

MEMBER IDENTIFICATION CARDS

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MEMBER IDENTIFICATION CARDS

Members and their spouses and dependents, age 19 and older, receive a member identification (ID) card. The card provides members and providers with important health plan information, including covered riders and copayments. Please note, for HIP-underwritten plans, each dependent child under age 19 will receive his or her own personal ID card.

All Enhanced Care Prime Network and Child Health Plus members will receive their own personal member ID cards.

Unique non-Social Security number-based identification numbers are issued to our members to protect their confidentiality. This practice also protects our members from potential identity theft and fraud. All Medicaid members receive their own personal member ID card that includes a unique Medicaid Client Identification Number.

Diagrams to help you quickly locate key coverage details and contact information when inspecting a member ID card appear in the “Sample ID Cards” section of this chapter.

Ask to see a member’s ID card at each appointment, emergency visit, or inpatient stay. Do not make a decision to provide care only on whether a member has a member ID card. A member ID card does not guarantee eligibility or payment of benefits. Providers should verify member eligibility on our secure website at emblemhealth.com/providers.

MEMBER ELIGIBILITY

Providers should verify member eligibility as outlined in the chart below.

CONFIRM MEMBER ELIGIBILITY	
Provider Network	Instructions (Choose one of the bulleted options) Have your TIN ready before calling the IVR system
Select Care Network Prime Network Enhanced Care Prime Network VIP Prime Network	<ul style="list-style-type: none"> Check eligibility at emblemhealth.com <ul style="list-style-type: none"> PCPs may also check their Panel Reports Speak to a representative or call the IVR phone system at 866-447-9717 Providers with eMedNY access may check the enrollment of their Medicaid members on ePACES.
CBP, National & Tristate Networks Network Access Network	<ul style="list-style-type: none"> Check eligibility at emblemhealth.com Speak to a representative or call the IVR phone system: NYC: 212-501-4444 Outside NYC: 800-624-2414
Medicare Choice PPO Network	<ul style="list-style-type: none"> Check eligibility at emblemhealth.com Speak to a representative or call the IVR phone system at 866-557-7300

SAMPLE ID CARDS

This section includes a helpful guide to member ID cards that you may see for members enrolled in our various plans. These are examples of the templates we use on the dozens of member ID cards in circulation. These diagrams are meant to help you quickly locate key coverage details and contact information when inspecting a member's ID card, but do not capture all the information you may see. Please refer to the member's ID card presented at the point of service for specific addresses, telephone numbers, plan names, plan restrictions etc. Member ID cards may also contain logos for managing entities or extended networks that affect utilization management, member access to specific networks, and more. A list of these managing entities and networks, as well as some important information about each, appears below the Member ID diagrams.

Please note: This first example is an ID card template used for most EmblemHealth Plans, including the new Affinity plans introduced in 2019. It is likely to be the most common design you will see, though the information on each card will be customized to the member's plan and benefits.

MEMBER IDENTIFICATION CARDS

FRONT

Plan name (see list)

Member name

Member ID number

Network name

PCP name

PCP phone

Copays

The diagram shows the front of a Member Identification Card. It features the EmblemHealth logo at the top left. To the right of the logo is the text 'VIP Value (HMO)'. Below the logo, the card displays 'MEMBER: SAMPLE CARD' and 'ID NUMBER: K000000000'. A horizontal line separates this information from the network details below. The network details include 'Network: VIP Prime', 'PCP Name: Dr. SAMPLE CARD', 'PCP Phone: 800-447-8255', 'Copay: PCP \$15 SPEC \$50', and 'Urgent: \$65 ER \$90 Rx \$4/ \$20/ \$47/ \$100/ 28%'. To the right of these details is the 'MedicareRx Prescription Drug Coverage' logo and information: 'Rx BIN#: 400023', 'Rx PCN#: 0020050403', 'Issuer#: (80840)', and 'CMS#: H3330-036-000'. At the bottom, it lists 'Preventive Dental' and 'Reduced Rx cost-sharing at Preferred Pharmacies'.

