ISO
Student Health Insurance

www.isoa.org

Getting started	ISO's customer service team is standing by to assist with questions and concerns. Present this insurance card when visiting any physician or pharmacy.

Find doctors, clinics & hospitals	**1.** We recommend students to use the student health center at your school.
	
	2. If not available, search for an in-network provider by using either provider networks.
	
	   First Health: (800) 226-5116 MultiPlan: (888) 342-7427
	   www.myfirsthealth.com **www.multiplan.com**
	
	3. Call the provider to schedule the appointment and **indicate your plan uses the First Health and MultiPlan network.**

How to file a claim	You should ask the medical provider offices to file the claim to ISO claims department, SISCO Benefits. **Claim address: SISCO Benefits, PO Box 3190, Dubuque, IA 52004.** If they cannot file a claim on your behalf, you can submit the claim yourself by visiting **www.isoa.org/ClaimsProcess**
Check claim status	To check your claim status online, please visit **www.isoa.org/ClaimsProcess**
Pharmacy	Present your Insurance ID card when visiting the pharmacy to receive a discount. To file a prescription claim, please submit the receipt and pharmacy slip to SISCO Benefits.

Best Health,
ISO Customer Service Team

ISO – For International Students, By International Students

ISO

FOR CARE COORDINATION, SEEK CARE FROM YOUR STUDENT HEALTH CENTER, IF AVAILABLE.

Find doctors, clinics and hospitals:
First Health: **MultiPlan:**
800.226.5116 I www.myfirsthealth.com   888.342.7427 I www.multiplan.com

CLAIM STATUS AND ELIGIBILITY: SISCO Benefits: 833.577.2586

Submit all claims to:
SISCO Benefits
PO Box 3190
Dubuque, IA 52004-3190
EDI Payer ID: ISOSH

Check Claim Status Online:
www.isoa.org/ClaimsProcess

Travel assistance service only:
Inside US/Canada: 866.509.7715 I International Call: 603.328.1728

POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE

First Health Network

MultiPlan
Complementary network

Name:
Marco Caporale

Insurance ID: 292728202
Effective Date: 7/12/2023

Policy Number:
47250153ION0405

ER Copay: $250

NO REFERRAL REQUIRED

Deductible per event: $250

RX BIN: 017010
RX PCN: 0519PAYR
RX Group: 0795316

Claim status and eligibility:
SISCO Benefits: 833.577.2586
Pharmacy help desk:
800.325.1404