**Member ID Card Sample**

*Fields in blue are optional*

**Front of Model Member ID Card**

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

<Plan Name> is a managed care plan that

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

<State> Medicaid.1

**Member Name:** <Cardholder Name> **RxBIN:** <RxBIN # 2 >

**Member ID:** <Cardholder ID#> **RxPCN:** <RxPCN# 2 >

**Health Plan (80840):** <Card Issuer Identifier> **RxGRP:** <RxGRP# 2 >

**Medicaid ID:** <Medicaid Recipient ID#> **RxID:** <RxID# 2 >

**Effective Date:** <Member’s Effective Date4>

**PCP Name**: <PCP Name>

**PCP Phone:** <PCP Phone>

**MEMBER CANNOT BE CHARGED3**

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

<CMS Contract #> <Plan Benefit Package #>

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

2 *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#.*

*3 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.*

*4 Plans must enter the date the member’s coverage became effective with your MMP.*

**Back of Model Member ID Card**

[*Optional card reader may go here*]

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

**Member Services5:** <Member Services toll-free phone and TTY/TDD numbers6>

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

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

**<Additional Line>**7**:** <Additional phone number as needed>

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

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

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

*5 If plans do not use the term “Member Services,” plans should replace this label with the term the plan uses.*

*6 Also include Vision and/or Rx phone numbers if different from Member Services.*

*7 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.*