A Guide to Member ID Cards

A health plan member ID card may include many of the elements below. Whether an element appears on a particular ID card will depend on the member's plan and product. (Some elements may appear on the reverse side of a card.)

Always make photocopies of the front and back of the card to keep with the patient's files.

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│ ABC Health Plan           HMO $1,000     │
│                                          │
│ EDWARD EXAMPLE            Member Service  │
│ ABC1234567-00            1-800-123-4567  │
│                                          │
│                          Group No: 54321 │
│ Copays:                                  │
│ OV 15/25  MH 15  ER 100  RX 15/20/35    │
└─────────────────────────────────────────┘
                Sample ID Card
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Card Element:	Definition:
Copayment Amounts	A copayment is the member's share of the covered care, usually paid at the time the service is provided. Copayments are paid directly to the provider and are often required for: • Office visits (**OV**) • Behavioral health (**BH**) or mental health (**MH**) visits • Emergency room (**ER**) visits • Prescription drugs (**RX**) When multiple copayments are listed for office visits (e.g., "OV 15/25") the amounts may refer to: • Primary care provider (PCP) visits and specialist visits, *or* • Different copayment amounts for visits to PCPs in different tiers. (Some plans offer tiered products in which members pay the lowest copayment for visiting PCPs meeting benchmarks for quality and cost-efficiency.) Multiple copayments for prescription drugs (e.g., "RX 10/15/25") are based on whether the drug is generic, a select brand, or a non-select brand.
Deductible Amounts	A deductible is the amount of covered expenses a member pays in a plan year before plan benefits begin. For example, if the member's deductible is $1,000, the member will pay that amount out of pocket before their health plan will cover eligible expenses.
Group Number	The group number may be the plan's pharmacy group number *or* the unique number a plan assigns to an employer group or another entity purchasing health coverage on behalf of its employees/members.
Member ID Number	The unique number a plan assigns to a member. The ID number may include a prefix used by the plan for transaction routing and a suffix to indicate if the member is the subscriber, the subscriber's spouse, or a dependent.
Member Name	The member's first and last names, including suffixes like "Jr."
Phone Numbers	A Member Service or Customer Service phone number may be provided for members with questions about benefits or claims. Additional numbers may also be listed for specific situations such as authorization requests.
Plan Name and Logo	The name and logo of the health plan (e.g., Harvard Pilgrim Health Care).
Plan Website	The URL for the plan's website (e.g., www.tuftshealthplan.com). Log on to plan websites for complete access to online tools and resources.
Prescription Coverage Indicator	If the member has prescription drug coverage, the card will include a logo for their Pharmacy Benefits Manager (third-party administrator of prescription drug benefits).
Product Name	The name of the member's product (e.g., HMO Blue$^{®}$).