

# Sanford Health Plan ID cards

(As of Jan. 1, 2022)

**Submit claims to:** Sanford Health Plan, PO Box 91110, Sioux Falls, SD 57109

- Medicare Supplement plans bill Medicare first.
- Medicare Advantage plans, bill to Sanford Health Plan, PO Box 981813, El Paso, TX 79998-1813
- For providers outside the Sanford Health Plan service area, if there is an address along with a network logo, submit claims to that address.

**Electronic payor ID #:** All Non-Medicare Advantage claims use 91184 | All Medicare Advantage claims use RP035

**Online resource:** [sanfordhealthplan.com](http://sanfordhealthplan.com)



**For questions, call:**

- Customer Service – Benefits eligibility claims status and inquiries
- Utilization Management – Prior authorizations
- Pharmacy Department – Prescription coverage or drug authorizations

	Sanford Health Plan	NDPERS	Medicare Advantage (PPO)	Medicare Advantage (ISNP)
Customer Service	(800) 752-5863	(800) 499-3416	(888) 278-6485	(844) 637-4760
Utilization Management	(800) 805-7938	(888) 315-0885	(800) 805-7938	(800) 805-7938
Pharmacy Department	(855) 305-5062	(877) 658-9194	(844) 642-9090	(855) 800-8872

## Fully-insured commercial products

**Simplicity** – individual, small and large group plans

**Sanford TRUE** – individual, small and large group plans

**Sanford Simplicity Broad Network** **SANFORD HEALTH PLAN**

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<p><b>Subscriber</b></p> <p><b>ID:</b> <b>Grp:</b></p> <p><b>Contact Us</b> Customer Service: 1-800-752-5863 Website, Provider &amp; Pharmacy Directory: <a href="http://sanfordhealthplan.com">sanfordhealthplan.com</a></p>	<p><b>Medical</b></p> <p>Tier 1 Office Visit: \$ PCP / \$ Specialist</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>In-Network</th> <th>Out-of-Network</th> </tr> </thead> <tbody> <tr> <td>Individual Deductible:</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Family Deductible:</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Individual Out-of-Pocket:</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Family Out-of-Pocket:</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>		In-Network	Out-of-Network	Individual Deductible:	\$	\$	Family Deductible:	\$	\$	Individual Out-of-Pocket:	\$	\$	Family Out-of-Pocket:	\$	\$
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**Sanford TRUE Focused Network** **SANFORD HEALTH PLAN**

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**Sanford PLUS** – large group plans

**Signature Series & Legacy** – small and large group plans

**Sanford PLUS Tiered Network** **SANFORD HEALTH PLAN**

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**Signature Series Broad Network** **SANFORD HEALTH PLAN**

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**elite1** – individual plans

**Sanford SAFEGUARD** – Broad Network

**elite1** **SANFORD HEALTH PLAN**

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**Sanford SAFEGUARD Broad Network** **SANFORD HEALTH PLAN**

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## TPA Plans

### Sanford Health Employee Plans

SANFORD HEALTH		Administered By Sanford Health Plan																
<b>Subscriber</b>		<b>Medical</b>																
ID: Grp:		In Network Office Visit:																
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Customer Service: 1-800-752-5863																		
Website, Provider & Pharmacy Directory: sanfordhealthplan.com																		

### Other TPA Plans


Broad Network		Administered By SANFORD HEALTH PLAN																
<b>Subscriber</b>		<b>Medical</b>																
ID: Grp:		In Network Office Visit: \$ PCP/\$ Specialist																
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### Three Affiliated Tribes Plan


Three Affiliated Tribes		SANFORD HEALTH PLAN																
<b>Subscriber</b>		<b>Medical</b>																
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Individual Deductible:	\$	\$																
Family Deductible:	\$	\$																
Individual Out-of-Pocket:	\$	\$																
Family Out-of-Pocket:	\$	\$																
Customer Service: (877) 701-0792																		
Website, Provider & Pharmacy Directory: sanfordhealthplan.com																		

