



# MERCY MANAGED CARE BULLETIN

## Affiliate Providers

\*\*\*Due to large number of providers participating in the Mercy Network LLC, please carefully review the plan updates specific to your group’s participation agreement with Mercy Network LLC. This will help ensure you are aligned with the most accurate and relevant information for your providers\*\*\*

### IMPORTANT CONTACTS

[SPRGMMC@Mercy.Net](mailto:SPRGMMC@Mercy.Net)

contact to join Mercy Network LLC.

[MercyMCenrollment@Mercy.Net](mailto:MercyMCenrollment@Mercy.Net)

contact for provider Managed Care enrollment, provider health plan effective dates, and provider load questions.

[Mercy\\_MC\\_Network\\_Operations@Mercy.Net](mailto:Mercy_MC_Network_Operations@Mercy.Net)

contact for prior auth/denials, health plan contract/rate related inquiries, network management support, acquisitions, contract updates, and panel/ member attribution.

[Mercy\\_MC\\_Contract\\_Operations@Mercy.Net](mailto:Mercy_MC_Contract_Operations@Mercy.Net)

contact for contract questions, claims escalation, and health plan query requests.

### IMPORTANT SITES

#### [MANAGED CARE CONTRACT NEWS](#)

Review health plan updates including administrative, reimbursement, clinical, pharmacy and/or authorization policy changes, and provider newsletters.

### FRIENDLY REMINDERS

#### [SWMO, East, Southeast:](#)

##### **Home State Health Medicaid Clinical Policy Update:**

Effective April 16, 2026, policy number CP.MP.251 Radiation Therapy for Skin Cancer was developed. Please see this link for more information: [Provider Notification-Clinical Policy Updates 20260120.pdf](#).

##### **Cigna Healthcare Key 2026 Prior Authorization Changes:**

Effective March 7, 2026, EviCore by Evernorth will begin handling inpatient and/or outpatient utilization management, including prior authorization, for procedure codes linked here: [Precertifications and Prior Authorizations | Cigna Healthcare](#).

Reduction in Scope: Cigna is eliminating prior authorization requirements for approximately 600 diagnostic codes, meaning PA will apply to less than 4% of services for most members.

Medicare Advantage Changes: Effective January 1, 2026, Cigna Medicare Advantage becomes HealthSpring. This entity will manage PAC services (Skilled Nursing, Home Health, etc.), while reducing non-urgent prior authorization response times to 7 days, down from 14.

Streamlined Process: Cigna is implementing a more digitalized, transparent process to improve efficiency.

##### **HealthSpring (fka Cigna Medicare) Claims Process Effective 03/18/2026:**

Effective March 18, 2026, providers will no longer be able to submit claims for patients with HealthSpring Medicare Advantage coverage via the Cigna Medicare Enterprise Gateway. If a claim is submitted via the Cigna Medicare Enterprise Gateway, then the claim will be rejected for member not found. To prevent delays in claims processing, providers should contact their respective clearinghouse or claims submission vendor before March 18 to ensure they are configured correctly. All clearinghouses should use payer ID 52192 for HealthSpring Medicare Advantage claims. Providers who submit claims via the provider portal, Availity® Essentials, should access the HealthSpring Medicare Advantage payer space and use the payer ID 52192.

Please see this link for more information: [Gateway Claims Change | HealthSpring for Providers | HealthSpring](#)



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### PAYOR COMMUNICATIONS

#### Cigna Healthcare:

- **SWMO, East, Southeast** : Please see the below links to help support cancer-specific screening conversation strategies with patients.
  - [Preventive care](#)
  - [Breast cancer](#)
  - [Cervical cancer](#)
  - [Colorectal cancer](#)
  - [Lung cancer](#)
  - [Prostate cancer](#)

#### Medica:

- **SWMO, East, Southeast** : Please see the February and March Medica Connections news bulletin regarding clinical, pharmacy, network, administrative news, and self-service helpful tips linked here: [february2026conn.pdf](#) [march2026link](#)

#### Aetna:

- **SWMO, East, Southeast**: Aetna has teamed up with Bayer Pharmaceuticals to launch an online webinar on the Kidney Health Evaluation for Patients with Diabetes (KED) quality measure. Use the attached flyer on pages 4-5 for registration times and links.

