


2024 SAMPLE ID CARDS

Individual
Prestige
product
plan name



Plan Name
Plan Type: HMO

networkhealth.com

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



Plan Name
Plan Type: HMO

networkhealth.com

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

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



Line of Business: IFP_HMO

networkhealth.com

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

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.





Line of Business: IFP_POS


networkhealth.com

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

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

2024 SAMPLE ID CARDS


Line of
business
name


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	Deductible:	
MemberID02	MemberName02	Individual	CopayXX
MemberID03	MemberName03	Family	CopayXX
MemberID04	MemberName04	Out-of-Pocket Maximum:	
MemberID05	MemberName05	Individual	CopayXX
MemberID06	MemberName06	Family	CopayXX
MemberID07	MemberName07	Preventive	CopayXX
MemberID08	MemberName08		

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


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	Deductible:		
MemberID02	MemberName02	Individual	CopayXX	CopayXX
MemberID03	MemberName03	Family	CopayXX	CopayXX
MemberID04	MemberName04	Out-of-Pocket Maximum:		
MemberID05	MemberName05	Individual	CopayXX	CopayXX
MemberID06	MemberName06	Family	CopayXX	CopayXX
MemberID07	MemberName07	Preventive	CopayXX	
MemberID08	MemberName08			

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.

Line of
business
name


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: 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


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.

2024 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:	What Participant Pays:	Network In:	Out:
MemberID01	MemberName01			
MemberID02	MemberName02			
MemberID03	MemberName03			
MemberID04	MemberName04			
MemberID05	MemberName05			
MemberID06	MemberName06			
MemberID07	MemberName07			



HORIZON
Home Care & Hospice

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

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



networkhealth.com

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



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

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



networkhealth.com

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



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

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



networkhealth.com

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



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

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



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)	Rx BIN: 003858	RxPCN: MD	
Group 2001899	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

**2024 Network Health PlusRx PPO**
networkhealth.com

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

PC00

Copays
PCP \$ <0>
Specialist \$ <0>
Rx BIN: 003858
RxGrp: NHPA
H5215_002

Network

In ← Out
\$ <0> \$ <0>
\$ <0> \$ <0>

RxPCN: MD

MedicareRx
Prescription Drug Coverage X

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

**2024 Network Health Zero PPO**
networkhealth.com

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

PC00

Copays
PCP \$ <0>
Specialist \$ <0>
Rx BIN: 003858
RxGrp: NHPA
H5215_012

Network


In ← Out
\$ <0> \$ <0>
\$ <0> \$ <0>

RxPCN: MD

MedicareRx
Prescription Drug Coverage X

Plan name

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

**2024 Network Health Go PPO**
networkhealth.com

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

PC00

Copays
PCP \$ <0>
Specialist \$ <0>
Rx BIN: 003858
RxGrp: NHPA
H5215_009

Network


In ← Out
\$ <0> \$ <0>
\$ <0> \$ <0>

RxPCN: MD

MedicareRx
Prescription Drug Coverage X

Plan name

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

**2024 Network Health Anywhere PPO**
networkhealth.com

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

PC00

Copays
PCP \$ <0>
Specialist \$ <0>
Rx BIN: 003858
RxGrp: NHPA
H5215_010

Network

In ← Out
\$ <0> \$ <0>
\$ <0> \$ <0>

RxPCN: MD


MedicareRx
Prescription Drug Coverage X

2024 SAMPLE ID CARDS

Plan
name

Northeast

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

**2024 Network Health Armor**
PPO
networkhealth.com

Member
<JOHN Q PUBLIC>
Member ID
<**123456789**>
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_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

**2024 Network Health Bravo**
PPO
networkhealth.com

Member
<JOHN Q PUBLIC>
Member ID
<**123456789**>
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_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

MedicareRx
Prescription Drug Coverage

	Copays	In	Out
PCP	0%-20%	0%-20%	0%-20%
Specialist	0%-20%	0%-20%	0%-20%

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_007

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

