**Member ID Card Sample**

*Fields in blue are optional*

**Front of Model Member ID Card**

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

<Plan Name> is a managed care plan that <SOM MI Health Link Logo>2

Medicare Rx Logo appears on left side of Member ID Card in accordance with CMS regulations.contracts with both Medicare and

Michigan Medicaid.1

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

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

**Health Plan (80840):** <Card Issuer Identifier> **RxGRP:** <RxGRP#3>

**Beneficiary ID:** <Medicaid ID#4> **RxID:** <RxID#3>

PCP Name: <PCP Name>

PCP Phone: <PCP Phone>

**MEMBER CANNOT BE CHARGED**

Copays: $0

<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. *The logo used for the Member ID Card must not include the slogan “Linking Medicare and Medicaid for you.” If the Health Plan logo appears in color, the MI Health Link logo must also be in color. The MI Health Link logo must be displayed in the top right corner of the Member ID Card but must* ***not*** *appear above the Medicare logo if it is used (see note 1).*
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 Member ID#.*
4. *If the Cardholder ID# and the Medicaid ID# are the same, then the Beneficiary ID field is not required, and the plan may rename the Member ID field:* Member/Beneficiary ID*.*

**Back of Model Member ID Card**

[*Optional card reader may go here*]

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

**Member Services:** <Insert toll-free Phone and TTY Numbers5>

**24 Hour Nurse Advice Line:** <Insert Phone Number>

**<Additional Line>:** <Additional phone number as needed6>

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

**Behavioral Health Services:** <Regional PIHP Phone Number>

**24 Hr Behavioral Health Crisis Line:** <Regional PIHP Crisis Phone Number>

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

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

1. *Also include phone numbers for Pharmacy, Dental, and/or Vision on separate lines when different from Member Services. If these numbers are the same as Member Services, add:* “Contact Member Services for [*insert* Pharmacy and/or Dental and/or Vision] benefit assistance.”
2. *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.*