How to Read Your
Member ID Card
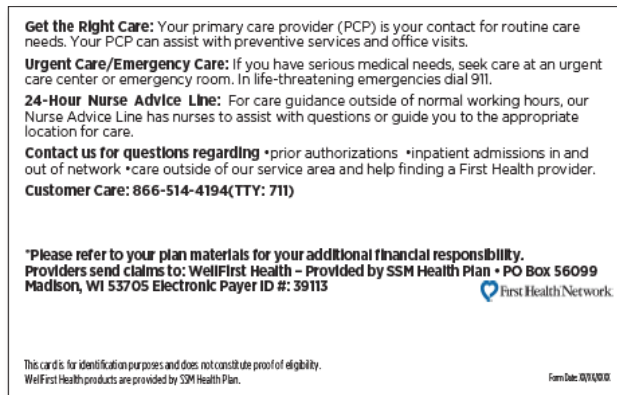
Network
Plan/geographic area

Product Type
Plan you purchased and
providers you can see

Member Number
Use your Member #
at **wellfirsthealth.com** to:

- Access your
  member certificate
- Review details of
  your health coverage

Deductible is the amount
you owe during a coverage
period (usually one year)
for covered health care
services, before your health
plan begins to pay.

Number to call for claims
and coverage questions
and **24-Hour Nurse
Advice Hotline**

ID Card (Front)

Network: WellFirst ACA
Group Number: XXXXXXXXXXX
Product Type: HMO
wellfirsthealth.com

WellFirst Health
provided by SSM Health Plan

Member Name	Member Number
TEST TEST	012345678901
TEST TEST 1	012345678902
TEST TEST 2	012345678903
TEST TEST 3	012345678904

Deductible*: Individual $XXXXX Family $XXXXX
Ded/Coinsurance Max*: Individual $XXXXX Family $XXXXX
Out of Pocket Max*: Individual $XXXXX Family $XXXXX

PCN: 9104 • BIN: 610602

Customer Care: 866-514-4194(TTY: 711) • Nurse Advice Line: 833-925-0398

When possible, go to your
primary care provider *first*

For **urgent care** or medical
emergency

ID Card (Back)

Get the Right Care: Your primary care provider (PCP) is your contact for routine care needs. Your PCP can assist with preventive services and office visits.

Urgent Care/Emergency Care: If you have serious medical needs, seek care at an urgent care center or emergency room. In life-threatening emergencies dial 911.

24-Hour Nurse Advice Line: For care guidance outside of normal working hours, our Nurse Advice Line has nurses to assist with questions or guide you to the appropriate location for care.

Contact us for questions regarding •prior authorizations •inpatient admissions in and out of network •care outside of our service area and help finding a First Health provider.

Customer Care: 866-514-4194(TTY: 711)

*Please refer to your plan materials for your additional financial responsibility.
Providers send claims to: WellFirst Health – Provided by SSM Health Plan • PO Box 56099
Madison, WI 53705 Electronic Payer ID #: 39113

First Health Network

This card is for identification purposes and does not constitute proof of eligibility.
WellFirst Health products are provided by SSM Health Plan.

Form Date: XX/XX/XXXX

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*Copay — Fixed amount when you receive care

Deductible — Amount you pay before the health plan pays

Emergency Room Copay — Paid if you aren't admitted (see member certificate for more details)

We are here to help
Visit **wellfirsthealth.com/contact-us**
Call **866-514-4194 (TTY: 711)**

WellFirst Health®
provided by SSM Health Plan