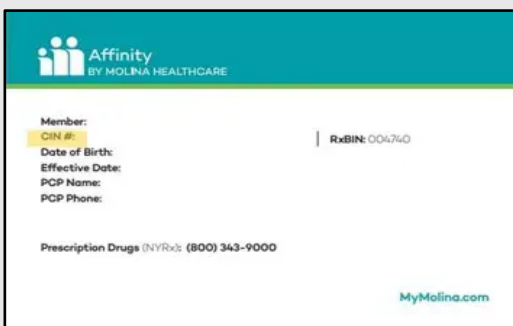
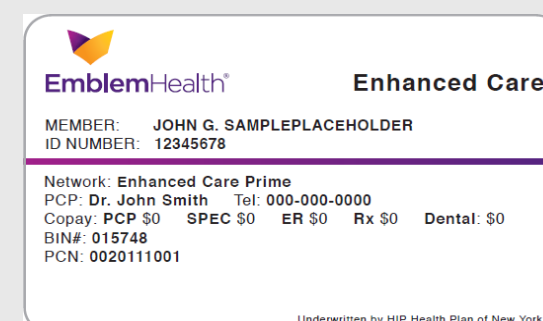
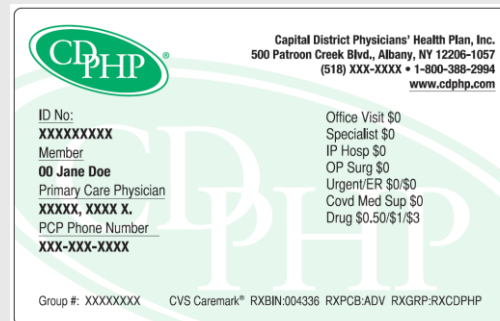
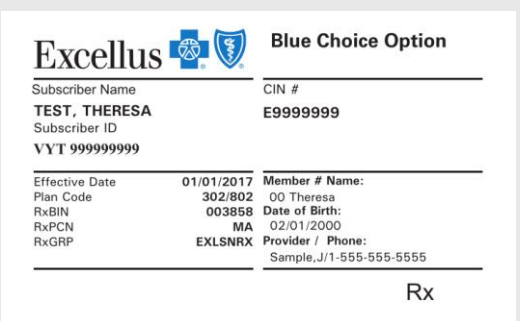
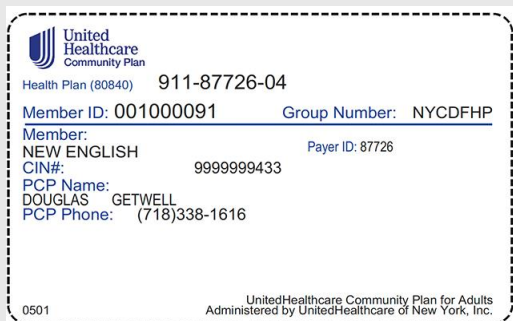
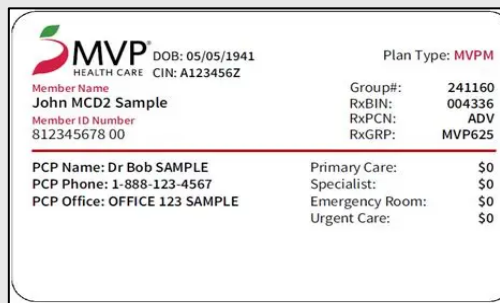
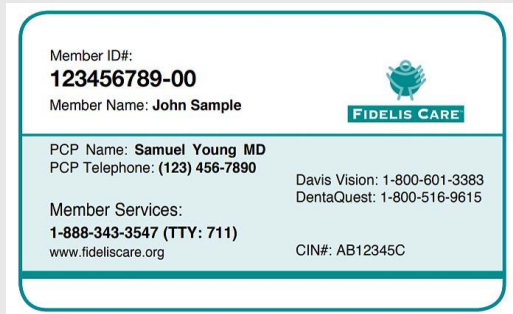
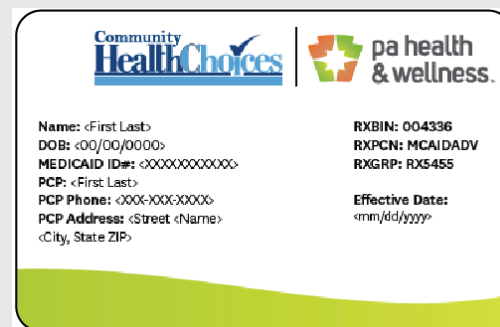
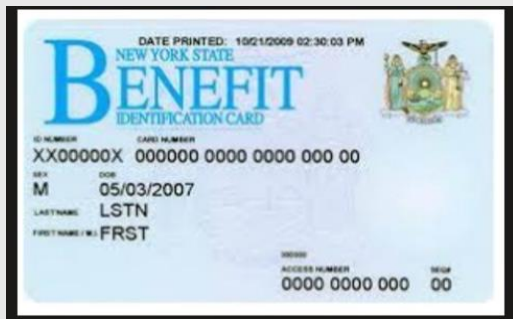

