


2025 SAMPLE ID CARDS

Individual
Prestige
product
plan name



Plan Name
Plan Type: HMO

networkhealth.com

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

Individual
Prestige
product
plan name



Plan Name Plan Name_DV
Plan Type: HMO



networkhealth.com

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

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.

Line of
business
name




Line of Business: IFP_HMO

networkhealth.com

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



Line of Business: IFP_POS



networkhealth.com

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

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	Deductible:	
MemberID02	MemberName02	Individual	\$
MemberID03	MemberName03	Family	\$
MemberID04	MemberName04	Out-of-Pocket Maximum:	
MemberID05	MemberName05	Individual	\$
MemberID06	MemberName06	Family	\$
MemberID07	MemberName07	Preventive	\$
MemberID08	MemberName08	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	Deductible:		
MemberID02	MemberName02	Individual	\$	\$
MemberID03	MemberName03	Family	\$	\$
MemberID04	MemberName04	Out-of-Pocket Maximum:		
MemberID05	MemberName05	Individual	\$	\$
MemberID06	MemberName06	Family	\$	\$
MemberID07	MemberName07	Preventive	\$	
MemberID08	MemberName08			

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

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

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	Deductible:	
MemberID02	MemberName02	Individual	\$
MemberID03	MemberName03	Family	\$
MemberID04	MemberName04	Medical Out-of-Pocket:	
MemberID05	MemberName05	Individual	\$
MemberID06	MemberName06	Family	\$
MemberID07	MemberName07	Out-of-Pocket Maximum:	
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

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.



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

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.

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

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



Participant #:	Participant Name:	What Participant Pays:	Network In:	Out:
MemberID01	MemberName01			
MemberID02	MemberName02	Deductible:		
MemberID03	MemberName03	Individual	\$	\$
MemberID04	MemberName04	Family	\$	\$
MemberID05	MemberName05	Out-of-Pocket Maximum:		
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

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

Deductible:
Individual \$
Family \$

Out-of-Pocket Maximum:
Individual \$
Family \$
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		
MemberID03	MemberName03		
MemberID04	MemberName04		
MemberID05	MemberName05		
MemberID06	MemberName06		
MemberID07	MemberName07		
MemberID08	MemberName08		

Deductible:
Individual \$
Family \$

Out-of-Pocket Maximum:
Individual \$
Family \$
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:
MediImpact Healthcare Systems, Inc.
P.O. Box 50908
San Diego, CA 92150-9098
MediImpact Customer Service:
844-863-0362


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
<123456789>^{PC}₀₀

Health Plan (80840)
Group <2002674>

MedicareRx
Prescription Drug Coverage

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

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_808



2025 Plan Name
PPO
Group Name

Member
<JOHN Q PUBLIC>

Member ID
<123456789>^{PC}₀₀

Health Plan (80840)
Group <2002674>

MedicareRx
Prescription Drug Coverage

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

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_808

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 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
<123456789>^{PC}₀₀

Health Plan (80840)
Group 2001899

MedicareRx
Prescription Drug Coverage

Deductible:	Individual	Out-of-Pocket Maximum:	Individual	Preventive	
	\$		\$	\$	

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_808



YYYY Plan Name
PPO
Group Name

Member
<JOHN Q PUBLIC>

Member ID
<123456789>^{PC}₀₀

Health Plan (80840)
Group 2001899

MedicareRx
Prescription Drug Coverage

Deductible:	Individual	Out-of-Pocket Maximum:	Individual	Preventive	
	\$		\$	\$	

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_808

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 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


2025 Network Health PlusRx PPO
networkhealth.com

Member
<JOHN Q PUBLIC>
Member ID
<**123456789**>
Health Plan (80840)
Group 2001899

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

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_002



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


2025 Network Health Zero PPO
networkhealth.com

Member
<JOHN Q PUBLIC>
Member ID
<**123456789**>
Health Plan (80840)
Group 2001899

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

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_012




Prescription Drug Coverage

Plan name

Southeast


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


2025 Network Health Go PPO
networkhealth.com

Member
<JOHN Q PUBLIC>
Member ID
<**123456789**>
Health Plan (80840)
Group 2001899

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

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_009




Prescription Drug Coverage

Plan name

Southeast


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


2025 Network Health Anywhere PPO
networkhealth.com

Member
<JOHN Q PUBLIC>
Member ID
<**123456789**>
Health Plan (80840)
Group 2001899

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

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_010




Prescription Drug Coverage

2025 SAMPLE ID CARDS

Plan name

Northeast

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


2025 Network Health Armor
PPO
networkhealth.com

Member
 <JOHN Q PUBLIC>
 Member ID
 <**123456789**>^{PC}₀₀
 Health Plan (80840)
 Group 2001899

Copays	In	Out
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


2025 Network Health Bravo
PPO
networkhealth.com

Member
 <JOHN Q PUBLIC>
 Member ID
 <**123456789**>^{PC}₀₀
 Health Plan (80840)
 Group 2001899

Copays	In	Out
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>^{PC}₀₀
Health Plan (80840)
Group 2001899

MedicareRx
Prescription Drug Coverage X

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

Rx BIN: 003858 RxPCN: MD
RxGrp: NHPA
H5215_007

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.

Plan
name

network health 2025 Network Health Prime
MSA
networkhealth.com

Member
<JOHN Q PUBLIC>
Member ID
<123456789>^{PC}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
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