



# 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

  
X15193844000001

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 An Anthem Company

**Amerivantage Dual Coordination (HMO D-SNP)**  
**Amerigroup New Jersey, Inc.**

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PCP [Redacted]  
 PCP Phone: [Redacted]

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**Member ID:** [Redacted]

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


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Dual eligible members pay \$0 for plan covered medical services. Provider: Dual Member Cost Share will be processed by Amerigroup.


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CMS H3240-PBP: 013-000

  
Prescription Drug Coverage

T000000P#8E6TSTX 

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 An Anthem Company

**Members:** Call your PCP or 24-hour Nurse HelpLine for nonemergency care. You need to show this card for medical care, but not for emergency care. In an emergency, call 911, or go to the nearest ER.

**Providers and Hospitals:** Prior authorization is not required for emergency care. 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:	1-844-765-5160
TTY:	711
Pharmacy Member Svcs:	1-833-337-1267
Help for Pharmacists:	1-833-377-4266
Providers:	1-844-765-5160
Dental (members):	1-833-276-0849
Dental (providers):	1-888-468-2183
24/7 NurseLine:	1-866-805-4589
24/7 BH Crisis:	1-877-842-7187
SilverSneakers:	1-855-741-4985

**Use of this card by any person other than the member is fraud** 10/23/2020



# 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

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**Amerivantage ESRD Care (HMO-POS C-SNP)**  
**Amerigroup New Jersey, Inc.**

PCP: [REDACTED]  
 PCP Phone: [REDACTED]

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**Member ID:** [REDACTED]

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


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

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CMS H3240-PBP: 017-000

  
Prescription Drug Coverage

X634494900122  




An Anthem Company

[amerigroup.com/medicare](http://amerigroup.com/medicare)

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**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;  
 Caparo: 28804, Availity: 26375  
**Pharmacy Claims:** P.O. Box 52077  
 Phoenix, AZ 85072-2077

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Customer Service:	1-844-887-6350
TTY:	711
Pharmacy Member Svc:	1-833-337-1268
Help for Pharmacists:	1-833-377-4266
Providers:	1-844-887-6350
Dental (members):	1-833-276-0849
Dental (providers):	1-888-352-7924
24/7 NurseLine:	1-855-658-9249
SilverSneakers:	1-855-741-4985

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Use of this card by any person other than the member is fraud 11/01/2020



# 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

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**Amerivantage Balance (HMO)**  
**Amerigroup New Jersey, Inc.**

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PCP: Call for PCP  
 PCP Phone: [REDACTED]

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**Member ID:** [REDACTED]

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


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


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CMS H3240-PBP: 021-000

  
Prescription Drug Coverage



X636943700001



An Anthem Company

[amerigroup.com/medicare](http://amerigroup.com/medicare)

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**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 not required for emergency care. For emergency admissions, please call within 24 hours of treatment.

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

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Customer Service:	1-866-805-4589
TTY:	711
Pharmacy Member Svc:	1-833-337-1269
Help for Pharmacists:	1-833-377-4266
Providers:	1-844-765-5160
24/7 NurseLine:	1-866-805-4589
Dental (members):	1-833-276-0849
Dental (providers):	1-888-352-7924
SilverSneakers:	1-855-741-4985
24/7 BH Crisis:	1-877-842-7187

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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

  
X15193186650001

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 An Anthem Company

**Amerivantage Classic (HMO)**  
**Amerigroup New Jersey, Inc.**

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PCP: [Redacted]  
 PCP Phone: [Redacted]

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**Member ID:** [Redacted]

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

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Office Visit Copay: \$5  
 Specialist Visit Copay: \$25  
 Emergency Room Copay: \$90  
 Preventive Copay: \$0  
 livehealthonline.com

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CMS H3240-PBP: 022-000

**MedicareRx**  
Prescription Drug Coverage

T000059981E6TSTX 

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 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 not required for emergency care. 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](http://amerigroup.com/medicare)

Customer Service:	1-866-805-4589
TTY:	711
Pharmacy Member Srvc:	1-833-337-1269
Help for Pharmacists:	1-833-377-4266
Providers:	1-844-765-5160
24/7 NurseLine:	1-866-805-4589
Dental (members):	1-833-276-0849
Dental (providers):	1-888-291-3758
SilverSneakers:	1-855-741-4985
24/7 BH Crisis:	1-877-842-7187

Use of this card by any person other than the member is fraud 11/07/2020



# 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

  
X151947366600001

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 An Anthem Company

**Amerivantage Dual Secure  
(HMO-POS D-SNP)  
Amerigroup New Jersey, Inc.**

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PCP: [Redacted]  
PCP Phone: [Redacted]

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**Member ID:** [Redacted]

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


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Dual eligible members pay \$0 for plan covered medical services. Provider: Dual Member Cost Share will be processed by Amerigroup.


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CMS H3240-PBP: 024-000

**MedicareRx**  
Prescription Drug Coverage

T0000999E7P6TSTIX 

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 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.

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

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**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](http://amerigroup.com/medicare)

Customer Service:	1-844-765-5160
TTY:	711
Pharmacy Member Svcs:	1-833-337-1267
Help for Pharmacists:	1-833-377-4266
Providers:	1-844-765-5160
Dental (members):	1-833-276-0849
Dental (providers):	1-888-352-7924
24/7 NurseLine:	1-866-805-4589
SilverSneakers:	1-855-741-4985

[livehealthonline.com](http://livehealthonline.com)

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Use of this card by any person other than the member is fraud 10/21/2020