

PRODUCTION VIEW

Member Name Member Id Job Id



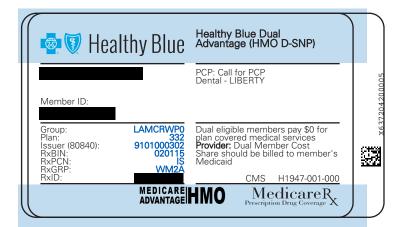
Processed Date Expected Mail Date Actual Mail Date



Mail To Address

Card Front

Card Back





Member: Present this ID card and your Medicaid ID card be. See your E-vidence of Coverage for covered services. Provider: Do not bill FTS 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 & Inquiriess. Healthy Blue P.O. Box 61010, Virginia Beach, VA 23466-1010 Rx Claims: Ingenio Rx, Attr. Part D Svcss P.O. Box 5077. Phoenix, AZ 85072-2077 Dental Claims:

Issue Date: 11/06/2020

HealthyBlueLA.com/Medicare

Member Service: 1-844-209-5406 TTY/TDD Line: 711
Member Pharmacy Svcs: 1-833-370-7470
Help for Pharmacists: 1-833-377-4266 Provider Service: 1-844-895-8160 Dental Customer Service: 1-888-700-0992 24/7 NurseLine: 1-855-658-9249

1-855-741-4985 SilverSneakers: livehealthonline.com