

# PAYER NOTICE

The Midwest Network Alliance wishes to inform you of a new arrangement with a Payer or of changes in an existing arrangement with a Payer. Issued 12/28/2022.

The Midwest Network Alliance Network has entered an agreement with Great Plains Health to offer one medical plan to its employees effective Jan. 1, 2023. The plan includes one Qualified High Deductible Health Plan.

## AGREEMENT: GREAT PLAINS HEALTH EMPLOYEE PLAN

EFFECTIVE DATE: 1/1/2023FEE SCHEDULES: MIDWEST NETWORK ALLIANCEEST. NUMBER OF COVERED LIVES: 2,100THIRD-PARTY ADMINISTRATOR: FIRST CHOICE HEALTHPHARMACY BENEFIT MANAGER: VENTEGRA

## BENEFIT DESIGN


- TIERS**
- Tier One: Domestic Tier
  - Tier Two: MNA/Direct Contracts
  - Tier Three: Wrap Networks
  - Tier Four: Not Covered

- MEDICAL PLANS**
- One, QHDHP



BENEFIT: QHDHP	Tier I	Tier II	Tier III	Tier IV
Deductible (S/F)	\$1,500/\$3,000	\$6,000/\$12,000	\$7,500/\$15,000	-
Coinsurance	15%	35%	50%	-
Out-of-Pocket	\$5,000/\$10,000	\$8,000/\$16,000	\$9,100/\$18,200	-

## SAMPLE ID CARDS



**Member**

Member Name: JOHN SAMPLE


Member ID: SMPL00-01

Group Name: Great Plains Health

Group #: A1400

**Pharmacy Plan**

Rx BIN: 012528  
Rx PCN: VENTEG  
Rx GROUP: VRX0129



Rx Customer Service: (877) 867-0943  
www.ventegra.com

**Plan Information**

Plan Name: HDH Plan

**Medical Deductibles:**

Tier 1:	Individual / Family
Tier 2:	\$1,500 / \$3,000
Tier 3:	\$6,000 / \$12,000
Tier 4:	\$7,500 / \$15,000
Tier 4:	Not Covered

**Medical / Rx Out-of-Pocket:**

Tier 1:	Individual / Family
Tier 2:	\$5,000 / \$10,000
Tier 3:	\$8,000 / \$16,000
Tier 4:	\$9,100 / \$18,200
Tier 4:	Not Covered

**Contact Information**

First Choice Health Customer Service:  
(833) 715-2184  
www.fchn.com/mfc

Pre-Authorizations: (800) 808-0450  
Behavioral Health: (800) 640-7682  
EAP: (888) 628-4824  
Out-of-Network Providers: (833) 375-0121

**Pre-authorization:** Inpatient admissions and certain outpatient services require pre-authorization. Please refer to your Summary Plan Document for details.

**Medical Claims Submission**


EDI Payer ID: 91131


First Choice Health  
PO Box 12659  
Seattle, WA 98111-4659

This card does not guarantee coverage. If you have any questions regarding benefit coverage, claims, or eligibility please call First Choice Health or visit www.fchn.com.

**Networks**

 **Great Plains Health** Midwest Network Alliance  
MidwestNetworkAlliance.com

 **MidlandsChoice**  
www.midlandschoice.com

 **First Choice Health** Network  
www.firsthealth.com