

Sample Medicare Member ID Cards

Below are examples of the GHI and HIP Medicare ID cards a member may present when coming into your office for care. For Customer or Pharmacy services, please call the numbers on the back of the member's card.

Sample GHI Medicare Member ID Cards

GHI Medicare Prescription Drug Plan

GHI
an EmblemHealth company

GHI Medicare PDP

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**
ID NUMBER: **12345678900**

CAT Code:
Deductible:
Copay: **Rx**

MedicareRx
Prescription Drug Coverage

Rx BIN#: **013344**
Rx PCN#: **0020080229**
Issuer#: **(80840)**
CMS#: **S5966000**

A Medicare Prescription Drug Plan

CBP

0954 www.ghi.com


MEMBERS AND PROVIDERS: Call Customer Service at **1 877 444 7240** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1 866 248 0640**

Submit all claims to: GHI PDP Plan, P.O. Box 1520 JAF Station New York, NY 10116-1520.

Possession of this card does not certify coverage.

Group Health Incorporated Union Bug
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GHI Medicare PPO I

GHI  **GHI Medicare PPO I**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**
ID NUMBER: **12345678900**

Network: **GHI Medicare Choice PPO**

CAT Code:
Copay: **PCP SPEC**
ER
Preventive Dental
Preferred Network

Rx BIN#: **013344**
Rx PCN#: **0020080229**
Issuer#: **(80840)**
CMS#: **H5528001**

CBP

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MEMBERS AND PROVIDERS: Call Customer Service at **1-866-557-7300** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1-866-248-0640**. For Prescription Drug services call: **1-877-444-7097**. Call **911** in case of an emergency and contact Customer Service within 48 hours or as soon as possible.

Submit Medical/Hospital claims to: GHI, P.O. Box 2830, New York, NY 10116


Submit Prescription drug claims to: GHI Medicare Choice PPO, JAF Station, P.O. Box 1520, New York, NY 10116-1520.

Certain services may require pre-authorization. Check evidence of coverage. **Medicare limiting charges apply**.

Possession of this card does not certify coverage.

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GHI Medicare PPO Value

GHI  **GHI Medicare PPO Value**

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**
ID NUMBER: **12345678900**

Network: **GHI Medicare Choice PPO**

CAT Code: **KA**

Copay: **PCP \$0 SPEC \$0**
ER \$50
Rx See evidence of coverage.

MedicareRx
Prescription Drug Coverage

Rx BIN#: **013344**
Rx PCN#: **0000000000**
CIN#: **DS15973T**
Issuer#: **(80840)**
CMS#: **H5528000**

No copayment for in-network and out-of-network services.

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MEMBERS AND PROVIDERS: Call Customer Service at **1-866-557-7300** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1-866-248-0640**. For Prescription Drug services call: **1-877-444-7097**. Call **911** in case of an emergency and contact Customer Service within 48 hours or as soon as possible.

Submit Medical/Hospital claims to: GHI, P.O. Box 2830, New York, NY 10116

Submit Prescription drug claims to: GHI Medicare Choice PPO, JAF Station, P.O. Box 1520, New York, NY 10116-1520.

Certain services may require pre-authorization. Check evidence of coverage. **Medicare limiting charges apply**.

Possession of this card does not certify coverage.


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Sample Member Medicare ID Cards

Sample HIP Medicare Member ID Cards

HIP Part D New York Prescription Drug Plan




an EmblemHealth company

HIP Part D New York (PDP)

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**
ID NUMBER: **12345678900**

Deductible: **\$295**
Copay: **Rx**



Rx BIN#: **400023**
Rx PCN#: **0020050403**
Issuer#: **(80840)**
CMS#: **S5741 001**

A Medicare Prescription Drug Plan

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MEMBERS AND PROVIDERS:
Call Customer Service at **1-800-HIP-TALK (1-800-447-8255)** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1-888-HIP-4TDD (1-888-447-4833)**.

Submit all claims to:
HIP Pharmacy Services, 55 Water Street, New York, NY 10041-8190.

Possession of this card does not certify coverage.

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HIP Part D New York Prescription Drug Plan

HIP VIP Dual Eligible (HMO)

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**
ID NUMBER: **12345678900**

PCP Name: **Dr. John Smith**
PCP Phone: **000-000-0000**
Copay: **PCP \$0 SPEC \$5**
ER \$0
Rx \$10/\$20/50%/25%/25%



Rx BIN#: **400023**
Rx PCN#: **0020050403**
Issuer#: **(80840)**
CMS#: **H3330000**

Preferred Health Partners

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All covered non-emergency services must be provided by or authorized by HIP. In case of non-emergency illness, contact your PCP.



