ID Card Designs: Medicare 2023 Plan Year

These are sample Medicare ID cards for the 2023 Medicare Plan Year.

NOTE: Benefits listed on these Medicare medical and Medicare dental ID card samples are mocked up data and may not reflect the actual benefits associated with actual Medicare medical products represented here.

Medicare Medical - 2023 Plan Year

Medicare Medical PBP: 001 (ID Card Type: 0001)

selecthealth MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_001

SelectHealth Medicare Essential (HMO) 001

In-Network Medical Benefits
Medical Deductible: None
Preventive Care: $0
Primary Care: $0
Specialty Care: $25
Connect Care℠: $0
Urgent Care Clinic: $45
Emergency Room: $90

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: 40% After Rx Ded

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

Medicare Medical PBP: 002 (ID Card Type: 0002)

selecthealth MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_002

SelectHealth Medicare Classic (HMO) 002

In-Network Medical Benefits
Medical Deductible: None
Preventive Care: $0
Primary Care: $0
Specialty Care: $40
Connect Care℠: $0
Urgent Care Clinic: $25
Emergency Room: $95

Pharmacy Benefits
Rx Deductible: $200
Tier 1: $0
Tier 2: $10
Tier 3: $47 After Rx Ded
Tier 4: $100 After Rx Ded
Tier 5: 29% After Rx Ded

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

Medicare Medical PBP: 003 (ID Card Type: 0003)

selecthealth MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_003

SelectHealth Medicare Essential (HMO) 003

In-Network Medical Benefits
Medical Deductible: None
Preventive Care: $0
Primary Care: $0
Specialty Care: $20
Connect Care℠: $0
Urgent Care Clinic: $50
Emergency Room: $95

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 - 2023 Plan Year - Continued

Medicare Medical PBP: 004 (ID Card Type: 0004)

selecthealth.
MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_004

SelectHealth Medicare Classic (HMO) 004

In-Network Medical Benefits
Medical Deductible: None
Preventive Care: $0
Primary Care: $0
Specialty Care: $20
Connect Care℠: $0
Urgent Care Clinic: $50
Emergency Room: $95

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: 007 (ID Card Type: 0018)

selecthealth.
MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_007

SelectHealth Medicare Enhanced (HMO) 007

In-Network Medical Benefits
Medical Deductible: None
Preventive Care: $0
Primary Care: $0
Specialty Care: $20
Connect Care℠: $0
Urgent Care Clinic: $35
Emergency Room: $95

Pharmacy Benefits
Rx Deductible: $50
Tier 1: $0
Tier 2: $6
Tier 3: $47 After Rx Ded
Tier 4: $100 After Rx Ded
Tier 5: 32% After Rx Ded

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

Medicare Medical PBP: 008 (ID Card Type: 0019)

selecthealth.
MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_008

SelectHealth Medicare Enahced (HMO) 008

In-Network Medical Benefits
Medical Deductible: None
Preventive Care: $0
Primary Care: $0
Specialty Care: $10
Connect Care℠: $0
Urgent Care Clinic: $30
Emergency Room: $95

Pharmacy Benefits
Rx Deductible: $100
Tier 1: $0
Tier 2: $6
Tier 3: $40
Tier 4: $100
Tier 5: 33%

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

Medicare Medical PBP: 012 (ID Card Type: 0027)

selecthealth.
Intermountain Healthcare
MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_012

SelectHealth Medicare Essential (HMO) 012

In-Network Medical Benefits
Medical Deductible: None
Preventive Care: $0
Primary Care: $0
Specialty Care: $40
Connect Care℠: $0
Urgent Care Clinic: $10
Emergency Room: $125

Pharmacy Benefits
Rx Deductible: $0
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

Medicare Medical - 2023 Plan Year - Continued

Medicare Medical PBP: 013 (ID Card Type: 0028)

selecthealth. MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_013

SelectHealth Medicare Classic (HMO) 013

In-Network Medical Benefits
Medical Deductible: None
Preventive Care: $0
Primary Care: $0
Specialty Care: $50
Connect Care℠: $0
Urgent Care Clinic: $50
Emergency Room: $95

