


ID Card Designs: Medicare Medical 2025 Plan Year

Important Notes:

1. The Medicare Medical ID card design samples show the variations of the ID card fronts used. Each of the PBPs that use the design is listed in the header for each design. Design may change without notice.
2. The ID card back for each design shown benefits related to the first PBP listed in the design header. The benefit design for each PBP listed in the design header will follow the ID card back depicted, although the "Select Health Medicare" header and the benefits listed will be specific to each PBP. The sample of each ID card back sample shown represents the first PBP listed in the design header.
3. Benefits listed on these samples are mocked up data and may not reflect the actual benefits associated with actual Medicare medical products represented in these samples.

Medicare Medical (PBP-016)


MEDICARE NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: 855-442-9900 TTY: 711
Find a Dentist: 800-515-2220


selecthealth.org/medicare

P.O. Box 30196
Salt Lake City, UT 84130-0196


Plan Year: 2025
HMO H1994_016

Select Health Medicare No Rx (HMO) 016

In-Network Medical Benefits	Pharmacy Benefits
Medical Deductible: None	This plan does not include
Preventive Care: \$0	Part D prescription drug
Primary Care: \$0	coverage
Specialty Care: \$40	
Connect Care SM : \$0	
Urgent Care Clinic: \$30	
Emergency Room: \$100	



Medicare Medical (PBP-001, PBP-002, PBP-007, PBP-017, PBP-025, PBP-027, PBP-029, PBP-031)


MEDICARE NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: 855-442-9900 TTY: 711
Find a Dentist: 800-515-2220

selecthealth.org/medicare


P.O. Box 30196
Salt Lake City, UT 84130-0196

Plan Year: 2025
HMO H1994_001


Select Health Medicare Essential (HMO) 001

In-Network Medical Benefits	Pharmacy Benefits
Medical Deductible: None	Rx Deductible: \$100
Preventive Care: \$0	Tier 1: \$0
Primary Care: \$0	Tier 2: \$6
Specialty Care: \$15	Tier 3: \$47 After Rx Ded
Connect Care SM : \$0	Tier 4: \$100 After Rx Ded
Urgent Care Clinic: \$35	Tier 5: 31% After Rx Ded
Emergency Room: \$100	

RX BIN: 015938
RX PCN: 7463
RX GRP ID: 11100009



Medicare Medical (PBP-021, PBP-022, PBP-030)


MEDICARE NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: 855-442-9900 TTY: 711
Find a Dentist: 800-515-2220

selecthealth.org/medicare


P.O. Box 30196
Salt Lake City, UT 84130-0196

Plan Year: 2025
HMO H1994_021

Select Health Medicare + Kroger (HMO) 021



In-Network Medical Benefits	Retail Pharmacy Benefits
Medical Deductible: None	Preferred/Standard
Preventive Care: \$0	Rx Deductible: None
Primary Care: \$0	Tier 1: \$0/\$0
Specialty Care: \$0	Tier 2: \$0/\$15
Connect Care SM : \$0	Tier 3: \$40/\$47
Urgent Care Clinic: \$10	Tier 4: \$90/\$100
Emergency Room: \$135	Tier 5: 33%

RX BIN: 015938
RX PCN: 7463
RX GRP ID: 11100009



ID Card Designs: Medicare Medical 2025 Plan Year - Continued

Medicare Medical (PBP-018, PBP-026, PBP-032)

MEDICARE NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: 855-442-9900 TTY: 711
Find a Dentist: 800-515-2220


selecthealth.org/medicare

P.O. Box 30196
Salt Lake City, UT 84130-0196



Medicare limiting charges apply
Plan Year: 2025
PPO H2246_018

Select Health Medicare Choice (PPO) 018

Medical Benefits	Pharmacy Benefits
In-Network/Out-of-Network	Rx Deductible: \$100
Medical Deductible: None	Tier 1: \$0
Preventive Care: \$0/\$0	Tier 2: \$6
Primary Care: \$0/30%	Tier 3: \$47 After Rx Ded
Specialty Care: \$20/30%	Tier 4: \$100 After Rx Ded
Connect Care SM : \$0/Not Covered	Tier 5: 31% After Rx Ded
Urgent Care Clinic: \$35/\$35	
Emergency Room: \$100/\$100	RX BIN: 015938
	RX PCN: 7463
	RX GRP ID: 11100009



Medicare Medical (PBP-003, PBP-004, PBP-008, PBP-013, PBP-014, PBP-024)