MEMBERS AND PROVIDERS:
Call Customer Service at **1-800-HIP-TALK (1-800-447-8255)** for prior approval, member eligibility or benefit questions. TTY/TTD users call **1-888-HIP-4TDD (1-888-447-4833)**. Call **911** in case of an emergency and contact Customer Service within 48 hours or as soon as possible.

Submit all claims to:
HIP, P.O. Box 2803, New York, NY 10116-2803.
Certain services may require pre-authorization. Check evidence of coverage.

Possession of this card does not certify coverage.

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HIP VIP Dual Eligible HMO

HIP VIP (HMO)

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**
ID NUMBER: **12345678900**

PCP Name: **Dr. John Smith**
PCP Phone: **000-000-0000**
Copay: **PCP \$0 SPEC \$0**
ER \$0 Rx Y



Rx BIN#: **400023**
Rx PCN#: **0020050403**
Issuer#: **(80840)**
CMS#: **H3330000**

INSPIRIS
UNITED CARERS FOR THE REAL WORLD

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All covered non-emergency services must be provided by or authorized by HIP. In case of non-emergency illness, CONTACT YOUR PRIMARY CARE PHYSICIAN whose number is the front of this card. In case of emergency, go to the nearest emergency room or call 911. You should notify HIP within 48 hours from the start of receiving emergency care, or as soon as reasonably possible, by calling **1-800-HIP-TALK (1-800-447-8255)**. (These instructions do not replace the more detailed discussions on obtaining services found in your HIP Contract.)

VIP members: If you receive care that is not provided by or authorized by HIP (other than emergency or urgent care), neither HIP nor Medicare will pay for that service and you will be responsible for payment of care.

INSTRUCTIONS FOR MEMBERS:
MEMBER INQUIRIES—Please write or call the HIP Customer Service Department, 55 Water Street, New York, NY 10041-8190 or call **1-800-HIP-TALK (1-800-447-8255)**. PLEASE USE YOUR HIP IDENTIFICATION NUMBER IN ALL COMMUNICATIONS



INSTRUCTIONS FOR PROVIDERS AND FACILITIES
EMERGENCY ROOMS—Contact Inspiris at 1-800-551-8201 for prior approval of all treatment following medical screening and stabilization, if required.

HOSPITAL ADMITTING—To verify patient eligibility please call 1-800-447-8255. All claims should be sent to:
INSPIRIS, P.O. Box 2127, Brentwood, TN 37024
CLAIM STATUS INQUIRIES, CALL: 1-888-315-5442
FOR MENTAL HEALTH SERVICE CALL: 1-888-447-2526

Possession of this card does not certify coverage.

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HIP VIP HMO

HIP VIP Medicaid Advantage (HMO)

MEMBER: **JOHN G. SAMPLEPLACEHOLDER**
ID NUMBER: **12345678900**

PCP Name: **Dr. John Smith**
PCP Phone: **000-000-0000**
Copay: **PCP \$0 SPEC \$0**
ER \$0 Rx \$2.50/\$2.50



Rx BIN#: **400023**
Rx PCN#: **0020050403**
Issuer#: **(80840)**
CMS#: **H3330031002**

INSPIRIS

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WHEN YOUR PRIMARY CARE PHYSICIAN'S OFFICE IS CLOSED AND EMERGENCY MEDICAL CARE IS NEEDED or to obtain preauthorization for hospital admission, CALL 1-888-746-2200. All non emergency care must be provided or arranged by a provider participating with HIP Health Plan of New York. For VIP members, neither HIP nor Medicare will cover care that is not provided or arranged by HIP (except for emergency care or out-of-area urgent care as defined in your contract).

INSTRUCTIONS FOR MEMBERS
MEMBER INQUIRIES—Please write or call the HIP Customer Service Department, 55 Water Street, New York, NY 10041-8190
Call **1-800-HIP-TALK (1-800-447-8255)**

PLEASE USE YOUR HIP IDENTIFICATION NUMBER IN ALL COMMUNICATIONS

INSTRUCTIONS FOR PROVIDERS AND FACILITIES
All admissions require prior approval. To verify patient eligibility call **1-800-447-8255**.

All claims should be sent to:
HealthCare Partners
1225 Franklin Avenue, Suite 100,
Garden City, NY 11530
CLAIM STATUS INQUIRIES, CALL 1-888-746-2200.
FOR MENTAL HEALTH SERVICES, CALL 1-888-447-2526.

Possession of this card does not certify coverage.

Union Bug
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