



PRODUCTION VIEW


Member Name
Member ID
Job ID

Processed Date
Expected Mail Date
Actual Mail Date

Mail to Address

Card Front

Card Back



Member ID:

Issuer ID: 80840

RxBIN: 020115

RxPCN: IS

RxGRP: WM2A

RxID:


Amerivantage Classic (HMO)
Amerigroup Texas, Inc.


PCP:
PCP Phone:
IntegraNet Health:
Dental and Vision Package:
Office Visit Copay: \$0
Specialist Visit Copay: \$30
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com
CMS H2593-PBP: 029-000

MedicareRx

Prescription Drug Coverage

X862012800001





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: IntegraNet Claims Dept.
1813 West Harvard Ave Suite 204
Roseburg, OR 97471
Inetclaims.com
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

amerigroup.com/medicare

Customer Service: 1-866-805-4589
TTY: 711
Pharmacy Member Svc: 1-833-293-5476
Help for Pharmacists: 1-833-377-4266
Providers: 1-800-994-1388
Dental: 1-888-700-0992
Vision: 1-800-879-6901
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 12/08/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date

[Redacted]


Mail to Address

[Redacted]

Card Front

Card Back

Single Card Package

**Amerivantage ESRD Care
(HMO-POS C-SNP)
Amerigroup Texas, 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 H2593-PBP: 031-000

MedicareRx
Prescription Drug Coverage

X8356280085



**Amerigroup**

amerigroup.com/medicare

Customer Service: 1-877-269-5660
TTY: 711
Pharmacy Member Svc: 1-833-337-1264
Help for Pharmacists: 1-833-377-4266
Providers: 1-877-269-5660
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985
Transportation: 1-844-923-0733

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 81010
Virginia Beach, VA 23466-1010
EDI Information: availability.com

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

Use of this card by any person other than the member is fraud 11/13/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back

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

PCP: [Redacted]
PCP Phone: [Redacted]


Member ID [Redacted]

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

Most dual eligible members pay \$0 for plan covered medical services.
Provider: Dual Member Cost share should be verified and billed to member's Medicaid.
CMS H2593-PBP: 032-000

MedicareRx
Prescription Drug Coverage

X824500000001



**amerigroup.com/medicare**

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: avallity.com

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

Customer Service: 1-844-765-5165
TTY: 711
Pharmacy Member Svc: 1-833-293-5475
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-765-5165
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985
livehealthonline.com

Use of this card by any person other than the member is fraud 10/26/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID



Processed Date
Expected Mail Date
Actual Mail Date



Mail to Address



Card Front

Card Back

Single Card Package

	Amerivantage Diabetes Care (HMO C-SNP) Amerigroup Texas, Inc.
Member ID: [Redacted]	PCP: [Redacted] PCP Phone: [Redacted] IntegraNet Health
Issuer ID: 80840 RxBIN: 020115 RxPCN: IS RxGRP: WM2A RxID: [Redacted]	Office Visit Copay: \$5 Specialist Visit Copay: \$0 - \$30 Emergency Room Copay: \$90 Preventive Copay: \$0 livehealthonline.com
	CMS H2593-PBP: 037-000
	MedicareRx Prescription Drug Coverage

X834958300001

	Amerigroup	amerigroup.com/medicare
Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.		Customer Service: 1-844-469-6823 TTY: 711
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.		Pharmacy Member Svc: 1-833-370-7464 Help for Pharmacists: 1-833-377-4266
Claims: IntegraNet Claims Dept. 1813 West Harvard Ave Suite 204 Roseburg, OR 97471 Inetclaims.com Pharmacy Claims: P.O. Box 52077 Phoenix, AZ 85072-2077		Providers: 1-800-994-1388 Dental: 1-888-700-0992 24/7 NurseLine: 1-866-805-4589 SilverSneakers: 1-855-741-4985
Use of this card by any person other than the member is fraud 11/10/2021		



PRODUCTION VIEW

Member Name
Member ID
Job ID

Processed Date
Expected Mail Date
Actual Mail Date

Mail to Address

Card Front

Card Back

Single Card Package

	Amerivantage Comfort (HMO I-SNP) Amerigroup Texas, Inc.
<div></div>	PCP: <div></div> PCP Phone: <div></div>
Member ID <div></div>	
Issuer ID: 80840	Office Visit Copay: \$0
RxBIN: 020115	Specialist Visit Copay: \$0
RxPCN: IS	Emergency Room Copay: \$100
RxGRP: WM2A	Preventive Copay: \$0
RxID: <div></div>	livehealthonline.com
	CMS H2593-PBP: 042-000
	MedicareRx Prescription Drug Coverage