### PAYOR CONTRACT UPDATES

#### Managed Care Contracts

#### Tall Tree:

- **All Regions**: DTE Contract for Tall Tree added the following groups effective January 1, 2026. Tall Tree insurance cards is attached on pages 6-25.
  - Palen Music
  - MW Spring MO DBA Mid-West Family
  - McDonald County Telephone



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- Bishop Ent
  - Stillwater Senior Living
- **All Regions:** DTE Contract for Tall Tree added the group Label Solutions effective February 1, 2026. Tall Tree insurance card is attached on pages 26-31.
- **All Regions:** DTE Contract for Tall Tree added the following groups effective March 1, 2026. Tall Tree insurance cards is attached on pages 32-37.
  - KleerTech
  - Morgan Contractors
- **All Regions:** DTE Contract for Tall Tree added the group Fastechology effective April 1, 2026. Tall Tree insurance card is attached on page 38-43.
- **All Regions:** DTE Contract for Tall Tree is terming the following groups:
  - M. Fernandez DDS DBA Pediatric Dentistry (Termed 01/01/26)
  - Clark Transportation (Termed 02/28/26)
  - Team Tan (Termed 01/31/26)
  - B&Z Logistics (Termed 02/28/26)

### Level Health:

- **All regions:** DTE contract for Level Health is adding the following group Bollinger County effective March 1, 2026 and group olive and oak hospitality effective April 1, 2026. Level health insurance cards are attached on pages 44-47.

### Woodard Cleaning:

- **All Regions:** DTE Contract for Woodard Cleaning changed their TPA from Aither to Edison Health Solutions effective April 1, 2025. Woodard Cleaning insurance card is attached on page 48-49.



## Learn more about the Kidney Health Evaluation for Patients with Diabetes (KED) measure

We're working with Bayer Pharmaceuticals to educate providers about the KED quality measure. As part of this effort, we invite you to attend an informative session.

Join us for one of the “**Chronic Kidney Disease Screening Measure for Diabetics and Patient Management**” sessions that will be held on:

- [April 7th 12-1pm EST](#)
- [April 7th 3-4pm EST](#)
- [April 8th 2-3pm EST](#)

Select a link above to learn more and register for a session.

### Agenda:

1. Chronic kidney disease in diabetics — Bayer Pharmaceuticals
2. Audience questions and answers

### Presenters:

**Carolina Aldworth, MD**

CV&R Medical Director, Nephrologist at Bayer

**Holly C. Hentz RD, LD, CDCES**

Executive Director, Health Systems, Bayer

**Patricia Hart, MD, FACP**

Medical Director, Internal Medicine and Nephrology at Aetna®

**Audience:** This session is available to internal Aetna staff and provider groups who manage chronic kidney disease in diabetics.

Thank you for working with us to improve patient outcomes.

### Help/contact us:

If you have any questions, please [Contact Aetna](#).

Want to stop receiving messages like these through email? [Unsubscribe](#) at any time.

We are located at 151 Farmington Avenue, Hartford, CT 06156.

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6957050-01-01

**PALEN MUSIC CENTER**



PCP Copay: \$15 / \$30  
Specialist Copay: \$25 / \$50  
Urgent Care Copay: \$25/ \$50  
ER Benefit: \$200 /\$400  
RX Benefit: \$0 / \$35 / \$75 / \$200  
Ded Tier 1/Tier 2/Tier 3: \$1,625/\$3,250/\$6,500  
OOP Tier 1/Tier 2/Tier 3: \$1,625/\$3,250/ \$13,000

**Group ID#: SBPMC**

**Name: JOHN SMITH**

**ID#: A3476BCF1**



**TELEMEDICINE:**

Lyric Health  
<https://portal.getlyric.com>  
866-223-8831



**MEDICAL CLAIMS:**

Tall Tree Administrators  
Emdeon payor ID#: 88067  
P.O. Box 1807  
Draper, UT 84020

