

# 2021 SAMPLE ID CARDS

Individual  
Prestige  
product  
plan name

**network health**  
networkhealth.com

**IFP\_HPNA\_AC**  
**Renewal Month:** RenewalMonth  
**Effective Date:** EffectiveDate01

Member #:	Member Name:	What Member Pays:
MemberID01	MemberName01	BenefitTerm01 Copay01
MemberID02	MemberName02	BenefitTerm02 Copay02
MemberID03	MemberName03	BenefitTerm03 Copay03
MemberID04	MemberName04	BenefitTerm04 Copay04
MemberID05	MemberName05	BenefitTerm05 Copay05
MemberID06	MemberName06	BenefitTerm06 Copay06
MemberID07	MemberName07	BenefitTerm07 Copay07
MemberID08	MemberName08	BenefitTerm08 Copay08
		BenefitTerm09 Copay09
		BenefitTerm10 Copay10

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

## 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**  
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

**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

**network health**  
networkhealth.com

**IFP\_HMO**  
**Renewal Month:** RenewalMonth  
**Effective Date:** EffectiveDate01

Member #:	Member Name:	What Member Pays:
MemberID01	MemberName01	BenefitTerm01 Copay01
MemberID02	MemberName02	BenefitTerm02 Copay02
MemberID03	MemberName03	BenefitTerm03 Copay03
MemberID04	MemberName04	BenefitTerm04 Copay04
MemberID05	MemberName05	BenefitTerm05 Copay05
MemberID06	MemberName06	BenefitTerm06 Copay06
MemberID07	MemberName07	BenefitTerm07 Copay07
MemberID08	MemberName08	BenefitTerm08 Copay08
		BenefitTerm09 Copay09
		BenefitTerm10 Copay10

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

## 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**  
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

**network health**  
networkhealth.com

**Line of Business: HMO**  
**Group Name:** GroupName  
**Group Number:** GroupNumber  
**Renewal Month:** RenewalMonth  
**Effective Date:** EffectiveDate01

Member #:	Member Name:	What Member Pays:
MemberID01	MemberName01	BenefitTerm01 Copay01
MemberID02	MemberName02	BenefitTerm02 Copay02
MemberID03	MemberName03	BenefitTerm03 Copay03
MemberID04	MemberName04	BenefitTerm04 Copay04
MemberID05	MemberName05	BenefitTerm05 Copay05
MemberID06	MemberName06	BenefitTerm06 Copay06
MemberID07	MemberName07	BenefitTerm07 Copay07
MemberID08	MemberName08	BenefitTerm08 Copay08
		BenefitTerm09 Copay09
		BenefitTerm10 Copay10

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

## 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

**For 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 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.

# 2021 SAMPLE ID CARDS

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>

**FAMILY SAVINGS PLAN  
PAYS FOR COPAYMENTS,  
COINSURANCE AND  
DEDUCTIBLES ONLY**

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

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

**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: 262-925-9690  
Secure Email: [familysavingsplan@networkhealth.com](mailto: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

**network health**  
networkhealth.com

**Line of Business: ETF**  
**Group Name:** State of Wisconsin  
**Group Number:** 101291  
**Renewal Month:** Jan  
**Effective Date:** EffectiveDate01

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Member #:	Member Name:	What Member Pays:
MemberID01	MemberName01	BenefitTerm01 Copay01
MemberID02	MemberName02	BenefitTerm02 Copay02
MemberID03	MemberName03	BenefitTerm03 Copay03
MemberID04	MemberName04	BenefitTerm04 Copay04
MemberID05	MemberName05	BenefitTerm05 Copay05
MemberID06	MemberName06	BenefitTerm06 Copay06
MemberID07	MemberName07	BenefitTerm07 Copay07
MemberID08	MemberName08	BenefitTerm08 Copay08
		BenefitTerm09 Copay09
		BenefitTerm10 Copay10

## State of Wisconsin Employees

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

**For Providers**  
Network Health P.O. Box 568, Menasha, WI 54952  
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

**network health**  
networkhealth.com

**Line of Business: SF\_LLC**  
**Group Name:** <Name>  
**Group Number:** <00000000>  
**Renewal Month:** <Month>  
**Effective Date:** <MM/DD/YYYY>

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Participant #:	Participant Name:	What Participant Pays:
<000000000>	<Jane Doe>	<Benefit Term> <Copay>
<000000000>	<John Doe>	<Benefit Term> <Copay>
<000000000>	<Joey Doe>	<Benefit Term> <Copay>
<000000000>	<Jean Doe>	<Benefit Term> <Copay>
<000000000>	<Jake Doe>	<Benefit Term> <Copay>
<000000000>	<Jill Doe>	<Benefit Term> <Copay>

**Pharmacy Information:**  
Rx BIN: 003858  
RxPCN: A4  
RxGrp: <Rx Carrier Code>

**HORIZON**  
Home Care & Hospice

## 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**  
Network Health P.O. Box 568, Menasha, WI 54952  
Payer ID: 39144  
Provider Use Only: 877-780-6717  
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 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

