

MIDWEST NETWORK ALLIANCE NETWORK
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 Mary Lanning Healthcare to offer two medical plans to its employees effective Jan. 1, 2023. The plan includes one PPO offering and one Qualified High Deductible Health Plan.

AGREEMENT: MARY LANNING HEALTHCARE EMPLOYEE PLAN

EFFECTIVE DATE: 1/1/2023

FEE SCHEDULES: MIDWEST NETWORK ALLIANCE

EST. NUMBER OF COVERED LIVES: 2,300

THIRD-PARTY ADMINISTRATOR: FIRST CHOICE HEALTH

PHARMACY BENEFIT MANAGER: SMITHRX

BENEFIT DESIGN

- TIERS**
- Tier One: Domestic Tier
 - Tier Two: MNA/Direct Contracts and Mary Lanning Preferred
 - Tier Three: Wrap Networks
 - Tier Four: OON

- MEDICAL PLANS**
- One, PPO
 - One, QHDHP



BENEFIT: PPO #1	Tier I	Tier II	Tier III	Tier IV
Deductible (S/F)	\$0/\$0	\$800/\$1,600	\$1,750/\$3,500	\$4,000/\$8,000
Coinsurance	10%	10%	20%	50%
Out-of-Pocket	\$500/\$1,000	\$1,300/\$2,600	\$3,000/\$6,000	\$6,000/\$12,000

BENEFIT: QHDHP	Tier I	Tier II	Tier III	Tier IV
Deductible (S/F)	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000
Coinsurance	0%	0%	20%	50%
Out-of-Pocket	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	\$8,000/\$16,000

SAMPLE ID CARDS

Member
 Member Name: JOHN SAMPLE
 Member ID: SMPL00-01
 Group Name: Mary Lanning Healthcare
 Group #: A1300

Plan Information
 Plan Name: PPO Plan

Medical Deductibles: Individual / Family

Tier 1:	\$0
Tier 2:	\$800 / \$1,600
Tier 3:	\$1,750 / \$3,500
Tier 4:	\$4,000 / \$8,000

Medical / Rx Out-of-Pocket: Individual / Family

Tier 1:	\$500 / \$1,000
Tier 2:	\$1,300 / \$2,600
Tier 3:	\$3,000 / \$6,000
Tier 4:	\$6,000 / \$12,000

Pharmacy Plan
 Rx Member ID: SMPL0001
 Rx BIN: 024368
 Rx PCN: 3207
 Rx GROUP: MLH
 Rx Customer Service: (844) 454-5201
 www.mysmithrx.com

Contact Information
 First Choice Health Customer Service: (833) 715-2164
 www.fchn.com/mfc
 Pre-Authorizations: (800) 808-0450
 Behavioral Health: (800) 640-7682
 Out-of-Network Providers: (833) 375-0121

Medical Claims Submission
 EDI Payor 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

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 MidlandsChoice
 www.midlandschoice.com

 First Choice Health
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Pre-authorization: Speech therapy, inpatient admissions and certain outpatient services require pre-authorization. Please refer to your Summary Plan Document for details.