

# 2025 SAMPLE ID CARDS

Individual  
Prestige  
product  
plan name

**network health**  
networkhealth.com

**Plan Name**  
**Plan Type: HMO**

Member #:	Member Name:	What Member Pays:	Network In:
MemberID01	MemberName01		
MemberID02	MemberName02	<b>Deductible:</b>	
MemberID03	MemberName03	Individual	\$
MemberID04	MemberName04	Family	\$
MemberID05	MemberName05	<b>Out-of-Pocket Maximum:</b>	
MemberID06	MemberName06	Individual	\$
MemberID07	MemberName07	Family	\$
MemberID08	MemberName08	Preventive	\$
		Emergency Room Services	\$
		Urgent Care	\$
		PCP Office Visit	\$
		Specialist Office Visit	\$

**Pharmacy Information:** Rx BIN: 003858 RxPCN: A4 RxGrp: W9YA

## Individual and Family Prestige (on and off exchange plans)

Some plans may have fewer copays than shown.

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

**FOR PROVIDERS ONLY:** 855-580-9935  
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 plans underwritten by Network Health Plan.

**EXPRESS SCRIPTS®**  
**First HealthNetwork**

Individual  
Prestige  
product  
plan name

**network health**  
networkhealth.com

**Plan Name Plan Name\_DV**  
**Plan Type: HMO**

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

**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:** 855-580-9935  
Network Health P.O. 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: 877-787-8705  
HMO plans underwritten by Network Health Plan.

**EXPRESS SCRIPTS®**  
**First HealthNetwork**

Line of  
business  
name

**network health**  
networkhealth.com

**Line of Business: IFP\_HMO**

Member #:	Member Name:	What Member Pays:	Network In:
MemberID01	MemberName01		
MemberID02	MemberName02	<b>Deductible:</b>	
MemberID03	MemberName03	Individual	\$
MemberID04	MemberName04	Family	\$
MemberID05	MemberName05	<b>Out-of-Pocket Maximum:</b>	
MemberID06	MemberName06	Individual	\$
MemberID07	MemberName07	Family	\$
MemberID08	MemberName08	Preventive	\$
		Emergency Room Services	\$
		Urgent Care	\$
		PCP Office Visit	\$
		Specialist Office Visit	\$

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

## Individual and Family Grandmothered plans purchased prior to 2014

**network health**  
networkhealth.com

**Line of Business: IFP\_POS**

Member #:	Member Name:	What Member Pays:	Network In:	Out:
MemberID01	MemberName01			
MemberID02	MemberName02	<b>Deductible:</b>		
MemberID03	MemberName03	Individual	\$	\$
MemberID04	MemberName04	Family	\$	\$
MemberID05	MemberName05	<b>Out-of-Pocket Maximum:</b>		
MemberID06	MemberName06	Individual	\$	\$
MemberID07	MemberName07	Family	\$	\$
MemberID08	MemberName08	Preventive	\$	
		Emergency Room Services	\$	
		Urgent Care	\$	
		PCP Office Visit	\$	
		Specialist Office Visit	\$	

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

**MEMBER EXPERIENCE:** 855-275-1400 (TTY 800-947-3529)  
Pharmacy Team: 800-309-7583

**FOR PROVIDERS ONLY:** 855-580-9935  
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.

**EXPRESS SCRIPTS®**  
**First HealthNetwork**

# 2025 SAMPLE ID CARDS

Line of business name

network health  
networkhealth.com

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

Member #:	Member Name:	What Member Pays:	Network In:
MemberID01	MemberName01		
MemberID02	MemberName02	<b>Deductible:</b>	
MemberID03	MemberName03	Individual	\$
MemberID04	MemberName04	Family	\$
MemberID05	MemberName05	<b>Out-of-Pocket Maximum:</b>	
MemberID06	MemberName06	Individual	\$
MemberID07	MemberName07	Family	\$
MemberID08	MemberName08	Preventive	\$
		Emergency Room Services	\$
		Urgent Care	\$
		PCP Office Visit	\$
		Specialist Office Visit	\$

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

network health  
networkhealth.com

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

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

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

## Commercial (Group)

- HMO
- HMO\_SEWI
- HMO\_ACA
- POS
- POS\_SEWI
- OPT

Some group plans may have fewer copays than shown.

