

2019 SAMPLE ID CARDS

Individual
Prestige product
plan name

Individual and Family Prestige

Send Medical Claims to: Network Health, P.O. Box 568, Menasha, WI 54952. Change Healthcare Payer ID: 39144.

Customer Service/servicio al cliente: xav tau kev pab tus xov tooj yog: 855-275-1400, 800-947-3529 (for hearing impaired), 855-801-8184 (for pharmacy questions).

Prior Authorization: eviCore Healthcare at 855-727-7444 for the following: CT, MRI/MRA, PET, diagnostic cardiology, joint procedures, spinal surgeries, interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab. All other prior authorization contact Network Health at: 800-236-0208.

Individual plan
tailored network
symbol (two versions,
NE and SE)

Line of
business name

Individual and Family

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Please note eviCore
program expansion
now includes
medical oncology
and molecular
genetic lab.

Line of
business name

Commercial (Group)

Lines of business include the following.

- HMO
- POS

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



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Line of business name

network health

Line of Business: ETF
Group Name: STATE OF WISCONSIN
Group #: 0000000
Renewal Month: Jan
Effective Date: 01/01/2019

Member #: 000000000 Member Name: JANE M SMITH

Copays:
Emergency Room Services \$60.00
Preventive \$0.00

networkhealth.com

State of Wisconsin Employees

- ETF

Send Claims to:
Network Health
P.O. Box 568
Menasha, WI 54952
Change Healthcare Payer ID: 39144

Customer Service/servicio al cliente
xav tau kev pab bus xov tooj yog:
844-625-2208
920-720-1811 (local)
800-947-3529 (for hearing impaired)

Prior Authorization:
eviCore Healthcare at 855-727-7444 for the following:
CT, MR/MRA, PET, diagnostic cardiology, joint procedures, spinal surgeries,
interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.
All other prior authorization contact Network Health at: 800-296-9299

First Health Network

If you need assistance in determining the urgency of a medical situation, call your Primary Care Physician's office or call Network Health's Nurse Line 24 hours a day, 7 days a week at 888-879-8960.

HMO plans underwritten by Network Health Plan, PPO plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan.

Please note eviCore program expansion now includes medical oncology and molecular genetic lab.

Plan name

network health Network PlatinumPlus (PPO)

This is your 2019 medical card.

Member JANE M DOE
Member ID 000000000
Health Plan (00000) Group 0000000

PC <00>

Copays
PCP \$10.00
Specialist \$40.00

Network
In \$10.00
Out \$10.00

Rx BIN: 000000
RxPCN: A4
RxGrp: NHPA
H5215 001

Medical coverage only

Medicare

Plans include the following:

- Network PlatinumPremier (PPO)
- Network PlatinumPlus (PPO)
- NetworkPrime (MSA)

Customer Service: 800-378-5234 (TTY 800-947-3529)
Prior Authorization: 866-709-0019
Pharmacy Customer Service: 800-316-3107 (TTY 800-899-2114)
Pharmacist Use Only: 800-922-1557
24-Hour Nurse Advice: 888-879-8960 (TTY 888-833-4271)
EyeMed: 833-279-4359

For Providers
Network Health MA Plans
P.O. Box 568
Menasha, WI 54952
Payer ID: 77076
Provider Customer Service Line: 855-580-9935
networkhealth.com
Medicare limiting charges apply.

Line of business name

HORIZON
Home Care & Hospice

Line of Business: SF_LLC
Group Name: ABC HOME CARE
Group #: 0000000
Renewal Month: Jan
Effective Date: 01/01/2019

Participant #: 000000000 Participant Name: JANE M DOE

CVS/caremark Pharmacy Information:
RX BIN: 000000
RX PCN: ADV
RX GRP: RX0000

networkhealth.com

Horizon Home Care and Hospice

- SF_LLC

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

Customer Service/servicio al cliente
xav tau kev pab bus xov tooj yog:
877-760-6717
920-720-1362 (local)
800-947-3529 (for hearing impaired)

CVS/caremark participants call 855-262-8476 / Pharmacists call 800-364-6331 / caremark.com

Prior Authorization:
eviCore Healthcare at 855-727-7444 for the following:
CT, MR/MRA, PET, diagnostic cardiology, joint procedures, spinal surgeries,
interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.
All other prior authorization contact Network Health at: 844-547-9373

First Health Network

If you need assistance in determining the urgency of a medical situation, call your Primary Care Physician's office or call Network Health's Nurse Line 24 hours a day, 7 days a week at 888-879-8960.

