



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1942908**

Processed Date **10/30/2019**
 Expected Mail Date **11/01/2019**
 Actual Mail Date

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

Card Front

Card Back



An Anthem Company

Amerivantage Classic (HMO)
Amerigroup New Jersey, Inc.


PCP: A. Skarimbas


[REDACTED]


Issuer ID: 80840
Effective Date: 01/01/2020
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 H3240-PBP: 022-000


Prescription Drug Coverage

X455433.000073




An Anthem Company

myamerigroup.com/medicare

Customer Service: 1-866-805-4589
 TTY: 711
 Pharmacy Member Svc: 1-833-337-1269
 Providers: 1-844-765-5160
 24/7 NurseLine: 1-855-658-9249
 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

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;
 Capano: 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 10/30/2019



PRODUCTION VIEW


Member Name [REDACTED]
Member ID [REDACTED]
Job ID **1995308**

Processed Date **11/19/2019**
Expected Mail Date **11/21/2019**
Actual Mail Date

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

Card Front

Card Back




An Anthem Company

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


PCP: P. Doshi
[REDACTED]


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

CMS H3240-PBP: 013-000


Prescription Drug Coverage

X477031400033





An Anthem Company

myamerigroup.com/medicare

Customer Service: **1-844-765-5160**
TTY: **711**
Pharmacy Member Svc: **1-833-337-1267**
Providers: **1-844-765-5160**
Dental (members): **1-833-276-0849**
Dental (providers): **1-888-468-2183**
24/7 NurseLine: **1-855-658-9249**
24/7 BH Crisis: **1-877-842-7187**
SilverSneakers: **1-855-741-4985**

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; Caparo: 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 11/19/2019



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



An Anthem Company


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


PCP: E. Simon

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

CMS H3240-PBP: 017-000

MedicareRx
Prescription Drug Coverage

X476041700051




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: 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

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
 24/7 NurseLine: 1-855-658-9249
 Dental (members): 1-833-276-0849
 Dental (providers): 1-888-352-7924
 SilverSneakers: 1-855-741-4985

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



PRODUCTION VIEW


Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1995308**

Processed Date **11/19/2019**
 Expected Mail Date **11/21/2019**
 Actual Mail Date

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

Card Front

Card Back



An Anthem Company


Amerivantage Balance (HMO)
Amerigroup New Jersey, Inc.


PCP: H. Chaikin
 [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: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H3240-PBP: 021-000


Prescription Drug Coverage

X477031 200036




An Anthem Company

myamerigroup.com/medicare

Customer Service: **1-866-805-4589**
 TTY: **711**
 Pharmacy Member Svc: **1-833-337-1269**
 Providers: **1-844-765-5160**
 24/7 NurseLine: **1-855-658-9249**
 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**

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;
 Caparo: 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 11/19/2019



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Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID **1995308**

Processed Date **11/19/2019**
 Expected Mail Date **11/21/2019**
 Actual Mail Date

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

Card Front

Card Back




An Anthem Company

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


PCP: M. Islam

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

CMS H3240-PBP: 024-000


Prescription Drug Coverage

X477031400073





An Anthem Company

myamerigroup.com/medicare

Customer Service: **1-844-765-5160**
 TTY: **711**
 Pharmacy Member Svc: **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: **1-855-658-9249**
 SilverSneakers: **1-855-741-4985**
livehealthonline.com

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

Use of this card by any person other than the member is fraud 11/19/2019