



EPO

Member Name:

No Referrals Required

Member ID#:

Group Number:

Plan 040: Medical

Plan Name: Platinum 90 EPO 0/15

Deductible IND/FAM: N/A

RxPCN: ASPROD1

Out-of-Pocket IND/FAM: \$1,750/\$3,500

RxGRP: CCP

Primary Care Visit: \$15

RxBIN: 003585

Specialist Visit: \$30

ER: \$250/visit

(Tier 1): \$5

(Tier 2): \$15

(Tier 3): \$25



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

Pharmacy Customer Service

Teladoc

855-343-2247

844-348-8510

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
