IE♥HP
Covered

COVERED CALIFORNIA™

Effective Date: **[00/00/2024]**	Plan Level: **[Plan Level]**

Name: **[Member Name]**
Member ID: **[0123456789]**

PCP Effective Date: **[00/00/2024]**
PCP: **[PCP Name]**
PCP ID: **[PCP ID]**
PCP Phone: **[1-234-567-8901]**

RxBIN: **[XXXXXX]**
RxPCN: **[XXXXXXX]**
RxGroup: **[XXXXX]**

PCP Office Visit: **[$X]**   Urgent Care: **[$X]**   ER Visit (waived if admitted): **[$X]**
Deductible: **[$X]**   OOPM: **[$X]**

In case of an Emergency: Go to the nearest Emergency Room (ER)

Member Services: **1-855-433-IEHP (4347)** or TTY **711**, 8am-6pm PST, Monday-Friday.

Behavioral Health: **1-855-433-IEHP (4347)** or TTY **711**

24-Hour Nurse Advice Line: **1-888-244-IEHP (4347)** or TTY **711**

Pediatric Dental: LIBERTY Dental Plan at **1-866-544-2981** or **Libertydentalplan.com**

Pharmacy Help Desk: **1-888-807-4704**

Send Claims To: IEHP, P.O. Box 4409, Rancho Cucamonga, CA 91729-1800

Visit us at **iehp.org**

Member ID Card (Off-Exchange)

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| **Effective Date: [00/00/2024]** | **Plan Level: [Plan Level]** |

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Member ID: **[0123456789]**

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PCP: **[PCP Name]**   RxBIN: **[XXXXXX]**
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PCP Phone: **[1-234-567-8901]**   RxGroup: **[XXXXX]**

PCP Office Visit: **[$X]**   Urgent Care: **[$X]**   ER Visit (waived if admitted): **[$X]**
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