



PRODUCTION VIEW

Member Name [REDACTED]
 Member ID [REDACTED]
 Job ID [REDACTED]


Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
 Actual Mail Date [REDACTED]

Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back

Single Card Package



Amerivantage Dual Coordination (HMO D-SNP)
Amerigroup Iowa, Inc.


PCP: [REDACTED]
 PCP Phone: [REDACTED]
 Mercy Health Network (MHN)


Member ID [REDACTED]

Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID: [REDACTED]

Dual eligible members pay \$0 for plan covered medical services.
Provider: Dual Member Cost Share should be billed to member's Medicaid.

CMS H0907-PBP: 001-000


Prescription Drug Coverage

X668880012




amerigroup.com/medicare

Customer Service: 1-833-557-0950
 TTY: 711
 Pharmacy Member Svc: 1-833-498-1578
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-877-411-0929
 Dental: 1-855-418-1626
 24/7 NurseLine: 1-866-805-4589
 SilverSneakers: 1-855-741-4985
 livehealthonline.com

Members: Present this ID card and your Medicaid ID card before you receive services or supplies. See your Evidence of Coverage for covered services.
 Providers: Do not bill FFS Medicare. Please submit claims to the plan.
 Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 81010
 Virginia Beach, VA 23466-1010
 EDI Information: availity.com

Pharmacy Claims: P.O. Box 52077
 Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 12/16/2021