Self-insured plans administered by Network Health Administrative Services, LLC.

Please note eviCore program expansion now includes medical oncology and molecular genetic lab.

Plan name

network health Network PlatinumPlus Pharmacy (PPO)

This is your 2019 medical and prescription drug card.

Member JANE M DOE
Member ID 000000000
Health Plan (00000) Group 0000000

PC <00>

Pharmacy Deductible: \$260

Copays
PCP \$15.00
Specialist \$40.00

Network
In \$15.00
Out \$40.00

Rx BIN: 000000
RxPCN: MD
RxGrp: NHPA
H5215 002

Medical and drug coverage

Northeast

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

Medicare with Pharmacy Benefits

Plans include the following:

- NetworkCares (PPO SNP)
- Network PlatinumSelect (PPO)
- Network PlatinumChoice (PPO)
- Network PlatinumPremier Pharmacy (PPO)
- Network PlatinumPlus Pharmacy (PPO)

Southeast

- Network Health Medicare Go (PPO)
- Network Health Medicare Anywhere (PPO)

Line of business name

network health

Group Name: ABC COMPANY LF
Group #: 00000000
Provider Network: Assure

Participant #: 000000000 Participant Name: JANE M DOE

Copays:
Emergency Room Services \$250.00
Urgent Care \$150.00
PCP Office Visit \$30.00
Specialist Office Visit \$60.00
Preventive \$0.00

CVS/caremark Pharmacy Information:
RXBIN: 00000
RXPCN: ADV
RXGRP: RX0000

networkhealth.com

Assure

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P.O. Box 568
Menasha, WI 54952
Change Healthcare Payer ID: 39144

Customer Service/servicio al cliente
xav tau kev pab bus xov tooj yog:
844-300-6537
800-720-1370 (local)
800-947-3529 (for hearing impaired)

CVS/caremark participants call 855-262-8476 / Pharmacists call 800-364-6331 / caremark.com

Prior Authorization:
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interventional pain procedures and radiation oncology, medical oncology and molecular genetic lab.
All other prior authorization contact Network Health at: 844-547-9373

First Health Network

If you need assistance in determining the urgency of a medical situation, call your Primary Care Physician's office or call Network Health's Nurse Line 24 hours a day, 7 days a week at 888-879-8960.

Self-insured plans administered by Network Health Administrative Services, LLC.

Please note eviCore program expansion now includes medical oncology and molecular genetic lab.

Southeast

All Southeast plans will have a higher cost share for out-of-network

network health Network Health Medicare Anywhere (PPO)

This is your 2019 medical and prescription drug card.

Member JANE M DOE
Member ID 000000000
Health Plan (0000) Group 0000000

PC <00>

Pharmacy Deductible: \$250

Copays
PCP \$5.00
Specialist \$42.00

Network
In \$5.00
Out \$15.00

Rx BIN: 000000
RxPCN: MD
RxGrp: NHPA
H5215 010

Southeast

The Southeast HMO plan has no out-of-network benefits

network health Network Health Medicare Explore (HMO)

This is your 2019 medical and prescription drug card.

Member JANE M DOE
Member ID 000000000
Health Plan (00000) Group 0000000

PC <00>

Pharmacy Deductible: \$260

Copays
PCP \$0
Specialist \$30

Rx BIN: 000000
RxPCN: MD
RxGrp: NHPA
H5644 002

Southeast

- Network Health Medicare Explore (HMO)