# **2021 SAMPLE ID CARDS**

Individual Prestige network IFP HPN AC product Renewal Month: Renewal Month **■** health Effective Date: EffectiveDate01 plan name networkhealth.com What Member Pays: BenefitTerm01 BenefitTerm02 BenefitTerm03 BenefitTerm04 BenefitTerm05 BenefitTerm06 BenefitTerm06 Member #: Member Name:
MemberID01 MemberID02 MemberID03 MemberName03 Copay01 Copay02 Copay03 Copay04 Copay05 Copay06 Copay07 Copay08 Copay09 Copay10 MemberID04 MemberName04 MemberID05 MemberName05 MemberID06 MemberName06 MemberID07 MemberName07 MemberID08 MemberName08 BenefitTerm09 BenefitTerm10

## **Individual and Family**

Prestige (on and off exchange plans)

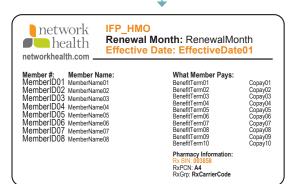
Member Experience: 855-275-1400 (TTY 800-947-3529) Pharmacy Team: 800-340-1305 MDLIVE® Virtual Visits: 877-958-5455

MDLIVE\* VITUAL VISIS: 877-998-9495
Port Voiders
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Provider Use Only: 855-275-1400
Pharmacist Use Only: 800-922-1557
Routine Dental: 844-296-1850
Routine Vision: 833-279-4360

Modical Prior Authorization: eviCore healthcare at 855-727-7444 for the following: CT, MR/IMRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab. For all other prior authorizations contact Network Health at 800-236-0208. Medical Drug Authorizations: ESI Care Continuum at 877-787-8705

HMO plans underwritten by Network Health Plan.

Line of business name



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

**Individual and Family** 

Grandmothered plans purchased prior to 2014

EXPRESS SCRIPTS

EXPRESS SCRIPTS

EXPRESS SCRIPTS

Member Experience: 855-275-1400 (TTY 800-947-3529) Pharmacy Team: 800-309-7583

For Providers
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Provider Use Only: 855-275-1400
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, interventional pain procedures and radiation oncology, medical oncology and

molecular genetic lab.

For all other prior authorizations contact Network Health at 800-236-0208.

Medical Drug Authorizations: ESI Care Continuum at 877-787-8705 HMO and POS plans underwritten by Network Health Plan.

Line of business name



# **Commercial (Group)**

Lines of business include the following.

 HMO POS

> Member Experience: 800-826-0940 (TTY 800-947-3529) Pharmacy Team: 800-309-7583 MDLIVE® Virtual Visits: 877-958-5455

Por Providers
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Provider Use Only: 800-826-0940
Pharmacist Use Only: 800-922-1557

Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the follow CT, MRI/MRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

For all other prior authorizations contact Network Health at 800-236-0208. Medical Drug Authorizations: FSI Care Continuum at 877-787-8705

HMO and POS plans underwritten by Network Health Plan.



# **2021 SAMPLE ID CARDS**

Line of business name



Member Name:

#### <Susan Sunshine> Dependents:

<George Sunshine> <Sissy Sunshine> <Kip Sunshine>

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

<Company Name>

GROUP NUMBER: < Group number>

EFFECTIVE DATE: <Effective Date>

Member ID#: FAMILY SAVINGS PLAN PAYS FOR COPAYMENTS, COINSURANCE AND <000000000> **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**<sup>™</sup>

Always submit your documentation for reimbursement with a Claim Reimbursement For 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.

Line of business name



Group Name: State of Wisconsin Group Number: 101291 Renewal Month: Jan

Member #: Member Name: MemberID01 MemberName01 What Member Pays: BenefitTerm01 BenefitTerm02 BenefitTerm03 BenefitTerm04 Conav01 MemberID02 MemberName02 MemberID03 MemberName03 MemberID04 MemberName04 Copay02 Copay03 Copay04 BenefitTerm04
BenefitTerm05
BenefitTerm06
BenefitTerm07
BenefitTerm08
BenefitTerm09
BenefitTerm10 Copay05 Copay06 MemberlD05 MemberName05
MemberlD06 MemberName06
MemberlD07 MemberName07
MemberlD08 MemberName08

# **State of Wisconsin Employees**

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

Network Health P.O. Box 568, Menasha, WI 54952

**Horizon Home Care and Hospice** 

First Health Network

EXPRESS SCRIPTS

First Health Network

EXPRESS SCRIPTS

Payer ID: 39144 Provider Use Only: 844-625-2208

Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the following: CT, MRI/MRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab. For all other prior authorizations contact Network Health at 800-236-0208. Medical Drug Authorizations: ESI Care Continuum at 877-787-8705

HMO plans underwritten by Network Health Plan.

