

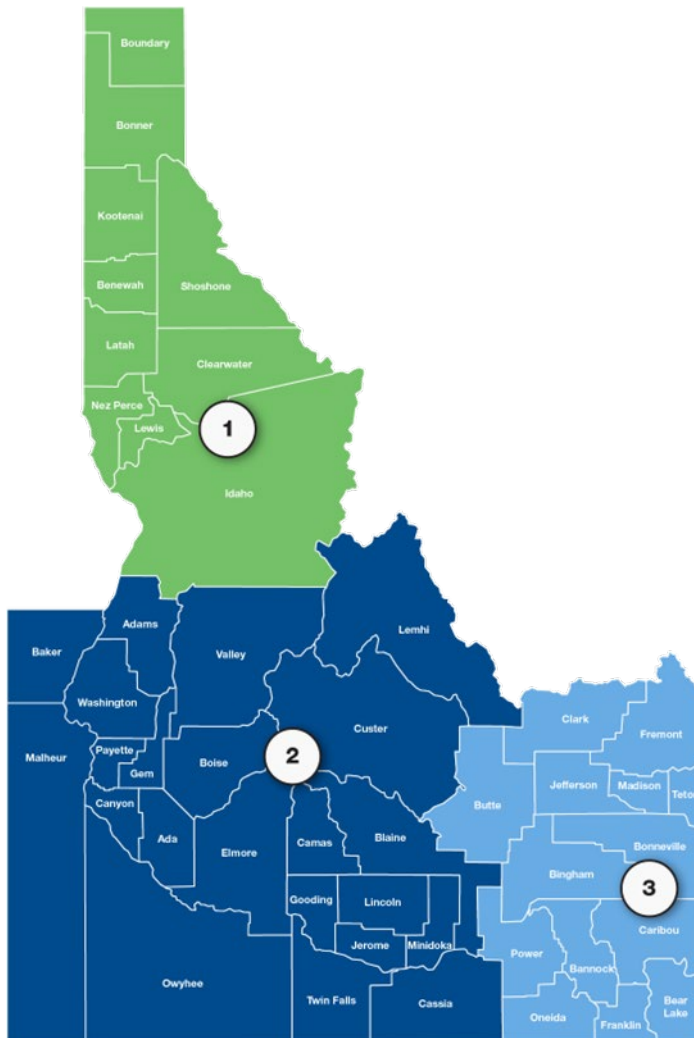
Introduction

SLHP Contracted Payer Products

Following is a listing of payers and products in the St. Luke's Health Partners (SLHP) market area for 2024 (see Region 2 below). These value-based, accountable arrangements allow SLHP to demonstrate the delivery of quality care in a cost-effective manner. This listing can help you to easily identify patients you may be seeing as a participant in one of these products.

For payers under a BrightPath agreement in either Region 1 or Region 3, see the listing of those arrangements on the map. The products and ID cards in these areas will be different but will still include a BrightPath logo.

Regions 1 & 3 are contracted by BrightPath. Region 2 is contracted by St. Luke's Health Partners and BrightPath where necessary.



Region 1 Payers

1. Mountain Health CO-OP: Engage
2. SelectHealth: Commercial & MA

Region 2 Payers

Note: St. Luke's Health Partners arrangements in bold.

3. **Blue Cross: CarePoint, BMHCT & TrueBlue MA**
4. Mountain Health CO-OP: Engage
5. **Mountain Health CO-OP: Link**
6. **PacificSource: Navigator & MyCare MA**
7. **Regence: Commercial & Align MA**
8. **SelectHealth: Commercial & MA**
9. **St. Luke's Health Plan: Commercial**
10. **UnitedHealthcare: AARP Medicare Advantage ID-001P**
(SLHP groups only)

Region 3 Payers

11. Mountain Health CO-OP: Engage
12. SelectHealth: Commercial & MA

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Commercial

CarePoint

This is an individual Qualified Health Plan (QHP) product Member Policy Prefixes: IDF