MEDICARE SLHP NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: 855-442-9900 TTY: 711
Find a Dentist: 800-515-2220

selecthealth.org/medicare




P.O. Box 30196
Salt Lake City, UT 84130-0196



Plan Year: 2025
HMO H1994_003

Select Health Medicare Essential (HMO) 003

In-Network Medical Benefits	Pharmacy Benefits
Medical Deductible: None	Rx Deductible: \$100
Preventive Care: \$0	Tier 1: \$0
Primary Care: \$0	Tier 2: \$6
Specialty Care: \$20	Tier 3: \$47 After Rx Ded
Connect Care SM : \$0	Tier 4: \$100 After Rx Ded
Urgent Care Clinic: \$40	Tier 5: 31% After Rx Ded
Emergency Room: \$100	
	RX BIN: 015938
	RX PCN: 7463
	RX GRP ID: 11100009



Medicare Medical (PBP-023)





MEDICARE SLHP NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: 855-442-9900 TTY: 711
Find a Dentist: 800-515-2220

selecthealth.org/medicare




P.O. Box 30196
Salt Lake City, UT 84130-0196



Plan Year: 2025
HMO H1994_023

Select Health Medicare + Kroger (HMO) 023

In-Network Medical Benefits	Pharmacy Benefits
Medical Deductible: None	Rx Deductible: \$100
Preventive Care: \$0	Tier 1: \$0/\$0
Primary Care: \$0	Tier 2: \$5/\$10
Specialty Care: \$20	Tier 3: \$40/\$47 After Rx Ded
Connect Care SM : \$0	Tier 4: \$90/\$100 After Rx Ded
Urgent Care Clinic: \$50	Tier 5: 31% After Rx Ded
Emergency Room: \$100	
	RX BIN: 015938
	RX PCN: 7463
	RX GRP ID: 11100009



Medicare Medical (PBP-012)





MEDICARE NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: 855-442-9900 TTY: 711
Find a Dentist: 800-515-2220

selecthealth.org/medicare




P.O. Box 30196
Salt Lake City, UT 84130-0196

Plan Year: 2025
HMO H1994_012


Select Health Medicare Essential (HMO) 012


In-Network Medical Benefits	Pharmacy Benefits
Medical Deductible: None	Rx Deductible: \$100
Preventive Care: \$0	Tier 1: \$0
Primary Care: \$0	Tier 2: \$0
Specialty Care: \$0	Tier 3: \$47
Connect Care SM : \$0	Tier 4: \$100
Urgent Care Clinic: \$10	Tier 5: 33%
Emergency Room: \$135	
	RX BIN: 015938
	RX PCN: 7463
	RX GRP ID: 11100011



ID Card Designs: Medicare Medical 2025 Plan Year - Continued

Medicare Medical (PBP-020)

 **Select Health**

 **Intermountain Health**

MEDICARE NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: 855-442-9900 TTY: 711
Find a Dentist: 800-515-2220

selecthealth.org/medicare

P.O. Box 30196
Salt Lake City, UT 84130-0196

Medicare limiting charges apply

MedicareRx
Prescription Drug Coverage

Plan Year: 2025
PPO H2246_020

Select Health Medicare No Rx (PPO) 020

Medical Benefits In-Network/Out-of-Network


Medical Deductible: None
Preventive Care: \$0/\$0
Primary Care: \$0/40%
Specialty Care: \$40/\$40
Connect CaresSM: \$0
Urgent Care Clinic: \$20/\$40
Emergency Room: \$100/\$100


Pharmacy Benefits

This plan does not include Part D prescription drug coverage



Medicare Medical (PBP-019)

 **Select Health**

 **Intermountain Health**

MEDICARE NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: 855-442-9900 TTY: 711
Find a Dentist: 800-515-2220

selecthealth.org/medicare

P.O. Box 30196
Salt Lake City, UT 84130-0196

Medicare limiting charges apply

MedicareRx
Prescription Drug Coverage

Plan Year: 2025
PPO H2246_019

Select Health Medicare Choice (PPO) 019

Medical Benefits In-Network/Out-of-Network

Medical Deductible: None
Preventive Care: \$0/\$0
Primary Care: \$0/\$20
Specialty Care: \$35/\$75
Connect CaresSM: \$0/Not Covered
Urgent Care Clinic: \$10/\$40
Emergency Room: \$120/\$120


Pharmacy Benefits

Rx Deductible: None
Tier 1: \$0
Tier 2: \$8
Tier 3: \$47
Tier 4: \$100
Tier 5: 33%

RX BIN: 015938
RX PCN: 7463
RX GRP ID: U1000011



Medicare Medical (PBP-015, PBP-028)

 **Select Health**

MEDICARE NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: 855-442-9900 TTY: 711
Find a Dentist: 800-515-2220

selecthealth.org/medicare

P.O. Box 30196
Salt Lake City, UT 84130-0196

Dual Eligible Member

MedicareRx
Prescription Drug Coverage

Pharmacy Information
RX BIN: 015938
RX PCN: 7463
RX GRP ID: U1000009

Plan Year: 2025
HMO-DSNP
H1994_015

Select Health Medicare Dual (HMO-DSNP) 015

Dual Eligible Member

Dual eligible members pay \$0 for plan covered services.