**MEMBER EXPERIENCE:** 800-826-0940 (TTY 800-947-3529)  
Pharmacy Team: 800-309-7583  
MDLIVE® Virtual Visits: 877-958-5455

**FOR PROVIDERS ONLY:** 855-580-9935  
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

network health  
networkhealth.com

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

**Member Name:** MemberName01  
**Member ID#:** <123456789>

**Dependents:**  
MemberName02  
MemberName03  
MemberName04

**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: <015433>  
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](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:** GroupName  
**Group Number:** GroupNumber  
**Effective Date:** Effective Date

Member #:	Member Name:	What Member Pays:	Network In:
MemberID01	MemberName01	<b>Deductible:</b>	
MemberID02	MemberName02	Individual	\$
MemberID03	MemberName03	Family	\$
MemberID04	MemberName04	<b>Medical Out-of-Pocket:</b>	
MemberID05	MemberName05	Individual	\$
MemberID06	MemberName06	Family	\$
MemberID07	MemberName07	<b>Out-of-Pocket Maximum:</b>	
MemberID08	MemberName08	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 800-947-3529)  
MDLIVE® Virtual Visits: 877-958-5455

**FOR PROVIDERS ONLY:** 855-580-9935  
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.



# 2025 SAMPLE ID CARDS

Line of business name



networkhealth.com

**Line of Business:** SF\_LLC  
**Group Name:** GroupName  
**Group Number:** GroupNumber  
**Effective Date:** Effective Date

<b>Participant #:</b>	<b>Participant Name:</b>	<b>What Participant Pays:</b>	<b>Network</b>
MemberID01	MemberName01		In: Out:
MemberID02	MemberName02	<b>Medical Deductible:</b>	
MemberID03	MemberName03	Individual	\$ \$
MemberID04	MemberName04	Family	\$ \$
MemberID05	MemberName05	<b>Medical Out-of-Pocket Maximum:</b>	
MemberID06	MemberName06	Individual	\$ \$
MemberID07	MemberName07	Family	\$ \$
		<b>Pharmacy Out-of-Pocket Maximum:</b>	
		Individual	\$ \$
		Family	\$ \$
		Preventive	\$



**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:** 855-580-9935  
 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

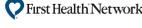
<b>Participant #:</b>	<b>Participant Name:</b>	<b>What Participant Pays:</b>	<b>Network</b>
MemberID01	MemberName01		In: Out:
MemberID02	MemberName02	<b>Deductible:</b>	
MemberID03	MemberName03	Individual	\$ \$
MemberID04	MemberName04	Family	\$ \$
MemberID05	MemberName05	<b>Out-of-Pocket Maximum:</b>	
MemberID06	MemberName06	Individual	\$ \$
MemberID07	MemberName07	Family	\$ \$
MemberID08	MemberName08	Preventive	\$ \$ \$ \$ \$ \$
		Emergency Room Services	\$ \$ \$ \$ \$ \$
		Urgent Care	\$ \$ \$ \$ \$ \$
		PCP Office Visit	\$ \$ \$ \$ \$ \$
		Specialist Office Visit	\$ \$ \$ \$ \$ \$

**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:** 855-580-9935  
 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\_OPT\_LLC  
**Group Name:** GroupName  
**Group Number:** GroupNumber

<b>Participant #:</b>	<b>Participant Name:</b>	<b>What Participant Pays:</b>	<b>Network</b>
MemberID01	MemberName01		In: Out:
MemberID02	MemberName02	<b>Deductible:</b>	
MemberID03	MemberName03	Individual	\$ \$ \$ \$
MemberID04	MemberName04	Family	\$ \$ \$ \$
MemberID05	MemberName05	<b>Out-of-Pocket Maximum:</b>	
MemberID06	MemberName06	Individual	\$ \$ \$ \$
MemberID07	MemberName07	Family	\$ \$ \$ \$
MemberID08	MemberName08	Preventive	\$ \$ \$ \$ \$ \$
		Emergency Room Services	\$ \$ \$ \$ \$ \$
		Urgent Care	\$ \$ \$ \$ \$ \$
		PCP Office Visit	\$ \$ \$ \$ \$ \$
		Specialist Office Visit	\$ \$ \$ \$ \$ \$