**network health**  
networkhealth.com

**Line of Business: LF\_LLC**  
**Group Name:** GroupName  
**Group Number:** GroupNumber  
**Renewal Month:** RenewalMonth  
**Effective Date:** EffectiveDate01

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Participant #:	Participant Name:	What Participant Pays:
MemberID01	MemberName01	BenefitTerm01 Copay01
MemberID02	MemberName02	BenefitTerm02 Copay02
MemberID03	MemberName03	BenefitTerm03 Copay03
MemberID04	MemberName04	BenefitTerm04 Copay04
MemberID05	MemberName05	BenefitTerm05 Copay05
MemberID06	MemberName06	BenefitTerm06 Copay06
MemberID07	MemberName07	BenefitTerm07 Copay07
MemberID08	MemberName08	BenefitTerm08 Copay08
		BenefitTerm09 Copay09
		BenefitTerm10 Copay10

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

## Assure

**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, 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.

# 2021 SAMPLE ID CARDS

Line of business name

**network health**  
networkhealth.com

**Line of Business:** SF\_LLC  
**Group Name:** NETWORK HEALTH INC  
**Group Number:** 2001796  
**Renewal Month:** Jan  
**Effective Date:** 01/01/2021

**Participant #: Participant Name:**  
428000000  
428000001

**What Participant Pays:**  
Emergency Room Services  
Urgent Care  
PCP Office Visit  
Specialist Office Visit  
Preventive

**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**  
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, 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.

**EXPRESS SCRIPTS**

Line of business name

**network health**  
networkhealth.com

**Line of Business:** SF\_LLC  
**Group Name:** NETWORK HEALTH INC  
**Group Number:** 2001796  
**Renewal Month:** Jan  
**Effective Date:** 01/01/2021

**Participant #: Participant Name:**  
431000000

**What Participant Pays:**  
Preventive

**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**  
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, 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.

**EXPRESS SCRIPTS**

Plan name

**network health**  
networkhealth.com

**2021 Network PlatinumPlus PPO**

**Member**  
<JOHN Q PUBLIC>  
Member ID  
<123456789><sup>PC</sup><sub>00</sub>  
Health Plan (80840)  
Group 2001899

**Copays**

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

**Part B Pharmacy Claims**  
Rx BIN: 003858  
RxPCN: A4  
RxGrp: NHPA  
H5215\_001

## Medicare

Plans include the following:

- Network PlatinumPremier (PPO)
- Network PlatinumPlus (PPO)
- NetworkPrime (MSA)

**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*

Plan name

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

**network health**  
networkhealth.com

**2021 Network PlatinumPlus Pharmacy PPO**

**Member**  
<JOHN Q PUBLIC>  
Member ID  
<123456789><sup>PC</sup><sub>00</sub>  
Health Plan (80840)  
Group 2001899

**Pharmacy Deductible:** \$ <0>

**Copays**

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

**Rx BIN:** 003858  
**RxPCN:** MD  
**RxGrp:** NHPA  
H5215\_002

**MedicareRx**  
Prescription Drug Coverage X

## Medicare with Pharmacy Benefits

Plans include the following:

### Northeast

- NetworkCares (PPO D-SNP)
- Network PlatinumSelect (PPO)
- Network PlatinumChoice (PPO)
- Network PlatinumPremier Pharmacy (PPO)
- Network PlatinumPlus Pharmacy (PPO)




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

Plan  
name

### Southeast

All southeast  
Wisconsin  
plans will  
have a higher  
cost share  
for out-of-  
network

 <b>2021 Network Health Medicare Anywhere PPO</b> networkhealth.com													
Member <JOHN Q PUBLIC>	Pharmacy Deductible: \$ <0>												
Member ID <123456789>	<table><tr><td></td><td>PC</td><td></td><td></td></tr><tr><td></td><td>00</td><td></td><td></td></tr></table>		PC				00						
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Health Plan (80840) Group 2001899	<table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>												
MedicareRx Prescription Drug Coverage X	<table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>												

### Southeast


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

<b>MEMBER EXPERIENCE:</b> 800-378-5234 (TTY 800-947-3529) Pharmacy Team: 800-316-3107 (TTY 800-899-2114) MDLIVE®: 877-958-5455 (TTY 800-770-5531) <b>FOR PROVIDERS</b> 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 <i>Medicare limiting charges apply</i>
---

Plan  
name

### Southeast

The  
southeast  
Wisconsin  
HMO plan  
has no out-  
of-network  
benefits

 <b>2021 Network Health Medicare Explore HMO</b> networkhealth.com													
Member <JOHN Q PUBLIC>	Pharmacy Deductible: \$ <0>												
Member ID <123456789>	<table><tr><td></td><td>PC</td><td></td><td></td></tr><tr><td></td><td>00</td><td></td><td></td></tr></table>		PC				00						
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	00												
Health Plan (80840) Group 2001899	<table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>												
MedicareRx Prescription Drug Coverage X	<table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>												

### Southeast

- Network Health Medicare Explore (HMO)



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