**MERCY CLAIMS:**

Mercy Benefit Administrator  
P.O. Box 211197  
Eagan, MN 55121  
Payor ID#: 43185

**PHARMACY PLAN:**

RxBIN: 009893  
RxPCN: ROIRX  
RxGRP: TLTSBPMC  
Customer Service: 833-546-0798  
www.medimpact.com

**MEMBER BENEFIT:**

Eligibility Benefits- Call 844-525-2387  
Provider Network: To find a First Health  
provider call 800-226-5116 or visit  
www.firsthealthcomplementary.com

**PRE CERTIFICATION:**

Please contact Integrated Health at  
877-587-2700 for Pre-Authorizations.

**All services requiring a Pre-Auth will  
be denied if not obtained.**



**PALEN MUSIC CENTER**



PCP Copay: \$20 / \$40  
Specialist Copay: \$40 / \$80  
Urgent Care Copay: \$30 / \$60  
ER Benefit: Ded then 80%/70%/50%  
RX Benefit: \$0 / \$35 / \$75 / \$200  
Ded Tier 1/Tier 2/Tier 3: \$2,500/\$5,000/\$10,000  
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Specialist Copay: \$20 / \$40  
Urgent Care Copay: \$20 / \$40  
ER Benefit: \$150 /\$300  
RX Benefit: \$0 / \$35 / \$75 / \$200  
Ded Tier 1/Tier 2/Tier 3: \$500/\$1,000/\$2,500  
OOP Tier 1/Tier 2/Tier 3: \$1,750/\$3,500/ \$7,000

**Group ID#: SBMWS**

**Name: JOHN SMITH**

**ID#: A3476BCF1**



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PCP Copay: \$10 / \$25  
Specialist Copay: \$20 / \$45  
Urgent Care Copay: \$20 / \$45  
ER Benefit: \$150  
RX Benefit: \$0 / \$35 / \$75 / \$200  
Ded Tier 1/Tier 2/Tier 3: \$625/\$1,250/\$2,500  
OOP Tier 1/Tier 2/Tier 3: \$625/\$1,250 / \$3,750

**Group ID#: SBMCT**

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**ID#: A3476BCF1**



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**BISHOP ENTERPRISES**



**Group ID#: SBBSE**

**Name: JOHN SMITH**

**ID#: A3476BCF1**

PCP Copay:	\$10 / \$20
Specialist Copay:	\$20 / \$40
Urgent Care Copay:	\$25 / \$50
ER Benefit:	\$300

Ntwk. Ded./Non-Ntwk. Ded.:	\$2,000 / \$9,000
Ntwk. OOP/Non-Ntwk OOP:	\$6,500 / \$13,000



**TELEMEDICINE:**

Lyric Health  
<https://portal.getlyric.com>  
866-223-8831



**MEDICAL CLAIMS:**

Tall Tree Administrators  
Emdeon payor ID#: 88067  
P.O. Box 1807  
Draper, UT 84020



IIS Benefit  
Administrators

**MERCY CLAIMS:**

Mercy Benefit Administrator  
P.O. Box 211197  
Eagan, MN 55121  
Payor ID#: 43185

**PHARMACY PLAN:**

RxBIN: 005285  
RxPCN: ACB  
RxGRP: 50003641-01  
Customer Service: Member: 800-311-3446  
Pharmacy: 800-699-3542. www.ehimrx.com

**ProCare Rx**

**MEMBER BENEFIT:**

Eligibility Benefits- Call 844-525-2387  
Provider Network: To find a First Health  
provider call 800-226-5116 or visit  
www.firsthealthcomplementary.com

**PRE CERTIFICATION:**

Call Integrated Health Management  
at 877-587-2700.

