

## Trilogy Payer Agreements

Claims Address	Payer ID	Payer	TPA	Phone (Benefits & CS)
Trilogy Health Networks P.O. Box 1171 Milwaukee, WI 53201	62777	Auxiant	Auxiant	800-279-6772 <a href="http://www.auxiant.com">www.auxiant.com</a>
		CommonGround (Empower)	CommonGround	877-514-2442 <a href="http://commongroundhealthcare.org">commongroundhealthcare.org</a>
		Cypress	Cypress	877-236-0844 <a href="http://www.cypressbenefit.com">www.cypressbenefit.com</a>
		EBSO	EBSO	866-296-4002 <a href="http://www.ebsobenefits.com">www.ebsobenefits.com</a>
		National General	Allied Benefits	888-292-0272 <a href="http://www.ngbselffunded.com">www.ngbselffunded.com</a>
		Northern Ill HP	Northern Ill HP	800-723-0202 <a href="http://www.nihp.com">www.nihp.com</a>
		Pekin Insurance	Pekin Insurance *	800-371-9622 <a href="http://www.pekininsurance.com/health">www.pekininsurance.com/health</a>
US Health & Life	US Health & Life *	866-429-3242 <a href="http://www.ushealthandlife.com">www.ushealthandlife.com</a>		
Prairie States Enterprises P.O. Box 23 Sheboygan, WI 53082	36373	Prairie States	Prairie States	800-615-7020 <a href="http://www.prairieontheweb.com">www.prairieontheweb.com</a>
CB-SISCO Benefits P.O. Box 389 Dubuque, IA 52004	44827	CB-SISCO	CB-SISCO	800-457-4726 ext. 7575 <a href="http://www.siscobenefits.com/provider">www.siscobenefits.com/provider</a>
Health Payment Systems P.O. Box 510620 Milwaukee, WI 53203	20270	Health Payment Systems	Prairie States	800-615-7020
			Auxiant	800-279-6772
			Cypress	877-236-0844
			EBSO	800-558-7798
			PBA	800-435-5694
			CB-Sisco	800-457-4726
			Allied Benefits	800-288-2078
			Meritain Health-MN	800-925-2272
			BPA	800-236-7789
			ARM	800-392-1770 <a href="http://www.hps.md">www.hps.md</a>
Network Health Plan P.O. Box 568 Menasha, WI 54952	39144	Network Health Plan	Network Health Plan	844-300-5537 <a href="http://www.networkhealth.com">www.networkhealth.com</a>

**Customer Service:**

Eligibility and Benefit Information:

**800-279-6772**

Certification and Prior Authorization:

**866-726-6584**

Provider Network Information:

**866-670-8692**

**Website: [www.auxiant.com](http://www.auxiant.com)**

**Claim Submission Address:**

**Trilogy Health Networks**

**P.O. Box 1171**

**Milwaukee, WI 53201**

(Paper Claims)

**EDI Payer ID # 62777**

(Electronic Claims)

**Sample ID Card (Front):**



**patientcare**  
1-866-253-2273

**ccb**  
We've got IT covered

Employee Name:  
Employee Number:

Medical Plan: AUXIANT GROUP #: C999  
For benefit and coverage verification call Auxiant at 1-800-279-6772  
[www.auxiant.com](http://www.auxiant.com)

Prescription Drug Plan: SERVE YOU GROUP #: 7132  
BIN #: 001553  
PCN #: SERVU  
For prescription claims/inquiries call: Serve You Custom Prescription Management at (800) 759-3203  
(Serve you.)  
CUSTOM PRESCRIPTION MANAGEMENT  
[www.serve-you-rx.com](http://www.serve-you-rx.com)

Trilogy Health Networks logo

**Sample ID Card (Back):**

IMPORTANT: ADMISSION NOTIFICATION IS REQUIRED.  
 FOR PRE-CERTIFICATION CALL: 1-866-726-6584  
 You are REQUIRED to call or have your Doctor call at least 48 hours prior to a scheduled hospital admission or within 48 hours for an emergency admission.  
 For chemotherapy or radiation therapy pre-authorization call Auxiant at 1-800-279-6772  
 FAILURE TO CALL WILL RESULT IN REDUCED BENEFITS

Submit All Medical Claims to:  
 Trilogy Health Networks  
 P.O. Box 1171  
 Milwaukee, WI 53201  
 For Preferred Provider Information Call: 1-866-670-8692  
 EDI Payer ID: 62777  
[www.trilogycares.com](http://www.trilogycares.com)

Trilogy Health Networks logo

For Providers outside the Primary PPO service area, present the Auxiant National Access card along with your Primary ID card. To locate providers outside of the Primary PPO service area call PHX at 1-888-621-7900.