Member Name / Number Wendy S Madura IDF101010860	
Group Number RXBIN 020123 RXPCN IRXCOMM RXGRP Provider Directory Medical Dental	20000001 IRXCOMM RXBCID SLHP POS DPP0
Deductible(Individual/Family) In-Network \$6250/\$12500 Out-of-Network \$18900/\$37800 Out-of-Pocket(Individual/Family) In-Network \$7500/\$15000 Out-of-Network \$94500/\$189000	
ST. LUKE'S HEALTH PARTNERS NETWORK	

		For Customer Service, visit bcidaho.com or call the appropriate number below:
Call to notify us when you or an eligible dependent have a hospital inpatient admission. You should obtain prior authorization for certain hospital and non-hospital services. Failure to call may affect your benefits payment.	Members: Providers: Prior Authorization:	(208) 286-3828 (855) 230-6862 (208) 286-3656 (866) 482-2250 (208) 331-7535 (800) 743-1871 (855) 839-5205 (800) 810-2583
Providers: Please file your claims with your local BlueCross BlueShield Plan. If Medicare is primary, file Medicare claims with Medicare. For benefit and eligibility information, please call 1-866-482-2250. This member has limited benefits outside of their product service area. Dental Providers: Please submit all dental claims to Blue Cross of Idaho. Out of Idaho Dental Network: GRID/GRID+.	Blue Cross of Idaho Rx: BlueCard® Access: (To find a provider)	(800) 743-1871 (855) 839-5205 (800) 810-2583
Blue Cross of Idaho P.O. Box 7408 Boise, Idaho 83707		An independent licensee of the Blue Cross and Blue Shield Association.

Boise Municipal Health Care Trust

An employer-sponsored health plan. Must be an employee of BMHCT or dependent to participate.

Member Policy Prefixes: CIJ

		Boise Municipal Health Care Trust
Enrollee Name / Number John Doe CIJ123456789		In-Network Office Visit \$20 In-Network Specialist Visit \$40
Group Number RXBIN 020123 RXPCN IRXCOMM RXGRP Medical Vision	10031331 IRXCOMM RXBCID PPO Yes	Deductible(Individual/Family) In-Network \$350/\$700 Out-of-Pocket(Individual/Family) In-Network \$2500/\$5000 Out-of-Network \$5000
PPO®		

		For Customer Service, visit bcidaho.com or call the appropriate number below:
Call to notify us when you or an eligible dependent have a hospital inpatient admission. You should obtain prior authorization for certain hospital and non-hospital services. Failure to call may affect your benefits payment.	Members: Providers: Prior Authorization:	(986) 224-4145 (833) 591-2755 (208) 286-3656 (866) 482-2250 (208) 331-7535 (800) 743-1871 (855) 839-5205 (844) 348-0848 (800) 810-2583
Providers: Please file your claims with your local BlueCross BlueShield Plan. If Medicare is primary, file Medicare claims with Medicare. For benefit and eligibility information, please call 1-866-482-2250. Blue Cross of Idaho provides Medical/Vision administrative claims payment services only and does not assume financial obligation for claims. Blue Cross of Idaho may reinsure some claims.	Blue Cross of Idaho Rx: Vision: BlueCard® Access: (To find a provider)	(800) 743-1871 (855) 839-5205 (844) 348-0848 (800) 810-2583
Blue Cross of Idaho P.O. Box 7408 Boise, Idaho 83707		An independent licensee of the Blue Cross and Blue Shield Association.



Medicare Advantage

TrueBlue Rx St. Luke's Health Partners (HMO)
 Note: Contract ID H1350 023 001 and Member Prefix XMM



John Doe
 Enrollee Identification Number
XMM123456789

Group Number **00000000**
 RXBIN **020388** RXGRP **RX402P**
 RXPCN **IRXMEDD**
 Provider Network **MAHMOSLHP**
 Dental Network **DPPD**

MEDICARE

True Blue Rx | St. Luke's Health Partners (HMO) H1350 023 001
 Customer Service:
1-888-494-2583
 TTY: 711

