


# Temporary ID Card

## TOURO UNIVERSITY, CALIFORNIA STUDENT HEALTH INSURANCE PLAN (SHIP)

Below is your Student Health Insurance Plan (SHIP) Temporary Identification Card. **Cut it out and carry it with you at all times!** This card can be used to verify your coverage.



2020–2021

 *cut out along dashed line*

**Members:** Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization at least five (5) working days in advance (pre-certification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 72 hours or by the next regular working day following admission.

To find a Cigna provider, please visit [www.mycigna.com](http://www.mycigna.com).

**Providers:** Pre-certification must be obtained for services as specified in the member's plan. For pre-certification, call the number shown on this card.

**Notice:** Possession of this card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility.

**Benefits/Pre-Certification:** Wellfleet Group, LLC. dba Wellfleet Administrators, LLC.  
(877) 657-5030, TTY 711

**Medical Claims:** Cigna, P.O. Box 188061, Chattanooga, Tennessee 37422-8061, Payer ID #62308

**Member and Pharmacy Help Line:** (877) 640-7940

Benefits are not insured by Cigna or affiliates.

AWAY FROM HOME CARE

*fold here*



2020–2021  
Student Health Insurance Plan

Name:

ID #:

Insurance Underwritten by  
Wellfleet Insurance Company

Your student ID is your member number

**Group Name:** Touro University, California  
**Cigna Group #:** 0224979  
**Deductible:** \$250 PPO • \$500 non-PPO  
**Coinsurance:** 100% PPO • 60% non-PPO  
**Physician's Office Visit:** \$20  
**Urgent Care Centers:** \$20  
**ER:** \$150 (waived if admitted)



Rx Bin: 003858  
Rx PCN: A4  
Rx Group: WFLEET1

**Prescription Copays:**  
Generic – \$20  
Preferred Brand – \$35  
Non-Preferred Brand/Specialty – \$60

"S"

## How to Use This Plan

STEP

1

Go to the campus health center first whenever possible. The staff can treat many health concerns or refer you to an outside doctor if needed.

STEP

2

If the campus health center is closed, visit [www.wellfleetstudent.com](http://www.wellfleetstudent.com) or call (877) 657-5030, TTY 711 to find a provider in the Cigna PPO Network.

STEP

3

If the provider does not file a claim for you, download a claim form from [www.4studenthealth.com/tuca](http://www.4studenthealth.com/tuca) and fill it out completely. Send claim form with related receipt(s) to:

Wellfleet Group, LLC  
dba Wellfleet Administrators, LLC.  
P.O. Box 15369  
Springfield, Massachusetts 01115-5369

*Revised June 23, 2020 9:30 PM*



**Language Assistance Notice.** You can get an interpreter and have documents read to you in your native language. For help, please call Wellfleet Group, LLC. dba Wellfleet Administrators, LLC. at (877) 657-5030, TTY 711. If there are any discrepancies between this document and the Plan Certificate, the Plan Certificate will govern.

Relation Insurance Services  
CA License No. 0G55426