

Anthem. 🚭

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.

Issue Date: 12/16/2021

anthem.com/ca

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

Anthem MediBlue Connect (HMO D-SNP) Anthem. PCP: Dental - LIBERTY Member ID: CareMore CAMCRWP0 332 9101000302 020115 IS WM2A Group: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID: 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 MEDICARE HMO MedicareR, **Enhanced Care** Management Benefit

Anthem.

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 Payor ID - CARMO F. O. Box 366 Artesia, CA 90702-0366 EDI Information: Payor ID - CARMO F. O. Box 366 Artesia, CA 90702-0366 EDI Information: Payor ID - CARMO F. O. Box 361 Thomas Septiments, Az 85072-2077 Dental Claims:

Dental Claims: P.O. Box 26110, Santa Ana, CA 92799

Issue Date: 12/16/2021

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livehealthonline.com

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

Anthem MediBlue Diabetes Care (HMO C-SNP)

PCP: Dental - LIBERTY

CareMore

Member ID:

Group: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID:

CAMCRWP0 332 9101000302 020115 IS WM2A

Office Visit Copay: Specialist Visit Copay: Emergency Room Copay: Preventive Copay: livehealthonline.com

CMS H0544-004-000 Medicare R

\$0 \$0 \$120 \$0

MEDICARE HMO **Enhanced Care** Management Benefit



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 Srycs
Poental Claims; 7, Phoemix, AZ 85072-2077
ental Claims; P.O. Box 26110, Santa Ana, CA 92799

Issue Date: 12/16/2021

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Member Service: 1-800-499-2793 TTY/TDD Line: 7111

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 1-855-741-4985 SilverSneakers:



PCS PREVIEW

Member ID U23C10655
Job ID U54C10655

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

Card Front Card Back

Mail to Address Isiacco Ldenthall 01t56 Buena Vista Hill Los Angeles, CA 90094

000000000000000000

Single Card Package



X163624262000001

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Isiacco Ldenthall

Member ID: AWP023C10655

Group: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID: CAMCRWP0 332 9101000302 020115 IS WM2A Anthem MediBlue Care On Site (HMO I-SNP)

PCP: CareMore Health -California Preventive Dental Package

Office Visit Copay: Specialist Visit Copay: Emergency Room Copay: Preventive Copay: livehealthonline.com

CMS H0544-005-000

MEDICARE HMO

Medicare R

XT63624262000001





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:
Grey Box 1, 1987

Medical Claims & Inquiries:
Grey Box 1, 1987

Medical Claims (A 90702-0366

EDI Information: Payor ID - CARMO

Rx Claims: Ingenio Rx, Attn: Part D Stycs
P.O. Box 52077, Phoenix, AZ 85072-2077

Dental Claims.
Po. Box 26110, Santa Ana, CA 92799

Issue Date: 10/07/2021

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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

Anthem MediBlue StartSmart Plus (HMO)

PCP: Dental - LIBERTY

CareMore

Member ID:

Group: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID:

CAMCRWP0 332 9101000302 020115 IS WM2A

Office Visit Copay: Specialist Visit Copay: Emergency Room Copay: Preventive Copay: livehealthonline.com

CMS H0544-007-000

MEDICARE HMO **Enhanced Care** Management Benefit

Medicare R

\$5 \$20 \$120 \$0



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 F.O. Box 366 Artesia, CA 90702-0366 ED Information: Payor ID - CARMO S.P.O. Box 52077 Phoenix, AZ 85072-2077 Dental Claims; P.O. Box 26110, Santa Ana, CA 92799

Issue Date: 12/16/2021

anthem.com/ca

Member Service: 1-800-499-2793 TTY/TDD Line: 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

Anthem MediBlue Heart Care (HMO C-SNP) PCP: Dental - LIBERTY Member ID: Group: CAMCRWP0 Plan: 332 Issuer (80840): 9101000302 Emergency Room Copay: \$0 Emergency Room Copay: \$0 Enhanced Care Management Benefit MEDICARE ADVANTAGE HMO Medicare Research Prescription Drug Coverage X Description Drug Coverage X D

Anthem.

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:

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 Srycs P.O. Box \$2077, Phoenix, AZ 85072-2077 Dental Claims: P.O. Box \$2077, Phoenix, AZ 85072-2077

Issue Date: 12/16/2021

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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

Anthem. Anthem MediBlue Lung Care (HMO C-SNP) PCP: Dental - LIBERTY Member ID: () CareMore CAMCRWP0 332 9101000302 020115 IS WM2A Group: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID:

Enhanced Care Management Benefit

MEDICARE HMO

Office Visit Copay: Specialist Visit Copay: Emergency Room Copay: Preventive Copay: livehealthonline.com

CMS H0544-014-000

Medicare R

Anthem.