Understanding Your Medicaid Card

- **Proof of coverage.** Issued by your state agency or managed care plan.
- **What is on it.** Member name, member ID, plan name, and member services phone number.
- **When to use it.** Bring it to every visit, pharmacy pickup, and lab appointment.
- **Keep it current.** Report address changes so renewal notices and new cards reach you.
- **Lost or damaged.** Request a free replacement from your plan or state Medicaid office.







RxBin 004336 RxPCN ADV RxGrp RX1113

Jane Doe

Member ID: XX00000X

Provider Name: Dr. John Doe

Provider Phone: 212-000-0000

Dental: 800-508-2047

Benefits

Non-Preferred Brand Drugs

Generic/Preferred Drugs

Non Prescription

(over the counter) Drugs

Copay

\$3

\$1

\$0.50

Visit [MyHENY.org](#) to find a doctor, view your benefits, and more!

MCD13_04



MediSource

Member ID#: DDD11111D00

Member: JOE SAMPLE

Birth Date

11/30/1980

Primary Care Provider

Joe Sample NP

Telephone Number

716-800-1010

Benefit

Prescription Drugs

Prescription Drugs

Prescription Drugs

Copayment

\$1 Generic

\$3/\$1 Brand Name

\$.50 OTC

*No copays for pregnant women and children under 21

Vision Call EyeMed toll free: 1-877-842-3348

UPMC for You

Affiliate of UPMC Health Plan

SAMPLE MEMBER

ID#: 1111111111

PCP: SAMPLE PROVIDER

Phone: (555)555-5555

Copays and Limits May Apply to Some Services

Member Services: 1-800-266-4242. TTY: 711.

Dental Member Services: 1-888-257-0474.

Vision Member Services: 1-866-458-2138.

Pharmacist Helpdesk: 1-800-396-4139.

www.upmchealthplan.com

Not Transferable



EXPRESS SCRIPTS

Rx BIN 003858

PCN A4

Rx Grp# PMDM



PLAN NAME

Member Name

Member ID

RxBIN: XXXXXX

RxPCN: XXX

RxGroup: XXXXXX

PCP:

Specialist:

Urgent Care:

ER:

Ded Ind/Fam:

OOPM Ind/Fam:

Tier 1

Tier 2

\$XX

\$XX

\$XX

\$XX

\$X,XXX/\$XX,XXX

\$X,XXX/\$XX,XXX

\$XX

\$XX

\$XX

\$XX

\$X,XXX/\$XX,XXX

\$X,XXX/\$XX,XXX

SAMPLE

JHP-XXXX-0000



Member Name

Mary L Sample

Effective:

DOB:

SEX:

RxBIN:

RXPCN:

PXGRP:

01/01/2022

01/01/1975

F

004336

ADV

RX2338

Member ID

G5Y12345678

Primary Care Doctor

No PCP Selected

Phone

(555) 555-5555

State ID

1234567891

AETNA BETTER HEALTH®



Nj FamilyCare A

Member ID# XXXXXXXXXX

Member Name Last Name, First Name

Date of Birth 00/00/0000

Sex X

PCP Last Name, First Name

PCP Phone 000-000-0000

Effective Date 00/00/0000

Dental Benefit*

CO-PAYS

PCP \$0

Brand \$0

Generic \$0

RxBIN: 610591

RxPCN: ADV

RxGRP: RX8829

Pharmacist Use Only: 1-855-319-6286

CVS/caremark

www.aetnabetterhealth.com/newjersey

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

HPED1