

2022 SAMPLE ID CARDS

Individual
Prestige
product
plan name

network health
networkhealth.com

Line of Business: Plan Name

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

Deductible:
Individual CopayXX
Family CopayXX

Out-of-Pocket Maximum:
Individual CopayXX
Family 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
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Provider Use Only: 855-275-1400
Pharmacist Use Only: 800-922-1557

EXPRESS SCRIPTS®

Routine Dental: 844-296-1850
Routine Vision: 833-279-4360

Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the following:
CT, MR/IMRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, physical therapy, occupational therapy, EGD, capsule endoscopy, non-preventive colonoscopy, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

For all other prior authorizations contact Network Health at 866-709-0019.
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: IFP_HMO

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

Deductible:
Individual CopayXX
Family CopayXX

Out-of-Pocket Maximum:
Individual CopayXX
Family CopayXX

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
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Provider Use Only: 855-275-1400
Pharmacist Use Only: 800-922-1557

EXPRESS SCRIPTS®

Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the following:
CT, MR/IMRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, physical therapy, occupational therapy, EGD, capsule endoscopy, non-preventive colonoscopy, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

For all other prior authorizations contact Network Health at 866-709-0019.
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 or HMO_SEWI
Group Name: GroupName
Group Number: GroupNumber

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

Deductible:
Individual CopayXX
Family CopayXX

Out-of-Pocket Maximum:
Individual CopayXX
Family CopayXX

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

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

EXPRESS SCRIPTS®

Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the following:
CT, MR/IMRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, physical therapy, occupational therapy, EGD, capsule endoscopy, non-preventive colonoscopy, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

For all other prior authorizations contact Network Health at 866-709-0019.
Medical Drug Authorizations: ESI Care Continuum at 877-787-8705.
HMO and POS plans underwritten by Network Health Plan.

2022 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>

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: 262-925-9690
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

network health
networkhealth.com

Line of Business: ETF
Group Name: GroupName
Group Number: GroupNumber
Renewal Month: Renewal Month
Effective Date: Effective Date

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

Deductible:
Individual CopayXX
Family CopayXX

Out-of-Pocket Maximum:
Individual CopayXX
Family CopayXX

Emergency Room Services CopayXX
Urgent Care CopayXX
PCP Office Visit CopayXX
Specialist Office Visit CopayXX
Preventive CopayXX

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, physical therapy, occupational therapy, EGD, capsule endoscopy, non-preventive colonoscopy, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

For all other prior authorizations contact Network Health at 866-709-0019.
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: 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			

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
Family CopayXX

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

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, physical therapy, occupational therapy, EGD, capsule endoscopy, non-preventive colonoscopy, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

For all other prior authorizations contact Network Health at 866-709-0019.

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

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

Deductible:
Individual CopayXX
Family CopayXX

Out-of-Pocket Maximum:
Individual CopayXX
Family CopayXX

Emergency Room Services CopayXX
Urgent Care CopayXX
PCP Office Visit CopayXX
Specialist Office Visit CopayXX
Preventive 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
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, physical therapy, occupational therapy, EGD, capsule endoscopy, non-preventive colonoscopy, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

For all other prior authorizations contact Network Health at 866-709-0019.

Medical Drug Authorizations: ESI Care Continuum at 877-787-8705.
Self-insured plans administered by Network Health Administrative Services, LLC.

2022 SAMPLE ID CARDS

Line of business name

network health
networkhealth.com

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

Participant #:	Participant Name:	What Participant Pays:	Network In:	Network Out:
MemberID01	MemberName01	Deductible:	CopayXX	CopayXX
MemberID02	MemberName02	Individual	CopayXX	CopayXX
MemberID03	MemberName03	Family	CopayXX	CopayXX
MemberID04	MemberName04	Out-of-Pocket Maximum:	CopayXX	CopayXX
MemberID05	MemberName05	Individual	CopayXX	CopayXX
MemberID06	MemberName06	Family	CopayXX	CopayXX
MemberID07	MemberName07	Emergency Room Services	CopayXX	CopayXX
MemberID08	MemberName08	Urgent Care	CopayXX	CopayXX
		PCP Office Visit	CopayXX	CopayXX
		Specialist Office Visit	CopayXX	CopayXX
		Preventive	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
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, physical therapy, occupational therapy, EGD, capsule endoscopy, non-preventive colonoscopy, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

For all other prior authorizations contact Network Health at 866-709-0019.
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: SF_LLC
Group Name: GroupName
Group Number: GroupNumber

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

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, physical therapy, occupational therapy, EGD, capsule endoscopy, non-preventive colonoscopy, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.

For all other prior authorizations contact Network Health at 866-709-0019.
Medical Drug Authorizations: ESI Care Continuum at 877-787-8705.
Self-insured plans administered by Network Health Administrative Services, LLC.

Plan name

network health
networkhealth.com

2022 Network PlatinumPlus PPO

Member	Copays	In	Network	Out
<JOHN Q PUBLIC>	PCP	\$ <0>		\$ <0>
Member ID	Specialist	\$ <0>		\$ <0>
<123456789>				

Health Plan (80840)
Group 2001899

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

Plan name

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

network health
networkhealth.com

2022 Network PlatinumPlus Pharmacy PPO

Member	Copays	In	Network	Out
<JOHN Q PUBLIC>	PCP	\$ <0>		\$ <0>
Member ID	Specialist	\$ <0>		\$ <0>
<123456789>				

Health Plan (80840)
Group 2001899

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_002

MedicareRx
Prescription Drug Coverage

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

 2022 Network Health Medicare Anywhere PPO networkhealth.com	
Member <JOHN Q PUBLIC>	
Member ID <123456789>	PC 00
Health Plan (80840) Group 2001899	Rx BIN: 003858 RxPCN: MD RxGrp: NHPA H5215_010
MedicareRx Prescription Drug Coverage	

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

Plan
name

Southeast

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

 2022 Network Health Medicare Explore HMO networkhealth.com	
Member <JOHN Q PUBLIC>	
Member ID <123456789>	PC 00
Health Plan (80840) Group 2001899	Rx BIN: 003858 RxPCN: MD RxGrp: NHPA H5644_002
MedicareRx Prescription Drug Coverage	

Southeast

- Network Health Medicare Explore (HMO)



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

