**Participant ID Card Sample**

*Fields in blue are optional*

**Front of Model Participant ID Card**

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

<Plan Name> is a managed care plan that

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

New York Medicaid.1

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

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

**Effective Date:** <Coverage Start Date*3*> **RxGRP:** <RxGRP#2>

**RxID:** <RxID#2>

**PCP Name:** <PCP Name4>

**PCP Phone:** <PCP Phone4>

**PARTICIPANT CANNOT BE CHARGED5**

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

<CMS Contract #> <Plan Benefit Package #>

*1 The plan may add* ***both*** *the Medicare logo and the statement, but the plan 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 For reissued cards, the effective date should be the date the Participant’s coverage first began with the plan (NOT the date the card was reissued).*

*4 Plan must follow Section 2.8.5.1.1 of the Contract so that no PCP assignments are included here until the required process has been completed. If the PCP has not yet been assigned when the card is printed, then the plan may replace these fields with the following statement:* Call Participant Services to select your PCP*.*

*5 The plan adds this statement with the $0 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 Participant ID Card**

[*Optional card reader may go here*]

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your Care Manager or the 24-Hour Nurse Advice line.

**Participant Services:** <toll-free phone and TTY numbers>6

**24-Hour Nurse Advice:** <phone number> (TTY: <TTY number>)

**Care Management:** <phone number>

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

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

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

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

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

*6 Also include phone numbers for Dental Services, Behavioral Health Services, and/or Provider Services when different from Participant Services.*