PCP Office Visit	\$0
Non-PCP Office Visit	\$25
E.R. Visit	\$100

St. Luke's Health Partners



Idaho Providers Submit Medical Claims to:
 Blue Cross of Idaho Care Plus
 P.O. Box 8406
 Boise, Idaho 83707

Submit Drug Claims to:
 Paper Claims
 Attn: Claims Department - Part D Services
 P.O. Box 52077
 Phoenix, AZ 85072-2077

Providers: Please file your claims with your local Blue Cross Blue Shield Plan. True Blue is a Medicare Advantage Plan and administers benefits on behalf of Medicare. If you accept assignment or if you are rendering services that are urgent, emergent, post-stabilization of care, or ambulance, you must accept as a payment in full the amount you would have been entitled to collect under original Medicare.

Visit medicare.bcidaho.com or call:

For Members:
 Customer Service: **1-888-494-2583**
 TTY: **711**
 Blue Cross of Idaho Rx: **1-855-479-3661**
 Hearing: **1-855-205-5398**
 Vision: **1-844-566-3503**

For Providers:
 Medical Provider Inquiry: **1-866-482-2250**
 Medical Prior Auth: **1-800-743-1871**
 Pharmacist Inquiry: **1-833-377-4266**

Medicare limiting charges apply. This member has limited benefits outside of their product service area. Pharmacy Providers and your Formulary are available on our Website. Powered by Blue Cross of Idaho Care Plus, Inc. An Independent licensee of the Blue Cross and Blue Shield Association.



Commercial

Link

These include Individual and Small Group QHP

Link

Group #: 1641810283

Jacob Sasser
ID: 3930067605

Copay: In-Network
 PCP: \$0(First 3 visits)/\$0*
 Spec/ER/Urgent: \$0*/\$0*/\$0*
 RX: \$0*
 *After Deductible

Deductible: In/Out-of-Network
 Ind: \$9,450/\$27,300 MD&RX
 Fam: \$18,900/\$54,600 MD&RX

MOQP: In/Out-of-Network**
 Ind: \$9,450/\$27,300
 Fam: \$18,900/\$54,600
 **Maximum Out-of-Pocket

Pharmacy
 RXBIN/PCN: 610830/REALRXMHC

Mountain Health Co-Op administered by University of Utah Health Plans
 1-855-447-2900 / www.mountainhealth.coop

<p>Claims Submission Medical & Behavioral Health University of Utah Health Plans Claims administrator P.O. Box 45180 SLC, UT 84145</p> <p>Pharmacy Customer Service RealRx: 1-855-885-7695 (available 24/7, 365 days a year)</p> <p>REALRx</p> <p>Doctor on Demand: 1-800-997-6196 (available 24/7)</p> <p>HEALTH PLANS UNIVERSITY OF UTAH</p> <p>Individual Marketplace On</p>	<p>Locate an In-Network Provider www.mountainhealth.coop visit website or call customer service</p> <p>St. Luke's Health Partners BRIGHT PATH</p> <p>MHC proprietary primary network Aetna outside of MHC primary network</p> <p> Aetna Signature Administrators® IFO</p> <p>Notify MHC for all inpatient hospitalizations.</p> <p>This card does not guarantee coverage</p>
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Mountain Health CO-OP also markets a product called Engage Network, but SLHP has no financial accountability for this product. Engage members may access the BrightPath providers under agreement, when providers have agreed to participate, including reimbursement rates for that product established under the Messenger Model.



Commercial

Navigator

These include Individual, Small Group Plans and Large Group Plans.
The Network Name will indicate Navigator (not SLHP).

