



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 (HMO D-SNP)


PCP: Call for PCP
PCP Phone: [REDACTED]


Member ID: [REDACTED]

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


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

CMS H2593-PBP: 021-000


Prescription Drug Coverage



X636974000001



An Anthem Company

Members: Present this ID card and any 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; Auality: 26375
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

amerigroup.com/medicare
 Customer Service: 1-877-411-0929
 TTY: 711
 Pharmacy Member Svc: 1-833-337-1265
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-877-411-0929
 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

Single Card Package

 X636576100044

Intentionally Left Blank



Amerigroup
An Anthem Company

Member ID: [Redacted]


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

Amerivantage Classic (HMO)


PCP: [Redacted]
PCP Phone: [Redacted]


Office Visit Copay: \$10
Specialist Visit Copay: \$45
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H2593-PBP: 023-000



Prescription Drug Coverage

#000T6L9E9X




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; Auality: 26375
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service: 1-866-805-4589
TTY: 711
Pharmacy Member Srv: 1-833-293-5476
Help for Pharmacists: 1-833-377-4266
Providers: 1-866-805-4589
Dental: 1-888-291-3758
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

Single Card Package

 X636576100046

Intentionally Left Blank



An Anthem Company

Member ID [REDACTED]


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

Amerivantage Plus (HMO)

PCP: [REDACTED]
 PCP Phone: [REDACTED]

Office Visit Copay: \$10
 Specialist Visit Copay: \$0 - \$45
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H2593-PBP: 024-000



Prescription Drug Coverage

96000T6100046





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; Auality: 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: 1-888-291-3758
 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 2938484


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

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


Card Front

Card Back

Single Card Package

 X636576100043

Intentionally Left Blank



Amerigroup
An Anthem Company

Member ID [REDACTED]


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

Amerivantage Balance (HMO)


PCP: [REDACTED]
 PCP Phone: [REDACTED]


Office Visit Copay: \$0
 Specialist Visit Copay: \$40
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H2593-PBP: 025-000



MedicareRx
Prescription Drug Coverage

X636576100043
 



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; Auality: 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: 1-888-291-3758
 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



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

 X153525323200001

Intentionally Left Blank



Member ID [Redacted]

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

Amerivantage Full Dual Coordination (HMO D-SNP)

PCP: [Redacted]
PCP Phone: [Redacted]

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

CMS H5828-PBP: 001-000

MedicareRx
Prescription Drug Coverage

T0000222523200001 



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: 1-833-713-1074
TTY: 711
Pharmacy Member Srvc: 1-833-498-1587
Help for Pharmacists: 1-833-377-4266
Providers: 1-877-411-0929
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 10/16/2020



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 Premier (HMO D-SNP)


PCP: [REDACTED]
 PCP Phone: [REDACTED]


Member ID: [REDACTED]


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

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

CMS H5828-PBP: 002-000


Prescription Drug Coverage


 X636974000003



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: 1-833-713-1074
 TTY: 711
 Pharmacy Member Svc: 1-833-498-1587
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-877-411-0929
 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 Classic Plus (HMO-POS)


PCP [REDACTED]
 PCP Phone: [REDACTED]
 Vanderbilt University Medical Grp


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 H5828-PBP: 005-000


Prescription Drug Coverage


X636973900025



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: 1-833-713-1073
 TTY: 711
 Pharmacy Member Svc: 1-833-498-1587
 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)


PCP: [REDACTED]
 PCP Phone: [REDACTED]
 Methodist Healthcare

Member ID: [REDACTED]


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


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

CMS H5828-PBP: 007-000



X636973900003


Prescription Drug Coverage



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: 1-833-713-1073
 TTY: 711
 Pharmacy Member Svc: 1-833-498-1587
 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 Balance Plus (HMO)


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

CMS H5828-PBP: 008-000


Prescription Drug Coverage


X636973900011



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: 1-833-713-1073
 TTY: 711
 Pharmacy Member Svc: 1-833-498-1587
 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