Office of Student freman insulative	Treetin Three Triburnitee
Campus Box 2541	Company (ALIC)
Normal, Illinois 61790	PAYER NUMBER
(309) 438-2515	60054 0315
Insurance Identification Card	
School Name: Illinois State University	NAP
Student Name:	
Id Number/SS#:	
Effective Date: From: To:	
Policy #: 711123	
The individual named on this card may be entitled to Student Insurance Plan. Coverage is provided on an a	

mation of the insured status, contact Student Health Insurance representatives. *NOTE:* Claims should be mailed to the name and address listed above.

Aetno Life Incurance

Office of Student Health Incurance

## Carry This Card With You At All Times

Hospital Emergency Room Emergency Injury – 100% Hospitalization - 80%

Office visits - 80%

Emergency Illness – 100%	Emergency Room Expenses
for non-emergency illness	Diagnostic Lab, X-ray,
are not covered	Surgery, Anesthesia,
	Consultation, Inpatient

Physician Care – 80%

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

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

\$50 Annual Prescribed Medicines deductible.