


2017 INTERNATIONAL PROGRAMS HEALTH INSURANCE PLAN TEMPORARY ID CARD

This is a temporary insurance identification card. To download your permanent ID card online, create your account at www.aetnastudenthealth.com. In the meantime, this temporary card can be used to verify your coverage with Aetna by using your school-issued student ID. If your coverage has not yet been activated and you need to seek treatment or fill a prescription, call Ascension at **(800) 537-1777**.

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2017 INSURANCE IDENTIFICATION CARD
University of California—Extension
English Language and International Education Programs

Use the Student ID # below to verify your coverage with Aetna.

Name:

School Student ID:

The deductible is waived if referred by the approved University Student Health Center (UCLA Medical Center for students at UCLA). **Referral must be submitted with claim for deductible to be waived.**

Group Name: UC Extension
PPO Network: Aetna Open Access Student MC Preferred Provider
Member Services: (877) 480-4161
Coinsurance: 100% PPO/ 50% non-PPO
Deductible: \$100 in-network/ \$200 out-of-network, per policy year
Office Visit Copay: None **Urgent Care Copay:** \$25 per visit
Emergency Room Copay: \$75 per visit (waived if admitted to hospital)

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Insurance underwritten by Aetna Life Insurance Company

Once eligibility requirements have been met, the person whose name appears on this card has been insured under a policy issued to:

| School Name | Policy Number |
|---|---------------|
| University of California, Berkeley—Extension | 686139 |
| University of California, Davis—Extension | 686140 |
| University of California, Irvine—Extension | 686141 |
| University of California, Los Angeles—Extension | 686142 |
| University of California, Riverside—Extension | 686143 |
| University of California, San Diego—Extension | 686144 |
| University of California, Santa Barbara—Extension | 686145 |
| University of California, Santa Cruz—Extension | 686146 |

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Note: This printed image does not prove membership nor guarantee coverage. For verification of benefits, please call Member Services at the phone number on the front side of this card.

ATTENTION MEMBERS AND PROVIDERS:
You may use the Student ID number to verify coverage with Aetna.

PROVIDERS MAY SUBMIT CLAIMS TO:
 PAYOR ID#: 60054 0315
 BIN #: 610502

AETNA
 P.O. BOX 981106
 EL PASO, TX 79998-1106

www.aetnastudenthealth.com