1000085866E8X

	Amerigroup	amerigroup.com/medicare
Members: Present this ID card to your healthcare provider before you receive services or supplies. See your Evidence of Coverage for covered services.		Customer Service: 1-844-286-1378
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.		TTY: 711
Claims: Amerigroup, P.O. Box 61010 Virginia Beach, VA 23466-1010 EDI Information: availability.com		Pharmacy Member Svc: 1-833-293-5476
Pharmacy Claims: P.O. Box 52077 Phoenix, AZ 85072-2077		Help for Pharmacists: 1-833-377-4266
		Providers: 1-866-805-4589
		Dental: 1-888-700-0992
		Vision: 1-800-879-6901
		24/7 NurseLine: 1-800-589-3148
		Transportation: 1-844-923-0733
Use of this card by any person other than the member is fraud 11/18/2021		



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

**Amerivantage ESRD Care Plus
(HMO C-SNP)
Amerigroup Texas, Inc.**

PCP [REDACTED]
PCP Phone [REDACTED]
UMC Physicians

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 H2593-PBP: 043-000

MedicareRx
Prescription Drug Coverage

Y84588100088



**amerigroup.com/medicare**

Customer Service: 1-844-469-6823
TTY: 711
Pharmacy Member Svc: 1-833-337-1266
Help for Pharmacists: 1-833-377-4267
Providers: 1-844-469-6823
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985
Transportation: 1-844-923-0733

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: availability.com

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

Use of this card by any person other than the member is fraud 11/23/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back

**Amerivantage Choice (PPO)**
Amerigroup Insurance Company

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: \$35 / \$50
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H8343-PBP: 001-000

MedicareRx
Prescription Drug Coverage

X821768500008



**amerigroup.com/medicare**

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: availability.com

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

Customer Service: 1-833-713-1307
TTY: 711
Pharmacy Member Svc: 1-833-371-1079
Help for Pharmacists: 1-833-377-4266
Providers: 1-866-805-4589
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 10/16/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back

**Amerivantage Diabetes Care Plus (HMO C-SNP)**
Amerigroup Insurance Company

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: \$0 - \$25
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 001-000

MedicareRx
Prescription Drug Coverage

X853844500489



**Amerigroup**

amerigroup.com/medicare

Customer Service: 1-833-713-1306
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-469-6823
Dental: 1-888-700-0992
24/7 NurseLine: 1-800-589-3148
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 81010
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 12/05/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date

[Redacted]


Mail to Address

[Redacted]

Card Front

Card Back

Single Card Package

**Amerivantage Comfort Plus
(HMO I-SNP)
Amerigroup Insurance Company**

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: \$0
Emergency Room Copay: \$100
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 002-000

MedicareRx
Prescription Drug Coverage

X84608800323



**Amerigroup**

amerigroup.com/medicare

Customer Service: 1-833-740-1110
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-286-1378
Dental: 1-888-700-0992
24/7 NurseLine: 1-800-589-3148
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: 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 11/18/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back



**Amerivantage Heart
Care Plus (HMO C-SNP)
Amerigroup Insurance Company**

PCP: Call for PCP
PCP Phone:

Member ID [Redacted]

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

Office Visit Copay: \$0
Specialist Visit Copay: \$0 - \$25
Emergency Room Copay: \$120
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 004-000

MedicareRx
Prescription Drug Coverage

X845881000000



amerigroup.com/medicare

Customer Service: 1-833-713-1306
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-469-6823
Dental: 1-888-700-0992
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 81010
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 11/23/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back



Amerivantage Lung Care Plus (HMO C-SNP)
Amerigroup Insurance Company

PCP: [Redacted]
PCP Phone: [Redacted]
TECQ | Van Lang PA

Member ID: [Redacted]

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

Office Visit Copay: \$0
Specialist Visit Copay: \$0 - \$25
Emergency Room Copay: \$120
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 005-000

MedicareRx
Prescription Drug Coverage

X829110300079



amerigroup.com/medicare

Customer Service: 1-833-713-1306
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-866-805-4589
Dental: 1-888-700-0992
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: Van Lang IPA
P.O. Box 211408
Eagan, MN 55121
www.tecpartners.com
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 11/03/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back



