

Front of Model Member Identification Card



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>

MedicareRx
Prescription Drug Coverage

RxBIN: <RxBIN#?>
RxPCN: <RxPCN#?>
RxGRP: <RxGRP#?>
RxID: <RxID#?>

H5172_002

Back of Model Member Identification Card

In an emergency, call 911 or go to the nearest hospital emergency room.

Customer Service: 1-888-244-4430
Customer Service 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: 619-498-6457