

Sanford Health Plan ID cards

(As of Jan. 1, 2023)

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



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)

(800) 752-5863

(800) 499-3416

(888) 278-6485

(844) 637-4760

(800) 805-7938

(888) 315-0885

(800) 805-7938

(800) 805-7938

(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

Subscriber

ID:
Grp:

Medical

Tier 1 Office Visit:
\$ PCP / \$ Specialist

	In-Network	Out-of-Network
Individual Deductible:	\$	\$
Family Deductible:	\$	\$
Individual Out-of-Pocket:	\$	\$
Family Out-of-Pocket:	\$	\$

Contact Us

Customer Service:
1-800-752-5863

Website, Provider & Pharmacy
Directory:
sanfordhealthplan.com

Sanford TRUE
Focused Network

Subscriber

ID:
Grp:

Medical

In Network Office Visit:
\$ PCP/\$ Specialist

	In-Network	Out-of-Network
Individual Deductible:	\$	N/A
Family Deductible:	\$	N/A
Individual Out-of-Pocket:	\$	N/A
Family Out-of-Pocket:	\$	N/A

Contact Us

Customer Service:
1-800-752-5863

Website, Provider & Pharmacy
Directory:
sanfordhealthplan.com

Sanford PLUS – large group plans

Signature Series & Legacy – small and large group plans

Sanford PLUS
Tiered Network

Subscriber

ID:
Grp:

Medical

Tier 1 Office Visit:

	Tier 1	Tier 2	OON
Individual Deductible:	\$	\$	\$
Family Deductible:	\$	\$	\$
Individual Out-of-Pocket:	\$	\$	\$
Family Out-of-Pocket:	\$	\$	\$

Contact Us

Customer Service:
1-800-752-5863

Website, Provider & Pharmacy
Directory:
sanfordhealthplan.com

Signature Series
Broad Network

Subscriber

ID:
Grp:

Medical

In Network Office Visit:
\$ PCP/\$ Specialist

	In-Network	Out-of-Network
Individual Deductible:	\$	\$
Family Deductible:	\$	\$
Individual Out-of-Pocket:	\$	\$
Family Out-of-Pocket:	\$	\$

Contact Us

Customer Service:
1-800-752-5863

Website, Provider & Pharmacy
Directory:
sanfordhealthplan.com

Sanford SAFEGUARD – Broad Network

Sanford SAFEGUARD
Broad Network

Subscriber

ID:
Grp:

Medical

In Network Office Visit
\$50 Copay 1 Visit/3 Months, Then Deductible

	In-Network	Out-of-Network
Individual Deductible:	\$	\$
Family Deductible:	\$	\$
Individual Out-of-Pocket:	\$	\$
Family Out-of-Pocket:	\$	\$

Contact Us

Customer Service:
1-800-752-5863

Website, Provider & Pharmacy
Directory:
sanfordhealthplan.com

TPA Plans

Sanford Health Employee Plans

Administered By SANFORD HEALTH PLAN																
Subscriber	Medical															
ID:	In Network Office Visit:															
Grp:																
Contact Us																
Customer Service: 1-800-752-5863	<table border="1"> <thead> <tr> <th></th> <th>In-Network</th> <th>Out-of-Network</th> </tr> </thead> <tbody> <tr> <td>Individual Deductible:</td> <td>\$</td> <td>N/A</td> </tr> <tr> <td>Family Deductible:</td> <td>\$</td> <td>N/A</td> </tr> <tr> <td>Individual Out-of-Pocket:</td> <td>\$</td> <td>N/A</td> </tr> <tr> <td>Family Out-of-Pocket:</td> <td>\$</td> <td>N/A</td> </tr> </tbody> </table>		In-Network	Out-of-Network	Individual Deductible:	\$	N/A	Family Deductible:	\$	N/A	Individual Out-of-Pocket:	\$	N/A	Family Out-of-Pocket:	\$	N/A
	In-Network	Out-of-Network														
Individual Deductible:	\$	N/A														
Family Deductible:	\$	N/A														
Individual Out-of-Pocket:	\$	N/A														
Family Out-of-Pocket:	\$	N/A														
Website, Provider & Pharmacy Directory: sanfordhealthplan.com																

Other TPA Plans

Broad Network Administered By SANFORD HEALTH PLAN																
Subscriber	Medical															
ID:	In Network Office Visit:															
Grp:	\$ PCP/\$ Specialist															
Contact Us																
Customer Service: 1-800-752-5863	<table border="1"> <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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Family Deductible:	\$	\$														
Individual Out-of-Pocket:	\$	\$														
Family Out-of-Pocket:	\$	\$														
Website, Provider & Pharmacy Directory: sanfordhealthplan.com																

Three Affiliated Tribes Plan

Three Affiliated Tribes SANFORD HEALTH PLAN																
Subscriber	Medical															
ID:	In Network Office Visit:															
Grp:	\$ PCP/\$ Specialist															
Contact Us																
Customer Service: (877) 701-0792	<table border="1"> <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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Family Deductible:	\$	\$														
Individual Out-of-Pocket:	\$	\$														
Family Out-of-Pocket:	\$	\$														
Website, Provider & Pharmacy Directory: sanfordhealthplan.com																

Government Products

NDPERS – Non-Medicare

Administered By SANFORD HEALTH PLAN		NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM																
Subscriber	Medical																	
ID:	Copays:																	
Grp:	\$ PPO, \$ BASIC, \$ ER																	
Contact Us																		
Customer Service: 1-800-499-3416	<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:	\$	\$		
	PPO Network	Basic Network																
Individual Deductible:	\$	\$																
Family Deductible:	\$	\$																
Individual Out-of-Pocket:	\$	\$																
Family Out-of-Pocket:	\$	\$																
Website, Provider & Pharmacy Directory: sanfordhealthplan.com																		

NDPERS – Medicare

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

Medicare Supplement Plans

Medicare Select Plans


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

Medicare Supplement Plans


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

Medicare Advantage Plans

Align powered by Sanford Health Plan

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

Great Plains Medicare Advantage (ISNP)

Great Plains Medicare Advantage Gold (HMO I-SNP)			
Member Name: <FIRST> <MIDDLE> <LAST NAME> Member ID: [#####]			
Effective: [MM/DD/YY] CMS Contract: [H1787_001]	Office Visit In-Network: [\$0 PCP / \$30 Specialist] Office Visit Out-of-Network: [Not Applicable]	MedicareRx Prescription Drug Coverage Pharmacy Information RxBin: [610011] RxPCN: [CTRXMEDD] RxGroup: [SHNISNP]	
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