Amerivantage Select Plus (HMO)
Amerigroup Insurance Company

PCP: [Redacted]
PCP Phone: [Redacted]
Wellmed Network

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 H8849-PBP: 006-000

MedicareRx
Prescription Drug Coverage

X8310909600079





amerigroup.com/medicare

Customer Service: 1-833-713-1304
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-877-974-5191
Dental: 1-888-700-0992
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: WellMed Networks Inc.,
Claims Dept. P.O. Box 400086
San Antonio, TX 78220
Payer ID-Optum: WELM2
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 11/04/2021



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]
[REDACTED]

Card Front

Card Back



Amerivantage Classic Plus (HMO)
Amerigroup Insurance Company

PCP: [REDACTED]
PCP Phone: [REDACTED]
IntegraNet Health

Member ID [REDACTED]

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

Office Visit Copay: \$5
Specialist Visit Copay: \$35
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 008-001

MedicareRx
Prescription Drug Coverage

X851295100076



amerigroup.com/medicare

Customer Service: 1-833-713-1304
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-800-994-1388
Dental: 1-888-700-0992
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: IntegraNet Claims Dept.
1813 West Harvard Ave Suite 204
Roseburg, OR 97471
Inetclaims.com
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 12/04/2021



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 Plus (HMO D-SNP)**
Amerigroup Insurance Company

PCP: [REDACTED]
PCP Phone: [REDACTED]

Member ID [REDACTED]


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

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

CMS H8849-PBP: 010-001

MedicareRx
Prescription Drug Coverage

X8219346100894



**amerigroup.com/medicare**

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: avallity.com

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

Customer Service: 1-833-713-1305
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-469-6822
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985
livehealthonline.com

Use of this card by any person other than the member is fraud 10/17/2021



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

**Amerivantage Dual Secure Plus (HMO D-SNP)**
Amerigroup Insurance Company

PCP: [REDACTED]
PCP Phone: [REDACTED]
IntegraNet Health


Member ID: [REDACTED]

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

Most dual eligible members pay \$0 for plan covered medical services.
Provider: Dual Member Cost share should be verified and billed to member's Medicaid.
CMS H8849-PBP: 011-001

MedicareRx
Prescription Drug Coverage

X8428E000082



**Amerigroup**

americigroup.com/medicare

Customer Service: 1-833-713-1305
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-800-994-1388
Dental: 1-888-700-0992
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: IntegraNet Claims Dept.
1813 West Harvard Ave Suite 204
Roseburg, OR 97471
Inetclaims.com
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 11/20/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back



Amerivantage Classic (HMO)
Amerigroup Texas, Inc.

PCP: [Redacted]
PCP Phone: [Redacted]
IntegraNet Health:

Member ID: [Redacted]

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


Dental and Vision Package

Office Visit Copay: \$0
Specialist Visit Copay: \$30
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H2593-PBP: 029-000

MedicareRx
Prescription Drug Coverage

X862012800001





amerigroup.com/medicare

Customer Service: 1-866-805-4589
TTY: 711
Pharmacy Member Svc: 1-833-293-5476
Help for Pharmacists: 1-833-377-4266
Providers: 1-800-994-1388
Dental: 1-888-700-0992
Vision: 1-800-879-6901
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: IntegraNet Claims Dept.
1813 West Harvard Ave Suite 204
Roseburg, OR 97471
Inetclaims.com
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 12/08/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date

[Redacted]


Mail to Address

[Redacted]

Card Front

Card Back

Single Card Package

**Amerivantage ESRD Care
(HMO-POS C-SNP)
Amerigroup Texas, 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 H2593-PBP: 031-000

MedicareRx
Prescription Drug Coverage

X8356280085



**amerigroup.com/medicare**

Customer Service: 1-877-269-5660
TTY: 711
Pharmacy Member Svc: 1-833-337-1264
Help for Pharmacists: 1-833-377-4266
Providers: 1-877-269-5660
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985
Transportation: 1-844-923-0733

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 81010
Virginia Beach, VA 23466-1010
EDI Information: availability.com

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

Use of this card by any person other than the member is fraud 11/13/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back

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

PCP: [Redacted]
PCP Phone: [Redacted]


Member ID [Redacted]

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

Most dual eligible members pay \$0 for plan covered medical services.
Provider: Dual Member Cost share should be verified and billed to member's Medicaid.
CMS H2593-PBP: 032-000

