**Member ID Card Sample**

[*Fields in blue are optional.*]

**Front of Model Member ID Card**

<Medicare Logo>2  <Health Plan Name1 and/or Logo>

<Plan Name> is a managed care plan that

Medicare Rx logo appears in accordance with CMS regulationscontracts with both Medicare and Ohio Medicaid.2

**Member Name:** <Cardholder Name>

**Member ID:** <Cardholder ID#> **RxBIN:** <RxBIN #>5

**MMIS Number:** <Medicaid Recipient ID#>3 **RxPCN:** <RxPCN#>5

**RxGRP:** <RxGRP#>5

**RxID:** <RxID#>5

**MEMBER CANNOT BE CHARGED4**

Copays: $0 *or* Cost sharing/Copays: $0 for <type of benefits and drugs>

**PCP Name:** <PCP Name>

**PCP Phone:** <PCP Phone>

<CMS Contract #> <Plan Benefit Package #>6

*1 Plan name must include MyCare Ohio.*

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

*3 If the Cardholder ID# and the Medicaid Recipient ID# are the same, then the MMIS Number field is not required.*

*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 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#.*

*6* *For Medicaid-only members, CMS Contract # and Plan Benefit Package # shall instead read, “Medicaid-Only Member”*

**Back of Model Member ID Card**

[*Optional card reader may go here*]

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

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

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

**Behavioral Health Crisis:** <phone number> **Claim Inquiry:** <phone number>

**Care Management:** <phone number> **Additional Lines6:** <phone number>

**24-Hour Nurse Advice:** <phone numbers>

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

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

<MyCare Ohio Logo>

*7 Plan may include other phone numbers as needed using appropriate labels, keeping in mind that text on back of card must be legible.*

Graphical user interface, application

AI-generated content may be incorrect.