



Anthem MediBlue Value Plus (HMO)

[Redacted]

PCP: [Redacted]
Dental - LIBERTY

Member ID:
[Redacted]



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

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

CMS H0544-002-000

Enhanced Care Management Benefit
MEDICARE ADVANTAGE **HMO** MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: **1-800-499-2793**
TTY/TDD Line: 711
Member Pharmacy Svcs: **1-833-293-5467**
Help for Pharmacists: **1-833-377-4266**
Provider Service: **1-888-291-1358**
Dental Customer Service: **1-888-700-0992**
24/7 NurseLine: **1-855-658-9249**
SilverSneakers: **1-855-741-4985**

Possession of this card does not guarantee eligibility for benefits.
Anthem Medical Claims & Inquiries:
CareMore Health
P.O. Box 366 Artesia, CA 90702-0366
EDI Information: Payor ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110, Santa Ana, CA 92799

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Issue Date: 12/16/2021



Anthem MediBlue Connect
(HMO D-SNP)

[Redacted]

PCP: [Redacted]
Dental - LIBERTY

Member ID:

[Redacted]



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
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 H0544-003-000

Enhanced Care
Management Benefit

MEDICARE
ADVANTAGE HMO

MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: 1-800-499-2793
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5467
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-888-291-1358
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985
livehealthonline.com

Member: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill FFS Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card. Medicare limiting charges apply.

Possession of this card does not guarantee eligibility for benefits.

Anthem Medical Claims & Inquiries:
CareMore Health
P.O. Box 366 Artesia, CA 90702-0366
EDI Information: Payor ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110, Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Diabetes Care (HMO C-SNP)

[Redacted]

PCP: [Redacted]
Dental - LIBERTY

Member ID:

[Redacted]



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

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

CMS H0544-004-000

Enhanced Care Management Benefit

MEDICARE ADVANTAGE HMO

MedicareRx Prescription Drug Coverage



anthem.com/ca

Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card.

Member Service: 1-800-499-2793
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5467
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-888-291-1358
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985

Possession of this card does not guarantee eligibility for benefits.

Anthem Medical Claims & Inquiries:
CareMore Health
P.O. Box 366 Artesia, CA 90702-0366
EDI Information: Payor ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110, Santa Ana, CA 92799

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Issue Date: 12/16/2021



PCS PREVIEW

Member Name **Isiaco Ldenthall**
 Member ID **023C10655**
 Job ID **3985507**


Processed Date **10/07/2021**
 Expected Mail Date
 Actual Mail Date

Mail to Address
Isiaco Ldenthall
01156 Buena Vista Hill
Los Angeles, CA 90094

Card Front


Card Back

Single Card Package



X16362426200001

Intentionally Left Blank



Anthem MediBlue Care
On Site (HMO I-SNP)

Isiaco Ldenthall

Member ID:
AWP023C10655

Group: **CAMCRWP0**
 Plan: **332**
 Issuer (80840): **9101000302**
 RxBIN: **020115**
 RxPCN: **IS**
 RxGRP: **WM2A**
 RxID: **023C10655**

PCP: CareMore Health - California
 Preventive Dental Package

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


CMS H0544-005-000


MEDICARE
ADVANTAGE

HMO

MedicareRx
Prescription Drug Coverage

T0000029Z4262000001





anthem.com/ca

Member Service: **1-800-499-2793**
 TTY/TDD Line: **711**
 Member Pharmacy Svcs: **1-833-293-5467**
 Help for Pharmacists: **1-833-377-4266**
 Provider Service: **1-888-291-1358**
 Dental Customer Service: **1-888-700-0992**
 24/7 NurseLine: **1-800-589-3148**
 SilverSneakers: **1-855-741-4985**

Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card.

Possession of this card does not guarantee eligibility for benefits.

