



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Select (HMO)
Amerigroup Texas, Inc.


PCP: [REDACTED]
 PCP Phone: [REDACTED]
 Gonzaba Medical Grp


Member ID: [REDACTED]

Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$5
 Specialist Visit Copay: \$30
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H2593-PBP: 026-000


Prescription Drug Coverage


X63494000166



An Anthem Company

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: GMG Claims
 P. O. Box 7997
 Westchester, IL 60154
 Payor ID - GMGSA
Pharmacy Claims: P.O.Box 52077
 Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service: 1-866-805-4589
 TTY: 711
 Pharmacy Member Svc: 1-833-293-5476
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-210-201-0489
 Dental: 1-888-700-0992
 24/7 NurseLine: 1-855-658-9249
 SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 10/31/2020



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]

Card Front

Card Back



An Anthem Company


Amerivantage Dual Secure (HMO D-SNP)
Amerigroup Texas, Inc.

PCP: [REDACTED]
 PCP Phone: [REDACTED]
 Oak Street Health of Texas, PLLC


Member ID: [REDACTED]

Issuer ID: 80840
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS
Rx ID: [REDACTED]

Most dual eligible members pay \$0 for plan covered medical services.
Provider: Dual Member Cost share should be verified and billed to member's Medicaid.
 CMS H2593-PBP: 033-000


Prescription Drug Coverage

X630694700091





An Anthem Company

Members: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.
Providers: Do not bill FFS Medicare. Please submit claims to the plan.
 Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI Information : Payer ID - Emdeon: 27514; Caparo: 28804; Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service: 1-844-469-6822
 TTY: 711
 Pharmacy Member Svc: 1-833-293-5474
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-469-6822
 Dental: 1-888-700-0992
 24/7 NurseLine: 1-855-658-9249
 SilverSneakers: 1-855-741-4985
livehealthonline.com

Use of this card by any person other than the member is fraud 10/24/2020



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Diabetes Care (HMO C-SNP)
Amerigroup Texas, Inc.


PCP: [REDACTED]
 PCP Phone: [REDACTED]

Member ID: [REDACTED]


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$0
 Specialist Visit Copay: \$25
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com


CMS H2593-PBP: 037-000



X636581900009



Prescription Drug Coverage



An Anthem Company

amerigroup.com/medicare

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI
 Information : Payer ID - Emdeon: 27514;
 Caparo: 28804, Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

Customer Service: 1-844-469-6823
 TTY: 711
 Pharmacy Member Svc: 1-833-370-7464
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-469-6823
 Dental: 1-888-700-0992
 24/7 NurseLine: 1-855-658-9249
 SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 11/04/2020



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Heart Care (HMO C-SNP)
Amerigroup Texas, Inc.


PCP: [REDACTED]
 PCP Phone: [REDACTED]

Member ID: [REDACTED]


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$0
 Specialist Visit Copay: \$25
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H2593-PBP: 038-000



X634486100018



Prescription Drug Coverage



An Anthem Company

amerigroup.com/medicare

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI
 Information : Payer ID - Emdeon: 27514;
 Capano: 28804, Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

Customer Service: 1-844-469-6823
 TTY: 711
 Pharmacy Member Svc: 1-833-370-7464
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-469-6823
 Dental: 1-888-700-0992
 24/7 NurseLine: 1-855-658-9249
 SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 10/28/2020



PCS PREVIEW

Member Name [Redacted]
Member ID [Redacted]
Job ID [Redacted]


Processed Date [Redacted]
Expected Mail Date [Redacted]
Actual Mail Date [Redacted]

Mail to Address [Redacted]
[Redacted]
[Redacted]
[Redacted]


Card Front

Card Back

Single Card Package


X153806293000001

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 **Amerigroup**
An Anthem Company

Amerivantage Care To You (HMO I-SNP)
Amerigroup Texas, Inc.

Member ID: [Redacted]

PCP: [Redacted]
PCP Phone: [Redacted]

Office Visit Copay: \$0
Specialist Visit Copay: \$0
Emergency Room Copay: \$100
Preventive Copay: \$0
livehealthonline.com

Member ID: [Redacted]

Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

CMS H2593-PBP: 042-000

MedicareRx
Prescription Drug Coverage

T000006Z908ESTX 

 **Amerigroup**
An Anthem Company

amerigroup.com/medicare

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Customer Service:	1-844-286-1378
TTY:	711
Pharmacy Member Srv:	1-833-293-5476
Help for Pharmacists:	1-833-377-4266
Providers:	1-866-805-4589
Dental:	1-888-700-0992
Vision:	1-800-879-6901
24/7 NurseLine:	1-800-589-3148
SilverSneakers:	1-855-741-4985

Claims: Amerigroup, P.O. Box 61010
Virginia Beach, VA 23466-1010. EDI
Information : Payer ID - Emdeon: 27514;
Capario: 28804; Availity: 26375
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 11/05/2020