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 Srycs P.O. Box 2077, Phoenix, AZ 85072-2077 Dental Claims;

Issue Date: 12/16/2021

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Member Service: 1-800-499-2793 TTY/TDD Line: 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

Anthem. Anthem MediBlue ESRD Care (HMO C-SNP) PCP: Dental - LIBERTY Member ID: CareMore CAMCRWP0 332 9101000302 020115 IS WM2A Office Visit Copay: Nephrologist Copay: Emergency Room Copay: Preventive Copay: livehealthonline.com \$0 \$0 \$120 \$0 Group: Plan: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID: CMS H0544-015-000 MEDICARE HMO Medicare R **Enhanced Care** Management Benefit

Anthem. 🚭

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.

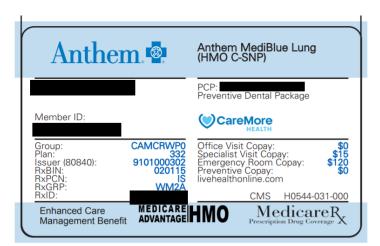
Possession of this card does not guarantee eligibility for benefits.

Anthem Medical Claims & Inquiries: CareMore Health P.O. Box 366 Artesia, CA 90702-366 ED Information: Payor ID - CARMO B.C. Box 506 Artesia, CA 90702-366 ED Information: Payor ID - CARMO B.C. Box 500 Phoenix, AZ 85072-22077 Dental Claims: P.O. Box 26110, Santa Ana, CA 92799 P.O. Box 26110, Santa Ana, CA 92799

Issue Date: 12/16/2021

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



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 90702-3368 EDI Information: Payor ID - CARMO EDI Information: Payor ID - CARMO EDI Information: Payor ID - CARMO EDI INFORMATION EDI INFORMAT

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Member Service: 1-800-499-2793 TTY/TDD Line: 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:

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Issue Date: 12/16/2021

Anthem MediBlue Diabetes (HMO C-SNP) Anthem. PCP: Dental and Vision Package Member ID: CareMore CAMCRWP0 332 9101000302 020115 IS WM2A Office Visit Copay: Specialist Visit Copay: Emergency Room Copay: Preventive Copay: livehealthonline.com Group: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID: CMS H0544-032-000 MEDICARE HMO MedicareR **Enhanced Care** Management Benefit

Anthem.

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 Medicial Claims & Inquiries: CareMore Health P.O. Box 366 Artesia, CA 90702-0366 EDI Information: Payor ID - CARMO Rx Claims: Ingenio Rx, Attn. Part D Srvcs P.O. Box 52077, Phoenix, AZ 85072-2077 Dental: P.O. Box 26101, Santa Ana, CA 92799 Vision: P.O. Box 8504, Mason, OH 45040-7111

Issue Date: 12/16/2021

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

Anthem MediBlue Heart (HMO C-SNP) PCP: Dental - LIBERTY Member ID: Group: CAMCRWPO Plan: 332 Issuer (80840): 9101000302 RXBIN: 020115 RXPCN: IS RXGRP: RXID: Enhanced Care Management Benefit ADVANTAGE HMO C-SNP) Anthem MediBlue Heart (HMO C-SNP) Office Visit Copay: \$0 Specialist Visit Copay: \$15 Emergency Room Copay: \$120 Preventive Copay: [ivehealthonline.com] CMS H0544-036-000 MEDICARE HMO Medicare Radvantage Radvanta



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.

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

Issue Date: 12/16/2021

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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

Anthem. Anthem MediBlue Dual Advantage (HMO D-SNP) PCP: Dental - LIBERTY Member ID: CAMCRWP0 332 9101000302 020115 IS WM2A 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. Group: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID: CMS <u>H0544-052-000</u> MEDICARE HMO Medicare R

Anthem.

