



Student Health Insurance

www.iso.org

THANK YOU FOR CHOOSING ISO AS YOUR PLAN MANAGER.

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
www.myfirsthealth.com
 - ▶ MultiPlan: (888) 342-7427
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.iso.org/ClaimsProcess

Check claim status

To check your claim status online, please visit www.iso.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



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

Find doctors, clinics and hospitals:

First Health:
800.226.5116 | www.myfirsthealth.com

MultiPlan:
888.342.7427 | 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.iso.org/ClaimsProcess

Travel assistance service only:

Inside US/Canada: 866.525.1959 | International Call: +1 603.328.1959

POSSESSION OF THIS CARD DOES NOT GUARANTEE COVERAGE



First Health Network

Name:

Veera Vunnam

Insurance ID: 299595302

Effective Date: 7/13/2024

Policy Number:

47250153ION0710

ER Copay: \$350

NO REFERRAL REQUIRED

Deductible per event: \$250



MultiPlan
Complementary network

RX BIN: 017010

RX PCN: 0519PAYR

RX Group: 0795316

Claim status and eligibility:

SISCO Benefits: 833.577.2586

Pharmacy help desk:

800.325.1404