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**BISHOP ENTERPRISES**



**Group ID#: SBBSE**

**Name: JOHN SMITH**

**ID#: A3476BCF1**

PCP Copay:	\$10 / \$20
Specialist Copay:	\$20 / \$40
Urgent Care Copay:	\$25 / \$50
ER Benefit:	\$500

Ntwk. Ded./Non-Ntwk. Ded.:	\$6,000 / \$9,000
Ntwk. OOP/Non-Ntwk OOP:	\$6,000 / \$14,000



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Administrators

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RxGRP: 50003641-01  
Customer Service: Member: 800-311-3446  
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**STILLWATER SENIOR LIVING**



**Group ID#: SBSSL**  
**Name: JOHN SMITH**  
**ID#: A3476BCF1**

PCP Copay: \$10 / \$20  
Specialist Copay: \$20 / \$40  
Urgent Care Copay: \$25 / \$50  
ER Benefit: \$150

Ntwk. Ded./Non-Ntwk. Ded.: \$1,500 / \$9,000  
Ntwk. OOP/Non-Ntwk OOP: \$1,500 / \$14,000



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IIS Benefit  
Administrators

**MERCY CLAIMS:**

Mercy Benefit Administrator  
P.O. Box 211197  
Eagan, MN 55121  
Payor ID#: 43185

**PHARMACY PLAN:**

RxBIN: 005285  
RxPCN: ACB  
RxGRP: 50003651-01  
Customer Service: Member: 800-311-3446  
Pharmacy: 800-699-3542. www.ehimrx.com

**ProCare Rx**

**MEMBER BENEFIT:**

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PCP Copay: \$10 / \$20  
Specialist Copay: \$20 / \$40  
Urgent Care Copay: \$25 / \$50  
ER Benefit: \$300

Ntwk. Ded./Non-Ntwk. Ded.: \$2,500 / \$9,000  
Ntwk. OOP/Non-Ntwk OOP: \$7,000 / \$14,000



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Specialist Copay: \$20 / \$40  
Urgent Care Copay: \$25 / \$50  
ER Benefit: \$300

Ntwk. Ded./Non-Ntwk. Ded.: \$5,000 / \$9,000  
Ntwk. OOP/Non-Ntwk OOP: \$7,000 / \$14,000



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**Name: JOHN SMITH**

**ID#: A3476BCF1**



PCP Copay:	\$5 / \$15
Specialist Copay:	\$20 / \$40
Urgent Care Copay:	\$20 / \$40
ER Benefit:	\$300
RX Benefit:	\$0 / \$35 / \$75 / \$200
Ded Tier 1/Tier 2/Tier 3:	\$500 \$1,000/\$2,500
OOP Tier 1/Tier 2/Tier 3:	\$1,750/\$3,500/\$7,000

**MEDICAL CLAIMS:**

Tall Tree Administrators  
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**MERCY CLAIMS:**

Mercy Benefit Administrator  
P.O. Box 211197  
Eagan, MN 55121  
Payor ID#: 43185

**PHARMACY PLAN:**

RxBIN: 023385  
RxPCN: CPT  
RxGRP: CPRX  
Customer Service: 945-260-2281  
www.cerpassrx.com

**MEMBER BENEFIT:**

Eligibility Benefits- Call 844-525-2387  
Provider Network: To find a First Health  
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Provider Network: To find a First Health  
provider call 800-226-5116 or visit  
www.firsthealthcomplementary.com

**TELEMEDICINE:**

The logo for Lyric Health, featuring the word "lyric" in a lowercase, teal, sans-serif font.

Lyric Health  
<https://portal.getlyric.com>  
866-223-8831

**PRE CERTIFICATION:**

Call Integrated Health Management  
at 877-587-2700

**All services requiring a Pre-Auth will  
be denied if not obtained.**



**KLEERTECH**



**Group ID#: SBKTH**

**Name: JOHN SMITH**

**ID#: A3476BCF1**

PCP Copay: \$10 / \$20  
Specialist Copay: \$15 / \$30  
Urgent Care Copay: \$25 / \$50  
ER Benefit: \$200

Ntwk. Ded./Non-Ntwk. Ded.: \$1,500 / \$9,000  
Ntwk. OOP/Non-Ntwk OOP: \$5,000 / \$14,000



**TELEMEDICINE:**

Lyric Health  
<https://portal.getlyric.com>  
866-223-8831



**MEDICAL CLAIMS:**

Tall Tree Administrators  
Emdeon payor ID#: 88067  
P.O. Box 1807  
Draper, UT 84020



