



CommuniCare Advantage Cal MediConnect Plan

Member Name: <Cardholder Name>

Member ID: <Cardholder ID#>

Health Plan (80840): 9151014609

Date of Birth: <Member DOB>

Effective Date: <Date Card Issued>

PCP Name: <PCP Name>

PCP Phone: <PCP Phone>

H5172_002



RxBin: 015574

RxPCN: ASPROD1

RxGRP: CHG06

In an emergency, call 911 or go to the nearest hospital emergency room; or you may call your primary care doctor (shown on front of the card).

Member Services: 1-888-244-4430

Member Services TTY: 1-855-266-4584

Behavioral Health: 1-800-404-3332

24-Hour Nurse Advice: 1-800-647-6966

Pharmacy Help Desk: 1-888-648-6758

Website: www.chgsd.com

Send claims to: P.O. Box 210157, Chula Vista, CA 91921

Claim Inquiry: 619-498-6498