

## Member ID Card Sample

[Blue text fields are optional.]

### Front of Model Member ID Card

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<Health Plan Name and/or Logo>

<Plan Name> is a [insert state-provided name of integrated program] that contracts with both Medicare and Medi-Cal.<sup>1</sup>

**Member Name:** <Cardholder Name>

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

**Care Coordinator<sup>2</sup> Phone:** <CC Phone>

**PCP Group/Name:** <PCP/Group Name>

**PCP Phone:** <PCP Phone>

<Medicare Logo><sup>1</sup>

**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage

**RxBIN:** <RxBIN#<sup>3</sup>>

**RxPCN:** <RxPCN#<sup>3</sup>>

**RxGRP:** <RxGRP#<sup>3</sup>>

**RxID:** <RxID#<sup>2</sup>>

**MEMBER CANNOT BE CHARGED<sup>4</sup>**

Copays: PCP/Specialist: \$0 ER: \$0 Rx: \$0

<CMS Contract #> <Plan Benefit Package #>

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

<sup>2</sup> Plans may modify "Care Coordinator" to the plan-specific name.

<sup>3</sup> 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#.

<sup>4</sup> Plans may add this statement along with copay information on the next line to increase provider awareness of the prohibition of inappropriate or improper billing of dually eligible enrollees.

### Back of Model Member ID Card

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[Card reader may go here]

[Instructions for what to do in case of an emergency, including contact information for alternatives to the Emergency Department (ex. BH ESP)]

**Member Services<sup>4</sup>:** <Member Services toll-free phone and TTY numbers>

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

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

**<Additional Line><sup>5</sup>:** <Additional phone number as needed>

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

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

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

<sup>4</sup> If plans do not use the term "Member Services," plans should replace this label with the term the plan uses. Also include phone numbers for Dental, Vision, and/or Provider Services when different from Member Services. Plans should have one Member Services phone number for both Medicare and Medi-Cal services.

<sup>5</sup> *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.*