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Choice (PPO)
Amerigroup Insurance Company


PCP: [REDACTED]
 PCP Phone: [REDACTED]
 Memorial Health Net Providers


Member ID: [REDACTED]


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$0 / \$35
 Specialist Visit Copay: \$35 / \$50
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H8343-PBP: 001-000


Prescription Drug Coverage


X637203800090



An Anthem Company

Members: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.
Providers: Do not bill FFS Medicare. Please submit claims to the plan.
 Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010, EDI
 Information : Payer ID - Emdeon: 27514;
 Caprio: 28804, Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

amerigroup.com/medicare
 Customer Service: 1-833-713-1307
 TTY: 711
 Pharmacy Member Svc: 1-833-371-1079
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-866-805-4589
 Dental: 1-888-700-0992
 24/7 NurseLine: 1-866-805-4589
 SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 11/05/2020



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Diabetes Care Plus (HMO C-SNP)
Amerigroup Insurance Company


PCP [REDACTED]
 PCP Phone: [REDACTED]


Member ID: [REDACTED]

Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$0
 Specialist Visit Copay: \$0 - \$25
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H8849-PBP: 001-000


Prescription Drug Coverage


X637311700308



An Anthem Company

amerigroup.com/medicare

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI Information : Payer ID - Emdeon: 27514; Caparo: 28804; Auality: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

Customer Service: 1-833-713-1306
 TTY: 711
 Pharmacy Member Svc: 1-833-371-1080
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-469-6823
 Dental: 1-888-700-0992
 24/7 NurseLine: 1-800-589-3148
 SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 11/05/2020



PRODUCTION VIEW

Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]


Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]


Card Front

Card Back

Single Card Package

 X635127500925

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Member ID [REDACTED]


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Amerivantage Care To You Plus (HMO I-SNP)
Amerigroup Insurance Company


PCP [REDACTED]
 PCP Phone: [REDACTED]

Office Visit Copay: \$0
 Specialist Visit Copay: \$0
 Emergency Room Copay: \$100
 Preventive Copay: \$0
 livehealthonline.com

CMS H8849-PBP: 002-000



X635127500925
 



Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI Information : Payer ID - Emdeon: 27514; Capario: 28804; Auality: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service: 1-833-740-1110
 TTY: 711
 Pharmacy Member Srvc: 1-833-371-1080
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-286-1378
 Dental: 1-888-700-0992
 24/7 NurseLine: 1-800-589-3148
 SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 10/31/2020



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Heart Care Plus (HMO C-SNP)
Amerigroup Insurance Company


PCP: [REDACTED]
 PCP Phone: [REDACTED]


Member ID: [REDACTED]

Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$0
 Specialist Visit Copay: \$25
 Emergency Room Copay: \$120
 Preventive Copay: \$0
 livehealthonline.com

CMS H8849-PBP: 004-000


Prescription Drug Coverage

X637311700299




An Anthem Company

amerigroup.com/medicare

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI Information : Payer ID - Emdeon: 27514; Caparo: 28804; Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

Customer Service: 1-833-713-1306
 TTY: 711
 Pharmacy Member Svc: 1-833-371-1080
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-469-6823
 Dental: 1-888-700-0992
 24/7 NurseLine: 1-866-805-4589
 SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 11/05/2020



PRODUCTION VIEW


Member Name [REDACTED]
Member ID [REDACTED]
Job ID [REDACTED]

Processed Date [REDACTED]
Expected Mail Date [REDACTED]
Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
[REDACTED]
[REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Lung Care Plus (HMO C-SNP)
Amerigroup Insurance Company


PCP: [REDACTED]
PCP Phone: [REDACTED]
IntegraNet- Gulf Coast


Member ID: [REDACTED]

Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$0
Specialist Visit Copay: \$25
Emergency Room Copay: \$120
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 005-000


Prescription Drug Coverage


X637311700300



An Anthem Company

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: IntegraNet Claims Dept.
1813 West Harvard Ave Suite 204
Roseburg, OR 97471
inetclaims.com

Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service: 1-833-713-1306
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-833-908-0104
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 11/05/2020



PRODUCTION VIEW

Member Name [REDACTED]
Member ID [REDACTED]
Job ID [REDACTED]

Processed Date [REDACTED]
Expected Mail Date [REDACTED]
Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
[REDACTED]
[REDACTED]

Card Front

Card Back

Amerigroup
An Anthem Company

Amerivantage Plus (HMO)
Amerigroup Insurance Company

PCP: [REDACTED]
PCP Phone: [REDACTED]
El Paso Medical Network

Member ID: [REDACTED]


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$0
Specialist Visit Copay: \$30
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 007-000