MedicareRx
Prescription Drug Coverage

X824500000001



**amerigroup.com/medicare**

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: avallity.com

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

Customer Service: 1-844-765-5165
TTY: 711
Pharmacy Member Svc: 1-833-293-5475
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-765-5165
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985
livehealthonline.com

Use of this card by any person other than the member is fraud 10/26/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID



Processed Date
Expected Mail Date
Actual Mail Date




Mail to Address




Card Front

Card Back

Single Card Package

	Amerivantage Diabetes Care (HMO C-SNP) Amerigroup Texas, Inc.
Member ID: [REDACTED]	PCP: [REDACTED] PCP Phone: [REDACTED] IntegraNet Health
Issuer ID: 80840 RxBIN: 020115 RxPCN: IS RxGRP: WM2A RxID: [REDACTED]	Office Visit Copay: \$5 Specialist Visit Copay: \$0 - \$30 Emergency Room Copay: \$90 Preventive Copay: \$0 livehealthonline.com
	CMS H2593-PBP: 037-000
	MedicareRx Prescription Drug Coverage

X834958300001



	amerigroup.com/medicare
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.	Customer Service: 1-844-469-6823 TTY: 711 Pharmacy Member Svc: 1-833-370-7464 Help for Pharmacists: 1-833-377-4266 Providers: 1-800-994-1388 Dental: 1-888-700-0992 24/7 NurseLine: 1-866-805-4589 SilverSneakers: 1-855-741-4985
Claims: IntegraNet Claims Dept. 1813 West Harvard Ave Suite 204 Roseburg, OR 97471 Inetclaims.com Pharmacy Claims: P.O. Box 52077 Phoenix, AZ 85072-2077	
Use of this card by any person other than the member is fraud 11/10/2021	



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted Member Information]

Processed Date
Expected Mail Date
Actual Mail Date

[Redacted Date Information]


Mail to Address

[Redacted Address Information]

Card Front

Card Back

Single Card Package

**Amerivantage Comfort**
(HMO I-SNP)
Amerigroup Texas, 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: \$0
Emergency Room Copay: \$100
Preventive Copay: \$0
livehealthonline.com

CMS H2593-PBP: 042-000

MedicareRx
Prescription Drug Coverage

1000085866E8X



**Amerigroup**

amerigroup.com/medicare

Customer Service: 1-844-286-1378
TTY: 711
Pharmacy Member Svc: 1-833-293-5476
Help for Pharmacists: 1-833-377-4266
Providers: 1-866-805-4589
Dental: 1-888-700-0992
Vision: 1-800-879-6901
24/7 NurseLine: 1-800-589-3148
Transportation: 1-844-923-0733

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 81010
Virginia Beach, VA 23466-1010
EDI Information: availability.com

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

Use of this card by any person other than the member is fraud 11/18/2021



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

**Amerivantage ESRD Care Plus
(HMO C-SNP)
Amerigroup Texas, Inc.**

PCP [REDACTED]
PCP Phone [REDACTED]
UMC Physicians

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 H2593-PBP: 043-000

MedicareRx
Prescription Drug Coverage

Y8458T80088



**amerigroup.com/medicare**

Customer Service: 1-844-469-6823
TTY: 711
Pharmacy Member Svc: 1-833-337-1266
Help for Pharmacists: 1-833-377-4267
Providers: 1-844-469-6823
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985
Transportation: 1-844-923-0733

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: 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 11/23/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back

**Amerivantage Choice (PPO)**
Amerigroup Insurance Company

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: \$35 / \$50
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H8343-PBP: 001-000

MedicareRx
Prescription Drug Coverage

X821768500008



**amerigroup.com/medicare**

Customer Service: 1-833-713-1307
TTY: 711
Pharmacy Member Svc: 1-833-371-1079
Help for Pharmacists: 1-833-377-4266
Providers: 1-866-805-4589
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
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 81010
Virginia Beach, VA 23466-1010
EDI Information: availability.com

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

Use of this card by any person other than the member is fraud 10/16/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back

**Amerivantage Diabetes
Care Plus (HMO C-SNP)
Amerigroup Insurance Company**

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: \$0 - \$25
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 001-000

MedicareRx
Prescription Drug Coverage

X853844500489



**amerigroup.com/medicare**

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 81010
Virginia Beach, VA 23466-1010
EDI Information: availity.com

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

Customer Service: 1-833-713-1306
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-469-6823
Dental: 1-888-700-0992
24/7 NurseLine: 1-800-589-3148
SilverSneakers: 1-855-741-4985

