Individual Prestige network product health plan name networkhealth.com Member #: Member Name:
MemberiD01 MemberName01
MemberiD02 MemberName03
MemberiD04 MemberName03
MemberiD04 MemberName04
MemberiD05 MemberName06
MemberID06 MemberName06
MemberID07 MemberName07
MemberID08 MemberName07

MemberID08 MemberName08

What Member Pays: Deductible: CopayXX CopayXX Individual.
Family
Out-of-Pocket Maximum:
Individual CopayXX
CopayXX Preventive CopayXX
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)

EXPRESS SCRIPTS\*

EXPRESS SCRIPTS

First Health Network

First Health Network

MEMBER EXPERIENCE: 855-275-1400 (TTY 800-947-3529) rmacv 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-wisi Care Continuum: 877-787-8705

HMO plans underwritten by Network Health Plan

Individual Prestige product plan name



MemberID02 MemberName02 MemberID03 MemberName03 MemberID04 MemberName04 MemberlD05 MemberName05
MemberlD06 MemberName06
MemberlD07 MemberName07
MemberlD08 MemberName08

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

Individual Family

Preventive

Out-of-Pocket Maximum:

CopayXX CopayXX

CopayXX CopayXX

CopayXX

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

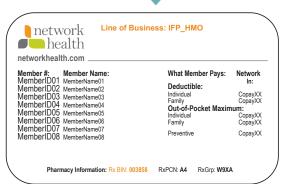
Pharmacist Help Desk: 800-922-1557

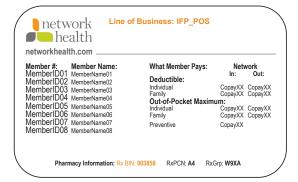
DentaQuest Routine Dental: 833-955-3424 EyeMed Vision: 833-279-4360

Medical/Drug Prior Authorization: networkhealth.com/provider-resources/authorization-information or 866-709-0019 ev/Core healthcare- evicore.com/resources/healthplan/network-health-wisconsin Care Continuum: 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\*

First Health Network

MEMBER EXPERIENCE: 855-275-1400 (TTY 800-947-3529)

Pharmacy Team: 800-309-7583

Network Health P.O. Box 568, Menasha, WI 54952
Payer ID: 39144

Pharmacist Help Desk: 800-922-1557

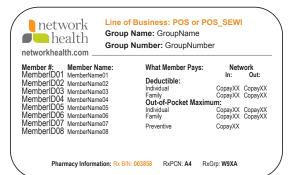
Medical/Drug Prior Authorization:

networkhealth.com/provider-resources/authorization-information or 866-709-0019 eviCore healthcare - evicore.com/resources/healthplan/network-health-wis Care Continuum: 877-787-8705

HMO and POS plans underwritten by Network Health Plan

Line of business name





## **Commercial (Group)**

Lines of business include the following.

EXPRESS SCRIPTS\*

 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

Tirst Health Network 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/n Care Continuum: 877-787-8705

HMO and POS plans underwritten by Network Health Plan

Line of business name



<Company Name>

GROUP NUMBER: <Group number> EFFECTIVE DATE: <Effective Date>

Member Name:

<Susan Sunshine>

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

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

Member ID#: <000000000>

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

Pharmacy Information: Rx BIN: <003858> RxGrp: <Group>

FOR PRESCRIPTION COVERAGE, SHOW YOUR FAMILY SAVINGS PLAN ID CARD AT THE PHARMACY

## **Family Savings Plan**<sup>™</sup>

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 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



## **State of Wisconsin Employees**

MEMBER EXPERIENCE: 844-625-2208 (TTY 800-947-3529)

MDLIVE® Virtual Visits: 877-958-5455

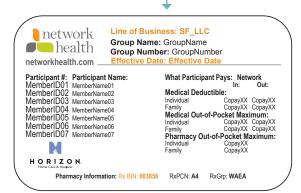
FOR PROVIDERS ONLY: 844-625-2208 Network Health P.O. Box 568. Menasha. WI 54952 Payer ID: 39144

First Health Network

Medical/Drug Prior Authorization:

networkhalth.com/provider-resources/authorization-information or 866-709-0019 eviCore healthcare - evicore.com/resources/healthplan/network-health-wisconsin Care Continuum: 877-787-8705

Line of business name



## **Horizon Home Care and Hospice**

• SF\_LLC

MEMBER EXPERIENCE: 877-780-6717 (TTY 800-947-3529)
Pharmacy Team: 800-309-7583
MDLIVE® virtual Visits: 877-959-5455
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-seources/authorization-information or 866-709-0019
ev/Core 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



#### **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 586, 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
evi/Core healthrace -ev/ore.com/resources/authorization-information or 866-709-0019
evi/Core healthrace - ev/ore.com/resources/authorization-information or 866-709-0019
Self-insured plans administered by Network Health Administrative Services, LLC.

