

# 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 03/27/2025.

The Midwest Network Alliance Network has entered an agreement with Chadron Community Hospital to offer two medical plans to its employees effective April 1, 2025. The plan includes one PPO offering and one Qualified High Deductible Health Plan.

## AGREEMENT: CHADRON COMMUNITY HOSPITAL EMPLOYEE PLAN

EFFECTIVE DATE: 04/01/2025

FEE SCHEDULE: MIDWEST NETWORK ALLIANCE

EST. NUMBER OF COVERED LIVES: 225

THIRD-PARTY ADMINISTRATOR: FIRST CHOICE HEALTH

PHARMACY BENEFIT MANAGER: SMITHRx

## SUMMARY OF BENEFITS


- TIERS**
- Tier One: Chadron and MNA
  - Tier Two: Midlands Choice/FCH
  - Tier Three: OON

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

BENEFIT: PPO	Tier I	Tier II	Tier III
Deductible (S/F)	\$750/\$1,500	\$2,000/\$4,000	\$2,750/\$5,500
Coinsurance	0%	25%	40%
Out-of-Pocket	\$2,500/\$5,000	\$3,850/\$7,700	\$5,000/\$10,000

BENEFIT: QHDHP	Tier I	Tier II	Tier III
Deductible (S/F)	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000
Coinsurance	0%	20%	0%
Out-of-Pocket	\$3,500/\$7,000	\$5,000/\$9,000	\$5,000/\$10,000

## SAMPLE ID CARDS



**Member**

Member Name: JOHN SAMPLE

Member ID: SMPL00-01

Group Name: Chadron Community Hospital

Group #: 8500

**Pharmacy Plan**

Rx BIN: 024368  
Rx PCN: 3207  
Rx Group: 8500

Provider Phone Number: (844) 512-3030

Member Support: (844) 454-5201  
member.mysmithrx.com

**Medical Plan**


Plan Name: PPO

**Medical Deductibles:**

	<b>Individual / Family</b>
Tier 1: Chadron & MNA	\$750 / \$1,500
Tier 2: Midlands/FCH	\$2,000 / \$4,000
Tier 3: OON	\$2,750 / \$5,500

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

	<b>Individual / Family</b>
Tier 1: Chadron & MNA	\$2,500 / \$5,000
Tier 2: Midlands/FCH	\$3,850 / \$7,700
Tier 3: OON	\$5,000 / \$10,000



**Member Rewards**

First Choice Health Customer Service:  
(800) 947-9859  
email: [customer-care@fchn.com](mailto:customer-care@fchn.com)

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



Download 98point6 mobile app for on-demand primary care

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

**Networks**



MidwestNetworkAlliance.com




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