



HMO

Member Name:

Primary Care Physician

Member ID#:

Group Number:

Plan 040: Medical

Plan Name: Bronze 60 HDHP 7000/0 + Child Dental

Deductible IND/FAM: \$7,000/\$14,000

RxPCN: ASPROD1

Out-of-Pocket IND/FAM: \$7,000/\$14,000

RxGRP: CCP

Primary Care Visit: \$0 (deductible applies)

RxBIN: 003585

Specialist Visit: \$0 (deductible applies)

ER: \$0 (deductible applies)

Rx Retail: \$0 (deductible applies)

Rx Mail Order: \$0 (deductible applies)



communitycarehealth.org

This card does not guarantee coverage. To receive maximum plan benefits, use in-network hospitals and providers.

To find in-network providers, please visit communitycarehealth.org or call customer service.

Submit Medical Claims: Payor ID: 47198
PO Box 60007
Los Angeles, CA 90060-0007

Halcyon - Payor ID: HALCY
Submit Behavioral Health and Substance Use Disorders Claims:
PO Box 25159
Fresno, CA 93729-5159

PhysMetrics – Payor ID: PM001
Submit Physical Medicine Claims:
PO Box 25220
Fresno, CA 93729 -5220

CCH Customer Service,
Benefit/Eligibility, & Prior Authorization 855-343-2247
Pharmacy Customer Service 844-348-8510
Teladoc 800-TELADOC
teladoc.com

For Mental Health and Substance
Use Disorder services - Prior Authorization: 888-425-4800
Halcyon Customer Service: 855-424-4457
For Physical Medicine
(PT, OT, ST, Chiropractic and
Acupuncture) services call PhysMetrics: 877-519-8839

Inquiries and Appeals
Community Care Health
PO Box 45026
Fresno, CA 93718
