

# 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](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	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  
(Broad Network)

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

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<p><b>Subscriber</b> <b>JOHN SAMPLE</b> ID: 123456789 Grp: 0007280002</p>	<p><b>Medical</b> <b>In Network Office Visit:</b> \$30 PCP/\$30 Specialist  Provider &amp; Pharmacy Directory: <a href="http://sanfordhealthplan.com">sanfordhealthplan.com</a></p>
<p><b>Pharmacy</b> RxBIN: 610011 PCN: IRX RxGrp: SHNCOMMER <small>Pharmacist use only: 1-866-833-3463</small></p>	<p><small>Administered By</small>  <b>OPTUMRx</b> <small>The provider networks shown on this card are only for urgent or emergency medical services or for Members who reside or attend school outside of the Sanford Health Plan Service Area.</small></p> <p> </p>

**Sanford TRUE** – individual, small and large group plans  
(Focused Network)

**Sanford TRUE Focused Network** **SANFORD HEALTH PLAN**

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**Sanford PLUS** – large group plans  
(Tiered Network)

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

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<p><b>Pharmacy</b> RxBIN: 610011 PCN: IRX RxGrp: SHNCOMMER <small>Pharmacist use only: 1-866-833-3463</small></p>	<p><small>Administered By</small>  <b>OPTUMRx</b> <small>The provider networks shown on this card are only for urgent or emergency medical services or for Members who reside or attend school outside of the Sanford Health Plan Service Area.</small></p> <p> </p>

**elite1** – individual plans  
(Broad Network)

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

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**Signature Series & Legacy** –  
small and large group plans  
(Broad Network)

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

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<p><b>Pharmacy</b> RxBIN: 610011 PCN: IRX RxGrp: SHNCOMMER <small>Pharmacist use only: 1-866-833-3463</small></p>	<p><small>Administered By</small>  <b>OPTUMRx</b> <small>The provider networks shown on this card are only for urgent or emergency medical services or for Members who reside or attend school outside of the Sanford Health Plan Service Area.</small></p> <p> </p>

**Medicare Select plans**  
**Medicare Supplement plans**






**Medicare Supplement & Supplement SELECT** **SANFORD HEALTH PLAN**

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<p><b>Subscriber</b> <b>JOHN SAMPLE</b> ID: 123456789 Grp: MSUPNDA00G Effective: 11/05/2019</p>	<p><b>Medical</b> <b>Care Type:</b> Medicare Supplement <b>Svc Type:</b> Medical</p>
<p><b>Pharmacy</b> RxBIN: 610011 PCN: IRX RxGrp: SHNCOMMER</p>	<p><b>Claims</b> <b>Providers:</b> Bill Medicare as Primary</p>

## TPA Plans

### Sanford Health Employee Plans (Sanford Health Employee Network)


 	
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<b>Pharmacy</b> Administered By <b>RxBIN:</b> 610011  <b>PCN:</b> IRX <b>RxGrp:</b> SHNCOMMER  Pharmacist use only: 1-866-833-3463	The provider networks shown on this card are only for urgent or emergency medical services or for Members who reside or attend school outside of the Sanford Health Plan Service Area.   

### Other TPA Plans (Broad Network)






	
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<b>Pharmacy</b> Administered By <b>RxBIN:</b> 610011  <b>PCN:</b> IRX <b>RxGrp:</b> SHNCOMMER  Pharmacist use only: 1-866-833-3463	The provider networks shown on this card are only for urgent or emergency medical services or for Members who reside or attend school outside of the Sanford Health Plan Service Area.   

## Government products



### North Dakota Medicaid Expansion Plans (North Dakota Medicaid Expansion Network)

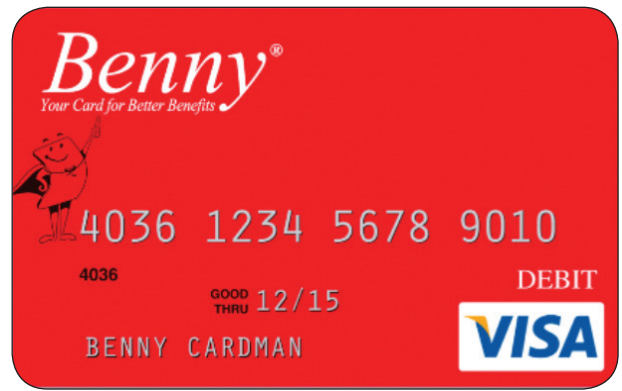
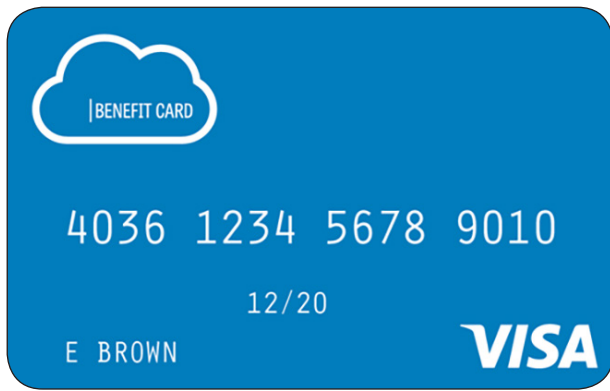
Administered By 	
<b>North Dakota Medicaid Expansion</b>	
<b>Subscriber</b> <b>JOHN SAMPLE</b>  <b>ID:</b> 123456789 <b>Grp:</b> MDX0010001	<b>Medical Benefits Only</b> <b>In Network Office Visit</b> \$0 COPAY Provider Directory: <a href="http://sanfordhealthplan.com">sanfordhealthplan.com</a>  <b>Members:</b> 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. <b>Eligibility:</b> This card is for identification purposes only. It does not constitute proof of eligibility.
<b>Pharmacy</b> Retail pharmacy benefits administered by the North Dakota Department of Human Services. Use ND Medicaid ID Card for these services.	

### NDPERS – Non-Medicare (North Dakota Public Employee Retirement System Network)

 	
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<b>Pharmacy</b> Administered By <b>RxBIN:</b> 610011  <b>PCN:</b> IRX <b>RxGrp:</b> SHNCOMMER  Pharmacist use only: 1-866-833-3463	The provider networks shown on this card are only for urgent or emergency medical services or for Members who reside or attend school outside of the Sanford Health Plan Service Area.   

### NDPERS – Medicare

Underwritten By:  	
<b>Insured</b> <b>JOHN SAMPLE</b>  <b>ID:</b> 123456789 <b>Grp:</b> MSUPNDA00G <b>Effective:</b> 11/05/2019	<b>Medical</b> <b>Care Type:</b> Medicare Supplement <b>Svc Type:</b> Medical
<b>Claims</b>  <b>Providers:</b> Bill Medicare as primary	



NDPERS – Tobacco Cessation