BACK

Customer service phone number

Claims address

The diagram shows the back of a Member Identification Card. At the top right, it lists the website 'emblemhealth.com/medicare'. Below this, it provides instructions for network providers and contact information for various services: 'Customer Service: 1-877-344-7364 (TTY/TDD: 711)', 'Emblem Behavioral Health Services: 1-888-447-2526', 'EmblemHealth Pharmacy Services: 1-877-444-7097', 'Dental (DentaQuest): 1-844-776-8749', and 'Vision (CPS-EyeMed): 1-844-790-3878'. It also includes behavioral health claims information: 'Behavioral Health claims to: Emblem Behavioral Health Services, PO Box 1850, Hicksville, NY 11802' and 'All other claims to: EmblemHealth, PO Box 2845, New York, NY 10116-2845'. At the bottom, it states 'Underwritten by HIP Health Plan of New York'.

MEMBER IDENTIFICATION CARDS

FRONT

Member name
Member ID number
Plan name
Network name
PCP name
PCP phone
Copays
Managing Entity or Extended Network

EmblemHealth
THE CITY OF NEW YORK
HIP HMO BENEFITS PROGRAM

MEMBER: **SAMPLENAME**
ID NUMBER: **000000000** Customer Service: **833-CNY-Gold**

Network: **Prime**
PCP Name: **Dr. Sample Card**
PCP Phone: **000-000-0000**
Copay: **PCP \$10 SPEC \$10 Urgent Care \$50 ER \$150 Rx N**
Rx BIN#: **400023**

ConnectiCare

BACK

Go Paperless – Visit emblemhealth.com/GOLD

MEMBERS
Customer Service: **833-CNY-GOLD** (833-269-4653)
Behavioral Health Services: **888-447-2526**

PROVIDERS
Provider Services: **866-447-9717**
Behavioral Health claims: EmblemHealth Behavioral Health Services,
PO Box 1850, Hicksville, NY 11802
All other claims: emblemhealth.com

For TTY: **711**

Customer service phone number
Claims address

Underwritten by Health Insurance Plan of Greater New York

MEMBER IDENTIFICATION CARDS

FRONT

Member name
Member ID number
Category
Health plan
Copays
Managing Entity or Extended Network

Plan name (see list)

The diagram shows the front of a member identification card. It features the EmblemHealth logo on the left and the City of New York Health Benefits Program logo on the right. The member's name, ID number, category, and health plan are listed in the top left. The plan name is listed in the top right. Below this, a table of copays is provided, including Preventive Care, ACPNY, Other Providers, Lab/Radiology, Urgent Care, Rx BIN#, Rx PCN, RxGRP, Preventive Care Rx, PCP, SPEC, MRI/CT Hi-Tech Radiology, and Physical Therapy. A note at the bottom states that copays do not apply to Medicare beneficiaries and that the plan is underwritten by Group Health Incorporated.

EmblemHealth
THE CITY OF NEW YORK HEALTH BENEFITS PROGRAM

John Q. Sample
ID: **123456789**
CATEGORY: **ABC**
HEALTH PLAN: **MEDICAL**

GHI CBP NETWORK: GHI CBP

Preventive Care Copay: \$0	Preventive Care Rx Copay: \$0
ACPNY* Copay:	PCP \$0 SPEC \$0
Other Providers Copay:	PCP \$15 SPEC \$30
Lab/Radiology Copay: \$20	MRI/CT Hi-Tech Radiology: \$50
Urgent Care Copay: \$50	Physical Therapy Copay: \$20
Rx BIN#: 003858 Rx PCN: MD RxGRP: GH3A	MedicareRx <small>Prescription Drug Coverage X</small>
Insurer: (80840) CMS- S5966-803	

The above Copays do not apply to Medicare beneficiaries.
*AdvantageCare Physicians Underwritten by Group Health Incorporated.

BACK

Customer service phone number
Claims address

The diagram shows the back of a member identification card. It provides contact information for EmblemHealth Member Services and Express Scripts Customer Service, including phone numbers and TTY/TDD. It also lists the address for submitting medical claims and the address for submitting Part D claims.

EmblemHealth Member Services: 212-501-4444
Express Scripts Customer Service: 1-800-585-5786
TTY/TDD: **1-800-899-2114**
Submit Medical Claims To:
EmblemHealth (Payer ID No. 13551)
P.O. Box 3000, New York, NY 10116-3000

RX PLAN: Express Scripts
Submit Part D Claims to:
EmblemHealth Medicare
P.O. Box 1520 JAF Station
New York, NY 10116-1520

emblemhealth.com

MEMBER IDENTIFICATION CARDS

FRONT

Member name

Member ID number

Copays

The card features the Empire BlueCross BlueShield logo (An Anthem Company) and The City of New York seal. It is divided into two columns. The left column contains the member's name and ID number, and the right column contains copay information. Below this, the card lists the Health Plan (Hospital) and BC Plan 303. A call to action for NYC Healthline is provided. A PPO icon is located at the bottom center.

