



COVERED  
CALIFORNIA

HMO Covered CA Health Plan  
**2022**

Name

DOB

Identification #

Plan

Network

Preventive OV:

PCP OV:

Primary Care Provider (PCP)

Specialist OV:

Emergency:

PCP Office Phone Number

Urgent Care:

Rx:

**RxGroup# VHXA   RxBIN# 610602   RxPCN# NVT**

Deductible & Max. Out of Pocket  
visit [www.valleyhealthplan.org](http://www.valleyhealthplan.org)

This card is issued to VHP Member for identification purposes only. The provisions of health plan benefits are subject to the terms and conditions of the Service Agreement. For eligibility and benefits information, or for Primary Care Providers (PCP) or Mental Health appointment phone numbers and information, please visit [www.valleyhealthplan.org](http://www.valleyhealthplan.org) or call VHP Member Services.

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**Members:**

VHP Member Services.....	1.888.421.8444 (toll-free)
24/7 Nurse Advice Line.....	1.855.348.9119 (toll-free)
Navitus Customer Care.....	1.866.333.2757 (toll-free)
MDLIVE Telehealth.....	1.888.467.4614 (toll-free)

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**Pharmacists & Providers:**

Navitus Customer Care.....	1.866.333.2757 (toll-free)
Provider Claims Status.....	408.885.4563

Submit medical claims to: VHP Claims, P.O. Box 26160, San Jose, CA 95159  
Electronic Claims: VHP Clearinghouse UHIN Trading Partner #: HT007700-01

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**Call 911 in the case of an emergency.**

**If admitted to a hospital, a provider must call 1.855.254.8264.**