\*\*This card does not guarantee coverage and/or benefits\*\*

**Payer: CommonGround Healthcare Cooperative**  
**(Empower Network)**  
**Fully Insured Group Products**

**Customer Service:**

Eligibility and Benefit Information:

**877-514-2442**

Certification and Prior Authorization:

**877-779-7598**

Provider Network Information:

**866-670-8691**

**Website: [www.commongroundhealthcare.org](http://www.commongroundhealthcare.org)**

**Claim Submission Address:**

**Trilogy Health Networks**

**P.O. Box 1171**

**Milwaukee, WI 53201**

(Paper Claims)

**EDI Payer ID #62777**

(Electronic Claims)

**Sample ID Card (Front):**



COMMON GROUND HEALTHCARE COOPERATIVE

Member Services  
[WWW.CGCARES.ORG](http://WWW.CGCARES.ORG)  
 877-514-CGHC (2442)

Plan: Silver

Trilogy Health Networks logo

Member Name: **Jonathan Q. Samplename**  
 Member #: **0000123456 001**  
 Effective Date: **01/01/2099**

PCP Copay: \$30  
 Specialist Copay: \$50  
 Urgent Care Copay: \$30  
 ER Copay: \$250  
 Rx Copay: \$20/\$50/\$75

002 Jane Samplename  
 003 Sam Samplename  
 004 Elizabeth Samplename  
 005 Joseph Samplename

006 Jennifer Samplename  
 007 Christopher Samplename  
 008 Lola Samplename  
 009 Patrick Samplename

RX BIN: 810011  
 RX PCN: IRX  
 RX Group: CGHC

OPTUMRX logo

**Sample ID Card (Back):**

This is your Common Ground Healthcare Cooperative (CGHC) Identification Card. It must be presented each time services are requested. See your Certificate of Coverage for a description of your benefits, terms, conditions, limitations and exclusions of coverage. When submitting inquiries, always include your Member Number. Possession or use of this card does not guarantee payment.

To inquire about what services require prior authorization, call 1-877-779-7598. Prior authorization for emergency admissions must be obtained within 48 hours of the admission. To access our 24/7 CGHC Doctor line, call 1-844-490-2442 (toll-free).

Prescription Drug benefits administered by OptumRx®, PO BOX 968022, Schaumburg, IL 60196. For drugs requiring a prior authorization or for questions regarding drug formulary or pharmacy claims call OptumRx® at 1-855-577-6545.

Submit Medical Claims to:  
 EDI Claims: 62777  
 Paper Claims: Trilogy, PO Box 1171, Milwaukee, WI 53201

To find Providers outside of the CGHC service area, please call First Health Network at 1-800-226-5116 or go to [www.firsthealth.com](http://www.firsthealth.com). Submit claims outside of the service area to CGHC, PO Box 1630, Brookfield, WI 53008-1630

First Health Network logo

**Payer: Cypress**  
**Self Funded Group Products**

**Customer Service:**

Eligibility and Benefit Information:

**877-236-0844**

Certification and Prior Authorization:

**866-236-4021**

Provider Network Information:

**866-670-8694**

**Website: [www.cypressbenefit.com](http://www.cypressbenefit.com)**

**Claim Submission Address:**

**Trilogy Health Networks**

**P.O. Box 1171**

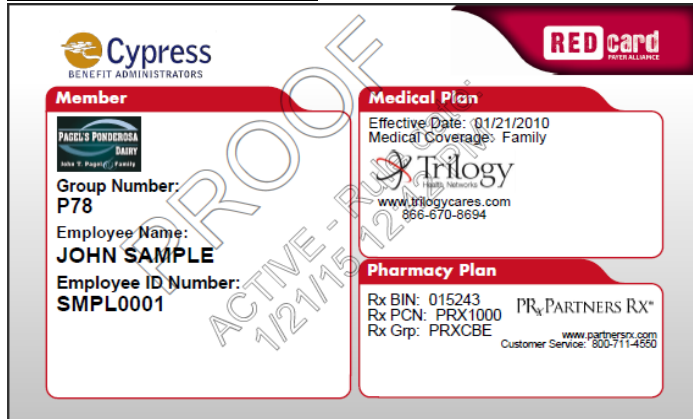
**Milwaukee, WI 53201**

(Paper Claims)

