**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

contracts with both Medicare and

Texas Medicaid1

**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 ID#3> **RxID:** <RxID#2>

**PCP Name:** <PCP Name>

**PCP Effective Date:** <PCP Effective Date>

**PCP Phone:** <PCP Phone>

**MEMBER CANNOT BE CHARGED4**

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 If the Cardholder ID# and the Medicaid ID# are the same, then the Medicaid ID 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.*

**Back of Model Member ID Card**

[*Optional card reader may go here*]

In case of emergency, call 911 or go to the closest emergency room. After treatment,

call your PCP within 24 hours or as soon as possible.

En caso de emergencia, llame al 911 o vaya a la sala de emergencia mas cercana.

Después de recibir cuidado, llame a su PCP dentro de 24 horas o lo antes posible.

**Member Services5 | Servicios al miembro:** <toll-free phone and TTY/TDD numbers>

**Behavioral Health | Salud del comportamiento:** <phone number>

**Service Coordination | Coordinador de servicios:** <phone number>

**<Additional Line6>:** <Additional phone number>

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

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

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