Member name Member ID number	CARD, SAMPLE Identification Number NYC	ER copay*: \$150 Hospital copay: \$300 per admission
Copays	The City of New York Health Benefits Program Health Plan: Hospital BC Plan 303	<i>Call NYC HEALTHLINE for hospital admissions and Empire member services for benefit information (see details on back).</i>

PPPO

BACK

Customer service phone number

The back of the card contains the Empire BlueCross BlueShield logo and website URL (www.empireblue.com/nyc). It provides a disclaimer about the card's status as a guarantee of payment. It lists member services for hospital and ambulatory care, and provides contact information for NYC Healthline for pre-certification. It also includes information about ER copays and claim submission procedures. A note about Medicare is included, along with a disclaimer about the card's applicability to Medicare-eligible retirees. A Union Bug logo is in the bottom right corner.

Customer service phone number	www.empireblue.com/nyc	Empire member services: 1-800-433-9592 NYC Healthline: 1-800-521-9574 (for pre-certification):
	Call NYC Healthline for pre-certifications, including: <ul style="list-style-type: none">Inpatient admissionsWithin 48 hours of an emergency admissionAmbulatory surgeryPhysical and speech therapy after the 16th visit Full list of services requiring pre-certification available at www.empireblue.com/nyc EXCEPTION: The above does not apply to Medicare-Eligible Retirees or those with primary coverage with another health plan.	*ER copay waived upon admission. Providers: submit all claims to your local BlueCross and/or BlueShield Plan. When Medicare is primary, file claims with Medicare. Services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross Blue Shield Association, an association of Independent Blue Cross and Blue Shield plans.

Union Bug

MEMBER IDENTIFICATION CARDS

FRONT

Member name

Member ID number

Product name (see list)

Group number

Rx number

Coverage date

connecticare.com

ConnectiCare

Jonathan Q Sample **Product Name**

ID#: 123456789 **This is a high-deductible health plan.**

Group#: 45678 Your benefit summary has information on deductibles, out-of-pocket limits and more.

Rx group: 9876

Coverage effective: 2/2/16

EXPRESS SCRIPTS®

Managing Entity or Extended Network

ConnectiCare | **EmblemHealth**

Jonathan Q Sample **FlexPOS**

ID#: 123456789

Group#: 45678

Rx group: 9876 Coverage effective: 2/2/16

PHCS Healthy Directions EXPRESS SCRIPTS®

Coverage provided by ConnectiCare, an EmblemHealth company.
Connecticare.com

BACK

Customer service phone number

Claims address

Phone Numbers

Member services: 860.674.5757 or 800.251.7722

TTY users: 800.833.8134

Mental health and substance abuse: 888.946.4658

MDLIVE telemedicine: 888.995.0217

Find a Doctor: at ConnectiCare.com.

Send claims to:

ConnectiCare, P.O. Box 546, Farmington, CT 06034-0546

Payer number: 06105

860.674.5850 or 800.828.3407

MEMBER IDENTIFICATION CARDS

Managing Entities and Extended Networks

ConnectiCare

ConnectiCare: Some members who access care through the Prime Network may also access care through ConnectiCare in Connecticut. Similarly, some ConnectiCare members may access care through EmblemHealth's Prime Network. See the **2019 Provider Networks and Member Benefit Plans** chapter for applicable plans.



HealthCare Partners: The member is assigned to an HCP primary care physician. The managing entity is responsible for utilization management for assigned members.

Montefiore

Montefiore Medical Center: The member is assigned to a Montefiore primary care physician. The managing entity is responsible for utilization management for assigned members.



PHCS/MultiPlan: Members in the National Network have access to PHCS/MultiPlan outside of New York.



QualCare: Certain members in the Prime Network have access to QualCare's network in New Jersey. Likewise, HMO members have access to the QualCare HMO network; other plans have access to QualCare PPO network. See the **2019 Provider Networks and Member Benefit Plans** chapter for applicable plans.