



PRODUCTION VIEW

Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1982767**


Processed Date **11/14/2019**
 Expected Mail Date **11/18/2019**
 Actual Mail Date

Mail to Address

[REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



An Anthem Company

Amerivantage Classic (HMO)


PCP: Y. TALALAEV
 [REDACTED]

Issuer ID: 80840
Effective Date: 01/01/2020
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS
Rx ID: [REDACTED]

Office Visit Copay: \$0
 Specialist Visit Copay: \$35
 Emergency Room Copay: \$120
 Preventive Copay: \$0
 livehealthonline.com

CMS H2593-PBP: 001-000

MedicareRx
Prescription Drug Coverage

X47467560001




An Anthem Company

myamerigroup.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: 1-888-816-2790
TTY: 711
Pharmacy Member Svc: 1-833-337-1266
Help for Pharmacists: 1-833-377-4266
Providers: 1-888-291-1358
Dental: 1-888-352-7806
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 11/14/2019



PRODUCTION VIEW

Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1932433**


Processed Date **10/24/2019**
 Expected Mail Date **10/25/2019**
 Actual Mail Date **10/25/2019**

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

Card Front

Card Back

Single Card Package



An Anthem Company


Amerivantage CareMore Care To You (HMO I-SNP)


PCP: C. SELF


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

CMS H2593-PBP: 003-000

Issuer ID: 80840
Effective Date: 01/01/2020
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS




Prescription Drug Coverage



X462924900031



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: CareMore Health, P.O. Box 366
 Artesia, CA 90702-0366.
 EDI Information : Payer ID - CARMO
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

myamerigroup.com/medicare

Customer Service: **1-888-816-2790**
 TTY: **711**
 Pharmacy Member Svc: **1-833-337-1266**
 Help for Pharmacists: **1-833-377-4266**
 Providers: **1-888-291-1358**
 Dental: **1-888-700-0992**
 24/7 NurseLine: **1-800-589-3148**
 SilverSneakers: **1-855-741-4985**

10/24/2019



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1990487**

Processed Date **11/17/2019**
 Expected Mail Date **11/20/2019**
 Actual Mail Date

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

Card Front

Card Back



Amerigroup
An Anthem Company


Amerivantage COPD (HMO C-SNP)


PCP: B. WELLS
[REDACTED]


Issuer ID: 80840
Effective Date: 01/01/2020
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS
 [REDACTED]

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

CMS H2593-PBP: 005-000


Prescription Drug Coverage


X47614830008



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: CareMore Health, P.O. Box 366
 Artesia, CA 90702-0366.
 EDI Information : Payer ID - CARMO
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

myamerigroup.com/medicare

Customer Service:	1-888-816-2790
TTY:	711
Pharmacy Member Svc:	1-833-337-1266
Help for Pharmacists:	1-833-377-4266
Providers:	1-888-291-1358
Dental:	1-888-352-7806
24/7 NurseLine:	1-855-658-9249
SilverSneakers:	1-855-741-4985
Transportation:	1-844-923-0755

Use of this card by any person other than the member is fraud 11/17/2019



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1988696**

Processed Date **11/16/2019**
 Expected Mail Date **11/20/2019**
 Actual Mail Date

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

Card Front

Card Back



Amerigroup
An Anthem Company

Amerivantage Diabetes (HMO C-SNP)


PCP: G. Ochoa
[REDACTED]


Issuer ID: 80840
Effective Date: 01/01/2020
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS
 [REDACTED]


Office Visit Copay:	\$0
Specialist Visit Copay:	\$35
Emergency Room Copay:	\$120
Preventive Copay:	\$0

livehealthonline.com

CMS H2593-PBP: 006-000


Prescription Drug Coverage





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: CareMore Health, P.O. Box 366
 Artesia, CA 90702-0366.
 EDI Information : Payer ID - CARMO
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

myamerigroup.com/medicare

Customer Service:	1-888-816-2790
TTY:	711
Pharmacy Member Svc:	1-833-337-1266
Help for Pharmacists:	1-833-377-4266
Providers:	1-888-291-1358
Dental:	1-888-352-7806
24/7 NurseLine:	1-800-589-3148
SilverSneakers:	1-855-741-4985
Transportation:	1-210-201-0489

Use of this card by any person other than the member is fraud 11/16/2019

X476043700003



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1951655**

Processed Date **11/02/2019**
 Expected Mail Date **11/06/2019**
 Actual Mail Date **11/06/2019**

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

Card Front

Card Back



An Anthem Company


Amerivantage Heart Care (HMO C-SNP)

PCP: J. Harris

Office Visit Copay: \$0
 Specialist Visit Copay: \$35
 Emergency Room Copay: \$120
 Preventive Copay: \$0
 livehealthonline.com

