

Navigating the Member ID

Card:

How to easily identify an Ambetter member’s plan information and referral requirements.

Ambetter from Meridian offers many plans to our members, including Gold/Silver/Bronze and Virtual Access. It is important for providers to properly identify a member’s plan and its referral requirements before administering services to ensure accurate claims payments.

WHAT TO CHECK

All members will receive an Ambetter member identification card. Please note that presentation of a member ID card is not a guarantee of eligibility. Providers must always verify eligibility on the same day services are rendered.

The ID card includes key information including:

The Ambetter plan the member has selected. (Callout pointing to the top section of the card)

The Ambetter network the member belongs to. (Callout pointing to the bottom section of the card)

A PCP referral is required for all medically necessary health care services not provided by a member’s PCP. Referral requirements must be met for claims to be paid. (Callout pointing to the REFERRAL REQUIRED banner)

Subscriber: [Jane Doe] Member: [John Doe]	Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]
VIRTUAL ACCESS Teladoc Virtual Access	AmbetterHealth.com/copays PCP: [\$0 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]
Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only	RXBIN: 003858 RXPCN: A4 RXGROUP: 2DBA
REFERRAL REQUIRED	

AmbetterMeridian.com

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QUESTIONS?

Our Provider Services team is always here to help. If you have questions about Ambetter from Meridian’s plans and referral requirements, please contact us at 1-833-993-2426 (Relay 711). We appreciate your continued partnership and the valuable care you provide to our members.

CARD EXAMPLES

While all Ambetter plan cards may appear similar, they do have key differences to note to ensure proper member identification. Please see the examples of the member ID cards in your service area below:

Subscriber: [Jane Doe] Member: [John Doe]	Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]
VIRTUAL ACCESS Teladoc Virtual Access	AmbetterHealth.com/copays PCP: [\$0 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]
	Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only
REFERRAL REQUIRED	

Subscriber: [Jane Doe] Member: [John Doe]	Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]
 AmbetterHealth.com/copays	PCP: [\$10 copay after ded. [(\$600)]] Specialist: [\$25 coin. after ded. [(\$600)]] Rx (Generic/Brand): [\$5/\$25 after Rx ded. [(\$600)]] Urgent Care: [20% coin. after ded. [(\$600)]] ER: [\$250 copay after ded. [(\$600)]] Max Out-of-Pocket: [\$25,000]
	Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only
REFERRAL NOT REQUIRED	

AmbetterMeridian.com	
Member/Provider Services: 1-833-993-2426 (TTY Relay 711) 24/7 Nurse Line: 1-833-993-2426 Numbers below for providers: Pharmacist Only: 1-833-750-3288 EDI Payor ID: 68069	Medical Claims Address: Meridian Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
<small>Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit AmbetterMeridian.com.</small>	
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