**Member ID Card Sample**

[*Blue text fields are optional.*]

**Front of Model Member ID Card**

<Health Plan Name and/or Logo> <Medicare Logo>1

<Plan Name> is a <state program name if applicable> plan

Medicare Rx logo appears on front of Member ID Card in accordance with CMS regulations.that contracts with both Medicare and

<Medicaid name>.1

**Member Name:** <Cardholder Name> **RxBIN:** <RxBIN#3>

**Member ID:** <Cardholder ID#> **RxPCN:** <RxPCN#3>

**RxGRP:** <RxGRP#3>

**PCP Group/Name:** <PCP/Group Name> **RxID:**<RxID#2>

**PCP Phone:** <PCP Phone>

**MEMBER CANNOT BE CHARGED4**

Copays: PCP/Specialist: $0 ER: $0 Rx: $0 Dental: $0

<CMS Contract #> <Plan Benefit Package #> Issue Date

1. *Plans may add* ***both*** *the Medicare logo and the statement, but plans may* ***not*** *add only one or the other.*
2. *Plans may modify “Care Coordinator” to the plan-specific name.*
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 along with copay information on the next line to increase provider awareness of the prohibition of inappropriate or improper billing of dually eligible enrollees.*

**Back of Model Member ID Card**

[*Card reader may go here*]

[*Instructions for what to do in case of an emergency, including contact information for alternatives to the Emergency Department*]

**Member Services4:** <Member Services toll-free phone and TTY numbers>

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

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

**<Dental Services>**5**:** <Additional phone number as needed>

**<Provider Services>:** <Additional phone number as needed>

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

**Send Claims To:** <Claims submission name and address>

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

*4 If plans do not use the term “Member Services,” plans should replace this label with the term the plan uses.Also include phone numbers for Dental, Vision, and/or Provider Services when different from Member Services.*

*5 If space permits, plans may include other phone numbers as needed using appropriate labels. Font size and spacing may not be reduced in order to accommodate additional fields.*