Medical Claims & Inquiries:
 CareMore Health
 P.O. Box 366 Artesia, CA 90702-0366
 EDI Information: Payor ID - CARMO
 Rx Claims: Ingenix, Rx, Attn: Part D Svcs
 P.O. Box 52077, Phoenix, AZ 85072-2077
 Dental Claims:
 P.O. Box 26110, Santa Ana, CA 92799

Anthem Blue Cross is the trade name of Blue Cross of California, independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Issue Date: 10/07/2021



Anthem MediBlue
StartSmart Plus (HMO)

[Redacted]

PCP: [Redacted]
Dental - LIBERTY

Member ID:

[Redacted]



Group: CAMCRWPO
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

Office Visit Copay: \$5
Specialist Visit Copay: \$20
Emergency Room Copay: \$120
Preventive Copay: \$0
livehealthonline.com

CMS H0544-007-000

Enhanced Care
Management Benefit

MEDICARE
ADVANTAGE HMO

MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: 1-800-499-2793
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5467
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-888-291-1358
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985

Possession of this card does not guarantee eligibility for benefits.
Anthem Medical Claims & Inquiries:
CareMore Health
P.O. Box 366 Artesia, CA 90702-0366
EDI Information: Payor ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110, Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Heart Care (HMO C-SNP)

Member ID: [REDACTED]

PCP: [REDACTED]
Dental - LIBERTY



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

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

CMS H0544-013-000

Enhanced Care Management Benefit

MEDICARE ADVANTAGE HMO

MedicareRx Prescription Drug Coverage



anthem.com/ca

Member Service: 1-800-499-2793
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5467
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-888-291-1358
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985

Possession of this card does not guarantee eligibility for benefits.

Anthem Medical Claims & Inquiries:
CareMore Health
P.O. Box 366 Artesia, CA 90702-0366
EDI Information: Payor ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110, Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Lung Care (HMO C-SNP)

[Redacted]

PCP: [Redacted]
Dental - LIBERTY

Member ID:

[Redacted]



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

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

CMS H0544-014-000

Enhanced Care Management Benefit

MEDICARE ADVANTAGE HMO

MedicareRx Prescription Drug Coverage



anthem.com/ca

Member Service: 1-800-499-2793

TTY/TDD Line: 711

Member Pharmacy Svcs: 1-833-293-5467

Help for Pharmacists: 1-833-377-4266

Provider Service: 1-888-291-1358

Dental Customer Service: 1-888-700-0992

24/7 NurseLine: 1-855-658-9249

SilverSneakers: 1-855-741-4985

Possession of this card does not guarantee eligibility for benefits.

Anthem Medical Claims & Inquiries:

CareMore Health

P.O. Box 366 Artesia, CA 90702-0366

EDI Information: Payor ID - CARMO

Rx Claims: Ingenio Rx, Attn: Part D Svcs

P.O. Box 52077, Phoenix, AZ 85072-2077

Dental Claims:

P.O. Box 26110, Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue ESRD Care (HMO C-SNP)

[Redacted]

PCP: [Redacted]
Dental - LIBERTY

Member ID:

[Redacted]



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

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

CMS H0544-015-000

Enhanced Care Management Benefit

MEDICARE ADVANTAGE HMO

MedicareRx Prescription Drug Coverage



anthem.com/ca

Member Service: 1-800-499-2793
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5467
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-888-291-1358
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-800-589-3148
SilverSneakers: 1-855-741-4985

Possession of this card does not guarantee eligibility for benefits.

Anthem Medical Claims & Inquiries:
CareMore Health
P.O. Box 366 Artesia, CA 90702-0366
EDI Information: Payor ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110, Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Lung
(HMO C-SNP)

[Redacted]

PCP: [Redacted]
Preventive Dental Package

Member ID:

[Redacted]



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

Office Visit Copay: \$0
Specialist Visit Copay: \$15
Emergency Room Copay: \$120
Preventive Copay: \$0
livehealthonline.com

CMS H0544-031-000

Enhanced Care
Management Benefit



MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: 1-800-499-2793

TTY/TDD Line: 711

Member Pharmacy Svcs: 1-833-293-5467

Help for Pharmacists: 1-833-377-4266

Provider Service: 1-888-291-1358

Dental Customer Service: 1-888-700-0992

24/7 NurseLine: 1-855-658-9249

SilverSneakers: 1-855-741-4985

Possession of this card does not guarantee eligibility for benefits.

