

# Draft Model Part D Member Identification Card For Stand-Alone PDP and MA Pharmacy-Benefits Only

**Instructions:**

- Plans must adhere to the format depicted in this model document in order to receive a 10-day review. Any deviation from this model will result in a 45-day review.
- Information within “< >” is variable
- Information within “[ ]” is optional.
- Organizations are to refer to the Medicare Marketing Guidelines for additional information on the Member ID card
- **REMINDER:** Only Sponsors that co-brand with State Pharmaceutical Assistance Programs (SPAPs) and non-provider partners are permitted to include the co-branding partner’s name and/or logo on the member identification card.
- The member identification card must be submitted using Marketing Material Code # 2020

**Front of Model Member Identification Card**

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;">                 &lt;Part D Sponsor Name/Logo&gt;             </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">                 RxBin &lt;RxBIN&gt;                  Issuer 80840                  RxPCN &lt;RxPCN&gt;                  RxGRP &lt;RXGroup&gt;                  ID &lt;Cardholder ID #&gt;                  Name &lt;Cardholder Name &gt;             </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;">                 [Co-pay information]             </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;">                 [SPAP or Non-Provider Co-branding Partner Name and/or Logo]             </div> <div style="text-align: center; margin-bottom: 10px;">  </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;">                 &lt;CMS Contract #&gt; &lt;PBP #&gt;             </div>
---	---

**Back of Model Member Identification Card**

<p style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Machine Readable Card:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #cccccc; height: 15px;"></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #cccccc; height: 15px;"></div> <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;">                     Submit Claims to:                       &lt;Claims Submission name(s) &amp; Addresses&gt;                 </td> <td style="vertical-align: top;">                     &lt;Customer Srv. Telephone &amp; TTY/TDD #s&gt;, [Medicare Contact Information], [PO Box/Address to return lost cards]                 </td> </tr> </table> </div>	Submit Claims to:  <Claims Submission name(s) & Addresses>	<Customer Srv. Telephone & TTY/TDD #s>, [Medicare Contact Information], [PO Box/Address to return lost cards]	<p style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Non-Machine Readable:</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; background-color: #cccccc; height: 15px;"></div> <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;">                     Submit Claims to:                       &lt;Claims Submission name(s) &amp; Addresses&gt;                 </td> <td style="vertical-align: top;">                     &lt;Customer Srv. Telephone &amp; TTY/TDD #s&gt;, [Medicare Contact Information], [PO Box/Address to return lost cards]                 </td> </tr> </table> </div>	Submit Claims to:  <Claims Submission name(s) & Addresses>	<Customer Srv. Telephone & TTY/TDD #s>, [Medicare Contact Information], [PO Box/Address to return lost cards]
Submit Claims to:  <Claims Submission name(s) & Addresses>	<Customer Srv. Telephone & TTY/TDD #s>, [Medicare Contact Information], [PO Box/Address to return lost cards]				
Submit Claims to:  <Claims Submission name(s) & Addresses>	<Customer Srv. Telephone & TTY/TDD #s>, [Medicare Contact Information], [PO Box/Address to return lost cards]				