

# Sanford Health Plan ID cards

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

- Medicare plans bill Medicare first.
- 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 #:** 91184

**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	ND Medicaid Expansion
(800) 752-5863	(800) 499-3416	(855) 305-5060
(800) 805-7938	(888) 315-0885	(855) 276-7214
(855) 305-5062	(877) 658-9194	(855) 263-3547

## Fully-insured commercial products

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

**SIMPLICITY**

ID: 12345678910  
Member full name  
Grp: XYZ00123456  
In Network Office Visit:  
Deductible/coinsurance Info

RxBIN: 003858  
RxPCN: A4  
RxGrp: SVHA  
ADMINISTERED BY

**Members:** For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so.  
**Eligibility:** This card is for identification purposes only. It does not constitute proof of eligibility.  
<insert date printed>

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

**Sanford TRUE**

ID: 12345678910  
Member full name  
Grp: XYZ00123456  
In Network Office Visit:  
Deductible/coinsurance Info

RxBIN: 003858  
RxPCN: A4  
RxGrp: SANFRX  
ADMINISTERED BY

**Members:** For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so.  
**Eligibility:** This card is for identification purposes only. It does not constitute proof of eligibility.  
<insert date printed>

### elite1 – individual plans

**elite1**

ID: 12345678910  
Member full name  
Grp: XYZ00123456  
In Network Office Visit:  
Deductible/coinsurance Info

RxBIN: 003858  
RxPCN: A4  
RxGrp: SVHA  
ADMINISTERED BY

**Members:** For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so.  
**Eligibility:** This card is for identification purposes only. It does not constitute proof of eligibility.  
<insert date printed>

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

ID: 12345678910  
Member full name  
Grp: XYZ00123456  
In Network Office Visit:  
Deductible/coinsurance Info

RxBIN: 003858  
RxPCN: A4  
RxGrp: SVHA  
ADMINISTERED BY

**Members:** For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so.  
**Eligibility:** This card is for identification purposes only. It does not constitute proof of eligibility.  
<insert date printed>

### Medicare Select plans

ID: 12345678901  
Member full name  
Grp: SF00010003  
Care Type: Medicare Supplement SELECT  
Svc Type: Medical  
Effective: 10/01/2017  
<insert date printed>

### Medicare Supplement plans

ID: 12345678901  
Member full name  
Grp: SF00010003  
Care Type: Medicare Supplement  
Svc Type: Medical  
Effective: 10/01/2017  
<insert date printed>

## TPA Plans

### Sanford Health Employee Plans

**SANFORD HEALTH** Administered by: Sanford Health Plan

ID: Z1003000101  
Member full name  
Grp: SF0001001

**RxBIN:** 003858  
4  
**RxGrp:** SVHA  
**Issuer:** 80840  
ADMINISTERED BY EXPRESS SCRIPTS

**In Network Office Visit:**  
\$20 Sanford / \$40 Chiro / \$50 Other

**Members:** For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so.  
**Eligibility:** This card is for identification purposes only. It does not constitute proof of eligibility.  
<insert date printed>

### Other TPA Plans

TPA Name Administered by **SANFORD HEALTH PLAN**

ID: 12345678910  
Member full name  
Grp: XYZ00123456  
In Network Office Visit:  
Deductible/coinsurance Info

**RxBIN:** 003858  
**RxPCN:** A4  
**RxGrp:** SVHA  
ADMINISTERED BY EXPRESS SCRIPTS

**Members:** For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so.  
**Eligibility:** This card is for identification purposes only. It does not constitute proof of eligibility.  
<insert date printed>

## Sanford Heart of America Health Plan products

### Sanford Heart of America Health Plan – individual, group

**Heart of America** **SANFORD HEALTH PLAN**

ID: 12345678910  
Member full name  
Grp: XYZ00123456  
In Network Office Visit:  
Deductible/coinsurance Info

**Members:** For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so.  
**Eligibility:** This card is for identification purposes only. It does not constitute proof of eligibility.  
<insert date printed>

### Sanford Heart of America Health Plan – Medicare Cost

**SANFORD HEALTH PLAN**  
Heart of America

ID: 12345678901  
Member full name  
Grp: SF00010003  
Care Type: Medicare Cost  
Svc Type: Medical  
Effective: Member EFF  
<insert date printed>

Note: Individual plans will not list a company name below the group number.

## Government products

### North Dakota Medicaid Expansion plans

**SANFORD HEALTH PLAN**

ID: 12345678910  
Member full name  
Grp: XYZ00123456  
In Network Office Visit: \$3 copay  
FQHC and RHC Office Visits: \$3 copay, if copay applies

**RxBIN:** 003858  
**RxGrp:** SANFRX  
ADMINISTERED BY EXPRESS SCRIPTS

**Members:** For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 10 days after physically or mentally able to do so.  
**Eligibility:** This card is for identification purposes only. It does not constitute proof of eligibility.  
<insert date printed>

### NDPERS – Non-Medicare

**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM** | **SANFORD HEALTH PLAN**

Insured:  
Z1003000101 Member full name  
Z1003000102 Member full name  
Z1003000103 Member full name  
Z1003000104 Member full name

**RxBIN:** 003858  
**RxPCN:** A4  
**RxGRP:** NDPA  
ADMINISTERED BY EXPRESS SCRIPTS

**Copays:**  
\$25 PPO; \$30 Basic; \$50 ER

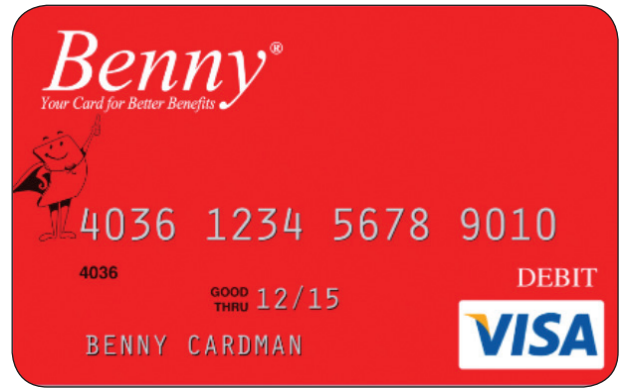
**Members:** For urgent or emergency care when you are out of the local service area, seek treatment at the nearest medical facility or call 911. Notify Sanford Health Plan of an admission as soon as it is reasonably possible and no later than 48 hours after physically or mentally able to do so.  
**Eligibility:** This card is for identification purposes only. It does not constitute proof of eligibility.  
<insert date card printed>

### NDPERS – Medicare

**NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM** | **SANFORD HEALTH PLAN**

ID: 12345678901  
Member full name  
Grp: SF00010003  
Care Type: Medicare Supplement  
Svc Type: Medical  
Effective: MM/DD/YYYY  
<insert date printed>

**SANFORD HEALTH PLAN**



NDPERS – Tobacco Cessation

