


Identification of Members

Each member is issued an identification card that should be presented each time care is sought at a participating provider's office or hospital, however, a member identification card does not guarantee eligibility. See examples of the identification cards below. If a member does not have his/her card, please contact Member Services at 833-677-1041 for information concerning the member's eligibility. You can also verify member eligibility on our website using My eLink at <https://centralplainshealthplan.com/providers/>.

Hutchinson Clinic Employee Health Plan Health Choices Membership Card



Group Name: HUTCHINSON CLINIC
Group Number: 9900780003

TIER 1, COPAY \$25/\$50
DED \$1250/\$2500
OOP \$2500/\$5000
COINS 20%

Member:
MICKEY MOUSE
MINNIE MOUSE
DONALD DUCK

ID Number:
R111111101
R111111102
R111111103

www.centralplainshealthplan.com

Submit claims to: Central Plains Physicians Health Plan
c/o of Health Choices



Electronic Submission to: Change Healthcare; Paylor ID: MAHIC1
Paper Submission Mail to: PO Box 211094, Eagan, MN 55121
Pharmacy Customer Service call 866-335-9057 or visit www.medone-cs.com

RxBIN 024624
RxPCN MD1
RxGRP XXXHCHUTCH

Eligibility/benefits/claims status/find a participating provider or request precertification call toll free 833-677-1041 or visit www.centralplainshealthplan.com.

Services requiring precertification are listed at www.centralplainshealthplan.com. For emergency hospital admissions, please call us within 48 hours of admission.

To find a First Health Provider (Tier 2) or when urgent or emergent care is needed while traveling outside of the service area, go to www.myfirsthealth.com or call 833-677-1041
Self Insured



Central Plains Physicians Health Plan Health Choices Membership Card




Group Name: ABC COMPANY
Group Number: 1111110001


TIER 1, DED \$3400/\$6800
OOP \$4200/\$8400
COINS 20%

Member:
JOHN SMITH
JANE SMITH

ID Number:
R111111101
R111111102

www.centralplainshealthplan.com

Submit claims to: Central Plains Physicians Health Plans
c/o of Medical Associates Health Plans



Electronic Submission to: Change Healthcare; Paylor ID: MAHC1
Paper Submission Mail to: PO Box 211094, Eagan, MN 55121

BIN 610011
PCN MAHP
GRP MAHPC

Eligibility/benefits/claims status/find a participating provider or request precertification call toll free 833-677-1041 or visit www.centralplainshealthplan.com.

Services requiring precertification are listed at www.centralplainshealthplan.com. For emergency hospital admissions, please call us within 48 hours of admission.

To find a provider in the First Health Network when outside of the Central Plains Physicians Health Plan service area, go to www.myfirsthealth.com or call 833-677-1041
Self Insured

