



AmeriHealth Caritas

VIP Care

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Member Name

<Member Name>

Member ID#

<123456789>

Health Plan

(80840) 7427051066

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**MEMBER CANNOT BE CHARGED**

Cost sharing/copays: \$0 for doctor visits and hospital stays

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H4227-002

AmeriHealth Caritas VIP Care  
(HMO-SNP)

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Medicare<sup>Rx</sup>  
Prescription Drug Coverage

Prescription Drug Info:

RX BIN **019587**

RX PCN **06110000**

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**Members:** Call Member Services at  
**1-866-533-5490 (TTY 711)** or visit our website  
at [www.amerihealthcaritasvipcare.com/pa](http://www.amerihealthcaritasvipcare.com/pa).

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**Providers:** Call **1-800-521-6007**  
DO NOT bill Original Medicare.

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**Submit Claims To:**  
Processing Center  
P.O. Box 7143  
London, KY 40742-7143

[www.amerihealthcaritasvipcare.com/pa](http://www.amerihealthcaritasvipcare.com/pa)

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**Pharmacists:** RX ID is the Member ID

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**For Pharmacy Benefit Information:**  
Members call: **1-866-429-8918**  
Pharmacies call: **1-866-543-2657**

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**Submit Prescription Claims To:**  
PerformRx/AmeriHealth Caritas VIP Care  
P.O. Box 516  
Essington, PA 19029