Anthem Medical Claims & Inquiries:
CareMore Health
P.O. Box 366 Artesia, CA 90702-0366
EDI Information: Payor ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110, Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Diabetes (HMO C-SNP)

[Redacted]

PCP: [Redacted]
Dental and Vision Package

Member ID:

[Redacted]



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

Office Visit Copay: \$0
Specialist Visit Copay: \$15
Emergency Room Copay: \$120
Preventive Copay: \$0
livehealthonline.com

CMS H0544-032-000

Enhanced Care Management Benefit



MedicareRx Prescription Drug Coverage



anthem.com/ca

Member Service: 1-800-499-2793
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5467
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-888-291-1358
Dental Customer Service: 1-888-700-0992
Vision: 1-800-499-2793
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985

Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card.

Possession of this card does not guarantee eligibility for benefits.

Anthem Medical Claims & Inquiries:
CareMore Health
P.O. Box 366 Artesia, CA 90702-0366
EDI Information: Payor ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental: P.O. Box 26110, Santa Ana, CA 92799
Vision: P.O. Box 8504, Mason, OH 45040-7111

Issue Date: 12/16/2021

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Anthem MediBlue Heart
(HMO C-SNP)

[Redacted]

PCP: [Redacted]
Dental - LIBERTY

Member ID:



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WA12A
RxID: [Redacted]

Office Visit Copay: \$0
Specialist Visit Copay: \$15
Emergency Room Copay: \$120
Preventive Copay: \$0
livehealthonline.com

CMS H0544-036-000

Enhanced Care
Management Benefit

MEDICARE
ADVANTAGE

HMO

MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: 1-800-499-2793
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5467
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-888-291-1358
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985

Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card.

Possession of this card does not guarantee eligibility for benefits.

Anthem Medical Claims & Inquiries:
CareMore Health
P.O. Box 366 Artesia, CA 90702-0366
EDI Information: Payor ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110, Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Dual Advantage (HMO D-SNP)

[Redacted]

PCP: [Redacted]

Member ID:

[Redacted]

Dental - LIBERTY

Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
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 H0544-052-000

MEDICARE ADVANTAGE HMO

MedicareRx Prescription Drug Coverage



anthem.com/ca

Member Service: 1-844-469-6831

TTY/TDD Line: 711

Member Pharmacy Svcs: 1-833-293-5468

Help for Pharmacists: 1-833-377-4266

Provider Service: 1-800-676-2583

Dental Customer Service: 1-888-700-0992

24/7 NurseLine: 1-855-658-9249

SilverSneakers: 1-855-741-4985

livehealthonline.com

Member: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.

Provider: Do not bill FFS Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card. Medicare limiting charges apply.

Possession of this card does not guarantee eligibility for benefits.

Medical Claims & Inquiries:

P.O. Box 60007, Los Angeles, CA 90060-0007

EDI Information: availity.com

Rx Claims: Ingenio Rx, Attn: Part D Svcs

P.O. Box 52077, Phoenix, AZ 85072-2077

Dental Claims:

P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Plus (HMO)

[Redacted]

PCP: [Redacted]

Member ID:
[Redacted]

Dental - LIBERTY

Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

Office Visit Copay: \$5
Specialist Visit Copay: \$15
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H0544-056-000

MEDICARE ADVANTAGE HMO

MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: 1-888-230-7338

TTY/TDD Line: 711

Member Pharmacy Svcs: 1-833-293-5470

Help for Pharmacists: 1-833-377-4266

Provider Service: 1-800-676-2583

Dental Customer Service: 1-888-700-0992

24/7 NurseLine: 1-855-658-9249

SilverSneakers: 1-855-741-4985

Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card.

Possession of this card does not guarantee eligibility for benefits.

Medical Claims & Inquiries:
P.O. Box 60007, Los Angeles, CA 90060-0007
EDI Information: availability.com
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Select (HMO)

[Redacted]

PCP: [Redacted]
CareMore Health - California
Dental - LIBERTY

Member ID:
[Redacted]

Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

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

CMS H0544-058-000

MEDICARE ADVANTAGE HMO

MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: 1-888-230-7338
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5470
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-888-291-1358
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985

Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card.
Possession of this card does not guarantee eligibility for benefits.
Medical Claims & Inquiries:
CareMore Health (EDI Payer ID - CARMO)
P.O. Box 366, Artesia, CA 90702-0366
EDI Information: avalidity.com
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental: P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue
Coordination Plus (HMO)

[Redacted]

PCP: [Redacted]

Member ID:

[Redacted]

Dental - LIBERTY

Group: CAMCRWPO
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

Provider: Verify secondary Medicaid coverage and Submit Deductibles, Copays, and Coinsurance to Medicaid.

