

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 Columbus Community Hospital to offer three medical plans to its employees effective Jan. 1, 2022. The plan includes two PPO offerings and one Qualified High Deductible Health Plan.

AGREEMENT: COLUMBUS COMMUNITY HOSPITAL EMPLOYEE PLAN

EFFECTIVE DATE: 1/1/2022 FEE SCHEDULE: MIDWEST NETWORK ALLIANCE
 EST. NUMBER OF COVERED LIVES: 1,200 THIRD-PARTY ADMINISTRATOR: FIRST CHOICE HEALTH
 PHARMACY BENEFIT MANAGER: ELIXIR

SUMMARY OF BENEFITS

- TIERS**
- Tier One: Columbus area domestic tier
 - Tier Two: MNA
 - Tier Three: Wrap Networks
 - Tier Four: OON
- MEDICAL PLANS**
- Two, PPO
 - One, QHDHP



BENEFIT: PPO #1	Tier I	Tier II	Tier III	Tier IV
Deductible (S/F)	\$750/\$1,500	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000
Coinsurance	10%	20%	30%	40%
Out-of-Pocket	\$1,750/\$3,500	\$4,000/\$8,000	\$4,500/\$9,000	\$7,000/\$14,000

BENEFIT: PPO #2	Tier I	Tier II	Tier III	Tier IV
Deductible (S/F)	\$1,000/\$2,000	\$2,500/\$5,000	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	10%	20%	30%	40%
Out-of-Pocket	\$2,500/\$5,000	\$5,000/\$10,000	\$5,500/\$11,000	\$10,000/\$20,000

BENEFIT: QHDHP	Tier I	Tier II	Tier III	Tier IV
Deductible (S/F)	\$2,800/\$5,600	\$5,200/\$10,400	\$5,700/\$11,400	\$10,400/\$20,800
Coinsurance	10%	20%	30%	40%
Out-of-Pocket	\$4,000/\$8,000	\$6,650/\$13,300	\$7,050/\$14,100	\$13,300/\$26,600

SAMPLE ID CARDS

Member

Member Name: JOHN SAMPLE

Member ID: SMPL00-01

Group Name: Columbus Community Hospital

Group #: A9800

Plan Information

Plan Name: Option C

Medical Deductibles:

	Individual / Family
Tier 1:	\$3,000 / \$6,000
Tier 2:	\$5,200 / \$10,400
Tier 3:	\$5,700 / \$11,400
Tier 4:	\$13,300 / \$26,600

Medical / Rx Out-of-Pocket:

	Individual / Family
Tier 1:	\$4,000 / \$8,000
Tier 2:	\$6,650 / \$13,300
Tier 3:	\$7,050 / \$14,100
Tier 4:	\$13,300 / \$26,600

Pharmacy Plan

Rx BIN: 800004
 Rx PCN: 008126

Rx Customer Service: (800) 771-4648
 www.elixirsolutions.com

Contact Information

First Choice Health Customer Service:
 (833) 375-0133
 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

COLUMBUS
 COMMUNITY HOSPITAL
 www.columbushospital.org

Midwest Network Alliance
 MidwestNetworkAlliance.com

MidlandsChoice
 www.midlandschoice.com

First Choice Health
AK, IL, MI, MO, OH, SD, WA, WI, WY
 www.fchn.com

First Health
 Network
 www.firsthealth.com

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