


ID Card Designs: Medicare Medical 2024 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: 2024
HMO H1994_016

Select Health Medicare No Rx (HMO) 016

In-Network Medical Benefits


Medical Deductible: None
Preventive Care: \$0
Primary Care: \$0
Specialty Care: \$40
Connect CareSM: \$0
Urgent Care Clinic: \$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)


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: 2024
HMO H1994_001

MedicareRx
Prescription Drug Coverage

Select Health Medicare Essential (HMO) 001

In-Network Medical Benefits

Medical Deductible: None
Preventive Care: \$0
Primary Care: \$0
Specialty Care: \$15
Connect CareSM: \$0
Urgent Care Clinic: \$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: 2024
HMO H1994_021

MedicareRx
Prescription Drug Coverage

Select Health Medicare + Kroger (HMO) 021

In-Network Medical Benefits

Medical Deductible: None
Preventive Care: \$0
Primary Care: \$0
Specialty Care: \$0
Connect CareSM: \$0
Urgent Care Clinic: \$10
Emergency Room: \$135

Retail Pharmacy Benefits Preferred/Standard


Rx Deductible: None
Tier 1: \$0/\$0
Tier 2: \$0/\$15
Tier 3: \$40/\$47
Tier 4: \$90/\$100
Tier 5: 33%


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



ID Card Designs: Medicare Medical 2024 Plan Year - Continued

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

 **Select Health**

 **MedicareRx**
Prescription Drug Coverage

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: 2024
PPO H2246_018

Select Health Medicare Choice (PPO) 018


Medical Benefits
In-Network/Out-of-Network
Medical Deductible: None
Preventive Care: \$0/\$0
Primary Care: \$0/30%
Specialty Care: \$20/30%
Connect CareSM: \$0/Not Covered
Urgent Care Clinic: \$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)

 **Select Health**


 **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

 **MedicareRx**
Prescription Drug Coverage

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


Plan Year: 2024
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 CareSM: \$0
Urgent Care Clinic: \$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)

 **Select Health**


 **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

 **MedicareRx**
Prescription Drug Coverage

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


Plan Year: 2024
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 CareSM: \$0
Urgent Care Clinic: \$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)

 **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

 **MedicareRx**
Prescription Drug Coverage

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


Plan Year: 2024
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 CareSM: \$0
Urgent Care Clinic: \$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 2024 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: 2024
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 CareSM: \$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: 2024
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 CareSM: \$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**

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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: 2024
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: Medicare Dental 2024 Plan Year

Important Notes:

1. These are sample Medicare Dental ID card designs. Not all variations/products are depicted. Design may change without notice.
2. Benefits listed on this sample are mocked up data and may not reflect the actual benefits associated with actual Medicare dental products represented in this sample.

MEDICARE DENTAL - In-Network Benefits Only

 **Select Health**

MEDICARE DENTAL NETWORK

SUBSCRIBER NAME
ID: 800000000

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


selecthealth.org/medicare

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

Select Health Medicare Dental Plan
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	Dental Plan Information
Deductible: None	Plan Year: 2024
Annual Max: \$2000	Group Number: U1000009
Preventive and Diagnostic: \$0	Product ID: G90A0015
Basic: \$0	
Major: \$0	
Orthodontic: Not Covered	

MEDICARE DENTAL - In-Network / Out-of-Network Benefits

 **Select Health**

MEDICARE DENTAL NETWORK

SUBSCRIBER NAME
ID: 800000000

Member Services: **855-442-9900 (toll-free)** 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

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

Dental Benefits In-Network/Out-of-Network	Dental Plan Information
Deductible: None	Plan Year: 2024
Annual Max: \$1500	Group Number: U1000009
Preventive and Diagnostic: \$0/10%	Product ID: G90A0017
Basic: \$0/10%	
Major: \$0/10%	
Orthodontic: Not Covered	

MEDICARE DENTAL - Dual Eligible Member (DSNP)

 **Select Health**

MEDICARE DENTAL NETWORK

SUBSCRIBER NAME
ID: 800000000

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

selecthealth.org/medicare

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


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

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

Dental Benefits In-Network/Out-of-Network	Dental Plan Information
Deductible: None	Plan Year: 2024
Annual Max: \$3000	Group Number: U1000009
Preventive and Diagnostic: \$0	Product ID: G90A0016
Basic: 0%	
Major: 0%	
Orthodontic: Not Covered	

ID Card Designs: Children's Health Insurance Program (CHIP) 2024 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%