MedicareRx
Prescription Drug Coverage

X637311700002



Amerigroup
An Anthem Company

amerigroup.com/medicare

Customer Service: 1-833-713-1304
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-866-805-4589
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
Virginia Beach, VA 23466-1010, EDI
Information : Payer ID - Emdeon: 27514;
Capario: 28804, Availity: 26375
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 11/05/2020



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Classic Plus (HMO)
Amerigroup Insurance Company


PCP [REDACTED]
 PCP Phone: [REDACTED]


Member ID: [REDACTED]


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$5
 Specialist Visit Copay: \$35
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H8849-PBP: 008-001


Prescription Drug Coverage

X637311700004




An Anthem Company

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI
 Information : Payer ID - Emdeon: 27514;
 Caparo: 28804, Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service: 1-833-713-1304
 TTY: 711
 Pharmacy Member Svc: 1-833-371-1080
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-866-805-4589
 Dental: 1-888-291-3758
 24/7 NurseLine: 1-866-805-4589
 SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 11/05/2020



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Select Plus (HMO)
Amerigroup Insurance Company


PCP: Call for PCP
 PCP Phone: [REDACTED]


Member ID: [REDACTED]

Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$0
 Specialist Visit Copay: \$25
 Emergency Room Copay: \$120
 Preventive Copay: \$0
 livehealthonline.com

CMS H8849-PBP: 009-000


Prescription Drug Coverage


X637311700168



An Anthem Company

amerigroup.com/medicare

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI
 Information : Payer ID - Emdeon: 27514;
 Caparo: 28804, Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

Customer Service: 1-833-713-1304
 TTY: 711
 Pharmacy Member Svc: 1-833-371-1080
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-866-805-4589
 Dental: 1-888-700-0992
 24/7 NurseLine: 1-866-805-4589
 SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 11/05/2020



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Dual Coordination Plus (HMO D-SNP)
Amerigroup Insurance Company


PCP: [REDACTED]
 PCP Phone: [REDACTED]
 Memorial Health Net Providers

Member ID [REDACTED]

Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Most dual eligible members pay \$0 for plan covered medical services.
Provider: Dual Member Cost share should be verified and billed to member's Medicaid.
 CMS H8849-PBP: 010-001

MedicareRx
Prescription Drug Coverage

X637311700175




An Anthem Company

Members: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.
Providers: Do not bill FFS Medicare. Please submit claims to the plan.
 Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010, EDI
 Information : Payer ID - Emdeon: 27514;
 Caparo: 28804, Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

amerigroup.com/medicare
 Customer Service: 1-833-713-1305
 TTY: 711
 Pharmacy Member Svc: 1-833-371-1080
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-469-6822
 Dental: 1-888-291-3758
 24/7 NurseLine: 1-866-805-4589
 SilverSneakers: 1-855-741-4985
livehealthonline.com

Use of this card by any person other than the member is fraud 11/05/2020



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]

Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company


Amerivantage Dual Secure Plus (HMO D-SNP)
Amerigroup Insurance Company

PCP: Call for PCP
 PCP Phone: [REDACTED]


Member ID: [REDACTED]


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Most dual eligible members pay \$0 for plan covered medical services.
Provider: Dual Member Cost share should be verified and billed to member's Medicaid.
 CMS H8849-PBP: 011-001


Prescription Drug Coverage

X637311700289





An Anthem Company

Members: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.
Providers: Do not bill FFS Medicare. Please submit claims to the plan.
 Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI Information : Payer ID - Emdeon: 27514; Caparo: 28804; Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

amerigroup.com/medicare
 Customer Service: 1-833-713-1305
 TTY: 711
 Pharmacy Member Svc: 1-833-371-1080
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-469-6822
 Dental: 1-888-700-0992
 24/7 NurseLine: 1-866-805-4589
 SilverSneakers: 1-855-741-4985
livehealthonline.com

Use of this card by any person other than the member is fraud 11/05/2020



PCS PREVIEW

Member Name [Redacted]
Member ID [Redacted]
Job ID [Redacted]


Processed Date [Redacted]
Expected Mail Date [Redacted]
Actual Mail Date [Redacted]

Mail to Address [Redacted]
[Redacted]
[Redacted]

Card Front


Card Back

Single Card Package



X8659757000001

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An Anthem Company

Amerivantage Classic (HMO)
Amerigroup Texas, Inc.


