**Member ID Card Sample**

[*Fields in blue are optional.*]

**Front of Model Member ID Card**

<Health Plan Name and/or Logo1> <Medicare Logo>2

<Plan Name> is a managed care plan that

Medicare Rx Logo appears in accordance with CMS regulations.contracts with both Medicare and

<State> Medicaid.2

**Member Name:** <Cardholder Name>

**Member ID:** <Cardholder ID#> **RxBIN:** <RxBin#>3

**Date of Birth: <Member DOB>** **RxPCN:** <RxPCN#>3

**Effective Date: <Date Card Issued> RxGRP:** <RxGRP#>3

**RxID:** <RxID#>3

**MEMBER CANNOT BE CHARGED4**

Copays: $0 *or* Cost sharing/Copays: $0 for

<type of benefits and drugs>

**PCP Name:** <PCP Name> **Dental Benefits**

**Medical Group5:** <Medical Group Name> **Group ID:** <Dental Group#>

<CMS Contract #> <Plan Benefit Package #>

*1 Plan name/logo must include “Cal MediConnect Plan.”*

*2 Plans may add* ***both*** *the Medicare logo and the statement, but plans may* ***not*** *add only one or the other.*

*3 RxBIN is always required. RxPCN and RxGRP are required when needed by the drug plan. RxID is required only when different from the medical plan Cardholder ID#.*

*4 Plans may add this statement and brief $0 cost sharing/copay information on the next line to increase provider awareness of the prohibition of inappropriate or improper billing of Medicare-Medicaid enrollees.*

*5 Plans may replace this label with the term the plan uses. If space permits, plans may include the PCP and/or Medical Group/IPA phone numbers with appropriate labels on the front of the card or add the phone numbers on the back of the card as indicated below.*

**Back of Model Member ID Card**

[*Optional card reader may go here*]

[*Instructions for what to do in case of an emergency*]

**Member Services6:** <Member Services toll-free phone number>

**Member Services TTY6:** <Member Services toll-free TTY phone number>

**Behavioral Health6:** <Behavioral Health phone number>

**24-Hour Nurse Advice6:** <Nurse Advice phone number>

**Pharmacy Help Desk6:** <Pharmacy Help Deskphone number>

**Dental Service6:** <Dental Service phone number>

**<Additional Line7>:** <Additional phone number as needed>

**Website:** <Health plan web address>

**Send claims to:** <Claims submission name and address>

**Claim Inquiry:** <Claim inquiry phone number>

*6 Plans may replace these labels with the term the plan uses.*

*7 If space permits, plans may include other phone numbers as needed using appropriate labels (e.g. phone numbers for the PCP and/or Medical Group/IPA). Font size and spacing may not be reduced in order to accommodate additional fields.*