Line of business name



Line of Business: SF LLC Group Name: <Name>
Group Number: <00000000>
Renewal Month: <Month>

Participant #: Participant Name: <0000000000> <Jane Doe> <000000000> <John Doe> <0000000000> <Joey Doe> <000000000> <Jean Doe> <000000000> <Jake Doe> <0000000000> <Jill Doe>

What Participant Pays: <Benefit Term> <Copay> <Benefit Term> <Copay>

<Benefit Term> <Copay> <Benefit Term> <Copay> <Benefit Term> <Copay> <Benefit Term> <Copay>

Pharmacy Information:

RxPCN: A4 RxGrp: <Rx Carrier Code> • SF\_LLC

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

MDLIVET VIII. VIII

Medical Prior Authorization: eViCore healthcare at 855-727-7444 for the following: CT, MRUMRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, interventional pain procedures and redation oncology, medical oncology and enclosular genetic lab. For all other prior authorizations contact Network Health at 844-847-9373. Medical Drug Authorizations: ESI Care Continual at 877-787-830.

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





network health

Group Name: GroupName Group Number: GroupNumber Renewal Month: RenewalMonth

networkhealth.com Participant #:
MemberID01
MemberID02
MemberID03
MemberID04
MemberID05
MemberID06
MemberID07
MemberID07
MemberID07 Participant Name: MemberName01 MemberName02

MemberName03 MemberName04 MemberName05 MemberName06 MemberID08 MemberName08 What Participant Pays: BenefitTerm01 BenefitTerm02 BenefitTerm03 BenefitTerm04 BenefitTerm05 BenefitTerm06 BenefitTerm07 BenefitTerm08 BenefitTerm09 BenefitTerm10

Pharmacy Information:

### Assure

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

MDLIVE\* VIEWS VI

Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the following: The Authorization, evicore realizate at 653-227-4444 for the following CT, MRI/MRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

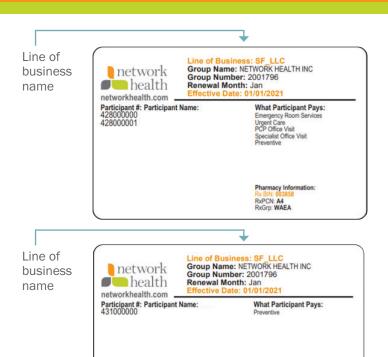
For all other prior authorizations contact Network Health at 844-547-9373.

Medical Drug Authorizations: ESI Care Continuum at 877-787-8705

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

Line of business name

# **2021 SAMPLE ID CARDS**





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



### **Network Health Home Office - HRA**



### **Network Health Home Office - HSA**



### **Medicare**

### Plans include the following:

- Network Platinum Premier (PPO)
- Network Platinum Plus (PPO)
- NetworkPrime (MSA)

MEMBER EXPERIENCE: 800-378-5234 (TTY 800-947-3529)
Pharmacy Team: 800-316-3107 (TTY 800-899-2114)
MDLIVE® 877-988-5455 (TTY 800-770-5531)
FOR PROVIDERS
Network Health MA Plans, P.O. Box 568, Menasha, WI 54952
Payer ID: 77076
Provider Use Only: 855-580-9935
Pharmacist Use Only: 800-922-1557
Prior Authorization: 866-709-0019
Routine Dental: 866-548-0292 (TTY 711)
Routine Vision: 833-279-4359
Medicare limiting charges apply

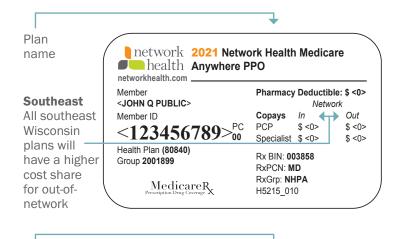
# Medicare with Pharmacy Benefits

Plans include the following:

#### **Northeast**

- Network Cares (PPO D-SNP)
- Network PlatinumSelect (PPO)
- Network PlatinumChoice (PPO)
- Network Platinum Premier Pharmacy (PPO)
- Network PlatinumPlus Pharmacy (PPO)







#### **Southeast**

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

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
Network Health MA Plans, P.O. Box 568, Menasha, WI 54952
Payer ID: 77076
Provider Use Only: 855-580-9935
Pharmacist Use Only: 800-922-1557
Prior Authorization: 866-709-0019
Routine Dental: 866-548-0292 (TTY 711)
Routine Vision: 833-279-4359
Medicare limiting charges apply

#### **Southeast**

• Network Health Medicare Explore (HMO)



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







