Draft Model Combination Medical and Pharmacy Benefit Member Identification Card

Instructions:

- Plans must adhere to the format depicted in this model document in order to receive a10-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 (SPAPs) Programs 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

<Health Plan/MA Organization Name and/or Logo>

[SPAP or Non-Provider Co-branding Partner Name and/or Logo]

Policy # <Policy Number>
Issuer (80840)
ID <Cardholder ID #>
Name <Cardholder Name >

RxBin <RxBin#>
RxPCN <RxPCN#>
RxGRP <RxGRP#>
RxID <RxID#>

[Co-pay information]
[Product or plan type (e.g., HMO, POS, EPO, PPO)]

MedicareRx
Prescription Drug Coverage

<CMS Contract #> < PBP>

Back of Model Member Identification Card

Machine Readable Card

Submit Claims to:

<Claims Submission name(s) & Addresses>

<Customer Srv. Telephone & TTY/TDD #s>, [Medicare Contact Information], [PO Box/Address to return lost cards]

Non-Machine Readable Card

Submit Claims to:

<Claims Submission name(s) & Addresses>

<Customer Srv. Telephone & TTY/TDD #s>, [Medicare Contact Information], [PO Box/Address to return lost cards]