<table>
<thead>
<tr>
<th>INFORMATION SOURCE</th>
<th>Plan 1 - LEGACY</th>
<th>Plan 2 - NEW</th>
<th>NETWORK ACCESS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group ID</td>
<td>HH</td>
<td>HCH</td>
<td>ONLY PARTICIPANTS</td>
</tr>
<tr>
<td>Electronic Claim Filing</td>
<td>HCH01</td>
<td>HCHHP</td>
<td></td>
</tr>
<tr>
<td>Payor ID</td>
<td></td>
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</tr>
</tbody>
</table>
| EFT/ERA Payment System    | **Echo Health**
  www.view.echohealthinc.com/EFTERA/EFTERAInvitation.aspx 1-888-834-3511 | **VPay**
  https://www.vpayusa.com/ 1-855-893-3029 | Refer to the participant’s ID card                                             |
| Claims Address and        | Healthcare Highways Health Plan
  Claims Appeals             | Healthcare Highways Health Plan
  PO Box 16817
  Lubbock, TX 79490-6817     | PO Box 2476
  Grapevine, TX 76099       | Refer to the participant’s ID card                                             |
| Customer Service          | 866.945.2292                                                                     | 866.945.2292                                                                   | Refer to the participant’s ID card          |
| Medical Management         | 866.353.8162
  and Precertification      | 866.353.8162
  or your provider portal   | or your provider portal located at www.healthcarehighways.com                 | Refer to the participant’s ID card          |
  located at
  www.healthcarehighways.com |                                                                                |                                                                                |                                             |
| Online Eligibility and    | www.healthcarehighways.com
  Benefits                  | www.healthcarehighways.com
  Requires a brief initial  | Requires a brief initial registration process                                   | Refer to the participant’s ID card          |
  registration process      |                                                                                |                                                                                |                                             |
| List of Network Providers | www.healthcarehighways.com                                                     | www.healthcarehighways.com                                                     | Refer to the participant’s ID card          |
| Claims and Eligibility     | 866.945.2292
  Inquiries                | 866.945.2292
  or your provider portal   | or your provider portal located at www.healthcarehighways.com                 | Refer to the participant’s ID card          |
  located at
  www.healthcarehighways.com |                                                                                |                                                                                |                                             |
| Provider Demographic      | www.hch.operations@healthcarehighways.com
  Updates                   | www.hch.operations@healthcarehighways.com
  Fax: 214.390.2139          | www.hch.operations@healthcarehighways.com
  Fax: 214.390.2139          | Same as Health Plan                                                             |                                              |
  Healthcare Highways Health Plan
  Attn: Network Operations
  3001 Dallas Parkway
  Frisco, TX 75034           | Healthcare Highways Health Plan
  Attn: Network Operations
  3001 Dallas Parkway
  Frisco, TX 75034           |                                              |                                             |
| Pharmacy Information      | CerpassRx will be the PBM for many accounts. The pharmacy benefit manager will | CerpassRx will be the PBM for many accounts. The pharmacy benefit manager will | Refer to the participant’s ID card          |
  be identified on the     | be identified on the front of the ID card.                                     | be identified on the front of the ID card. |                                             |
  front of the ID card.    |                                                                                |                                                                                |                                             |