IIS Benefit  
Administrators

**MERCY CLAIMS:**

Mercy Benefit Administrator  
P.O. Box 211197  
Eagan, MN 55121  
Payor ID#: 43185

**PHARMACY PLAN:**

RxBIN: 005285  
RxPCN: ACB  
RxGRP: 50003653-01  
Customer Service: Member: 800-311-3446  
Pharmacy: 800-699-3542. www.ehimrx.com

**ProCare Rx**

**MEMBER BENEFIT:**

Eligibility Benefits- Call 844-525-2387  
Provider Network: To find a First Health  
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ER Benefit: \$200

Ntwk. Ded./Non-Ntwk. Ded.: \$2,500 / \$9,000  
Ntwk. OOP/Non-Ntwk OOP: \$6,000 / \$14,000



**TELEMEDICINE:**

Lyric Health  
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866-223-8831



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RxBIN: 005285  
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Pharmacy: 800-699-3542. www.ehimrx.com

**ProCare Rx**

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Provider Network: To find a First Health  
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www.firsthealthcomplementary.com

**PRE CERTIFICATION:**

Call Integrated Health Management  
at 877-587-2700.

**All services requiring a Pre-Auth will  
be denied if not obtained.**



**Group ID#: SBMOC**

**Name: JOHN SMITH**

**ID#: A3476BCF1**



PCP Copay:	\$15 / \$35
Specialist Copay:	\$25 / \$55
Urgent Care Copay:	\$25 / \$55
ER Benefit:	\$500
RX Benefit:	\$0 / \$35 / \$75 / \$200
Ded Tier 1/Tier 2/Tier 3:	\$750/\$1,500/\$3,000
OOP Tier 1/Tier 2/Tier 3:	\$1,500/\$3,000/\$6,000

**MEDICAL CLAIMS:**

Tall Tree Administrators  
Emdeon payor ID#: 88067  
P.O. Box 1807  
Draper, UT 84020

**MERCY CLAIMS:**

Mercy Benefit Administrator  
P.O. Box 211197  
Eagan, MN 55121  
Payor ID#: 43185

**PHARMACY PLAN:**

RxBIN: 023385  
RxPCN: CPT  
RxGRP: CPRX  
Customer Service: 945-260-2281  
www.cerpasrx.com

**MEMBER BENEFIT:**

Eligibility Benefits- Call 844-525-2387  
Provider Network: To find a PHCS  
provider call 800-922-4362 or visit  
www.multiplan.com

**TELEMEDICINE:**

Lyric Health  
<https://portal.getlyric.com>  
866-223-8831

**PRE CERTIFICATION:**

Call Integrated Health Management at  
877-587-2700 for Pre-Authorization.

**All services requiring a Pre-Auth will  
be denied if not obtained.**



**FASTECHNOLOGY GROUP LLC**



**Group ID#: SBFTG**

**Name: JOHN SMITH**

**ID#: A3476BCF1**

PCP Copay:	\$10 / \$20
Specialist Copay:	\$20 / \$40
Urgent Care Copay:	\$25 / \$50
ER Benefit:	\$300

Ntwk. Ded./Non-Ntwk. Ded.:	\$1,000 / \$9,000
Ntwk. OOP/Non-Ntwk OOP:	\$1,000 / \$14,000



**TELEMEDICINE:**

Lyric Health  
<https://portal.getlyric.com>  
866-223-8831



**MEDICAL CLAIMS:**

Tall Tree Administrators  
Emdeon payor ID#: 88067  
P.O. Box 1807  
Draper, UT 84020



IIS Benefit  
Administrators

**MERCY CLAIMS:**

Mercy Benefit Administrator  
P.O. Box 211197  
Eagan, MN 55121  
Payor ID#: 43185

**MEMBER BENEFIT:**

Eligibility Benefits- Call 844-525-2387  
Provider Network: To find a First Health  
provider call 800-226-5116 or visit  
[www.firsthealthcomplementary.com](http://www.firsthealthcomplementary.com)

**PHARMACY PLAN:**

RxBIN: 005285  
RxPCN: ACB  
RxGRP: 50003679-01  
Customer Service: Member: 800-311-3446  
Pharmacy: 800-699-3542. [www.ehimrx.com](http://www.ehimrx.com)

**PRE CERTIFICATION:**

Call Integrated Health Management  
at 877-587-2700.