Member: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services. 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 Srvcs P.O. Box 52077, Phoenix, AZ 85072-2077 Dental Claims:

Dental Claims: P.O. Box 26110 Santa Ana, CA 92799

Issue Date: 12/16/2021

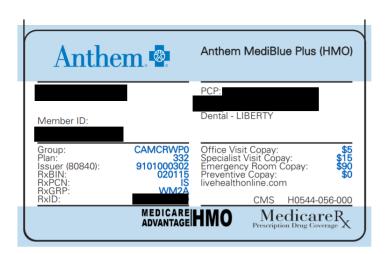
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Member Service: 1-844-469-6831 TTY/TDD Line: 711

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





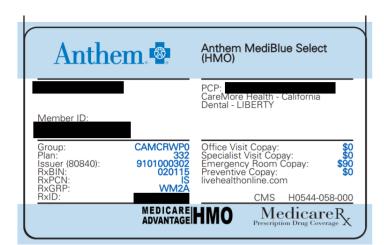
Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services. Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification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

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

Issue Date: 12/16/2021

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Member Service: 1-888-230-7338 TTY/TDD Line: 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 1-855-658-9249 24/7 NurseLine: 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:
Medical Claims & Inquiries:
Description of the Payer ID - CARMO)
P.O. Box 366, Artesia, CA 90702-0366
EDI Information: availity.ce Part D Srvcs
Rx Claims: Ingenio Rx, Attn: Part D Srvcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental: P.O. Box 26110 Santa Ana, CA 92799

Issue Date: 12/16/2021

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

Anthem. Anthem MediBlue Coordination Plus (HMO) PCP: Dental - LIBERTY Member ID: Group: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID: CAMCRWP0 332 9101000302 020115 IS Provider: Verify secondary Medicaid coverage and Submit Deductibles, Copays, and Coinsurance to Medicaid. CMS H0544-070-000 MEDICARE HMO $\underset{\text{Prescription Drug Coverage}}{\mathbf{Medicare}} \mathbf{X}$

Anthem.

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: availity.com Rx Calims: Ingenio Rx Attr: Part D Srvcs P.O. Box 52077, Phoenix, AZ 85072-2077 Dental Claims:

Dental Claims: P.O. Box 26110 Santa Ana, CA 92799

Issue Date: 12/16/2021

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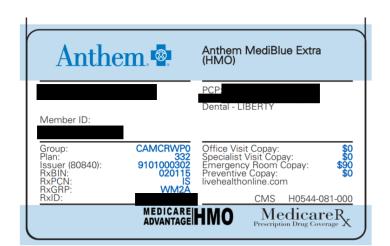
livehealthonline.com

Member Service: 1-888-230-7338 TTY/TDD Line: 7111

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

Issue Date: 12/16/2021

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

Anthem. Anthem MediBlue Dual Plus (HMO D-SNP) PCP. Dental - LIBERTY Member ID: CAMCRWP0 332 9101000302 020115 IS WM2A 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. Group: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID: CMS H0544-087-000 MEDICARE HMO Medicare R

Anthem.

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 & inquires:

Ned Colony, Los Angeles, CA 90060-0007 El Claims & inquires:

Robert Status Part D Srvcs

Robert Status Part D Srvcs

Robert Status Part D Srvcs

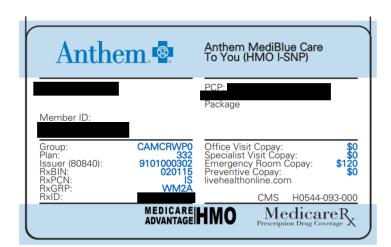
P. O. Box 28110 Santa Ana, CA 92799

Issue Date: 12/15/2021

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Member Service: 1-844-469-6831

711
Member Pharmacy Svcs: 1-833-293-5468
Help for Pharmacists: 1-833-377-4266
Provider Service: 1-800-676 2550 Dental Customer Service: 1-888-700-0992 1-855-658-9249 24/7 NurseLine: 1-855-741-4985 SilverSneakers: livehealthonline.com



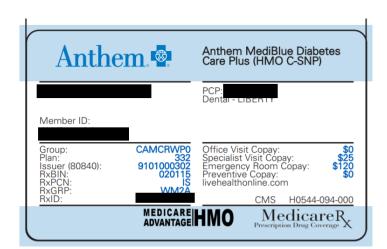
Member: Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services. Provider: Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification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

Possession of this card does not guarantee eligibility for benefits.
Medical Claims & Inquiries:
O, Box 60007, Los Angeles, CA 90060-0007
EDI Information: availity.com
Bx Claims; Ingenio Rx, Africant D Sives
P.O. Box 2017, Phoenix A 85072-2017
P.O. Box 82017, Phoenix A 85072-2017
Bitte View Vision Insight Claims;
P.O. Box 8504, Mason, OH 45040-7111

Issue Date: 11/04/2021

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Member Service: 1-844-209-5408 TTY/TDD Line: 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 1-844-209-5408 Vision: 24/7 NurseLine: 1-800-589-3148



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.