CMS H0544-070-000

MEDICARE ADVANTAGE HMO

MedicareRx
Prescription Drug Coverage X



anthem.com/ca

Member Service: 1-888-230-7338

TTY/TDD Line: 711

Member Pharmacy Svcs: 1-833-293-5470

Help for Pharmacists: 1-833-377-4266

Provider Service: 1-800-676-2583

Dental Customer Service: 1-888-700-0992

24/7 NurseLine: 1-855-658-9249

SilverSneakers: 1-855-741-4985

livehealthonline.com

Member: Present this ID card and any Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.

Provider: Do not bill FFS Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card. Medicare limiting charges apply.

Possession of this card does not guarantee eligibility for benefits.

Medical Claims & Inquiries:

P.O. Box 60007, Los Angeles, CA 90060-0007

EDI Information: avaality.com

Rx Claims: Ingenio Rx, Attn: Part D Svcs

P.O. Box 52077, Phoenix, AZ 85072-2077

Dental Claims:

P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Extra (HMO)

Member ID: [REDACTED] PCP: [REDACTED]
Dental - LIBERTY

Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]
Office Visit Copay: \$0
Specialist Visit Copay: \$0
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com
CMS H0544-081-000

MEDICARE ADVANTAGE HMO MedicareRx Prescription Drug Coverage



anthem.com/ca

Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card.

Member Service: 1-888-230-7338
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5469
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-800-676-2583
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985

Possession of this card does not guarantee eligibility for benefits.
Medical Claims & Inquiries:
P.O. Box 60007, Los Angeles, CA 90060-0007

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EDI Information: availability.com
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental: P.O. Box 26110 Santa Ana, CA 92799

Issue Date: 12/16/2021



Anthem MediBlue Dual Plus (HMO D-SNP)

[Redacted]

PCP: [Redacted]
Dental - LIBERTY

Member ID:
[Redacted]

Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
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 H0544-087-000

MEDICARE ADVANTAGE HMO

MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: 1-844-469-6831
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5468
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-800-676-2583
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985
livehealthonline.com

Member: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.

Provider: Do not bill FFS Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card. Medicare limiting charges apply.

Possession of this card does not guarantee eligibility for benefits.
Medical Claims & Inquiries:
P.O. Box 60007, Los Angeles, CA 90060-0007
EDI Information: availability.com
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 12/15/2021



Anthem MediBlue Care
To You (HMO I-SNP)

PCP: [REDACTED]
Package

Member ID:
[REDACTED]

Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

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

CMS H0544-093-000

MEDICARE ADVANTAGE HMO

MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: 1-844-209-5408
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-385-9047
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-800-676-2583
Dental Customer Service: 1-888-700-0992
Vision: 1-844-209-5408
24/7 NurseLine: 1-800-589-3148

Possession of this card does not guarantee eligibility for benefits.

Medical Claims & Inquiries:
P.O. Box 60007, Los Angeles, CA 90060-0007
EDI Information: avaality.com
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental: P.O. Box 26110 Santa Ana, CA 92799
Blue View Vision Insight Claims:
P.O. Box 8504, Mason, OH 45040-7111

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Issue Date: 11/04/2021



Anthem MediBlue Diabetes Care Plus (HMO C-SNP)

[Redacted]

PCP: [Redacted]
Dental- LIBERTY

Member ID:

[Redacted]

Group:	CAMCRWP0	Office Visit Copay:	\$0
Plan:	332	Specialist Visit Copay:	\$25
Issuer (80840):	9101000302	Emergency Room Copay:	\$120
RxBIN:	020115	Preventive Copay:	\$0
RxPCN:	IS	livehealthonline.com	
RxGRP:	WM2A		
RxID:	[Redacted]	CMS H0544-094-000	

MEDICARE ADVANTAGE HMO

MedicareRx Prescription Drug Coverage



anthem.com/ca

Member Service: 1-844-286-1322
 TTY/TDD Line: 711
 Member Pharmacy Svcs: 1-833-385-9048
 Help for Pharmacists: 1-833-377-4266
 Provider Service: 1-800-676-2583
 Dental Customer Service: 1-888-700-0992
 24/7 NurseLine: 1-800-589-3148
 SilverSneakers: 1-855-741-4985