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

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

**FOR PROVIDERS ONLY:** 855-580-9935  
 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.

# 2025 SAMPLE ID CARDS

Line of business name



networkhealth.com

**Line of Business:** SF\_LLC or SF\_OPT\_LLC  
**Group Name:** GroupName  
**Group Number:** GroupNumber

Participant #:	Participant Name:	What Participant Pays:	Network In:
MemberID01	MemberName01		
MemberID02	MemberName02	<b>Deductible:</b>	
MemberID03	MemberName03	Individual	\$
MemberID04	MemberName04	Family	\$
MemberID05	MemberName05	<b>Out-of-Pocket Maximum:</b>	
MemberID06	MemberName06	Individual	\$
MemberID07	MemberName07	Family	\$
MemberID08	MemberName08	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:** 844-300-5537 (TTY 800-947-3529)  
 Pharmacy Team: 800-309-7583  
 MDLIVE® Virtual Visits: 877-958-5455

**FOR PROVIDERS ONLY:** 855-580-9935  
 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 or SF\_OPT\_LLC  
**Group Name:** GroupName  
**Group Number:** GroupNumber

Participant #:	Participant Name:	What Participant Pays:	Network In:
MemberID01	MemberName01		
MemberID02	MemberName02	<b>Deductible:</b>	
MemberID03	MemberName03	Individual	\$
MemberID04	MemberName04	Family	\$
MemberID05	MemberName05	<b>Out-of-Pocket Maximum:</b>	
MemberID06	MemberName06	Individual	\$
MemberID07	MemberName07	Family	\$
MemberID08	MemberName08	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 ONLY:** 855-580-9935  
 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.

Plan name



**MEMBER NAME:** JOHN SAMPLE  
**MEMBER ID:** SMPL0001  
**GROUP #:** HF0053

**DEPENDENTS:**  
 JANE SAMPLE SMPL0001  
 JIMMY SAMPLE SMPL0001

**LIMITED BENEFIT PROGRAM**

**PHARMACY**  
 RxBIN: 003585  
 RxPCN: ASPROD1  
 RxGRP: FDT02

## Third-Party Administration

**Submit Medical claims to:**  
 Network Health  
 P.O. Box 568  
 Menasha, WI 54952  
 Electronic Claims Payer ID: 22344  
 Network Health Member Experience:  
 844-532-5240

**Submit RX claims to:**  
 MedImpact Healthcare Systems, Inc.  
 P.O. Box 509098  
 San Diego, CA 92150-9098  
 MedImpact Customer Service:  
 844-863-0392

This card does not guarantee coverage.

# 2025 SAMPLE ID CARDS

## Group Medicare Advantage

- Network Health Cornerstone (PPO)
- Network Health Cornerstone Ultimate (PPO)
- Network Health Cornerstone Ultimate Plus (PPO)
- Network Health Core (PPO)
- Network Health Core Plus (PPO)
- Network Health Foundation (PPO)
- Network Health Foundation Ultimate (PPO)
- Cornerstone 1001 (PPO)

Plan name



**2025 Plan Name**  
**PPO**  
Group Name

---

Member **<JOHN Q PUBLIC>**

Member ID		<b>Copays</b>	<i>In</i>	<i>Out</i>
<b>&lt;123456789&gt;</b>	<b>PC00</b>	PCP	\$ <0>	\$ <0>
		Specialist	\$ <0>	\$ <0>

Health Plan (80840)  
Group <2002674>

Rx BIN: **003858** RxPCN: **MD**  
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](http://networkhealth.com/provider-resources/authorization-information) or 866-709-0019

EyeMed® Vision: 833-279-4359  
**Say Cheese Dental Network:**  
Member: 888-454-4127 (TTY 711) Provider: 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



**YYYY Plan Name**  
**PPO**  
Group Name

---

Member **<JOHN Q PUBLIC>**

Member ID		<b>Deductible:</b>	<i>In/Out</i>
<b>&lt;123456789&gt;</b>	<b>PC00</b>	Individual	\$
		<b>Out-of-Pocket Maximum:</b>	
		Individual	\$
		Preventive	\$

Health Plan (80840)  
Group **2001899**

Rx BIN: **003858** RxPCN: **MD**  
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](http://networkhealth.com/provider-resources/authorization-information) or 866-709-0019

EyeMed® Vision: 833-279-4359  
*Medicare limiting charges apply.*

Some group plans may have fewer benefits than shown.

