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

 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.

2026 SAMPLE ID CARDS

Line of
business
name



networkhealth.com

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

Participant #: Participant Name:
MemberID01 MemberName01

What Participant Pays:

	In:	Network 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

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

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

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

Line of
business
name


networkhealth.com

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

Participant #: Participant Name:
MemberID01 MemberName01

What Participant Pays:

	In:	Network Out:
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: 3858 RxPCN: A4 RxGrp: WAEA

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

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

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

Line of
business
name


networkhealth.com

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

Participant #: Participant Name:
MemberID01 MemberName01

What Participant Pays:

	In:	Network Out:
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: 3858 RxPCN: A4 RxGrp: WAEA

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

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

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_ILLC
Group Name: GroupName
Group Number: GroupNumber

Participant #:	Participant Name:	What Participant Pays:	Network In:
MemberID01	MemberName01	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

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

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

Line of
business
name



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

Participant #:	Participant Name:	What Participant Pays:	Network In:
MemberID01	MemberName01	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

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

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

Third-Party Administration

Froedtert, ThedaCare and Holy Family

 networkhealth.com		Group Name: GroupName		2026	
Group Number: GroupNumber					
Member #:	Member Name:	What Member Pays:	Network		
MemberID01	MemberName01	Deductible:	In:	Out:	
		Individual	\$	\$	
		Family	\$	\$	
		Out-of-Pocket Maximum:			
		Individual	\$	\$	
		Family	\$	\$	
		Preventative Copay	\$		
		FTCH FastCare Clinics Copay	\$		
		FTCH Telehealth Copay	\$		
		Urgent Care Copay	\$		
		PCP/MH Office Visit Copay	\$		
		Specialist Office Visit Copay	\$		
		Pharmacy Information: Rx BIN: 003585 RxPCN: ASPROD1 RxGRP: RxGRP			

In-Area


Froedtert and Holy Family

MEMBER EXPERIENCE: 844-532-5240 (TTY 711)
Member Portal: FTCH.networkhealth.com
Provider Search: my.networkhealth.com/FTCH
Pharmacy Questions: 844-863-0362
On-Demand Video Visit: froedtert.com/odvv
EAP: FTCH.springhealth.com

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information

Submit Medical Claims: Payer ID: 22344
Network Health PO Box 568
Menasha, WI 54952

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

ThedaCare

MEMBER EXPERIENCE: 844-532-5240 (TTY 711)
Member Portal: FTCH.networkhealth.com
Provider Search: my.networkhealth.com/FTCH
Pharmacy Questions: 844-863-0362
On-Demand Video Visit: froedtert.com/odvv
EAP: thedacare.org/atwork

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information

Submit Medical Claims: Payer ID: 22344
Network Health PO Box 568
Menasha, WI 54952

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

Out-of-Area

Froedtert and Holy Family

MEMBER EXPERIENCE: 844-532-5240 (TTY 711)
Member Portal: FTCH.networkhealth.com
Provider Search: my.networkhealth.com/FTCH
Pharmacy Questions: 844-863-0362
On-Demand Video Visit: froedtert.com/odvv
EAP: FTCH.springhealth.com

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information

Submit Medical Claims: Payer ID: 22344
Network Health PO Box 568
Menasha, WI 54952

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



ThedaCare

MEMBER EXPERIENCE: 844-532-5240 (TTY 711)
Member Portal: FTCH.networkhealth.com
Provider Search: my.networkhealth.com/FTCH
Pharmacy Questions: 844-863-0362
On-Demand Video Visit: froedtert.com/odvv
EAP: thedacare.org/atwork

Medical/Drug Prior Authorization:
networkhealth.com/provider-resources/authorization-information

Submit Medical Claims: Payer ID: 22344
Network Health PO Box 568
Menasha, WI 54952

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


 

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



2026 Plan Name
Group Medicare Advantage PPO
GROUP NAME

Member <JOHN Q PUBLIC>	Copays	Network	
Member ID <123456789> <small>PC 00</small>	PCP \$	In	Out
	Specialist \$	\$	\$

Health Plan (80840)	Rx BIN: 003858	RxPCN: MD
Group: 2002674	RxGrp: NHPA	

MedicareRx
Prescription Drug Coverage

H5215_808

MEMBER EXPERIENCE: 855-232-2814 (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/authorization-information](https://www.networkhealth.com/provider-resources/authorization-information) or 866-709-0019


Say Cheese Dental Network: 844-368-6878
PO Box 2176, Milwaukee, WI 53201 PayerID: GP133

Medicare limiting charges apply.