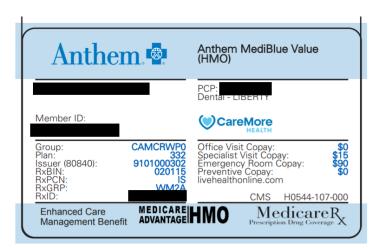
Possession of this card does not guarantee eligibility for benefits.
Medical Claims & Inquiries:
P.O. Box 60007. Los Angeles, CA 90060-0007
EDI Information: availity.com
RX Claims: Ingenio RX, Attn: Part D Srvcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110 Santa Ana, CA 92799

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Member Service: 1-844-286-1322 TTY/TDD Line: 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** 24/7 NurseLine: 1-855-741-4985 SilverSneakers:

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Issue Date: 12/13/2021





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: Inqenio Rx, Attn: Part D Srvcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental: P.O. Box 26110 Santa Ana, CA 92799

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Member Service: 1-800-499-2793 TTY/TDD Line: 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 1-855-658-9249 24/7 NurseLine: 1-855-741-4985 SilverSneakers:

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Issue Date: 12/16/2021

Anthem. Anthem MediBlue Connect Plus (HMO) PCP: Dental - LĪBĒRTY Member ID: CareMore CAMCRWP0 332 9101000302 020115 IS WM2A Provider: Verify secondary Medicaid coverage and Submit Deductibles, Copays, and Coinsurance to Medicaid. Group: Plan: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID: CMS H0544-128-000 MEDICARE HMO MedicareR **Enhanced Care** Management Benefit

Anthem.

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 Srvcs
P.O. Box 52077, Phoenix, AZ 85072-2077
Dental Claims:
P.O. Box 26110, Santa Ana, CA 92799

Issue Date: 12/16/2021

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livehealthonline.com

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 1-855-658-9249 24/7 NurseLine: 1-855-741-4985 SilverSneakers:

Anthem MediBlue Access (PPO)

Dental - LIBERTY

Member ID:

Group: Plan: Issuer (80840): RxBIN: RxPCN: RxGRP: RxID:

CAMCRWP0 332 9101000302 020115 IS WM2A Office Visit Copay: Specialist Visit Copay: Emergency Room Copay: Preventive Copay: livehealthonline.com

CMS H8552-020-000



Anthem.

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 quarantee 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 Srvcs
P.O. Box 52077. Phoenix, AZ 85072-2077 Dental Claims:
P.O. Box 62110 Santa Ana. CA 92799

Dental Claims: P.O. Box 26110 Santa Ana, CA 92799

Issue Date: 12/16/2021

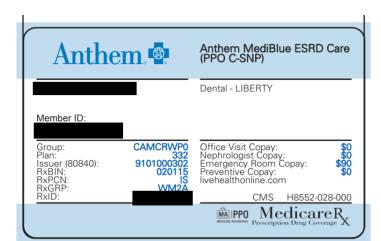
anthem.com/ca

SilverSneakers:

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

1-855-741-4985

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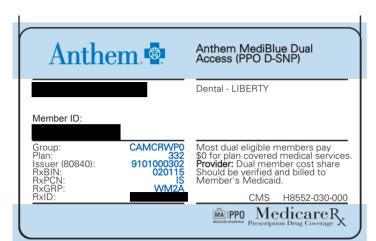
Member Service: 1-844-648-9540 ### 117/FDD Line: 711

Member Pharmacy Svcs: 1-833-344-1011

Help for Pharmacists: 1-833-377-4266

Provider Service: 711 Provider Service: 1-800-676-2583 Dental Customer Service: 1-888-700-0992 24/7 NurseLine: 1-855-658-9249 1-855-741-4985 SilverSneakers:

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Member: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services. 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 Srvcs P.O. Box 52077, Phoenix, AZ 85072-2077 Dental Claims: P.O. Box 26110 Santa Ana, CA 92799

Issue Date: 12/16/2021

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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 Sequino: 1-90-676-2593 Provider Service: 1-800-676-2583 Dental Customer Service: 1-888-700-0992 1-855-658-9249 1-855-741-4985 24/7 NurseLine: SilverSneakers: livehealthonline.com

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