



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

Single Card Package

X636373600002

Intentionally Left Blank

 **Amerigroup**
An Anthem Company

Amerivantage Classic (HMO)
Amerigroup Washington, 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: \$45
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H1894-PBP: 001-000

MedicareRx
Prescription Drug Coverage

Z00009ZL799EX

X636373600002

 **Amerigroup**
An Anthem Company

amerigroup.com/medicare

Customer Service: 1-866-805-4589
TTY: 711
Pharmacy Member Svcs: 1-833-293-5473
Help for Pharmacists: 1-833-377-4266
Providers: 1-866-805-4589
Dental: 1-855-225-2684
24/7 NurseLine: 1-855-658-9249
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 11/04/2020



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


PCP: [REDACTED]
 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 H1894-PBP: 002-000


Prescription Drug Coverage


 X636890300011



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: 1-844-209-5407
 TTY: 711
 Pharmacy Member Svc: 1-833-293-5472
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-812-2275
 Dental: 1-855-225-2684
 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