Use of this card by any person other than the member is fraud 12/05/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date

[Redacted]


Mail to Address

[Redacted]

Card Front

Card Back

Single Card Package

**Amerivantage Comfort Plus
(HMO I-SNP)
Amerigroup Insurance Company**

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: \$0
Emergency Room Copay: \$100
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 002-000

MedicareRx
Prescription Drug Coverage

X84608800323



**Amerigroup**

amerigroup.com/medicare

Customer Service: 1-833-740-1110
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-286-1378
Dental: 1-888-700-0992
24/7 NurseLine: 1-800-589-3148
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: 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 11/18/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back



**Amerivantage Heart
Care Plus (HMO C-SNP)
Amerigroup Insurance Company**

PCP: Call for PCP
PCP Phone:

Member ID [Redacted]

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

Office Visit Copay: \$0
Specialist Visit Copay: \$0 - \$25
Emergency Room Copay: \$120
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 004-000

MedicareRx
Prescription Drug Coverage

X845881000000



amerigroup.com/medicare

Customer Service: 1-833-713-1306
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-469-6823
Dental: 1-888-700-0992
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 81010
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 11/23/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back



Amerivantage Lung Care Plus (HMO C-SNP)
Amerigroup Insurance Company

PCP: [Redacted]
PCP Phone: [Redacted]
TECQ | Van Lang PA

Member ID: [Redacted]

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

Office Visit Copay: \$0
Specialist Visit Copay: \$0 - \$25
Emergency Room Copay: \$120
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 005-000

MedicareRx
Prescription Drug Coverage

X829110300079



amerigroup.com/medicare

Customer Service: 1-833-713-1306
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-866-805-4589
Dental: 1-888-700-0992
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: Van Lang IPA
P.O. Box 211408
Eagan, MN 55121
www.tecpartners.com
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 11/03/2021



PRODUCTION VIEW

Member Name
Member ID
Job ID

[Redacted]

Processed Date
Expected Mail Date
Actual Mail Date


[Redacted]

Mail to Address

[Redacted]

Card Front

Card Back



Amerivantage Select Plus (HMO)
Amerigroup Insurance Company

PCP: [Redacted]
PCP Phone: [Redacted]
Wellmed Network

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 H8849-PBP: 006-000

MedicareRx
Prescription Drug Coverage

X8310909600079





amerigroup.com/medicare

Customer Service: 1-833-713-1304
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-877-974-5191
Dental: 1-888-700-0992
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: WellMed Networks Inc.,
Claims Dept. P.O. Box 400086
San Antonio, TX 78220
Payer ID-Optum: WELM2
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 11/04/2021



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]
[REDACTED]

Card Front

Card Back



Amerivantage Classic Plus (HMO)
Amerigroup Insurance Company

PCP: [REDACTED]
PCP Phone: [REDACTED]
IntegraNet Health

Member ID [REDACTED]

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

Office Visit Copay: \$5
Specialist Visit Copay: \$35
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H8849-PBP: 008-001

MedicareRx
Prescription Drug Coverage

X851295100076



amerigroup.com/medicare

Customer Service: 1-833-713-1304
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-800-994-1388
Dental: 1-888-700-0992
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: IntegraNet Claims Dept.
1813 West Harvard Ave Suite 204
Roseburg, OR 97471
Inetclaims.com
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 12/04/2021



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 Plus (HMO D-SNP)**
Amerigroup Insurance Company

PCP: [REDACTED]
PCP Phone: [REDACTED]


Member ID [REDACTED]

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

Most dual eligible members pay \$0 for plan covered medical services.
Provider: Dual Member Cost share should be verified and billed to member's Medicaid.
CMS H8849-PBP: 010-001

MedicareRx
Prescription Drug Coverage

X8219346100894



**amerigroup.com/medicare**

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: avallity.com

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

Customer Service: 1-833-713-1305
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-469-6822
Dental: 1-888-700-0992
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985
livehealthonline.com

Use of this card by any person other than the member is fraud 10/17/2021



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



Amerivantage Dual Secure Plus (HMO D-SNP)
Amerigroup Insurance Company

PCP: [REDACTED]
PCP Phone: [REDACTED]
IntegraNet Health

Member ID: [REDACTED]