Some group plans may have fewer benefits than shown.

- Cornerstone 1002 (PPO)

Plan name



2026 Plan Name
Group Medicare Advantage PPO
GROUP NAME

Member <JOHN Q PUBLIC>	Deductible:	Network
Member ID <123456789> <small>PC 00</small>	Individual \$	In/Out
	Out-of-Pocket Maximum:	
	Individual \$	
	Preventive \$	

Health Plan (80840)	Rx BIN: 003858	RxPCN: MD
Group: 2002785	RxGrp: NHPA	

MedicareRx
Prescription Drug Coverage

H5215_808

MEMBER EXPERIENCE: 855-232-2814 (TTY 711)
Pharmacy Team: 800-316-3107 (TTY 800-716-3231)
MDLIVE®: 877-958-5455 (TTY 800-770-5531)
EyeMed® Vision: 833-279-4359

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](https://www.networkhealth.com/provider-resources/authorization-information) or 866-709-0019

Medicare limiting charges apply.



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

 2026 Network Health PlusRx PPO networkhealth.com	
Member <JOHN Q PUBLIC> Member ID <123456789>	PC 00 Health Plan (80840) Group 2001899 
Copays PCP Specialist	Rx BIN: 3858 RxGrp: NHPA H5215_002
Network In Out \$ \$ \$ \$	RxPCN: MD

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)

Plan name

Northeast



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

 2026 Network Health Zero PPO networkhealth.com	
Member <JOHN Q PUBLIC> Member ID <123456789>	PC 00 Health Plan (80840) Group 2001899 
Copays PCP Specialist	Rx BIN: 3858 RxGrp: NHPA H5215_012
Network In Out \$ \$ \$ \$	RxPCN: MD

Plan name

Southeast



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

 2026 Network Health Anywhere PPO networkhealth.com	
Member <JOHN Q PUBLIC> Member ID <123456789>	PC 00 Health Plan (80840) Group 2001899 
Copays PCP Specialist	Rx BIN: 3858 RxGrp: NHPA H5215_010
Network In Out \$ \$ \$ \$	RxPCN: MD

Plan name

Southeast

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


 2026 Network Health Go PPO networkhealth.com	
Member <JOHN Q PUBLIC> Member ID <123456789>	PC 00 Health Plan (80840) Group: 2001899 
Copays PCP Specialist	Rx BIN: 3858 RxGrp: NHPA H5215_009
Network In Out \$ \$ \$ \$	RxPCN: MD

2026 SAMPLE ID CARDS

Plan
name

Northeast

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

 2026 Network Health Armor PPO networkhealth.com	
Member <JOHN Q PUBLIC> Member ID <123456789> PC 00	Copays PCP \$ Specialist \$ Part B Pharmacy Claims Rx BIN: 3858 RxPCN: A4 RxGrp: NHPA H5215_013
Health Plan: (80840) Group: 2001899	

Medicare Advantage Without Pharmacy Benefits

Northeast

- Network Health Armor (PPO)


Southeast

- Network Health Bravo (PPO)

Plan
name

Southeast

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

 2026 Network Health Bravo PPO networkhealth.com	
Member <JOHN Q PUBLIC> Member ID <123456789> PC 00	Copays PCP \$ Specialist \$ Part B Pharmacy Claims Rx BIN: 3858 RxPCN: A4 RxGrp: NHPA H5215_014
Health Plan: (80840) Group: 2001899	

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
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.

Backer for the following plans

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

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/
authorization-information or 866-709-0019

Say Cheese Dental Network: 844-368-6878
PO Box 2176, Milwaukee, WI 53201 PayerID: GP133

Medicare limiting charges apply.

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

network health 2026 Network Health Cares
networkhealth.com PPO D-SNP

Member
<JOHN Q PUBLIC>

Member ID
<123456789> PC 00

Health Plan (80840)
Group 2001899

MedicareRx
Prescription Drug Coverage

Copays	Network
PCP	In % Out %
Specialist	% %

Rx BIN: 3858 RxPCN: MD
RxGrp: NHPA
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/
authorization-information or 866-709-0019
Say Cheese Dental Network: 844-368-6878
PO Box 2176, Milwaukee, WI 53201 PayerID: GP133
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

network health 2026 Network Health Prime
networkhealth.com MSA

Member
<JOHN Q PUBLIC>

Member ID
<123456789> PC 00

Health Plan (80840)
Group 2001899

Part B Pharmacy Claims
Rx BIN: 3858 RxPCN: A4
RxGrp: NHPA
H1181_1

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



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