



NAP

USC 19/20
OA MANAGED CHOICE POS

GRP: 474947-28-101
Issuer (80840) 9140860054

ID: W220625665
Joseph Hoover

RX BIN# 610502

WWW.AETNASTUDENTHEALTH.COM

PAYER NUMBER 60054 0315

UNIVERSITY OF SOUTHERN CALIFORNIA
STUDENT HEALTH INSURANCE PLAN

Referral may be required, always call Aetna to confirm.

Co-pay: ER \$200, Hospital Inpatient \$150,

Ambulatory Surgical Centers \$100

RX Co-pay: Generic: 10% with a \$15 minimum, \$50 maximum.

Brand Formulary: 20% with a \$40 minimum, \$150 maximum.

Brand Non-Formulary: 20% with a \$75 minimum, \$150 maximum.

This plan is underwritten by Aetna Life Insurance Company (ALIC). This card does not guarantee coverage. If applicable to the plan you choose, the plan describes what you need to pre-certify. If you do not pre-certify, a financial penalty or reduction in benefits may apply.

EMERGENCY: Call 911 or go to the nearest emergency facility.

Aetna Life Insurance Company
P. O. BOX 981106
EL PASO TX 79998

FOR CLAIM INQUIRIES, BENEFIT INFORMATION OR FOR
PRE-CERTIFICATION: **1-877-626-2299**

RX MEMBER SERVICES: **1-888-792-3862**