



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 New Jersey, Inc.


PCP: [REDACTED]
 PCP Phone: [REDACTED]


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 will be processed by Amerigroup.

CMS H3240-PBP: 013-000


Prescription Drug Coverage


X86988800018



amerigroup.com/medicare

Customer Service: 1-844-765-5160
 TTY: 711
 Pharmacy Member Svc: 1-833-337-1267
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-765-5160
 Dental (members): 1-833-276-0848
 Dental (providers): 1-833-276-0854
 24/7 NurseLine: 1-866-805-4589
 24/7 BH Crisis: 1-877-842-7187
 SilverSneakers: 1-855-741-4985

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 61010
 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



PRODUCTION VIEW


Member Name [REDACTED]
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Processed Date [REDACTED]
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Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back



**Amerivantage ESRD Care
(HMO-POS C-SNP)
Amerigroup New Jersey, Inc.**

PCP: [REDACTED]
 PCP Phone: [REDACTED]


Member ID [REDACTED]


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

Office Visit Copay: \$0
 Nephrologist Copay: \$0
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H3240-PBP: 017-000

MedicareRx
Prescription Drug Coverage


 X866888200040



amerigroup.com/medicare

Customer Service: 1-844-887-6350
 TTY: 711
 Pharmacy Member Svc: 1-833-337-1268
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-887-6350
 Dental (members): 1-833-276-0848
 Dental (providers): 1-833-276-0854
 24/7 NurseLine: 1-866-805-4589
 SilverSneakers: 1-855-741-4985

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Do not bill FFS Medicare. Please submit claims to the plan.

Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 61010
 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 12/13/2021



PRODUCTION VIEW

Member Name [REDACTED]
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 Job ID [REDACTED]


Processed Date [REDACTED]
 Expected Mail Date [REDACTED]
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Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back

Single Card Package



Amerivantage Balance (HMO)
Amerigroup New Jersey, Inc.


PCP: [REDACTED]
 PCP Phone: [REDACTED]


Member ID [REDACTED]


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

Office Visit Copay: \$0
 Specialist Visit Copay: \$25
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H3240-PBP: 021-000


Prescription Drug Coverage


X868880008



amerigroup.com/medicare

Customer Service: 1-866-805-4589
 TTY: 711
 Pharmacy Member Svc: 1-833-337-1269
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-765-5160
 24/7 NurseLine: 1-866-805-4589
 Dental (members): 1-833-276-0848
 Dental (providers): 1-833-276-0854
 SilverSneakers: 1-855-741-4985
 24/7 BH Crisis: 1-877-842-7187

Claims: Amerigroup, P.O. Box 61010
 Virginia Beach, VA 23466-1010
 EDI Information: avallity.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



PRODUCTION VIEW

Member Name [REDACTED]
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Mail to Address [REDACTED]
 [REDACTED]
 [REDACTED]

Card Front

Card Back

Single Card Package



Amerivantage Classic (HMO)
Amerigroup New Jersey, Inc.


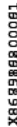
PCP: [REDACTED]
 PCP Phone: [REDACTED]


Member ID [REDACTED]


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

Office Visit Copay: \$5
 Specialist Visit Copay: \$25
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H3240-PBP: 022-000


Prescription Drug Coverage



amerigroup.com/medicare

Customer Service: 1-866-805-4589
 TTY: 711
 Pharmacy Member Svc: 1-833-337-1269
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-765-5160
 24/7 NurseLine: 1-866-805-4589
 Dental (members): 1-833-276-0848
 Dental (providers): 1-833-276-0854
 SilverSneakers: 1-855-741-4985
 24/7 BH Crisis: 1-877-842-7187

Claims: Amerigroup, P.O. Box 61010
 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



PRODUCTION VIEW


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 [REDACTED]
 [REDACTED]

Card Front

Card Back



**Amerivantage Dual Secure
(HMO-POS D-SNP)
Amerigroup New Jersey, Inc.**


PCP: [REDACTED]
 PCP Phone: [REDACTED]


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 will be processed by Amerigroup.

CMS H3240-PBP: 024-000


Prescription Drug Coverage

X86888100014




amerigroup.com/medicare

Customer Service: 1-844-765-5160
 TTY: 711
 Pharmacy Member Svc: 1-833-337-1267
 Help for Pharmacists: 1-833-377-4266
 Providers: 1-844-765-5160
 Dental (members): 1-833-276-0848
 Dental (providers): 1-833-276-0854
 24/7 NurseLine: 1-866-805-4589
 SilverSneakers: 1-855-741-4985
livehealthonline.com

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.

Providers and Hospitals: Do not bill FFS Medicare. Please submit claims to the plan.

Medicare limiting charges apply.

Claims: Amerigroup, P.O. Box 61010
 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



PRODUCTION VIEW


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 [REDACTED]
 [REDACTED]

Card Front

Card Back



Amerivantage Choice (PPO)
Amerigroup New Jersey, Inc.

PCP:
 PCP Phone:

Member ID [REDACTED]


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

Office Visit Copay: \$0 / \$35
 Specialist Visit Copay: \$45 / \$60
 Emergency Room Copay: \$90
 Preventive Copay: \$0
 livehealthonline.com

CMS H8343-PBP: 007-000

MedicareRx
Prescription Drug Coverage

X86888100018





amerigroup.com/medicare

Customer Service: 1-833-938-3915
 TTY: 711
 Pharmacy Member Svc: 1-833-371-1079
 Help for Pharmacists: 1-833-377-4267
 Providers: 1-833-938-3915
 Dental: 1-833-276-0848
 24/7 NurseLine: 1-866-805-4589
 SilverSneakers: 1-855-741-4985

Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.
 Providers and Hospitals: Prior authorization is required for all non emergency admissions and certain services. For emergency admissions, please call within 24 hours of treatment.

Claims: Amerigroup, P.O. Box 61010
 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