

 	NAP
UNIVERSITY OF ROCHESTER OPEN CHOICE PPO 18/19	
GRP: 686156-27-101 Issuer (80840) 9140860054	
ID: W236726755 01 MERCY SALOME JEMUTAI	
RX BIN# 610502	
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FOR CLAIM INQUIRIES, BENEFIT INFORMATION OR FOR PRE-CERTIFICATION: 1-800-897-7042	
RX MEMBER SERVICES: 1-888-792-3862	

WWW.AETNASTUDENTHEALTH.COM PAYOR NUMBER 60054 0315
UNIVERSITY OF ROCHESTER STUDENT HEALTH INSURANCE PLAN
Co-pay: OV \$25, ER \$100, PT \$10 RX Generic \$10, RX Brand: Formulary \$30, Non-Formulary \$60
Referral Requirements: Primary and specialist office visits and allergy testing and treatment office visits within 50 miles of campus.
This self-insured plan is funded by University of Rochester, with claim administration services provided by Aetna Life Insurance Company (ALIC).
This card does not guarantee coverage.
EMERGENCY: Call 911 or go to the nearest emergency facility.
Aetna Life Insurance Company P. O. BOX 981106 EL PASO TX 79998