# 2025 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

network health 2025 Network Health PlusRx PPO  
networkhealth.com

Member <JOHN Q PUBLIC>  
Member ID <123456789><sup>PC</sup>00

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

Health Plan (80840)  
Group 2001899

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

MedicareRx  
Prescription Drug Coverage

## Medicare Advantage With Pharmacy Benefits

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

network health 2025 Network Health Zero PPO  
networkhealth.com

Member <JOHN Q PUBLIC>  
Member ID <123456789><sup>PC</sup>00

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

Health Plan (80840)  
Group 2001899

Rx BIN: 003858 RxPCN: MD  
RxGrp: NHPA  
H5215\_012

MedicareRx  
Prescription Drug Coverage

Plan name

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

network health 2025 Network Health Go PPO  
networkhealth.com

Member <JOHN Q PUBLIC>  
Member ID <123456789><sup>PC</sup>00

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

Health Plan (80840)  
Group 2001899

Rx BIN: 003858 RxPCN: MD  
RxGrp: NHPA  
H5215\_009

MedicareRx  
Prescription Drug Coverage

Plan name

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

network health 2025 Network Health Anywhere PPO  
networkhealth.com

Member <JOHN Q PUBLIC>  
Member ID <123456789><sup>PC</sup>00

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

Health Plan (80840)  
Group 2001899

Rx BIN: 003858 RxPCN: MD  
RxGrp: NHPA  
H5215\_010

MedicareRx  
Prescription Drug Coverage

# 2025 SAMPLE ID CARDS

Plan name

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

network health **2025 Network Health Armor**  
PPO  
networkhealth.com

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

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

**Part B Pharmacy Claims**  
Rx BIN: 003858 RxPCN: A4  
RxGrp: NHPA  
H5215\_013

## 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

network health **2025 Network Health Bravo**  
PPO  
networkhealth.com

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

	Network	
	In	Out
Copays		
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)
- Network Health Zero (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 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

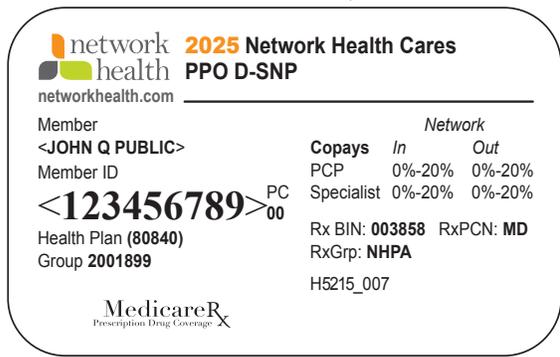
**Say Cheese Dental Network:**  
Member: 888-454-4127 (TTY 711) Provider: 844-368-6878  
PO Box 2176, Milwaukee, WI 53201 PayerID: GP133  
*Medicare limiting charges apply.*

### Backer for the following plans

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

# 2025 SAMPLE ID CARDS

Plan name



network health 2025 Network Health Cares  
PPO D-SNP  
networkhealth.com

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

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

Rx BIN: 003858 RxPCN: MD  
RxGrp: NHPA  
H5215\_007

MedicareRx  
Prescription Drug Coverage

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

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)

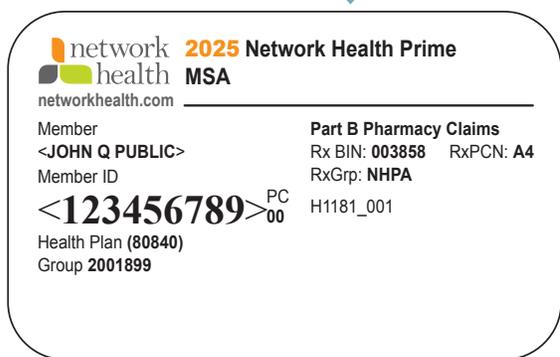
**FOR PROVIDERS ONLY:** 855-580-9935  
Network Health MA Plans, P.O. Box 568, Menasha, WI 54952  
Payer ID: 77076  
Pharmacist Help Desk: 800-922-1557  
Prior Authorization: networkhealth.com/provider-resources/authorization-information or 866-709-0019

EyeMed® Vision: 833-279-4361  
**Say Cheese Dental Network:**  
Member: 888-454-4127 (TTY 711) Provider: 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](http://mhswi.com).

Plan name



network health 2025 Network Health Prime  
MSA  
networkhealth.com

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

**Part B Pharmacy Claims**  
Rx BIN: 003858 RxPCN: A4  
RxGrp: NHPA  
H1181\_001

## Medicare Advantage Medical Savings Account (MSA)

- 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