Pharmacy Benefits
Rx Deductible: $200
Tier 1: $0
Tier 2: $6
Tier 3: $47 After Rx Ded
Tier 4: $100 After Rx Ded
Tier 5: 29% After Rx Ded

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

Medicare Medical PBP: 014 (ID Card Type: 0029)

selecthealth. MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_014

SelectHealth Medicare Classic (HMO) 014

In-Network Medical Benefits
Medical Deductible: None
Preventive Care: $0
Primary Care: $0
Specialty Care: $50
Connect Care℠: $0
Urgent Care Clinic: $50
Emergency Room: $95

Pharmacy Benefits
Rx Deductible: $200
Tier 1: $0
Tier 2: $6
Tier 3: $47 After Rx Ded
Tier 4: $100 After Rx Ded
Tier 5: 29% After Rx Ded

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

Medicare Medical PBP: 015 (ID Card Type: 0032)

selecthealth. Dual Eligible Member
MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

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

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_015

SelectHealth 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 Members Cost Share should be billed to member's Medicaid.

Medicare Medical PBP: 016 (ID Card Type: 0033)

selecthealth.

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_016

SelectHealth Medicare No Rx (HMO) 016

In-Network Medical Benefits
Medical Deductible: $0
Preventive Care: $0
Primary Care: $0
Specialty Care: $40
Connect Care℠: $0
Urgent Care Clinic: $30
Emergency Room: $90

Pharmacy Benefits
This plan does not include Part D prescription drug coverage.

Medicare Medical - 2023 Plan Year - Continued

Medicare Medical PBP: 017 (ID Card Type: 0037)

selecthealth. MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
HMO H1994_017

SelectHealth Medicare Essential (HMO) 017

In-Network Medical Benefits
Medical Deductible: None
Preventive Care: $0
Primary Care: $0
Specialty Care: $20
Connect Care℠: $0
Urgent Care Clinic: $30
Emergency Room: $95

Pharmacy Benefits
Rx Deductible: $200
Tier 1: $0
Tier 2: $15
Tier 3: $47 After Rx Ded
Tier 4: $100 After Rx Ded
Tier 5: 29% After Rx Ded

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

Medicare Medical PBP: 018 (ID Card Type: 0038)

selecthealth. MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

Medicare limiting charges apply

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
PPO H2246_018

SelectHealth Medicare Choice (PPO) 018

Medical Benefits
In-Network/Out-of-Network
Medical Deductible: None
Preventive Care: $0/$0
Primary Care: $0/30%
Specialty Care: $30/30%
Connect Care℠: $0/30%
Urgent Care Clinic: $35/$35
Emergency Room: $95/$95

Pharmacy Benefits
Rx Deductible: $200
Tier 1: $0
Tier 2: $15
Tier 3: $47 After Rx Ded
Tier 4: $100 After Rx Ded
Tier 5: 29% After Rx Ded

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

Medicare Medical PBP: 019 (ID Card Type: 0039)

selecthealth. Intermountain Healthcare MedicareRx Prescription Drug Coverage

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

Medicare limiting charges apply

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
PPO H2246_019

SelectHealth Medicare Choice (PPO) 019

Medical Benefits
In-Network/Out-of-Network
Medical Deductible: None
Preventive Care: $0/$20
Primary Care: $0/$20
Specialty Care: $35/$75
Connect Care℠: $0/Not Covered
Urgent Care Clinic: $10/$40
Emergency Room: $95/$95

Pharmacy Benefits
Rx Deductible: $0
Tier 1: $0
Tier 2: $8
Tier 3: $47
Tier 4: $100
Tier 5: 33% After Rx Ded