**All services requiring a Pre-Auth will  
be denied if not obtained.**

**ProCare Rx**



**FASTECHNOLOGY GROUP LLC**



**Group ID#: SBFTG**

**Name: JOHN SMITH**

**ID#: A3476BCF1**

PCP Copay:	\$10 / \$20
Specialist Copay:	\$20 / \$40
Urgent Care Copay:	\$25 / \$50
ER Benefit:	DED

Ntwk. Ded./Non-Ntwk. Ded.:	\$5,000 / \$9,000
Ntwk. OOP/Non-Ntwk OOP:	\$5,000 / \$14,000



**TELEMEDICINE:**

Lyric Health  
<https://portal.getlyric.com>  
866-223-8831



**MEDICAL CLAIMS:**

Tall Tree Administrators  
Emdeon payor ID#: 88067  
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Draper, UT 84020



IIS Benefit  
Administrators

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Mercy Benefit Administrator  
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**ProCare Rx**



FASTECHNOLOGY GROUP LLC



**Group ID#: SBFTG**

**Name: JOHN SMITH**

**ID#: A3476BCF1**

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Specialist Copay:	\$20 / \$40
Urgent Care Copay:	\$25 / \$50
ER Benefit:	\$300

Ntwk. Ded./Non-Ntwk. Ded.:	\$3,000 / \$9,000
Ntwk. OOP/Non-Ntwk OOP:	\$3,000 / \$14,000



**TELEMEDICINE:**

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**PRE CERTIFICATION:**

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**All services requiring a Pre-Auth will  
be denied if not obtained.**

**ProCare Rx**



**Member:** {{firstName}} {{lastName}}

**Member ID:** {{base}} {{code}}

**Group:** LHP37

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**No-Cost Primary Care**

Rezilient Health 314-900-1615

Mercy ([www.mercyoptions.net](http://www.mercyoptions.net))

**No-Cost Mental Health Care**

ViCare 314-282-2055

**No-Cost Rx & Surgeries**

Level (877) 426-2162

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**Copays:**

OV \$0 | SOV \$25

ER \$300

**Deductible/Out of Pocket Maximum**

**\$0 Care Ded:** \$0/\$0

**\$0 Care MOOP:** \$0/\$0

**Tier 1 Ded:** \$0/\$0

**Tier 1 MOOP:** \$3,000/\$6,000

**INN Ded:** \$3,000/\$6,000

**INN MOOP:** \$6,000/\$12,000

**OON Ded:** \$6,000/\$12,000

**OON MOOP:** \$12,000/\$24,000



### Pharmacy



Rx Bin: 012528

Rx Group: LHP37

Rx PCN: VENTEG

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### Providers



**Payer Name:** Level Health

**Portal:** [my.levelhealthplans.com/providers](https://my.levelhealthplans.com/providers)

**Call:** 203-208-9898

**Pharmacies:** +1(877) 867-0943

**Prior Authorizations:** 800-432-8421

**Mail Claims:** Payer ID: LVL21

Level Health

3723 Greenville Ave #92165

Dallas, TX 75206

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### QUESTIONS ? Contact us.



**Members Call** (877) 426-2162

[my.levelhealthplans.com/signin](https://my.levelhealthplans.com/signin)

This card does not guarantee eligibility or payment.  
FAILURE TO OBTAIN PRIOR AUTHORIZATION WILL  
RESULT IN BENEFIT PAYMENT REDUCTION.