PCP: [Redacted]
PCP Phone: [Redacted]
Harris County Hospital District

Member ID: [Redacted]

Issuer ID: 80840
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS
Rx ID: [Redacted]


Office Visit Copay: \$5
Specialist Visit Copay: \$35
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com


CMS H2593-PBP: 028-001



Prescription Drug Coverage

T00000L5L6S98X





An Anthem Company

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
Virginia Beach, VA 23466-1010. EDI Information : Payer ID - Emdeon: 27514; Capario: 28804; Availity: 26375
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service:	1-866-805-4589
TTY:	711
Pharmacy Member Srvc:	1-833-293-5476
Help for Pharmacists:	1-833-377-4266
Providers:	1-866-805-4589
Dental:	1-888-700-0992
24/7 NurseLine:	1-855-658-9249
SilverSneakers:	1-855-741-4985

Use of this card by any person other than the member is fraud 09/28/2020



PCS PREVIEW

Member Name [Redacted]
Member ID [Redacted]
Job ID [Redacted]

Processed Date [Redacted]
Expected Mail Date [Redacted]
Actual Mail Date [Redacted]

Mail to Address [Redacted]
[Redacted]
[Redacted]


Card Front

Card Back

Single Card Package

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An Anthem Company

Member ID: [Redacted]

Issuer ID: 80840
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS
Rx ID: [Redacted]

Amerivantage Dual Coordination (HMO D-SNP)
Amerigroup Texas, Inc.


PCP: [Redacted]
PCP Phone: [Redacted]
Harris County Hospital District

Most dual eligible members pay \$0 for plan covered medical services.
Provider: Dual Member Cost share should be verified and billed to member's Medicaid.

CMS H2593-PBP: 030-001

MedicareRx
Prescription Drug Coverage

10000724242700001



An Anthem Company

Members: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.
Providers: Do not bill FFS Medicare. Please submit claims to the plan. Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 61010
Virginia Beach, VA 23466-1010. EDI Information : Payer ID - Emdeon: 27514; Capario: 28804; Availity: 26375
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service:	1-844-765-5165
TTY:	711
Pharmacy Member Srv:	1-833-293-5475
Help for Pharmacists:	1-833-377-4266
Providers:	1-844-765-5165
Dental:	1-888-700-0992
24/7 NurseLine:	1-855-658-9249
SilverSneakers:	1-855-741-4985

Use of this card by any person other than the member is fraud 09/29/2020



PCS PREVIEW

Member Name [Redacted]
Member ID [Redacted]
Job ID [Redacted]


Processed Date [Redacted]
Expected Mail Date [Redacted]
Actual Mail Date [Redacted]

Mail to Address [Redacted]
[Redacted]
[Redacted]


Card Front

Card Back

Single Card Package


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Amerigroup
 An Anthem Company

Member ID [Redacted]

Issuer ID: 80840
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS
Rx ID: [Redacted]

Amerivantage ESRD Care (HMO-POS C-SNP)
Amerigroup Texas, Inc.


PCP: [Redacted]
 PCP Phone: [Redacted]

Preventive Dental Package

Office Visit Copay:	\$0
Nephrologist Copay:	\$0
Emergency Room Copay:	\$90
Preventive Copay:	\$0

livehealthonline.com

CMS H2593-PBP: 031-000


 Prescription Drug Coverage

100002757200001




Amerigroup
 An Anthem Company

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Do not bill FFS Medicare. Please submit claims to the plan.

Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI
 Information : Payer ID - Emdeon: 27514;
 Capario: 28804; Avalidity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

Customer Service:	1-877-269-5660
TTY:	711
Pharmacy Member Srvc:	1-833-337-1264
Help for Pharmacists:	1-833-377-4266
Providers:	1-877-269-5660
Dental:	1-888-700-0992
24/7 NurseLine:	1-855-658-9249
SilverSneakers:	1-855-741-4985
Transportation:	1-844-923-0733

amerigroup.com/medicare

Use of this card by any person other than the member is fraud 09/23/2020



PCS PREVIEW

Member Name [Redacted]
 Member ID [Redacted]
 Job ID [Redacted]


Processed Date [Redacted]
 Expected Mail Date [Redacted]
 Actual Mail Date [Redacted]

Mail to Address [Redacted]
 [Redacted]
 [Redacted]

Card Front


Card Back

Single Card Package



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Amerivantage Lung Care
(HMO C-SNP)
Amerigroup Texas, Inc.


PCP: [Redacted]
 PCP Phone: [Redacted]
 Harris County Hospital District

Member ID: [Redacted]

Issuer ID: 80840
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS
Rx ID: [Redacted]

Office Visit Copay: \$0
 Specialist Visit Copay: \$0 - \$25
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H2593-PBP: 039-000



Prescription Drug Coverage

T0000592126500001





Amerigroup
An Anthem Company

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010. EDI Information : Payer ID - Emdeon: 27514; Capario: 28804; Availity: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service:	1-844-469-6823
TTY:	711
Pharmacy Member Srvc:	1-833-370-7464
Help for Pharmacists:	1-833-377-4266
Providers:	1-844-469-6823
Dental:	1-888-700-0992
24/7 NurseLine:	1-855-658-9249
SilverSneakers:	1-855-741-4985

Use of this card by any person other than the member is fraud 09/25/2020