

Health Alliance Plan®

by Henry Ford Health

Angle Health – TPA Leasing Our PPO Network

Angle Health is a third-party administrator (TPA) who is leasing our Alliance Health and Life PPO network. They were effective August 1, 2026.

Below are sample ID cards. Provider information, such as eligibility verification, payer ID and claims submission, can be found on the back of the ID card.

Subscriber: Jane Doe
Member ID: ANG1234567 Group #: UT111111
Group Name: Acme Inc

Angle
Health

Copays (Preferred / In-Network)		Pharmacy Information	
Primary Care:	\$0 / \$10	Rx BIN:	023401
Specialist:	\$0 / \$30	Rx PCN:	CPT
Urgent Care:	\$50 / \$50	Rx Group:	ANGLERX
Doctor on Demand	\$0	Rx Copays:*	\$15 / \$50 / \$75
Telehealth:		*Deductible may apply	
	Preferred	In-Network	Out-of-Network
Deductible (Ind/Fam)	\$0/\$0	\$1,000/\$2,000	\$5,000/\$10,000
Max OOP (Ind/Fam)	\$2,000/\$4,000	\$2,000/\$4,000	\$10,000/\$20,000

 Nomi Health  Alliance Health and Life  PPO

Member Care Team:
Secure Messaging: Your mobile app Website: anglehealth.com
Call: 1(855)937-1855 Pharmacy Phone Number: 1(945)224-0872

For Providers

Payer ID
claims

39856
Angle Health
PO Box 21428
Eagan, MN 55121

Pre-certification is required for elective hospitalizations and certain services. Emergency admission must be certified on the next business day. Failure to obtain pre-admission or admission certification may result in a reduction of benefits. Please call 800-432-8421 for precertification or eligibility verification.

Claims Status: claims.anglehealth.com
Eligibility Verification: eligibility.anglehealth.com
Phone Number: (855) 937-1811
Pharmacy Phone: (945) 224-0872
Pharmacy Web: rx.anglehealth.com

To find a provider, visit anglehealth.com

 iPHCS
Outside of HAP Network  PhysicianCare  Hap  Curitel

Subscriber: Jane Doe
Member ID: ANG1234567 Group #: UT111111
Group Name: Acme Inc

Angle
Health

In-Network Plan Copays*		Pharmacy Information	
Primary Care:	\$25	Rx BIN:	023401
Specialist:	\$50	Rx PCN:	CPT
Urgent Care:	\$25	Rx Group:	ANGLERX
Doctor on Demand	\$25	Rx Copays:*	\$15 / \$50 / \$75
Telehealth:		*Deductible may apply	
	In-Network	Out-of-Network	
Deductible (Ind/Fam)	\$500/\$1,000	\$5,000/\$10,000	
Max OOP (Ind/Fam)	\$5,000/\$10,000	\$10,000/\$20,000	

 Alliance Health and Life  PPO

Member Care Team:
Secure Messaging: Your mobile app Website: anglehealth.com
Call: 1(855)937-1855 Pharmacy Phone Number: 1(945)224-0872

For Providers

Electronic Payer ID
Send Medical Claims to S&S

39856
PO Box 46511
Cincinnati, OH 45246

Pre-certification is required for elective hospitalizations and certain services. Emergency admission must be certified on the next business day. Failure to obtain pre-admission or admission certification may result in a reduction of benefits. Please call 800-432-8421 for precertification or eligibility verification.

Claims Status: claims.anglehealth.com
Eligibility Verification: eligibility.anglehealth.com
Phone Number: 1(855)469-8550
Pharmacy Phone: 1(945)224-0872
Pharmacy Web: rx.anglehealth.com

To find a provider, visit anglehealth.com

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