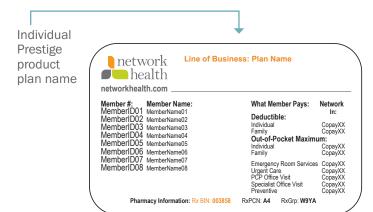
2022 SAMPLE ID CARDS



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

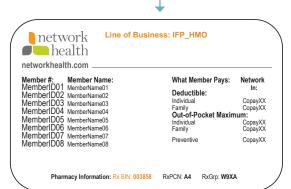
FOR PROVIDERS Network Health P.O. Box 568, Menasha, WI 54952

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

r narmacist use Uniy: 800-922-1557 Routine Vision: 833-2279-4350 Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the following: CT, MRIVMRA, PET, diagnostic cardiology, ionit 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



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: 391 44
Provider Use Only: 855-275-1400
Pharmacist Use Only: 800-922-1557
Pharmacist Use Only: 900-922-1567

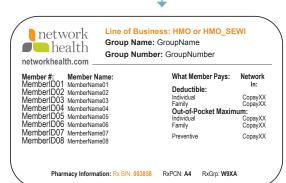
r-nameus use Unity 800-922-1557

Medical Prior Authorization: ev/Core healthcare at 855-727-7444 for the following:
CT, MRIMMR, 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



Commercial (Group)

Lines of business include the following.

 POS HMO

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, 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

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[™]

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 Network Health
P.O. Box 1725
Proof.light, WIT 526
Fax: 262-825-890
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



Line of Business: ETF

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

Member #: Member Name
MemberiD01 MemberName01
MemberiD02 MemberName02
MemberID03 MemberName03
MemberID04 MemberName04
MemberID05 MemberName06
MemberID07 MemberName06
MemberID07 MemberName06 Member Name: MemberID07 MemberName07 MemberID08 MemberName08

What Member Pays: Network Deductible: Individual Family CopayXX CopayXX Out-of-Pocket I num: CopayXX CopayXX Individual Family

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

Line of business

name



Line of Business: SF_LLC Group Name: GroupName

Group Number: GroupNumber

Participant #: Participant Name: MemberID01 MemberName01 Member1001 MemberName01
Member1002 MemberName02
Member1004 MemberName03
Member1005 MemberName04
Member1006 MemberName06
Member1007 MemberName07

What Participant Pays: Network Medical Deductible:

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 CopaXX

State of Wisconsin Employees

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

FOR PROVIDERS

FOR PROVIDERS
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Provider Use Only: 844-625-2208

First Health Network

EXPRESS SCRIPTS*

First Health Network

Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the following: CT, MR/MRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, physical therapy, occupational therapy, ECD, 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.

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

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
Pharmadist Use Only: 807-922-1557
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. Self-insured plans administered by Network Health Administrative Services, LLC

HORIZON

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

Line of business name



Line of Business: LF_LLC

Group Name: GroupName Group Number: GroupNumber

Participant #: Participant Name:
MemberlD01 MemberName01
MemberlD02 MemberName02
MemberlD03 MemberName03
MemberlD03 MemberName04
MemberlD05 MemberName04
MemberlD06 MemberName06
MemberlD07 MemberName07
MemberlD08 MemberName08

What Participant Pays: Network Deductible:

Out-of-Pocket Maxim Individual m: CopayXX CopayXX Family Emergency Room Services Urgent Care PCP Office Visit Specialist Office Visit CopayXX CopayXX CopayXX CopayXX Preventive

Pharmacy Information: Rx BIN: 003858

RxPCN: A4 RxGrn: WAEA

Assure

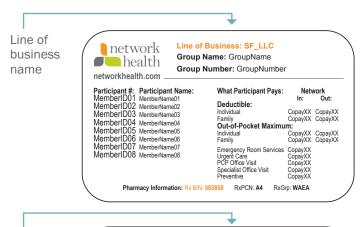
MEMBER EXPERIENCE: 844-300-5537 (TTY 800-947-3529) Pharmacy Team: 800-309-7583 MDLIVE® Virtual Visits: 877-958-5455



MDLIVE* Virtual Visits: 877-958-5455
FOR PROVIDERS
Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144
Provider Use Only: 844-800-5537
Patamacist Use Only: 844-820-557
Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the following:
CT, INRVINIRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, physical therapy, occupational therapy. ECo. pastule endoscopy, non-preventive colonscopy, interventional pain procedures and radiation oncology, medical oncology and molecular nemetic lab.

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



Plan network 2022 Network PlatinumPlus name health **PPO** networkhealth.com Member Network <JOHN Q PUBLIC> Copays In Out PCP \$ <0> \$ < 0> Member ID Specialist \$ <0> \$ < 0> <123456789>00 Part B Pharmacy Claims Health Plan (80840) Rx BIN: 003858 RxPCN: A4 Group 2001899 RxGrp: NHPA H5215 001



Network Health Home Office - HRA

MEMBER EXPERIENCE: 844-300-5537 (TTY 800-947-3529)
Pharmacy Team: 800-309-7583
MDLVE* Virtual Visits: 877-988-5455
FOR PROVIDERS
Network Health P.O. Box 569, Menasha, WI 54952
Payer ID: 3919-844-300-5537
Pharmacist Use Only: 800-922-1557
Medical Prior Authorization: eviCore healthcare at 855-727-7444 for the following:
CT., MRIMRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, physical therapy, occupational therapy. EGO, 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.

Network Health Home Office - HSA

MEMBER EXPERIENCE: 844-300-5537 (TTV 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: 3919-844-300-5537
Pharmacist Use Only: 609-221-1567
Medical Prior Authorization: ev/Core healthcare at 855-727-7444 for the following:
CT, MRIVMRA PET, diagnostic cardiology, joint procedures, spinal surgeries, physical therapy, occupational therapy, EGD, capsule endoscopy, non-preventive colonoscopy, interventional pair procedures and radiation oncology and molecular genetic lab.
For all other prior authorizations contact Network Health at 866-709-0019.
Medical Drug Authorizations: ESI Care Continuum at 877-787-878-05.
Self-insured plans administered by Network Health Administrative Services, LLC.

Medicare

Plans include the following:

- Network Platinum Premier (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

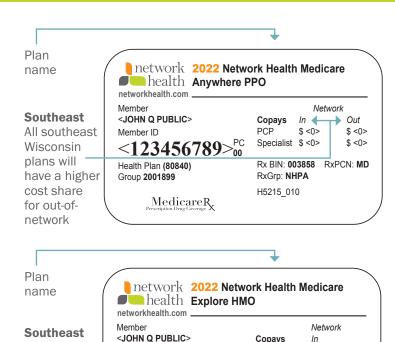
Medicare with Pharmacy Benefits

Plans include the following:

Northeast

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





Member ID

Health Plan (80840)

Group 2001899

<123456789>00

Medicare Rx

Copays

Specialist

RxGrp: NHPA

H5644_002

PCP

In

Rx BIN: 003858 RxPCN: MD

\$ <0>

\$ <0>

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

Southeast

Network Health Medicare Explore (HMO)



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









The

southeast

Wisconsin

HMO plan

has no out-

of-network benefits