



Anthem Medicare Preferred (PPO)



**JOHN DOE**

Member ID:

Group: **WIEGR000**  
Part B RX BIN: **003858**  
Part B RX PCN: **A4**  
Issuer ID (80840): **9101000302**  
Part B RX Group ID: **WM3A**

Office Visit Copay: **\$0**  
Specialist Visit Copay: **\$0**  
Emergency Room Copay: **\$100**  
Preventive Copay: **\$0**



CMS H4909-805



MA PPO  
MEDICARE ADVANTAGE



[anthem.com](http://anthem.com)

**Providers:** Do not bill Medicare. Submit paper and electronic claims to your local Blue Cross/Blue Shield Plan. Include the 3-digit alpha prefix that precedes the patient ID number listed on the front of this card. Medicare limiting charges apply.

**Members:** Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for a complete description of coverage.

**Possession of this card does not guarantee eligibility for benefits.**

Medical Claims & Inquiries:  
P.O. Box 105187 Atlanta, GA 30348-5187

Member Services: **1-833-214-8952**  
TDD/TTY: **711**  
24/7 NurseLine: **1-800-700-9184**  
Provider Services: **1-833-214-8952**

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield of Wisconsin (BCBSWI), CompCare Health Services Insurance Corporation (CompCare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association.