		GROUP: [REDACTED]	
MEMBER ID: [REDACTED]		NETWORK: Navigator	
GROUP ID: [REDACTED]		CARD ISSUED: 09/20/23	
SUBSCRIBER: [REDACTED]			
ID MEMBER 00 [REDACTED]	EFFECTIVE 08/01/23	COVERAGE M D	
		DRUG LIST OR RXBIN 004336 RXGROUP RX6155 RXPCN ADV PAYOR ID 93029	

	DEDUCTIBLE		OUT OF POCKET MAX	
	In-Net.	Out-of-Net.	In-Net.	Out-of-Net.
Medical and Vision	\$1,000	Combined	\$1,000	\$2,000
Rx	\$0	\$0	No Max	No Max

MEDICAL BENEFITS & ELIGIBILITY INFORMATION:
 Members: 888-977-9299 | CS@PacificSource.com
 Providers: 855-896-5208 | CS@PacificSource.com
 DENTAL: 866-373-7053 | Dental@PacificSource.com
 24-HOUR NURSELINE: 855-834-6150
 PHARMACISTS: 844-877-4803 | Fax 541-225-3665

Available outside of ID, OR, MT, and WA
 Aetna Signature Administrators® PPO
 First Choice Health.
PPS Network, Inc.


Verify benefits on InTouch at PacificSource.com
 PacificSource Health Plans | PO Box 7068, Springfield, OR 97475-0068
 This card is not an authorization for services or a guarantee of payment.



Medicare Advantage

MyCare Choice Rx24 (HMO/POS)
(H3864_024)

MyCare Rx32 (HMO)
(H3864_032)



PLAN: MyCare Choice Rx 24 (HMO-POS)

NAME: [REDACTED]

MEMBER ID: [REDACTED]

MEDICAL PART D RX DENTAL

NETWORK ID: SLHP
PAYOR ID: 20377

CARD ISSUED: 01/01/24
ISSUER: 80840
CONTRACT: H3864_024

RX ID: 610223911
RXBIN: 004336
RXGROUP: RX8631
RXPCN: MEDDADV


MedicareRx
Prescription Drug Coverage

Show this card to your provider each time you receive care.

CUSTOMER SERVICE:	888-863-3637, TTY: 711
PROVIDERS:	888-863-3637, TTY: 711
PHARMACISTS:	888-437-7728

Bill PacificSource Medicare directly, not Original Medicare.
Some services may require prior authorization.
Medicare limiting charges apply. Contact plan for details.

PacificSource Community Health Plans
PO Box 7068, Springfield, OR 97475-0068 | www.Medicare.PacificSource.com
Verify benefits and drug costs at Medicare.PacificSource.com/InTouch.
This card is not an authorization for services or a guarantee of payment.



PLAN: MyCare Rx 32 (HMO)

NAME: [REDACTED]

MEMBER ID: [REDACTED]

MEDICAL PART D RX DENTAL

NETWORK ID: SLHP
PAYOR ID: 20377

CARD ISSUED: 11/01/23
ISSUER: 80840
CONTRACT: H3864_032

RX ID: 610223881
RXBIN: 004336
RXGROUP: RX8631
RXPCN: MEDDADV

MedicareRx
Prescription Drug Coverage

Show this card to your provider each time you receive care.

CUSTOMER SERVICE:	888-863-3637, TTY: 711
PROVIDERS:	888-863-3637, TTY: 711
PHARMACISTS:	888-437-7728

Bill PacificSource Medicare directly, not Original Medicare.
Some services may require prior authorization.
Medicare limiting charges apply. Contact plan for details.

PacificSource Community Health Plans
PO Box 7068, Springfield, OR 97475-0068 | www.Medicare.PacificSource.com
Verify benefits and drug costs at Medicare.PacificSource.com/InTouch.
This card is not an authorization for services or a guarantee of payment.



Commercial

SLHP Individual Exchange Products (Sold on YHI)

SLHP Small Group QHP Products

On Exchange

Regence		Ind & Fam	
Gold POS			
Subscriber Name JOHN Q PUBLIC		Member Name 00 JOHN Q. PUBLIC	
ID NO D4Q 123456789			
Group No. 37000101		Med Ded	\$0
PCP BLAINE OLSEN		Med OOP Max	\$0
		Den Ded	\$0
RxBIN 610648 RxPCN 01820000			