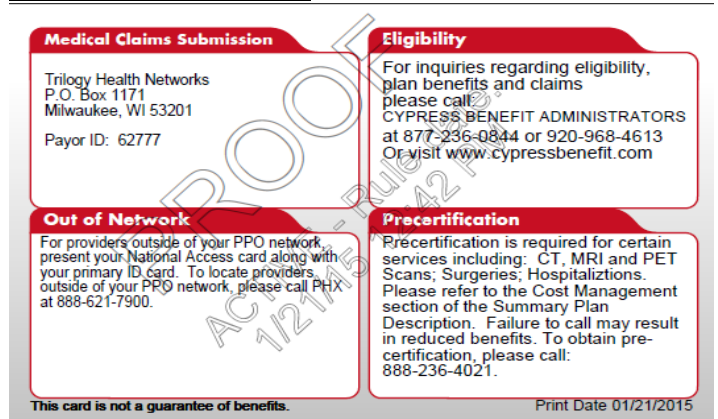
**EDI Payer ID # 62777**

(Electronic Claims)

**Sample ID Card (Front):**



**Sample ID Card (Back):**



**Payer: EBSO Expert Benefit Solutions**  
**Self Funded Group Products**

**Customer Service:**

Eligibility and Benefit Information:

**866-296-4002**

Certification and Prior Authorization:

**800-426-9317**

Provider Network Information/Claim Status:

**866-670-8691**

**Website: [www.ebsobenefits.com](http://www.ebsobenefits.com)**

**Claim Submission Address:**

**Trilogy Health Networks**

**P.O. Box 1171**

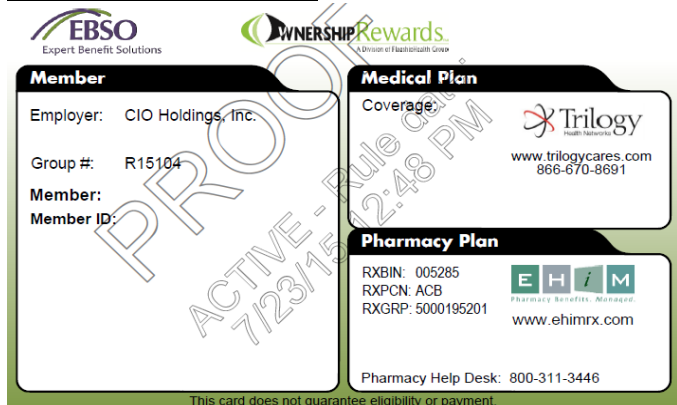
**Milwaukee, WI 53201**

(Paper Claims)

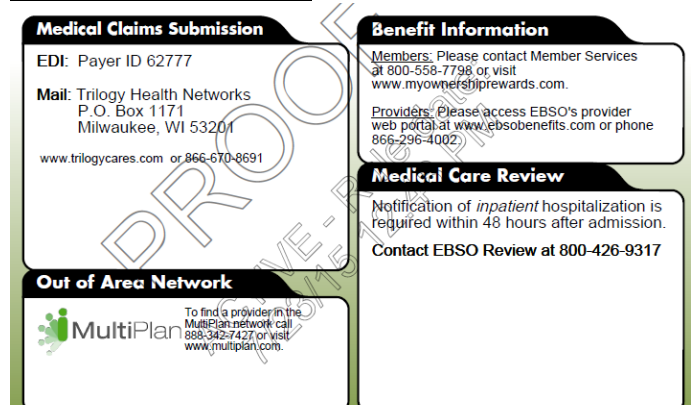
**EDI Payer ID #62777**

(Electronic Claims)

**Sample ID Card (Front):**



**Sample ID Card (Back):**



**Payer: Allied Benefits (National General Benefit Solutions)  
Self Funded Group Products**



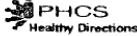
<p><b>Customer Service:</b> Eligibility and Benefit Information: <b>888-292-0272</b> Certification and Prior Authorization: <b>800-392-5150</b> Provider Network Information: <b>888-292-0272</b></p>	<p><b>Claim Submission Address:</b> <b>Trilogy Health Networks</b> <b>P.O. Box 1171</b> <b>Milwaukee, WI 53201</b> (Paper Claims)  <b>EDI Payer ID #62777</b> (Electronic Claims)</p>
<p><b>Sample ID Card (Front):</b></p>	<p><b>Sample ID Card (Back):</b></p>

**Payer: Northern Illinois Health Plan  
Self Funded Group Products**







<p><b>Customer Service:</b> Eligibility and Benefit Information: <b>800-723-0202</b> Certification and Prior Authorization: <b>800-723-0202</b> Provider Network Information: <b>866-670-8691</b>  <b>Website: <a href="http://www.nihp.com">www.nihp.com</a></b></p>	<p><b>Claim Submission Address:</b>  <b>Trilogy Health Networks</b> <b>P.O. Box 1171</b> <b>Milwaukee, WI 53201</b> (Paper Claims)  <b>EDI Payer ID #62777</b> (Electronic Claims)</p>
<p><b>Sample ID Card (Front):</b></p>	<p><b>Sample ID Card (Back):</b></p>



## Payer: Pekin Fully Insured Group Products

<p><b>Customer Service:</b> Eligibility and Benefit Information: <b>800-371-9622</b> Certification and Prior Authorization: <b>800-245-3005</b> Provider Network Information/Claim Status: <b>800-371-9622</b></p> <p><b>Website:</b> <a href="http://www.pekininsurance.com">www.pekininsurance.com</a></p>	<p><b>Claim Submission Address:</b></p> <p><b>Trilogy Health Networks</b> <b>P.O. Box 1171</b> <b>Milwaukee, WI 53201</b> (Paper Claims)</p> <p><b>EDI Payer ID #62777</b> (Electronic Claims)</p>
<p><b>Sample ID Card (Front):</b></p> <div style="text-align: center;">  <p>PEKIN LIFE INSURANCE COMPANY 2505 COURT STREET, PEKIN, IL 61558 www.pekininsurance.com <i>Beyond the expected.™</i></p> </div> <p>Member Name    JOHN DOE Member ID        01234W56789 (Use this number to file claim) Underwriter/Grp    0015CI    KOLNIK TRUCKING INC</p> <div style="text-align: center;">  </div>	<p><b>Sample ID Card (Back):</b></p> <p>PRECERTIFY before any hospitalization or surgery by calling 800-245-3005. For claims questions call 800-371-9622 All Trilogy Health Network Providers submit paper claims to: Trilogy Health Networks, PO Box 1171, Milwaukee WI 53201 or Electronic claims to: EDI #62777</p> <p><i>If you have an emergency illness or injury while traveling outside of the Trilogy Health Network service area, or if you are a dependent residing outside that area, you can access PPO providers through PHCS Healthy Directions. For further information about accessing this network please call 800-322-0160 ext 2758.</i></p> <div style="text-align: right;">  </div> <p>PHCS Providers not contracted with Trilogy, submit medical claims to PHCS Healthy Directions: PLIC Healthy Directions, PO Box 944, Buckeystown, MD 21717. Submit PHCS electronic claims to ClaimsNet EDI#37086.</p> <p>All other Providers submit claims directly to Pekin Life Insurance at 2505 Court St. Pekin IL 61558.</p>

## Payer: US Health & Life Fully Insured Group Products

<p><b>Customer Service:</b> Claims, Eligibility, Benefits: <b>866-429-3242 or 888-494-4600</b> (automated fax back) Prior Authorization: <b>866-802-1326</b> Provider Network Information: <b>866-429-6628</b></p> <p><b>Website:</b> <a href="http://www.ushealthandlife.com">www.ushealthandlife.com</a></p>	<p><b>Claim Submission Address:</b></p> <p><b>Trilogy Health Networks</b> <b>P.O. Box 1171</b> <b>Milwaukee, WI 53201</b> (Paper Claims)</p> <p><b>EDI Payer ID #62777</b> (Electronic Claims)</p>
<p><b>Sample ID Card (Front):</b></p> <div style="text-align: center;">   </div> <p>GROUP ID: SHPW1 MEMBER ID: MEMBER NAME:</p> <div style="text-align: center;">   </div> <p><b>Pharmacy Benefit Manager (PBM): Partners Rx and Bid Rx</b></p> <p>See reverse for important information. For claim questions, please contact: US Health and Life Insurance Company (866) 429-3242 8220 Irving Road, Sterling Heights, MI 48312</p>	<p><b>Sample ID Card (Back):</b></p> <p><b>ATTENTION PROVIDERS AND MEMBERS</b></p> <p>Participating providers are responsible for obtaining Prior Authorization for all inpatient hospital admission and certain outpatient procedures and services. Members are responsible for obtaining Prior Authorization for most out-of-network services. Out-of-Network benefits will be reduce by 50% if Prior Authorization is not obtained. Refer to your Schedule of Benefits for a detailed listing of procedures and services. Please call (866) 802-1326 to obtain authorization.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Mail claims to:</b> Trilogy Health Networks PO Box 1171 Milwaukee, WI 53201 EDI #: 62777</p> </div> <div style="width: 45%; text-align: right;">   <p><b>Outside the Trilogy service area:</b> Contact (888) 899-7427 or MultiPlan.com for a PHCS provider or, if not available, a MultiPlan provider.</p> </div> </div> <p>Providers: Eligibility, claim status and benefits can be obtained by calling our Automated Fax Back System at (888) 494-4600.</p> <p>Pharmacists: <u>Please obtain Positive ID</u> by gender and DOB (year, month, day) RxBIN 012435   RxPCN PRX1000   RxGRP: PRXTRX Pharmacy Support: (800) 711-4550</p>