CMS H2593-PBP: 013-000

MedicareRx
 Prescription Drug Coverage

X468238900002




An Anthem Company

myamerigroup.com/medicare

Customer Service: 1-888-816-2790
 TTY: 711
 Pharmacy Member Svc: 1-833-337-1266
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-888-291-1358
 Dental: 1-888-352-7806
 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; Caparo: 28804; Availity: 26375
Pharmacy Claims: P.O. Box 52077 Phoenix, AZ 85072-2077

11/02/2019



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1992278**

Processed Date **11/18/2019**
 Expected Mail Date **11/20/2019**
 Actual Mail Date

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

Card Front

Card Back



Amerigroup
An Anthem Company

Amerivantage Smart Value (HMO)


PCP: K. JIMENEZ
[REDACTED]


Issuer ID: 80840
Effective Date: 01/01/2020
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS
 [REDACTED]

Office Visit Copay:	\$10
Specialist Visit Copay:	\$40
Emergency Room Copay:	\$120
Preventive Copay:	\$0

livehealthonline.com

CMS H2593-PBP: 018-000


Prescription Drug Coverage





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: CareMore Health, P.O. Box 366
 Artesia, CA 90702-0366.
 EDI Information : Payer ID - CARMO
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

myamerigroup.com/medicare

Customer Service:	1-888-816-2790
TTY:	711
Pharmacy Member Svc:	1-833-337-1266
Help for Pharmacists:	1-833-377-4266
Providers:	1-888-291-1358
24/7 NurseLine:	1-855-658-9249
SilverSneakers:	1-855-741-4985

11/18/2019

X476226300001



PRODUCTION VIEW

Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1908374**


Processed Date **10/10/2019**
 Expected Mail Date **10/22/2019**
 Actual Mail Date **10/22/2019**

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

Card Front

Card Back

Single Card Package



An Anthem Company

Amerivantage CareMore Care To You (HMO I-SNP)

PCP: D. Hart
 [REDACTED]


High Option Dental Package

Office Visit Copay:	\$0
Specialist Visit Copay:	\$0
Emergency Room Copay:	\$120
Preventive Copay:	\$0


livehealthonline.com

CMS H2593-PBP: 019-000

Issuer ID: 80840
Effective Date: 01/01/2020
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS



MedicareRx
 Prescription Drug Coverage



x460746800802



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: CareMore Health, P.O. Box 366
 Artesia, CA 90702-0366.
 EDI Information : Payer ID - CARMO
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

myamerigroup.com/medicare

Customer Service:	1-888-816-2790
TTY:	711
Pharmacy Member Svc:	1-833-337-1266
Help for Pharmacists:	1-833-377-4266
Providers:	1-888-291-1358
Dental:	1-888-700-0992
24/7 NurseLine:	1-800-589-3148
SilverSneakers:	1-855-741-4985

10/10/2019



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1990487**

Processed Date **11/17/2019**
 Expected Mail Date **11/20/2019**
 Actual Mail Date

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

Card Front

Card Back



An Anthem Company


Amerivantage Care Access (HMO)

PCP: A. EGURROLA-GRADILLAS

Issuer ID: 80840
Effective Date: 01/01/2020
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS

Provider: Verify secondary Medicaid coverage and submit Deductibles, Copays, and Coinsurance to Medicaid.
 livehealthonline.com

CMS H2593-PBP: 020-000


Prescription Drug Coverage

X476148000018



An Anthem Company

myamerigroup.com/medicare

Customer Service: **1-888-816-2790**
 TTY: **711**
 Pharmacy Member Svc: **1-833-337-1266**
 Help for Pharmacists: **1-833-377-4266**
 Providers: **1-888-816-2790**
 Dental: **1-888-352-7806**
 24/7 NurseLine: **1-855-658-9249**
 SilverSneakers: **1-855-741-4985**
 Transportation: **1-210-201-0489**

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: CareMore Health, P.O. Box 366
 Artesia, CA 90702-0366.
 EDI Information : Payer ID - CARMO
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 11/17/2019



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1967498**

Processed Date **11/08/2019**
 Expected Mail Date **11/12/2019**
 Actual Mail Date **11/12/2019**

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

Card Front

Card Back



An Anthem Company


**Amerivantage CareMore
ESRD (HMO C-SNP)**


PCP: A. Robinette Ezonnaebi
 [REDACTED]


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


CMS H2593-PBP: 040-000

Issuer ID: 80840
Effective Date: 01/01/2020
Rx GROUP: WM2A
Rx BIN: 020115
Rx PCN: IS
 [REDACTED]




Prescription Drug Coverage

X470671300012




An Anthem Company

myamerigroup.com/medicare

Customer Service: **1-888-816-2790**
 TTY: **711**
 Pharmacy Member Svc: **1-833-337-1266**
 Help for Pharmacists: **1-833-377-4266**
 Providers: **1-888-291-1358**
 Dental: **1-888-700-0992**
 24/7 NurseLine: **1-833-908-0104**
 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: CareMore Health, P.O. Box 366
 Artesia, CA 90702-0366.
 EDI Information : Payer ID - CARMO
Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 11/08/2019