# ID Card Designs: Medicare Medical 2025 Plan Year

#### **Important Notes:**

- 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 1. each design. Design may change without notice.
- The ID card back for each design shown benfits related to the first PBP listed in the design header. The benfit 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.
- Benefits listed on these samples are mocked up data and may not reflect the actual benefits associated with actual Medicare medical produts 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

### Select Health Medicare No Rx (HMO) 016

**In-Network Medical Benefits** 

Medical Deductible: None Preventive Care: \$0 Primary Care: \$0

Specialty Care: \$40 Connect Care<sup>SM</sup>: \$0 Urgent Care Clinc: \$30 Emergency Room: \$100 **Pharmacy Benefits** 

This plan does not include Part D prescription drug

coverage



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





Plan Year: 2025

HMO H1994 016

### MEDICARE NETWORK

# **SUBSCRIBER NAME**

ID: 80000000

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

selecthealth.org/medicare

P.O. Box 30196 Plan Year: 2025 Salt Lake City, UT 84130-0196 HMO H1994\_001

### Select Health Medicare Essential (HMO) 001

### In-Network Medical Benefits

Medical Deductible: None Preventive Care: \$0 Primary Care: \$0 Specialty Care: \$15

Connect Care<sup>SM</sup>: \$0 Urgent Care Clinc: \$35 Emergency Room: \$100

# **Pharmacy Benefits**

Rx Deductible: \$100 Tier 1: \$0 Tier 2: \$6

Tier 3: \$47 After Rx Ded Tier 4: \$100 After Rx Ded Tier 5: 31% After Rx Ded

RX BIN: 015938 **RX PCN: 7463** RX GRP ID: U1000009



### 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**

Medical Deductible: None Preventive Care: \$0 Primary Care: \$0 Specialty Care: \$0 Connect Care<sup>SM</sup>: \$0 Urgent Care Clinc: \$10 Emergency Room: \$135

#### **Retail Pharmacy Benefits** Preferred/Standard

Tier 1: \$0/\$0 Tier 2: \$0/\$15 Tier 3: \$40/\$47 Tier 4: \$90/\$100 Tier 5: 33%

Rx Deductible: None

RX BIN: 015938 **BX PCN: 7463** 

RX GRP ID: U1000009



# ID Card Designs: Medicare Medical 2025 Plan Year - Continued

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



MedicareR,

MEDICARE NETWORK

**SUBSCRIBER NAME** 

ID: 800000000

Member Services: 855-442-9900 TTY: 711

Find a Dentist: 800-515-2220

selecthealth.org/medicare

charges apply

P.O. Box 30196

Salt Lake City, UT 84130-0196

**Medicare limiting** 

Plan Year: 2025 PPO H2246\_018

### Select Health Medicare Choice (PPO) 018

In-Network/Out-of-Network Medical Deductible: None

Preventive Care: \$0/\$0 Primary Care: \$0/30% Specialty Care: \$20/30%

Connect Care<sup>SM</sup>: \$0/Not Covered Urgent Care Clinc: \$35/\$35 Emergency Room: \$100/\$100

**Pharmacy Benefits** 

Rx Deductible: \$100

Tier 1: \$0 Tier 2: \$6

Tier 3: \$47 After Rx Ded Tier 4: \$100 After Rx Ded

Tier 5: 31% After Rx Ded

RX BIN: 015938 RX PCN: 7463

RX GRP ID: U1000009



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



St. Luke's

Health Partners

### 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 Medicare R

Plan Year: 2025 HMO H1994\_003

### Select Health Medicare Essential (HMO) 003

**In-Network Medical Benefits** 

Medical Deductible: None Preventive Care: \$0

Primary Care: \$0 Specialty Care: \$20 Connect Care<sup>SM</sup>: \$0 Urgent Care Clinc: \$40

Emergency Room: \$100

**Pharmacy Benefits** Rx Deductible: \$100

Tier 1: \$0

Tier 2: \$6

Tier 3: \$47 After Rx Ded

Tier 4: \$100 After Rx Ded Tier 5: 31% After Rx Ded

**RX BIN: 015938** 

**RX PCN: 7463** 

RX GRP ID: U1000009



### Medicare Medical (PBP-023)



St. Luke's

Health Partners

### MEDICARE SLHP NETWORK

### SUBSCRIBER NAME

ID: 800000000

Member Services: 855-442-9900 TTY: 711

Find a Dentist: 800-515-2220

selecthealth.org/medicare

Salt Lake City, UT 84130-0196

P.O. Box 30196

MedicareR,

Plan Year: 2025 HMO H1994\_023

### Select Health Medicare + Kroger (HMO) 023

In-Network Medical Benefits

Medical Deductible: None Preventive Care: \$0

Primary Care: \$0 Specialty Care: \$20 Connect Care<sup>SM</sup>: \$0 Urgent Care Clinc: \$50 Emergency Room: \$100 **Pharmacy Benefits** Rx Deductible: \$100

Tier 1: \$0/\$0

Tier 2: \$5/\$10 Tier 3: \$40/\$47 After Rx Ded Tier 4: \$90/\$100 After Rx Ded

Tier 5: 31% After Rx Ded RX BIN: 015938

RX PCN: 7463 RX GRP ID: U1000009



### Medicare Medical (PBP-012)



Intermountain

### MEDICARE NETWORK

### SUBSCRIBER NAME

ID: 800000000

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

selecthealth.org/medicare

MedicareR,

P.O. Box 30196 Plan Year: 2025 Salt Lake City, UT 84130-0196 HMO H1994\_012

### Select Health Medicare Essential (HMO) 012

In-Network Medical Benefits

Medical Deductible: None Preventive Care: \$0 Primary Care: \$0 Specialty Care: \$0 Connect Care<sup>SM</sup>: \$0 Urgent Care Clinc: \$10

Emergency Room: \$135

**Pharmacy Benefits** Rx Deductible: \$100

Tier 1: \$0 Tier 2: \$0 Tier 3: \$47 Tier 4: \$100 Tier 5: 33%

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



# ID Card Designs: Medicare Medical 2025 Plan Year - Continued

### Medicare Medical (PBP-020)





### 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

MedicareR

Plan Year: 2025 PPO H2246\_020

### Select Health Medicare No Rx (PPO) 020

In-Network/Out-of-Network Medical Deductible: None Preventive Care: \$0/\$0

Primary Care: \$0/40% Specialty Care: \$40/\$40 Connect Care<sup>SM</sup>: \$0 Urgent Care Clinc: \$20/\$40 Emergency Room: \$100/\$100

### **Pharmacy Benefits**

This plan does not include Part D prescription drug coverage



### Medicare Medical (PBP-019)





### 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

MedicareR

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 Care<sup>SM</sup>: \$0/Not Covered Urgent Care Clinc: \$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)



# **Dual Eligible Member**



# 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



# **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**

Dueal 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



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

In-Network Medical Benefits

Medical Ded: \$40 Preventive Care: 0% Primary Care: \$5 Specialty Care: \$5

Connect Care<sup>sM</sup>: \$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



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

ALASKA NATIVE

**In-Network Medical Benefits** 

Medical Ded: \$40 Preventive Care: 0% Primary Care: \$5 Specialty Care: \$5 Connect Care<sup>SM</sup>: \$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



**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

AMERICAN INDIAN

In-Network Medical Benefits

Medical Ded: \$40 Preventive Care: 0% Primary Care: \$5 Specialty Care: \$5 Connect Care<sup>\$M</sup>: \$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%