

**Letter & ID Card****Technology Center**Group # S211916

RUBINA, MARIIA

**IMPORTANT INFORMATION - READ CAREFULLY****Know Your Benefits and Exclusions**

Welcome to CHP Student, the third largest provider of Student Health Insurance Plans in the country.

1. Go to [www.studentinsurance.com](http://www.studentinsurance.com) and search for your school's page and log into your secure online account.
2. Your email address is used for most correspondence. It is very **IMPORTANT** that you make sure that your email address is correct and that you are receiving the emails. You are able to add an alternate email address for all reminder emails. This can be done in your student account under Student Options and update Personal Information.
3. By accepting this insurance card, you are acknowledging that you have read the benefits and exclusions. It is your responsibility to read the plan summary and understand the deductibles, copays and exclusions. The entire policy is located in your online account and you are able to search by benefit.
4. This insurance card can be used during the entire policy year that you are enrolled. If you require a new card during the policy year, please log into your account at [www.studentinsurance.com](http://www.studentinsurance.com) and request a new card. You may also print an Insurance card from your account page.
5. CHECK ALL THE INFORMATION ON YOUR INSURANCE CARD FOR ACCURACY and always present your card to your provider to update his records.

Make sure your Pharmacist and Provider (s) update their records with your NEW insurance card. The mailing address, telephone number, group number and Pharmacy group number have changed for the new school year.

**Insurance Underwritten by NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, Pa.**

<p>National Union Fire Insurance Company of Pittsburgh, Pa.</p> <div style="display: flex; justify-content: space-between;">   </div> <p><b>Policy #:</b> S211916      <b>Effective Date:</b> 1/6/2017</p> <p><b>Insured:</b> MARIIA RUBINA</p> <p><b>Group Name:</b> Technology Center</p> <p><b>Student #:</b> 001314471      003</p> <p>Rx Copays- SHC: \$10 + 20% coinsurance          Outside: \$20/\$40/\$100 + 20% + \$100 Rx Annual Ded          Rx GROUP: 0713180 Rx BIN: 017010 Rx PCN: 05190000          Pharmacist Help Desk: 1-800-325-1404          Cigna - MEDICAL 'S' *** SHC Referral Required ***</p> <p style="text-align: right;">Possession of card does not guarantee coverage</p>	<p><b>Pre-notification for Inpatient Admissions or Outpatient Surgery:</b>  <b>Call 1-877-657-5030</b>          Pre-notification does not guarantee coverage or payment.</p> <p>Inside US/Canada: 1-877-249-5362          International Call: 1-715-295-9625</p> <p><b><u>Benefits are not insured by Cigna or affiliates. Forward all claims to:</u></b></p> <table border="0"> <tr> <td> <b>Cigna PPO</b>                  PO Box 188061                  Chattanooga, TN 37422-8061                  EDI Payer ID: 62308                  1-877-657-5030                  Cigna Providers: <a href="http://www.cigna.com">www.cigna.com</a>                  or <a href="http://www.studentinsurance.com">www.studentinsurance.com</a> </td> <td>                 Correspondence/Non PPO:  <b>Consolidated Health Plans</b>                  2077 Roosevelt Avenue                  Springfield, MA 01104                  EDI Payer ID: 87843                  1-877-657-5030             </td> </tr> </table>	<b>Cigna PPO</b> PO Box 188061 Chattanooga, TN 37422-8061 EDI Payer ID: 62308 1-877-657-5030 Cigna Providers: <a href="http://www.cigna.com">www.cigna.com</a> or <a href="http://www.studentinsurance.com">www.studentinsurance.com</a>	Correspondence/Non PPO: <b>Consolidated Health Plans</b> 2077 Roosevelt Avenue Springfield, MA 01104 EDI Payer ID: 87843 1-877-657-5030
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