



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

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 Provider (PCP) or Mental Health appointment phone numbers and information, please visit **www.valleyhealthplan.org** or call VHP Member Services.

Members:

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

Pharmacists & Providers:

Navitus Customer Care.....	1.866.333.2757 (toll-free)
Submit PMGSJ claims to: PMGSJ Claims, P.O. Box 1997, San Leandro, CA 94577	
PMGSJ Providers Claims Status.....	www.pmgmd.com
Submit Non-PMGSJ claims to: VHP Claims, P.O. Box 26160, San Jose, CA 95159	
Electronic Claims: VHP Clearinghouse UHIN Trading Partner #: HT007700-001	
VHP Payor ID: VHP01	
Non- PMGSJ Providers Claims Status.....	1.408.885.4563 (VHP)

Call 911 in the case of an emergency.

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