



# PRODUCTION VIEW

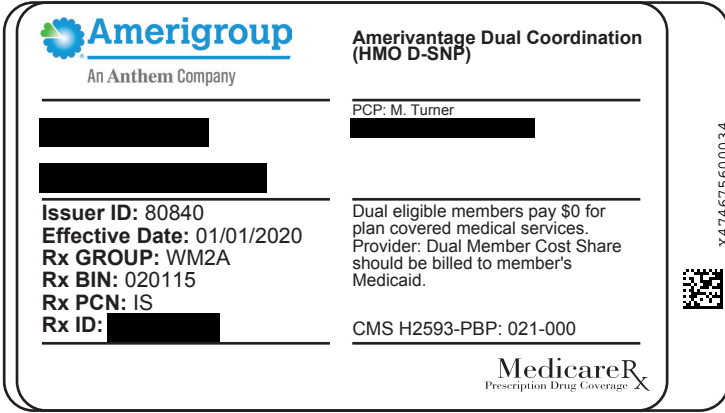
Member Name [REDACTED]  
Member ID [REDACTED]  
Job ID **1982767**

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

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

Card Front

Card Back



**Amerigroup**  
An Anthem Company

**Amerivantage Dual Coordination (HMO D-SNP)**

PCP: M. Turner

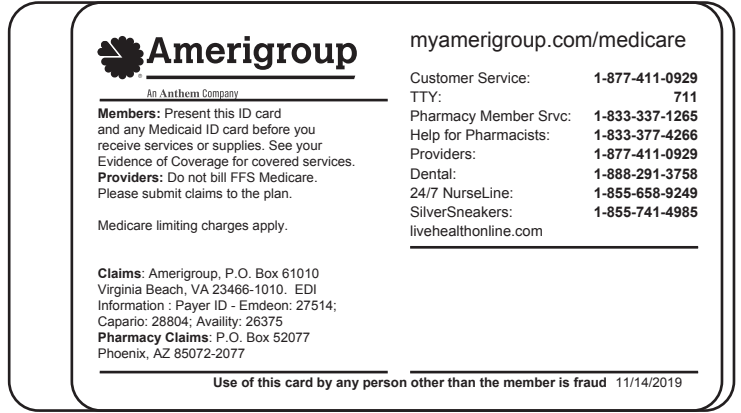
Issuer ID: 80840  
Effective Date: 01/01/2020  
Rx GROUP: WM2A  
Rx BIN: 020115  
Rx PCN: IS  
Rx ID: [REDACTED]

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

**MedicareRx**  
Prescription Drug Coverage

X474675600034



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

**myamergroup.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: 1-855-658-9249  
SilverSneakers: 1-855-741-4985  
livehealthonline.com

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 **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

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**Amerivantage Classic (HMO)**

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PCP: T. Helton  
 [REDACTED]

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

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CMS H2593-PBP: 022-000

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**MedicareRx**  
 Prescription Drug Coverage

X477031300003  




An Anthem Company

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**myamerigroup.com/medicare**

Customer Service: 1-866-805-4589  
 TTY: 711  
 Pharmacy Member Svc: 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

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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 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

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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 **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



**Amerigroup**  
An Anthem Company

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**Amerivantage Plus (HMO)**

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PCP: Christ Community Health Svcs  
[REDACTED]

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

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CMS H2593-PBP: 024-000

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**MedicareRx**  
Prescription Drug Coverage

X477031300053  




**Amerigroup**  
An Anthem Company

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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 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

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**myamerigroup.com/medicare**

Customer Service: **1-866-805-4589**  
 TTY: **711**  
 Pharmacy Member Svc: **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**

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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



**Amerivantage Balance (HMO)**

An Anthem Company

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PCP: A. Jackson

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


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CMS H2593-PBP: 025-000

**MedicareRx**  
Prescription Drug Coverage

X477031300054





myamerigroup.com/medicare

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