**Member:** {{firstName}} {{lastName}}

**Member ID:** {{base}} {{code}}

**Group:** LHP43

---

**No-Cost Primary Care**

Rezilient Health 314-900-1615

Mercy ([www.mercyoptions.net](http://www.mercyoptions.net))

**No-Cost Mental Health Care**

ViCare 314-282-2055

**No-Cost Rx & Surgeries**

Level (877) 426-2162

---

**Copays:**

OV \$0 | SOV \$25

ER \$300

**Deductible/Out of Pocket Maximum**

**\$0 Care Ded:** \$0/\$0

**\$0 Care MOOP:** \$0/\$0

**Tier 1 Ded:** \$0/\$0

**Tier 1 MOOP:** \$5,000/\$10,000

**INN Ded:** \$5,000/\$10,000

**INN MOOP:** \$9,450/\$18,900

**OON Ded:** \$10,000/\$20,000

**OON MOOP:** \$18,900/\$37,800



### Pharmacy



Rx Bin: 012528

Rx Group: VRX0412

Rx PCN: VENTEG

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### Providers



**Payer Name:** Level Health

**Portal:** [my.levelhealthplans.com/providers](https://my.levelhealthplans.com/providers)

**Call:** 203-208-9898

**Pharmacies:** +1(877) 867-0943

**Prior Authorizations:** 800-432-8421

**Mail Claims:** Payer ID: IHS15

Yuzu Health

3723 Greenville Ave #92165

Dallas, TX 75206

---

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[my.levelhealthplans.com/signin](https://my.levelhealthplans.com/signin)

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FAILURE TO OBTAIN PRIOR AUTHORIZATION WILL  
RESULT IN BENEFIT PAYMENT REDUCTION.



**Member**

Member: JOHN SAMPLE

Member ID: SMPL0001

**Coverage**

**Benefits**

Copyay: \$150 Urgent Care / \$500 ER

No Cost Virtual Urgent & Primary Care:  
Resilient Health  
314-912-4234

**Medical Plan**



[www.mercyoptions.net](http://www.mercyoptions.net)

Providers Verifying Benefits, Eligibility  
& Claim Status Call: 800-967-2077

Locate a Provider: 877-514-5549

**Pharmacy Plan**

RxBIN: 012528  
RxPCN: VENTEG  
RxGRP: VRX0388  
877-867-0943  
[www.Ventegra.com](http://www.Ventegra.com)



1044-v6 (F5A WCR985----M)D1(V)

20250303T2C Sh: 0 Bin 2  
J084 Env [1] CSets 1 of 1



**Member**

Member: JOHN SAMPLE

Member ID: SMPL0001

**Coverage**

**Benefits**

Copyay: \$150 Urgent Care / \$500 ER

No Cost Virtual Urgent & Primary Care:  
Resilient Health  
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RxGRP: VRX0388  
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[www.Ventegra.com](http://www.Ventegra.com)



1044-v6 (F5A WCR985----M)D1(V)

20250303T2C Sh: 0 Bin 2  
J084 Env [1] CSets 1 of 1



### Claims Submission

**EDI Payer ID: 66456**

**Mailing Address:**  
Edison Health Solutions  
PO Box 21607  
Eagan MN 55121

### Centers of Excellence

EDISON HEALTHCARE

**SURGERIES AT NO COST TO YOU**  
AT AMERICA'S TOP MEDICAL CENTERS  
100% coverage for Spine, Joint, Orthopedic,  
Cancer, and Cardiac Surgeries.

Call EDISON HEALTHCARE at  
**1-866-982-7988**

### Member Services

Members with questions on benefits or for plan support call:

Member Concierge  
314.637.6756

### Prior Authorization

Pre-certification is required for all in-patient admissions and within 48 hours of an emergency admission. Please have admitting physician or member call MedWatch at 888-827-5294.

Failure to obtain pre-certification may result in a reduction of benefits.

### Deductible/OOP

INN Ded: \$2,000 Ind/\$4,000 Fam  
INN OOP: \$4,000 Ind/\$8,000 Fam

OON Ded: \$5,000 Ind/\$10,000 Fam  
OON OOP: \$10,000 Ind/\$20,000 Fam



### Claims Submission

**EDI Payer ID: 66456**

**Mailing Address:**  
Edison Health Solutions  
PO Box 21607  
Eagan MN 55121

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