Off Exchange

Regence		Ind & Fam	
Bronze Essential POS			
Subscriber Name WHEAT BSSCRACKER		Member Name 00 WHEAT BSSCRACKER	
ID NO XNF 123456789			
Group No. 38001001		Copay	\$60
PCP BLAINE OLSEN		Up-Front Visits	4
		Med Ded	\$8500/\$17000
		Med Out-Net Ded	\$16300/\$32600
		Med OOP Max	\$9450/\$18900
		Med Out-Net OOP Max	\$81500/\$163000
RxBIN 610648 RxPCN 01820000		Rx Ded	INCL W/ MED
		Rx OOP Max	INCL W/ MED

Regence		St Lukes	
Silver			
Subscriber Name JOHN Q PUBLIC		Member Name 00 JOHN Q. PUBLIC	
ID NO D4Q 123456789			
Group No. 37000101		Copay	\$10
		Med Ded	\$0
		Med Out-Net Ded	\$16300/\$32600
		Med OOP Max	\$2000/\$4000
		Med Out-Net OOP Max	\$81500/\$163000
		Den Ded	\$0
RxBIN 610648 RxPCN 01820000		Den OOP Max	INCL W/ MED
Rx OOP Max	INCL W/ MED		

Regence		St Lukes	
Silver			
Subscriber Name CHEDDAR BSSCRACKER		Member Name 00 CHEDDAR BSSCRACKER	
ID NO XNF 123456789			
Group No. 38001001		Copay	\$10
		Med Ded	\$5000/\$10000
		Med Out-Net Ded	\$16300/\$32600
		Med OOP Max	\$9450/\$18900
		Med Out-Net OOP Max	\$81500/\$163000
RxBIN 610648 RxPCN 01820000		Rx Ded	INCL W/ MED
		Rx OOP Max	INCL W/ MED



Medicare Advantage

Regence St. Luke's Health Partners Align (HMO) H1969-007

SUBSCRIBER SAMPLE
ID NO XNH 123456789

00 SUBSCRIBER SAMPLE
Group No. 26500016
PCP Name PROVIDER NAME
PCP/SPEC Copay \$0/\$35

MedicareRx
Prescription Drug Coverage

SLHP Align

RX BIN 610623 PCN 02100000
Issuer (80840)

Card Issue Date: mm/dd/yyyy

M	D	RX	V
Y	N	Y	N

CMS-H1969-007-004

HMO

Hospitals or Physicians: File claims with local Blue Cross and/or Blue Shield plan/ANSI 837 transaction.

All urgent and emergent services are covered out-of-network.

This card is for information only and does not certify eligibility or guarantee benefits.

Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association.

www.regence.com/medicare

Members Call 1 (855) 522-8896
TTY/TDD Line 711
24 Hour Nurseline 1 (800) 267-6729
MDLIVE 1 (888) 725-3097
Providers Call 1 (855) 522-8898
Pharmacies Call 1 (844) 765-6826

Send inquiries to Mail Administrator:
Regence BlueShield of Idaho
PO BOX 1827
Medford, OR 97501

Submit RX Claims to:
Rx Claims Processing
PO BOX 20970
Lehigh Valley, PA 18002-0970

Regence St. Luke's Health Partners Align Plus (HMO) H1969-008

SUBSCRIBER SAMPLE
ID NO XNH 123456789

00 SUBSCRIBER SAMPLE
Group No. 26500016
PCP Name PROVIDER NAME
PCP/SPEC Copay \$0/\$30

MedicareRx
Prescription Drug Coverage

SLHP Align Plus

RX BIN 610623 PCN 02100000
Issuer (80840)

Card Issue Date: mm/dd/yyyy

M	D	RX	V
Y	Y	Y	Y

CMS-H1969-008-001

HMO

Hospitals or Physicians: File claims with local Blue Cross and/or Blue Shield plan/ANSI 837 transaction.

All urgent and emergent services are covered out-of-network.

This card is for information only and does not certify eligibility or guarantee benefits.

Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association.

www.regence.com/medicare

Members Call 1 (855) 522-8896
TTY/TDD Line 711
24 Hour Nurseline 1 (800) 267-6729
MDLIVE 1 (888) 725-3097
Providers Call 1 (855) 522-8898
Pharmacies Call 1 (844) 765-6826
VSP Vision Care 1 (844) 872-6065

Send inquiries to Mail Administrator:
Regence BlueShield of Idaho
PO BOX 1827
Medford, OR 97501

Submit RX Claims to:
Rx Claims Processing
PO BOX 20970
Lehigh Valley, PA 18002-0970

Regence St. Luke's Health Partners Align No Rx (HMO) H1969-006

SUBSCRIBER SAMPLE
ID NO XNH 123456789

00 SUBSCRIBER SAMPLE
Group No. 26500016
PCP Name PROVIDER NAME
PCP/SPEC Copay \$0/\$30

MedicareRx
Prescription Drug Coverage

SLHP Align Plus

RX BIN 610623 PCN 02100000
Issuer (80840)

Card Issue Date: mm/dd/yyyy

M	D	RX	V
Y	Y	Y	Y

CMS-H1969-008-001

HMO

Hospitals or Physicians: File claims with local Blue Cross and/or Blue Shield plan/ANSI 837 transaction.

All urgent and emergent services are covered out-of-network.

This card is for information only and does not certify eligibility or guarantee benefits.

Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association.

www.regence.com/medicare

Members Call 1 (855) 522-8896
TTY/TDD Line 711
24 Hour Nurseline 1 (800) 267-6729
MDLIVE 1 (888) 725-3097
Providers Call 1 (855) 522-8898
Pharmacies Call 1 (844) 765-6826
VSP Vision Care 1 (844) 872-6065

Send inquiries to Mail Administrator:
Regence BlueShield of Idaho
PO BOX 1827
Medford, OR 97501

Submit RX Claims to:
Rx Claims Processing
PO BOX 20970
Lehigh Valley, PA 18002-0970



Commercial

These include Individual; Small Group, Self-Insured and Large Group

Select Health

SLHP NETWORK
PLUS OUT-OF-NETWORK ACCESS

ID: 80000000
INDIVIDUAL AND FAMILY

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

In-Network/Out-of-Network
OOP Max: \$1500/\$3000
Medical Ded: \$1500/\$2000
Primary Care: 20%/30%*
Connect CareSM: 0%/20%*
Urgent Care: 20%/40%*
*After Medical Deductible

Pharmacy Benefits
Formulary: RxCore BIN: 800008
Pharmacy Ded: \$1000*
T1: \$10*
T2: 20%*
T3: 20%*
T4: 30%*
T5: 40%*

PlaceHolder-CustomText1: CustomTextCustomTextCustomTextCustomTextCustomTextCusto
PlaceHolder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCust

Select Health Network:

Additional Idaho Network: **Utah Network:** **Nevada Networks:**

Urgent or Emergency Services Outside of Idaho, Nevada, and Utah:
 UHSS ID: 776 800000000
Options PPO Network Payor ID: 39026
Provider Services: **888-830-0179** **Group: 78-800218**
Preauthorization: **844-749-7833** uhss.umr.com
UnitedHealthcare Shared Services | PO Box 30783, Salt Lake City, UT 84130

Select Health

SELECT HEALTH NETWORK
PLUS OUT-OF-NETWORK ACCESS

ID: 80000000

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

In-Network/Out-of-Network
OOP Max: \$1500/\$3000
Medical Ded: \$1500/\$2000
Primary Care: 20%/30%*
Connect CareSM: 0%/20%*
Urgent Care: 20%/40%*
*After Medical Deductible

Pharmacy Benefits
Formulary: RxCore BIN: 800008
Pharmacy Ded: \$1000*
T1: \$10*
T2: 20%*
T3: 20%*
T4: 30%*
T5: 40%*

PlaceHolder-CustomText1: CustomTextCustomTextCustomTextCustomTextCustomTextCusto
PlaceHolder-CustomText2: CustomTextCustomTextCustomTextCustomTextCustomTextCust

Select Health Network:

Idaho: **Utah** **Nevada**

Outside of Idaho, Nevada, and Utah:
 UHSS ID: 776 800000000
Options PPO Network Payor ID: 39026
Provider Services: **888-830-0179** **Group: 78-800218**
Preauthorization: **844-749-7833** uhss.umr.com
UnitedHealthcare Shared Services | PO Box 30783, Salt Lake City, UT 84130



Medicare Advantage

Medicare Network



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

Plan Year: 2024
HMO H1994_023

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

Select Health Medicare + Kroger (HMO) 023

<p>In-Network Medical Benefits</p> <p>Medical Deductible: None Preventive Care: \$0 Primary Care: \$0 Specialty Care: \$20 Connect CareSM: \$0 Urgent Care Clinic: \$50 Emergency Room: \$100</p>	<p>Pharmacy Benefits</p> <p>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</p> <p>RX BIN: 015938 RX PCN: 7463 RX GRP ID: U1000009</p>
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Commercial

This includes Individual/Small Group QHP and Large Group.

<p>St Luke's Health Plan</p> <p>Member</p> <p>Member Name: JOHN SAMPLE</p> <p>Member ID: SMPL00 Suffix: 01</p> <p>Group Name: St. Luke's Health Plan</p> <p>Group #: *</p> <p>Pharmacy Plan</p> <p>Rx BIN: XXXX Rx PCN: XXXX Rx GROUP: XXXX</p> <p>Rx Customer Service: (XXX) XXX-XXXX stlukeshealthplan.org</p>	<p>Plan Information</p> <p>Plan Name: Sample Plan</p> <p>Medical / Rx Deductibles</p> <table border="0"> <tr> <td></td> <td style="text-align: right;">Individual / Family</td> </tr> <tr> <td>In-Network</td> <td style="text-align: right;">\$XXX / \$XXX</td> </tr> <tr> <td>Out-of-Network</td> <td style="text-align: right;">\$XX,XXX / \$XX,XXX</td> </tr> </table> <p>Medical / Rx Out-of-Pocket Max</p> <table border="0"> <tr> <td></td> <td style="text-align: right;">Individual / Family</td> </tr> <tr> <td>In-Network</td> <td style="text-align: right;">\$XXX / \$X,XXX</td> </tr> <tr> <td>Out-of-Network</td> <td style="text-align: right;">\$XX,XXX / \$XX,XXX</td> </tr> </table>		Individual / Family	In-Network	\$XXX / \$XXX	Out-of-Network	\$XX,XXX / \$XX,XXX		Individual / Family	In-Network	\$XXX / \$X,XXX	Out-of-Network	\$XX,XXX / \$XX,XXX	<p>Networks</p> <p>In-Network: St. Luke's Health Partners</p> <p>Out-of-Area Preferred:</p> <p>First Choice Health www.fch.com fch.com</p> <p>First Health Network firsthealth.com</p>  <p>To locate an in-network provider scan QR code or visit Find a Doctor - St. Luke's Health Plan (stlukeshealthplan.org)</p>	<p>Medical Claims Submission</p> <p>EDI Payor ID: 91131</p> <p>St. Luke's Health Plan PO Box 91010 Seattle, WA 98111-9110</p> <p>This card does not guarantee coverage. If you have any questions regarding benefit coverage, claims, or eligibility please call St. Luke's Health Plan or visit stlukeshealthplan.org.</p> <p>Contact Information</p> <p>St. Luke's Health Plan Customer Service: (833) 478-5853 stlukeshealthplan.org</p> <p>Pre-Authorizations: (833) 591-2977 Behavioral Health: (833) 613-1103 Out-of-Network Providers: (833) 591-2978</p> <p>Pre-authorization: Inpatient admissions and certain outpatient services require pre-authorization. Please refer to your Summary Plan Document for details.</p>
	Individual / Family														
In-Network	\$XXX / \$XXX														
Out-of-Network	\$XX,XXX / \$XX,XXX														
	Individual / Family														
In-Network	\$XXX / \$X,XXX														
Out-of-Network	\$XX,XXX / \$XX,XXX														



Commercial

AARP Medicare Advantage UHC ID-001P (HMO) H4604-015-000

Sample member ID cards

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements

