



PO Box 56099
Madison, WI 53705-9399

Business offices in
Saint Louis, MO & Madison, WI

phone: 866-514-4194

TTY: 711

wellfirstbenefits.com

WellFirst Health Quick Reference

WellFirst Health Products	Populations Served
Affordable Care Act (ACA) Individual Plans	Members in Madison County & St. Clair County, IL and St. Louis City, St. Louis County, & St. Charles County, MO
Medicare Advantage Plans	Eligible beneficiaries in Madison County & St. Clair County, IL and St. Louis City County, St. Louis County, & St. Charles County, MO
SSM Health Employee Health Plan (EHP) Administrative Services Only (ASO) Plan	SSM Health employees and their dependents in IL, MO, OK, & WI

Member ID Cards	Listed Network & Product Type	Card Examples*
WellFirst Health ACA — Illinois	Network: WellFirst Health ACA Product Type: HMO	Sample Card Image
WellFirst Health ACA — Missouri	Network: WellFirst Health ACA Product Type: EPO	Sample Card Image
WellFirst Health Medicare Advantage — Illinois & Missouri	Network: WellFirst Health provided by SSM Health Plan Product Type: Varies by member enrollment	Sample Card Image
SSM Health Employee Health Plan — Illinois	Network: SSM EHP-IL Product Type: PPO	Sample Card Image
SSM Health Employee Health Plan — Mid-Missouri	Network: SSM EHP-MID MO Product Type: PPO	Sample Card Image
SSM Health Employee Health Plan — St. Louis	Network: SSM EHP-STL Product Type: EPO	Sample Card Image
SSM Health Employee Health Plan — Oklahoma	Network: SSM EHP-OK Product Type: PPO	Sample Card Image
SSM Health Employee Health Plan — Wisconsin	Network: Dean ASO (WI) Product Type: EPO	Sample Card Image
Click here to view all of the member ID card images listed above.		
<i>* Member ID cards vary and may differ from the images shown.</i>		

WellFirst Health Websites for Members	
Medicare Advantage Plans	wellfirstthehealth.com/medicare
ACA Individual Plans in IL	wellfirstthehealth.com
ACA Individual Plans in MO	wellfirstbenefits.com
SSM Health EHP ASO	wellfirstbenefits.com

WellFirst Health Customer Care Center			
Medicare Advantage	877-301-3326	Monday – Friday Weekends October 1 – March 31	8:00 a.m. to 8:00 p.m. 8:00 a.m. - 8:00 p.m.
ACA Individual	866-514-4194	Monday – Thursday Friday	7:30 a.m. to 5:00 p.m. 8:00 a.m. to 4:30 p.m.
SSM Health EHP ASO	877-274-4693	Monday – Thursday Friday	7:30 a.m. to 5:00 p.m. 8:00 a.m. to 4:30 p.m.

All WellFirst products and services are provided by subsidiaries of SSM Health Care Corporation, including, but not limited to, SSM Health Insurance Company and SSM Health Plan. Provider resources and communications are branded as WellFirst Health.

WellFirst Health Provider Manuals		
Medicare Advantage*	WellFirst Health Medicare Advantage Provider Manual	Access all these manuals from the Go to manuals link on the Providers page at wellfirstbenefits.com/Providers .
ACA Individual	WellFirst Health Provider Manual	
SSM Health EHP ASO	SSM Health Employee Health Plan Administrative Services Only Provider Manual	
* The Medicare Advantage Provider Manual includes Medicare specific rules and is intended as an addendum to the WellFirst Health Provider Manual.		

WellFirst Health Provider Portal*	
WellFirst Health Provider Portal	One WellFirst Health Provider Portal for all WellFirst Health products. Access from wellfirstbenefits.com/Account-Login with Username and Password.
* To create a Portal account, refer to the Provider Portal Registration User Guide on the Account Login page.	

WellFirst Health Provider Portal Applications*	
Eligibility – Real-time transactions with eligibility, plan coverage, copayments, and deductibles	
Authorization Submission – Request authorizations for approval of treatment when an authorization is required	
Authorization View – View started and saved and completed and submitted authorizations	
Claim Status – Real-time transactions to view submitted claim status	
Claim Payments – View electronic remittance advice (or “remits”) showing claim payments	
Claim Appeals – Appeal claims that have finished processing and are in finalized status (paid or denied)	
Provider Admin – Allows Provider Site Administrators to make updates to Individual and Organization accounts	
Provider Resources – Convenient, direct links to a wide variety of provider resources	
* From your secure Provider Portal Home Page, refer to the Provider Portal User Guide.	

Authorization Portals*	
Navitus/Navi-Gate for authorization of medical injectables	These are separate portals from the WellFirst Provider Portal. Access both directly from the Account Login page at wellfirstbenefits.com/Account-Login .
NIA Magellan Healthcare through RadMD for authorization of physical and occupational therapy, high-end radiology, and musculoskeletal services	
* <i>Submit authorization requests via the WellFirst Health Provider Portal for most services. Above are the exceptions where providers will submit authorization requests for certain services to our contracted vendors.</i>	

Electronic Data Interchange (EDI)* Information for All WellFirst Health Products	
WellFirst Health EDI Team	Email edi@wellfirstbenefits.com or call 800-356-7344, ext. 4320
Payer ID	39113
Eligibility Verification	270/271 Eligibility & Benefit Inquiry and Response
Electronic Claim Submission	837 Health Care Claims or Online Direct Data Entry Form
Electronic Claim Acknowledgement	277CA Health Care Claim Acknowledgement
Claim Status	276/277 Health Care Claim Status Request and Response
Electronic Remittance	835 Health Care Claim Payment/Advice
* Refer to the HIPAA transactions page at wellfirstbenefits.com/Providers/HIPAA-transactions .	

WellFirst Health Medical Management	
Drug Policies	Access all from the WellFirst Health Medical Management page at wellfirstbenefits.com/Providers/Medical-Management .
WellFirst Health Prior Authorization Master Service List (MSL)	
Medical Injectables List	
Medical Policies	
Non-covered Services List	
WellFirst Health Medicare Advantage Plans Prior Authorization List (includes Medical Injectables)	Access from the Medicare Advantage Medical Management link at wellfirstbenefits.com/Providers/Medical-Management .



WellFirst Health®

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TTY: 711

wellfirstbenefits.com

SAMPLE* WELLFIRST HEALTH MEMBER ID CARDS

July 2021

WellFirst Health ACA Individual for Illinois



WellFirst Health®
provided by SSM Health Plan

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

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

Deductible*: Individual \$XXXX • Family \$XXXX
Out of Pocket Max*: Individual \$XXXX • Family \$XXXX
*Please refer to your plan materials for your additional financial responsibility.
PCN: 9104 • BIN: 610602

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

FRONT


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

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 or seek immediate medical care.

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

Certain Services Require Prior Authorization: Contact us for any questions regarding •prior authorizations •inpatient admissions in and out of network •care outside of our service area and need help finding a First Health provider.

**Providers send claims to: WellFirst Health – Provided by SSM Health Plan • PO Box 56099 Madison, WI 53705
Electronic Payer ID #39113**



This card is for identification purposes and does not constitute proof of eligibility. WellFirst Health products are provided by SSM Health Plan. Form Date: 03/20/2020

BACK

WellFirst Health ACA Individual for Missouri



WellFirst Health®
provided by SSM Health Plan

Network: WellFirst ACA
Group Number: XXXXXXXXXX
Product Type: EPO
wellfirstbenefits.com

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

Deductible*: Individual \$XXXX • Family \$XXXX
Out of Pocket Max*: Individual \$XXXX • Family \$XXXX
*Please refer to your plan materials for your additional financial responsibility.
PCN: 7104 • BIN: 610602

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

FRONT


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Certain Services Require Prior Authorization: Contact us for any questions regarding •prior authorizations •inpatient admissions in and out of network •care outside of our service area and need help finding a First Health provider.


**Providers send claims to: WellFirst Health • PO Box 56099 • Madison, WI 53705
Electronic Payer ID #: 39113**



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WellFirst Health Medicare Advantage Illinois & Missouri



WellFirst Health®
provided by SSM Health Plan

Customer Care Center:
1-877-301-3326 (TTY: 711)



H8019-00<X>
<Product Type>
Member Name: <Member Name>
Member Number: <Member Number>
Issuer: <Issuer>
Product: <PBP Name>
Group Number: <Group Number>
PCP: <PCP Name>


RxBIN: 610602
RxPCN: NVTD
RxGrp: DHID

MedicareRx
Prescription Drug Coverage

Copays*: **PCP:** \$<XX> **Specialist:** \$<XX>
*Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance, and other out-of-pocket costs.


wellfirsthealth.com/medicare

FRONT



WellFirst Health®
provided by SSM Health Plan

Customer Care Center:
1-877-301-3326 (TTY: 711)



H8019-00<X>
<Product Type>
Member Name: <Member Name>
Member Number: <Member Number>
Issuer: <Issuer>
Product: <PBP Name>
Group Number: <Group Number>
PCP: <PCP Name>

RxBIN: 610602
RxPCN: NVTD
RxGrp: DHID




Copays*: **PCP:** \$<XX> **Specialist:** \$<XX>
*Please refer to your plan materials for your additional financial responsibility including, but not limited to, deductible, coinsurance, and other out-of-pocket costs.

wellfirsthealth.com/medicare

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SSM Health Employee Health Plan for Illinois

Network: SSM EHP-IL
Group Number: XXXXXXXXXXXX
Product Type: PPO
wellfirstbenefits.com/employees

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

Tiered Deductible*: Individual \$XXXX/\$XXXX/\$XXXX • Family \$XXXX/\$XXXX/\$XXXX
Tiered Out of Pocket Max*: Individual \$XXXX/\$XXXX/\$XXXX • Family \$XXXX/\$XXXX/\$XXXX
 *Please refer to your plan materials for your additional financial responsibility.

Pharmacy Questions: navitus.com • 866-333-2757 PCN: 8104 • BIN: 610602

Customer Care: 877-274-4693(TTY:711) • Nurse Advice Line: 833-925-0398

FRONT


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

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 or seek immediate medical care.

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

Certain Services Require Prior Authorization: Contact us for any questions regarding •prior authorizations •inpatient admissions in and out of network •care outside of the HealthLink OAH or Freedom Network area and need help finding a First Health provider.

Providers send claims to: WellFirst Health • PO Box 56099 • Madison, WI 53705
Electronic Payer ID #: 39113



This card is for identification purposes and does not constitute proof of eligibility. WellFirst Health is underwritten by SSM Health Insurance Company Form Date: 06/01/2020

BACK

SSM Health Employee Health Plan for Mid-Missouri






Network: SSM EHP-MID MO
Group Number: XXXXXXXXXXXX
Product Type: PPO
wellfirstbenefits.com/employees

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

Tiered Deductible*: Individual \$XXXX/\$XXXX/\$XXXX • Family \$XXXX/\$XXXX/\$XXXX
Tiered Out of Pocket Max*: Individual \$XXXX/\$XXXX/\$XXXX • Family \$XXXX/\$XXXX/\$XXXX
 *Please refer to your plan materials for your additional financial responsibility.

Pharmacy Questions: navitus.com • 866-333-2757 PCN: 8104 • BIN: 610602

Customer Care: 877-274-4693(TTY: 711) • Nurse Advice Line: 833-925-0398

FRONT


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

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 or seek immediate medical care.

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

Certain Services Require Prior Authorization: Contact us for any questions regarding •prior authorizations •inpatient admissions in and out of network •care outside of the HealthLink OAH network area and need help finding a First Health provider.

Providers send claims to: WellFirst Health • PO Box 56099 • Madison, WI 53705
Electronic Payer ID #: 39113



This card is for identification purposes and does not constitute proof of eligibility. WellFirst Health is underwritten by SSM Health Insurance Company Form Date: 06/01/2020

BACK

SSM Health Employee Health Plan for St. Louis




Network: SSM EHP-STL
Group Number: XXXXXXXXXXXX
Product Type: EPO
wellfirstbenefits.com/employees

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

Deductible*: Individual \$XXXX • Family \$XXXX
Out of Pocket Max*: Individual \$XXXX • Family \$XXXX
 *Please refer to your plan materials for your additional financial responsibility.

Pharmacy Questions: navitus.com • 866-333-2757 PCN: 8104 • BIN: 610602

Customer Care: 877-274-4693(TTY: 711) • Nurse Advice Line: 833-925-0398

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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 or seek immediate medical care.

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

Certain Services Require Prior Authorization: Contact us for and questions regarding •prior authorizations •inpatient admissions in and out of network •care outside of our service area and need help finding a First Health provider.

Providers send claims to: WellFirst Health • PO Box 56099 • Madison, WI 53705
Electronic Payer ID #: 39113



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SSM Health Employee Health Plan for Oklahoma




Network: SSM EHP-OK
Group Number: XXXXXXXXXXXX
Product Type: PPO
wellfirstbenefits.com/employees



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

Tiered Deductible*: Individual \$XXXXX/\$XXXXX/\$XXXXX • Family \$XXXXX/\$XXXXX/\$XXXXX
Tiered Out of Pocket Max*: Individual \$XXXXX/\$XXXXX/\$XXXXX • Family \$XXXXX/\$XXXXX/\$XXXXX
 *Please refer to your plan materials for your additional financial responsibility.

PharmacyQuestions:navitus.com• 866-333-2757 PCN: 8104 • BIN: 610602

Customer Care: 877-274-4693(TTY: 711) • Nurse Advice Line: 833-925-0398

FRONT


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

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 or seek immediate medical care.

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

Certain Services Require Prior Authorization: Contact us for any questions regarding •prior authorizations •inpatient admissions in and out of network •care outside of the Healthcare Highways network area and need help finding a First Health provider.

Providers send claims to: WellFirst Health • PO Box 56099 • Madison, WI 53705
Electronic Payer ID #: 39113



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BACK

SSM Health Employee Health Plan for Wisconsin




Network: DEAN ASO (WI)
Group Number: XXXXXXXXXXXX
Product Type: EPO
wellfirstbenefits.com/employees

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

Deductible*: Individual \$XXXXX • Family \$XXXXX
Out of Pocket Max*: Individual \$XXXXX • Family \$XXXXX
 *Please refer to your plan materials for your additional financial responsibility.

PharmacyQuestions:navitus.com• 866-333-2757 PCN: 8104 • BIN: 610602

Customer Care: 877-274-4693(TTY: 711) • Dean On Call: 800-576-8773

FRONT


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

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 or seek immediate medical care.

24-Hour Dean On Call Advice Line: Available to Wisconsin residents only. For care guidance outside of normal working hours, Dean On Call has registered nurses who can assist with care questions or guide you to the appropriate location for care.

Certain Services Require Prior Authorization: Contact us for any questions regarding •prior authorizations •inpatient admissions in and out of network •care outside of our service area and need help finding a First Health provider.

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