

Claims filing address:
Office of Student Health
Insurance
Campus Box 2541
Normal, Illinois 61790
(309) 438-2515
www.shs.ilstu.edu/insurance

Underwritten by: Aetna Life Insurance
Company (ALIC)

NAP

Insurance Identification Card

School Name: **Illinois State University**
Student Name: _____
Id Number/SS# _____
Effective Date: From: _____ To: _____
Policy #: **711123**

The individual named on this card may be entitled to benefits under the ISU Student Insurance Plan. Coverage is provided on an academic basis. For confirmation of the insured status, contact Student Insurance representatives. TDD available for hearing impaired (309) 438-2498.

Carry This Card With You At All Times

Hospital Emergency Room	Hospitalization - 80%
Emergency Injury 100%	Office visits - 80%
Emergency Illness 100%	Diagnostic Lab, X-ray,
Emergency Room Expenses for	Surgery, Anesthesia,
non-emergency illness are not	Consultation, Inpatient Physician
covered	Care - 80%

\$50 Deductible Per Year waived if a coordinating policy also covers the insured.

This Program is underwritten by: Aetna Life Insurance Company (ALIC)