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

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

CMS H8849-PBP: 011-001

MedicareRx
Prescription Drug Coverage

XB42REED000B2



amerigroup.com/medicare

Customer Service: 1-833-713-1305
TTY: 711
Pharmacy Member Svc: 1-833-371-1080
Help for Pharmacists: 1-833-377-4266
Providers: 1-800-994-1388
Dental: 1-888-700-0992
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: IntegraNet Claims Dept.
1813 West Harvard Ave Suite 204
Roseburg, OR 97471
Inetclaims.com
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 11/20/2021



PCS PREVIEW

Member Name
Member ID
Job ID



Processed Date
Expected Mail Date
Actual Mail Date




Mail to Address




Card Front

Card Back

Single Card Package


X155462109600001

Intentionally Left Blank

**Amerigroup**

Amerivantage Lung Care
(HMO C-SNP)
Amerigroup Texas, Inc.

PCP: [Redacted]
PCP Phone: [Redacted]

Member ID [Redacted]

Enhanced Dental and Vision Package


Office Visit Copay: \$5
Specialist Visit Copay: \$0 - \$30
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

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

CMS H2593-PBP: 039-000

MedicareRx
Prescription Drug Coverage

T0000960129455TX

**Amerigroup**

amerigroup.com/medicare

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.

Customer Service: 1-844-469-6823
TTY: 711
Pharmacy Member Svc: 1-833-370-7464
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-469-6823
Dental: 1-888-700-0992
Vision: 1-800-879-6901
24/7 NurseLine: 1-866-805-4589
SilverSneakers: 1-855-741-4985

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

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

Use of this card by any person other than the member is fraud 09/26/2021



PCS PREVIEW

Member Name
Member ID
Job ID



Processed Date
Expected Mail Date
Actual Mail Date




Mail to Address




Card Front

Card Back

Single Card Package


X155242678900001

Intentionally Left Blank

**Amerigroup**

**Amerivantage Heart Care
(HMO C-SNP)
Amerigroup Texas, Inc.**

PCP
PCP Phone


Member ID


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID:

Dental and Vision Package
Office Visit Copay: \$5
Specialist Visit Copay: \$0 - \$30
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H2593-PBP: 038-000

MedicareRx
Prescription Drug Coverage

T0000 6789 00001


**Amerigroup**

amerigroup.com/medicare

Customer Service: 1-844-469-6823
TTY: 711
Pharmacy Member Srv: 1-833-370-7464
Help for Pharmacists: 1-833-377-4266
Providers: 1-844-469-6823
Dental: 1-888-700-0992
Vision: 1-800-879-6901
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: avalidity.com
Pharmacy Claims: P.O. Box 52077
Phoenix, AZ 85072-2077

Use of this card by any person other than the member is fraud 09/26/2021



PCS PREVIEW

Member Name
Member ID
Job ID



Processed Date
Expected Mail Date
Actual Mail Date



Mail to Address



Card Front

Card Back

Single Card Package



X155462109600001

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Amerivantage Lung Care
(HMO C-SNP)
Amerigroup Texas, Inc.

PCP: [Redacted]
PCP Phone: [Redacted]

Enhanced Dental and Vision Package

Member ID [Redacted]

Issuer ID: 80840

RxBIN: 020115

RxPCN: IS

RxGRP: WM2A

RxID: [Redacted]

Office Visit Copay: \$5
Specialist Visit Copay: \$0 - \$30
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H2593-PBP: 039-000

MedicareRx
Prescription Drug Coverage

T0000960129455TX



amerigroup.com/medicare

Customer Service:	1-844-469-6823
TTY:	711
Pharmacy Member Srv:	1-833-370-7464
Help for Pharmacists:	1-833-377-4266
Providers:	1-844-469-6823
Dental:	1-888-700-0992
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Virginia Beach, VA 23466-1010
EDI Information: availability.com

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

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PCS PREVIEW

Member Name
Member ID
Job ID



Processed Date
Expected Mail Date
Actual Mail Date




Mail to Address




Card Front

Card Back

Single Card Package


X155242678900001

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**Amerigroup**

**Amerivantage Heart Care
(HMO C-SNP)
Amerigroup Texas, Inc.**

PCP
PCP Phone


Member ID


Issuer ID: 80840
RxBIN: 020115
RxPCN: IS
RxGRP: WM2A
RxID:

Dental and Vision Package
Office Visit Copay: \$5
Specialist Visit Copay: \$0 - \$30
Emergency Room Copay: \$90
Preventive Copay: \$0
livehealthonline.com

CMS H2593-PBP: 038-000

MedicareRx
Prescription Drug Coverage

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