

# 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 12/4/2023

The Midwest Network Alliance Network has entered an agreement with Community Hospital to offer two medical plans to its employees effective Jan. 1, 2024. The plan includes one PPO offering and one Qualified High Deductible Health Plan.

## AGREEMENT: COMMUNITY HOSPITAL EMPLOYEE PLAN

EFFECTIVE DATE: 1/1/2024 FEE SCHEDULE: MIDWEST NETWORK ALLIANCE  
 EST. NUMBER OF COVERED LIVES: 375 THIRD-PARTY ADMINISTRATOR: FIRST CHOICE HEALTH  
 PHARMACY BENEFIT MANAGER: ELIXIR

## SUMMARY OF BENEFITS

- TIERS**
- Tier One: Community Hospital and Midwest Network Alliance
  - Tier Two: Midlands Choice and First Choice Health/First Health
  - Tier Three: Out of Network

- MEDICAL PLANS**
- One: PPO
  - One: HDHP



BENEFIT: PPO	Tier I	Tier II	Tier III
Deductible (I/F)	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance	\$40 copay/10%	\$40 copay/10%	40%
Out-of-Pocket	\$2,500/\$5,000	\$3,500/\$7,000	\$7,000/\$14,000

BENEFIT: QHDHP	Tier I	Tier II	Tier III
Deductible (S/F)	\$4,000/\$8,000	\$4,000/\$8,000	\$8,000/\$16,000
Coinsurance	10%	20%	30%
Out-of-Pocket	\$5,000/\$10,000	\$6,000/\$12,000	\$12,000/\$24,000

## SAMPLE ID CARDS

**Member**

Member Name: JOHN SAMPLE

Member ID: SMPL00-01

Group Name: Community Hospital  
McCook

Group #: 6000

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**Medical Plan**

Plan Name: HDHP

Medical Deductibles:

	Individual / Family
Tier 1:	\$4,000 / \$8,000
Tier 2:	\$4,000 / \$8,000
Tier 3:	\$8,000 / \$16,000

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**Pharmacy Plan**

Rx BIN: 800004  
Rx PCN: 008123

RX Customer Service: 800-771-4648  
www.elixirsolutions.com

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

	Individual / Family
Tier 1:	\$5,000 / \$10,000
Tier 2:	\$6,000 / \$12,000
Tier 3:	\$12,000 / \$24,000

**Member Rewards**

First Choice Health Customer Service:  
800-510-1056  
email: customercare@fchn.com

Pre-Authorizations: 800-808-0450  
Behavioral Health: 800-640-7682  
Nurseline: 800-756-7751  
Maternity Management: 800-756-7751  
EAP: 800-755-7636  
Out-of-Network Providers: 888-375-0121

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**Medical Claims Submission**

EDI Payor ID: 91431

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](http://www.fchn.com).

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**Networks**

COMMUNITY HOSPITAL  
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MidwestNetworkAlliance.com

MidlandsChoice.  
www.midlandschoice.com

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