Possession of this card does not guarantee eligibility for benefits.
 Medical Claims & Inquiries:
 P.O. Box 60007, Los Angeles, CA 90060-0007
 EDI Information: availity.com
 Rx Claims: Ingenio Rx, Attn: Part D Svcs
 P.O. Box 52077, Phoenix, AZ 85072-2077
 Dental Claims:
 P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 12/13/2021



Anthem MediBlue Value (HMO)

[Redacted]

PCP: [Redacted]
Dental - LIBERTY

Member ID:

[Redacted]



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

Office Visit Copay: \$0
Specialist Visit Copay: \$15
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H0544-107-000

Enhanced Care Management Benefit

MEDICARE ADVANTAGE HMO

MedicareRx Prescription Drug Coverage



anthem.com/ca

Member Service: 1-800-499-2793
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-293-5470
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-888-291-1358
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985

Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card.
Possession of this card does not guarantee eligibility for benefits.
Anthem Medical Claims & Inquiries:
CareMore Health - P.O. Box 366
Artesia, CA 90702-0366
EDI Information: Payer ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental: P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Connect Plus (HMO)

[Redacted]

PCP: [Redacted]
Dental - LIBERTY

Member ID:

[Redacted]



Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [Redacted]

Provider: Verify secondary Medicaid coverage and Submit Deductibles, Copays, and Coinsurance to Medicaid.

CMS H0544-128-000

Enhanced Care Management Benefit

MEDICARE ADVANTAGE HMO

MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: **1-800-499-2793**
TTY/TDD Line: 711
Member Pharmacy Svcs: **1-833-293-5467**
Help for Pharmacists: **1-833-377-4266**
Provider Service: **1-888-291-1358**
Dental Customer Service: **1-888-700-0992**
24/7 NurseLine: **1-855-658-9249**
SilverSneakers: **1-855-741-4985**
livehealthonline.com

Possession of this card does not guarantee eligibility for benefits.
Anthem Medical Claims & Inquiries:
CareMore Health
P.O. Box 366 Artesia, CA 90702-0366
EDI Information: Payor ID - CARMO
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110, Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue Access (PPO)

Dental - LIBERTY

Member ID:

Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Office Visit Copay: \$10 / \$30
Specialist Visit Copay: \$35 / \$50
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H8552-020-000



anthem.com/ca

Member Service: 1-877-811-3107
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-344-1012
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-800-676-2583
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985

Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card. Medicare Limiting Charges Apply

Possession of this card does not guarantee eligibility for benefits.

Medical Claims & Inquiries:
P.O. Box 60007, Los Angeles, CA 90060-0007
EDI Information: avalidity.com
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 12/16/2021



Anthem MediBlue ESRD Care
(PPO C-SNP)

Dental - LIBERTY

Member ID:

Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

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

CMS H8552-028-000



MedicareRx
Prescription Drug Coverage



anthem.com/ca

Member Service: 1-844-648-9540
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-344-1011
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-800-676-2583
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985

Member: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill FFS Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card. Medicare limiting charges apply.

Possession of this card does not guarantee eligibility for benefits.
Medical Claims & Inquiries:
P.O. Box 60007, Los Angeles, CA 90060-0007
EDI Information: avallity.com
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 12/15/2021



Anthem MediBlue Dual
Access (PPO D-SNP)

[Redacted]

Dental - LIBERTY

Member ID:

[Redacted]

Group: CAMCRWP0
Plan: 332
Issuer (80840): 9101000302
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 H8552-030-000



anthem.com/ca

Member Service: 1-844-209-5409
TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-344-1011
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-800-676-2583
Dental Customer Service: 1-888-700-0992
24/7 NurseLine: 1-855-658-9249
SilverSneakers: 1-855-741-4985
livehealthonline.com

Member: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.
Provider: Do not bill FFS Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card. Medicare limiting charges apply.

Possession of this card does not guarantee eligibility for benefits.
Medical Claims & Inquiries:
P.O. Box 60007, Los Angeles, CA 90060-0007
EDI Information: availability.com
Rx Claims: Ingenio Rx, Attn: Part D Svcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 12/16/2021