## Government Products

### NDPERS – Non-Medicare

Administered By SANFORD HEALTH PLAN		 <small>NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM</small>																
<b>Subscriber</b>		<b>Medical</b>																
ID: Grp:		Copays: \$ PPO, \$ BASIC, \$ ER																
<b>Contact Us</b>		<table border="1"> <thead> <tr> <th></th> <th>PPO Network</th> <th>Basic Network</th> </tr> </thead> <tbody> <tr> <td>Individual Deductible:</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Family Deductible:</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Individual Out-of-Pocket:</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Family Out-of-Pocket:</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>			PPO Network	Basic Network	Individual Deductible:	\$	\$	Family Deductible:	\$	\$	Individual Out-of-Pocket:	\$	\$	Family Out-of-Pocket:	\$	\$
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Individual Deductible:	\$	\$																
Family Deductible:	\$	\$																
Individual Out-of-Pocket:	\$	\$																
Family Out-of-Pocket:	\$	\$																
Customer Service: 1-800-499-3416																		
Website, Provider & Pharmacy Directory: sanfordhealthplan.com																		

### NDPERS – Medicare

Underwritten By SANFORD HEALTH PLAN		 <small>NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM</small>	
<b>Insured</b>		<b>Medical</b>	
JOHN SAMPLE		Care Type: Medicare Supplement	
ID: 123456789		Svc Type: Medical	
Grp: NPM0010014			
Effective: 02/01/2020			
<b>Claims</b>			
Providers: Bill Medicare as primary			

## Medicare Supplement Plans

### Medicare Select Plans

Medicare SELECT		SANFORD HEALTH PLAN	
<b>Subscriber</b> JOHN SAMPLE ID: 123456789 Grp: MSELNDC00G Effective: 04/01/2020	<b>Medical</b> Care Type: Medicare Supplement Svc Type: Medical	<b>Pharmacy</b> RxBIN: 610011 PCN: IRX RxGrp: SHNCOMMER Administered By OPTUMRx Pharmacist use only: 1-866-833-3463	<b>Claims</b> Providers: Bill Medicare as primary

### Medicare Supplement Plans

Medicare Supplement		SANFORD HEALTH PLAN	
<b>Subscriber</b> JOHN SAMPLE ID: 123456789 Grp: MSUPNDA00G Effective: 04/01/2020	<b>Medical</b> Care Type: Medicare Supplement Svc Type: Medical	<b>Pharmacy</b> RxBIN: 610011 PCN: IRX RxGrp: SHNCOMMER Administered By OPTUMRx Pharmacist use only: 1-866-833-3463	<b>Claims</b> Providers: Bill Medicare as Primary

## Medicare Advantage Plans

### Align powered by Sanford Health Plan

Align ChoiceElite (PPO)		align powered by SANFORD HEALTH PLAN	
<b>Member Name:</b> <FIRST> <MIDDLE> <LAST NAME> <b>Member ID:</b> [#####]	<b>Effective:</b> [MM/DD/YY] <b>CMS Contract:</b> H8385	<b>MedicareRx</b> Pharmacy Information RxBin: 610011 RxPCN: CTRXMEDD RxGroup: SHNMEDD	
Office Visit In-Network: \$0 PCP / \$0 Specialist Office Visit Out-of-Network: \$10 PCP / \$20 Specialist		Medicare Limiting Charges may apply	

### Great Plains Medicare Advantage (ISNP)

Great Plains Medicare Advantage Gold (HMO I-SNP)		Great Plains Medicare Advantage	
<b>Member Name:</b> <FIRST> <MIDDLE> <LAST NAME> <b>Member ID:</b> [#####]	<b>Effective:</b> [MM/DD/YY] <b>CMS Contract:</b> H1787	<b>MedicareRx</b> Pharmacy Information RxBin: 610011 RxPCN: CTRXMEDD RxGroup: SHNISNP	
Office Visit In-Network: PCP \$0 Specialist \$30 Office Visit Out-of-Network: Not Applicable		Medicare Limiting Charges may apply	

## Flexible Spending

SANFORD HEALTH PLAN		HealthEquity	
HEALTH SAVINGS ACCOUNT			
4241 0000 0000 0000			
Valid Thru 09/23		DEBIT	
LEE CARDHOLDER		VISA	