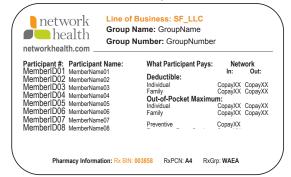
Line of business name



#### **Network Health Home Office - HRA**



Line of business name



## **Network Health Home Office - HSA**

MEMBER EXPERIENCE: 844-300-5537 (TTY 800-947-3529)
Pharmacy Team: 800-309-7583
MDLVE\* Virtual Visits: 877-585-5455
FOR PROVIDERS ONLY: 844-300-5537
Network Health P.O. Box 658, 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
ev/Core healthace - evidore com/resources/healthplan/network-health-wisconsin
Care Continuum: 877-787-8705
Self-insured plans administered by Network Health Administrative Services, LLC.

#### **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

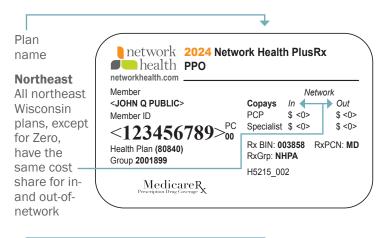


**MEMBER EXPERIENCE**: 855-232-2814 (TTY 800-947-3529) Pharmacy Team: 800-316-3107 (TTY 800-899-2114) MDLIVE®: 877-958-5455 (TTY 800-770-5531)

FOR PROVIDERS ONLY: 855-580-9935 Network Health MA Plans, P.O. Box 568, Menasha, WI 54952 Payer ID: 77076

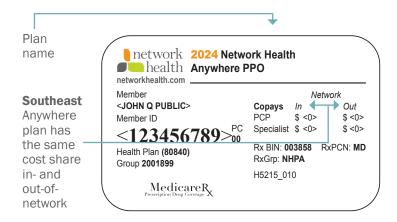
Payer ID: 77076
Pharmacist Help Desk: 800-922-1557
Prior Authorization: networkhealth.com/provider-resources/
authorization-information or 866-709-0019
Delta Dental®: 866-548-0292 (TTY 711)
EyeMed Vision®: 833-279-4359
Medicare limiting charges apply.





#### Plan name network 2024 Network Health Zero PPO health networkhealth.com Member Network **Northeast** <JOHN Q PUBLIC> Copays In Out Zero plan Member ID **PCP** \$ <0> \$ < 0> Specialist \$ <0> \$ <0> has a 23456789 higher Rx BIN: 003858 RxPCN: MD Health Plan (80840) RxGrp: NHPA cost share Group 2001899 for out-of-H5215\_012 MedicareR, network

#### Plan name network 2024 Network Health Go PPO health networkhealth.com Member Network <JOHN Q PUBLIC> **Southeast** Copays In Out Member ID PCP \$ <0> \$ <0> Go plan has Specialist \$ <0> \$ <0> 23456789 a higher Rx BIN: 003858 RxPCN: MD cost share Health Plan (80840) RxGrp: NHPA Group 2001899 for out-of-H5215 009 network MedicareR,



## Medicare with Pharmacy Benefits

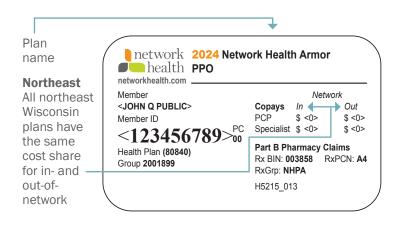
Plans include the following:

#### **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)



# Medicare without Pharmacy Benefits

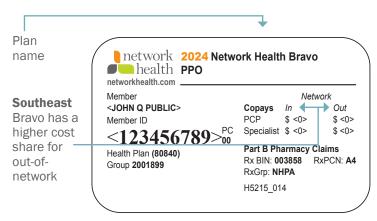
Plans include the following:

#### **Northeast**

- Network Health Armor (PPO)
- Network Health Premier (PPO)
- Network Health Plus (PPO)

#### **Southeast**

• Network Health Bravo (PPO)



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

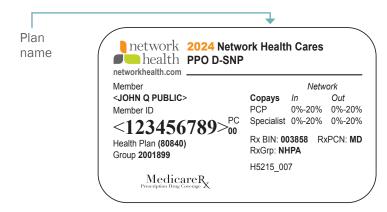
Pharmacist Help Desk: 800-922-1557
Prior Authorization: networkhealth.com/provider-resources/
authorization-information or 866-709-0019

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.





#### **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) EveMed 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



#### **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