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

Medicare Medical PBP: 020 (ID Card Type: 0040)

selecthealth. Intermountain Healthcare

MEDICARE NETWORK

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

Medicare limiting charges apply

P.O. Box 30192
Salt Lake City, UT 84130-0196

Plan Year: 2023
PPO H2246_001

SelectHealth Medicare No Rx (PPO) 020

Medical Benefits
In-Network/Out-of-Network
Medical Deductible: None
Preventive Care: $0/40%
Primary Care: $0/40%
Specialty Care: $40/40%
Connect Care℠: $0/Not Covered
Urgent Care Clinic: $20/$40
Emergency Room: $95/$95

Pharmacy Benefits
This plan does not include Part D prescription drug coverage.

Medicare Dental - 2023 Plan Year

Medicare Dental Product ID: G90A0010 (ID Card Type: 0012)

selecthealth.
DENTAL
MEDICARE DENTAL

Dual Eligible Member
Dual eligible members pay $0 for plan covered services.

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

SelectHealth Medicare
Your medical plan includes comprehensive dental coverage. Present this ID card before you receive dental services. See your Evidence of Coverage for covered services.

In-Network Dental Benefits
Deductible: None
Annual Max: $3000
Preventive and Diagnostic: $0
Basic: $0
Major: $0
Orthonontic: Not Covered

Dental Plan Information
Plan Year: 2023
Group Number: U1000009
Product ID: G90A0010

Medicare Dental Product ID: G90A0011 (ID Card Type: 0012)

selecthealth.
DENTAL
MEDICARE DENTAL

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

SelectHealth Medicare
Your medical plan includes comprehensive dental coverage. Present this ID card before you receive dental services. See your Evidence of Coverage for covered services.

In-Network Dental Benefits
Deductible: None
Annual Max: $1500
Preventive and Diagnostic: $0
Basic: $0
Major: $0
Orthonontic: Not Covered

Dental Plan Information
Plan Year: 2023
Group Number: U1000009
Product ID: G90A0011

Medicare Dental Product ID: G90A0012 (ID Card Type: 0012)

selecthealth.
DENTAL
MEDICARE DENTAL

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

SelectHealth Medicare
Your medical plan includes comprehensive dental coverage. Present this ID card before you receive dental services. See your Evidence of Coverage for covered services.

In-Network Dental Benefits
Deductible: None
Annual Max: $1500
Preventive and Diagnostic: $0
Basic: $0
Major: $0
Orthonontic: Not Covered

Dental Plan Information
Plan Year: 2023
Group Number: U1000009
Product ID: G90A0012

Medicare Dental Product ID: G90A0013 (ID Card Type: 0012)

selecthealth.
DENTAL
MEDICARE DENTAL

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

SelectHealth Medicare
Your medical plan includes comprehensive dental coverage. Present this ID card before you receive dental services. See your Evidence of Coverage for covered services.

In-Network Dental Benefits
Deductible: None
Annual Max: $1000
Preventive and Diagnostic: $0
Basic: $0
Major: $0
Orthonontic: Not Covered

Dental Plan Information
Plan Year: 2023
Group Number: U1000009
Product ID: G90A0013

Medicare Dental - 2023 Plan Year - Continued

Medicare Dental Product ID: G90A0014 (ID Card Type: 0012)

selecthealth DENTAL
MEDICARE DENTAL

SUB_FIRSTNAME A SUB_LASTNAME
ID: 800000000

Member Services: **855-442-9900** (TTY:711)
Find a Doctor: **800-515-2220**

selecthealth.org

P.O. Box 30192
Salt Lake City, UT 84130-0196

SelectHealth Medicare
Your medical plan includes comprehensive dental coverage.
Present this ID card before you receive dental services. See
your Evidence of Coverage for covered services.

In-Network Dental Benefits
Deductible: None
Annual Max: $2000
Preventive and Diagnostic: $0
Basic: $0
Major: $0
Orthonontic: Not Covered

Dental Plan Information
Plan Year: 2023
Group Number: U1000009
Product ID: G90A0014