Present this ID card and your Medicaid ID card before you receive services. See your Evidence of Coverage for covered services.


Providers

Dual Eligible Member Cost Share should be billed to member's Medicaid.



ID Card Designs: Children's Health Insurance Program (CHIP) 2025 Plan Year

Utah Domiciled - CHIP (G31A) - Not Alaska Native or American Indian

 **Select Health**

COMMUNITY CARE NETWORK ID: 800000000

SUBSCRIBER NAME
SUBSCRIBER

Member Services: **800-538-5038**
Find a Doctor: **800-515-2220**

selecthealth.org


P.O. Box 30192
Salt Lake City, UT 84130-0192

CHIP
Children's Health Insurance Program

In-Network Medical Benefits
Medical Ded: \$40
Preventive Care: 0%
Primary Care: \$5
Specialty Care: \$5
Connect CareSM: \$5
Urgent Care: \$5
Emergency Room: \$5

Pharmacy Benefits
Formulary: RxCore BIN: 800008
Tier 1: \$5
Tier 2: 5%
Tier 3: 5%
Tier 4: 5%
Tier 5: 5%

Utah Domiciled - CHIP (G31A) - Alaska Native

 **Select Health**

COMMUNITY CARE NETWORK ID: 800000000

SUBSCRIBER NAME
SUBSCRIBER

Member Services: **800-538-5038**
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0192


CHIP
Children's Health Insurance Program

ALASKA NATIVE

In-Network Medical Benefits
Medical Ded: \$40
Preventive Care: 0%
Primary Care: \$5
Specialty Care: \$5
Connect CareSM: \$5
Urgent Care: \$5
Emergency Room: \$5

Pharmacy Benefits
Formulary: RxCore BIN: 800008
Tier 1: \$5
Tier 2: 5%
Tier 3: 5%
Tier 4: 5%
Tier 5: 5%

Utah Domiciled - CHIP (G31A) - American Indian

 **Select Health**

COMMUNITY CARE NETWORK ID: 800000000

SUBSCRIBER NAME
SUBSCRIBER

Member Services: **800-538-5038**
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0192

CHIP
Children's Health Insurance Program

AMERICAN INDIAN

In-Network Medical Benefits
Medical Ded: \$40
Preventive Care: 0%
Primary Care: \$5
Specialty Care: \$5
Connect CareSM: \$5
Urgent Care: \$5
Emergency Room: \$5

Pharmacy Benefits
Formulary: RxCore BIN: 800008
Tier 1: \$5
Tier 2: 5%
Tier 3: 5%
Tier 4: 5%
Tier 5: 5%

ID Card Designs: Fenyx Health Group Medicare Advantage Medical Savings Account (MSA) 2025 Plan Year

Fenyx Health Group Medicare Advantage Medical Savings Account (MSA)



SELECT HEALTH GROUP MSA Employer Group Medicare Advantage Medical Savings Account

Sample Member
ID: 987654321

#6130809 Group: Sample Employer/Union/Govt/Association
Copay: \$0 Benefits, prior auth and referral: Same as Original Medicare
Non-network: Access to any Medicare provider agreeing to bill the plan

MSA Member Services:
855-511-1514 (TTY: 711) | members@selecthealthgroupmsa.org

PROVIDERS: SEE IMPORTANT INFORMATION ON REVERSE

1. See Group MSA Members

Our MSA is non-network. A contract is not needed to see members, submit claims or receive payment.

CMS designed MSA plans so members have access to any Medicare provider.

3. Get Paid

We pay the full Medicare-allowed (not 80%) regardless of deductible status.

Medicare-par: Lesser of billed or 100% Medicare-allowed (less sequestration).
Balance billing not permitted.

Non-par: Lesser of billed or 95% Medicare-allowed (less sequestration). Balance billing up to limiting charge permitted where allowed.

MSA Provider Services: 855-511-1514

2. Submit Claims to Fenyx Health

We use Medicare's claim submission rules, medical policies and fee schedules/payment methodologies. Prepare claim as you would for Original Medicare, but send to Fenyx Health:

 portal.smartdatastream.us
payer ID 83309

 PO Box 97, Orange, CA 92856

Send clinical documentation to:

Fax: 559-396-3582

Upload: go.selecthealthgroupmsa.org/securefileupload

If your facility has a special rate letter with your MAC, please send it to us for correct pricing.

providers@selecthealthgroupmsa.org