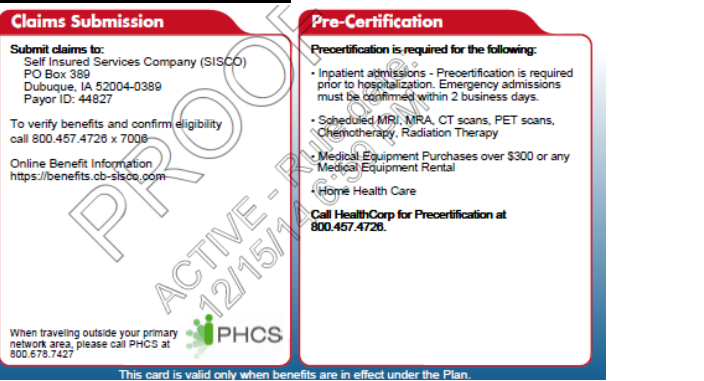
**Payer: Prairie States  
Self Funded Group Products**

<p><b>Customer Service:</b> Eligibility and Benefit Information: <b>800-615-7020 or 920-451-7020</b> Certification and Prior Authorization: <b>800-615-7020 or 920-451-7020</b> Provider Network Information: <b>866-670-8689</b> Website: <a href="http://www.prairieontheweb.com">www.prairieontheweb.com</a></p>	<p><b>Claim Submission Address:</b>  Prairie States Enterprises <b>P.O. Box 23</b> <b>Sheboygan, WI 53082-0023</b> (Paper Claims)  <b>EDI Payer ID # 36373</b> (Electronic Claims)</p>
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<p><b>Sample ID Card (Front):</b></p> 	<p><b>Sample ID Card (Back):</b></p> 
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**Payer: Sisco  
Self Funded Group Products**

<p><b>Customer Service:</b> Eligibility and Benefit Information: <b>800-457-4726</b> Certification and Prior Authorization: <b>800-457-4726</b> Provider Network Information: <b>866-670-8693</b>  Website: <a href="http://www.cb-sisco.com">www.cb-sisco.com</a></p>	<p><b>Claim Submission Address:</b>  Self Insured Services Company (SISCO) <b>P.O. Box 389</b> <b>Dubuque, IA 52004-0389</b> (Paper Claims)  <b>EDI Payer ID # 44827</b> (Electronic Claims)</p>
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<p><b>Sample ID Card (Front):</b></p> 	<p><b>Sample ID Card (Back):</b></p> 
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## Payer: Health Payment Systems Self Funded Group Products

**Customer Service:**

Eligibility and Benefit Information:  
**See page one for specific TPA**  
 Certification and Prior Authorization:  
**See ID card of specific TPA**  
 Provider Network Information:  
**888-477-7968**

**Website:** [www.hps.md](http://www.hps.md)

**Claim Submission Address:**

**Health Payment Systems**  
**P.O. Box 510620**  
**Milwaukee, WI 53203**  
 (Paper Claims)

**EDI Payer ID # 20270**  
 (Electronic Claims)

**Sample ID Card (Front):**

**Sample ID Card (Back):**

## Payer: Network Health Self Funded Group Products

**Customer Service:**

Claims, Eligibility, Benefits:  
**844-300-5537**  
 Prior Authorization:  
**855-727-7444, 844-547-9373**  
 Provider Network Information:  
**866-429-7149**

**Website:** [www.networkhealth.com](http://www.networkhealth.com)

**Claim Submission Address:**

**Network Health**  
**P.O. Box 568**  
**Menasha, WI 54952**  
 (Paper Claims)

**EDI Payer ID # 39144**  
 (Electronic Claims)

**Sample ID Card (Front):**

**Sample ID Card (Back):**