



# 2017-2018 | TEMP ID CARD

Touro University – California  
Student Health Insurance Plan (SHIP)



Below is your Temporary Student Health Insurance Plan Identification Card.  
Cut it out and keep it with you at all times. This card can be used to verify your coverage.

## How to Use This Plan:

### STEP 1

Go to the Student Health Center (SHC) first whenever possible. They can treat many health concerns or refer you to an outside doctor if needed.

### STEP 2

If the SHC is closed, visit a PPO network provider. The PPO network for this plan is Cigna.

Web: [www.cigna.com](http://www.cigna.com)

### STEP 3

If the provider does not file a claim for you, download a claim form from [www.4studenthealth.com/tuca](http://www.4studenthealth.com/tuca) and fill it out completely. Send claim form with billing statements or receipts to:

Personal Insurance Administrators, Inc.  
P.O. Box 6040  
Agoura Hills, CA 91376-6040

cut out along dashed line

**IMPORTANT REQUIREMENTS**

**MEMBERS:** Carry this card at all times. For benefit questions or claims, contact Personal Insurance Administrators, Inc., at **(877) 358-3727**. Cigna has multiple networks. Your plan is paired with Cigna network. To find a Cigna provider, please visit [www.cigna.com](http://www.cigna.com).

**PROVIDERS:** To verify eligibility or benefits, call Personal Insurance Administrators, Inc., at **(877) 358-3727**.  
Submit claims electronically to **PAYER ID 62308** or mail to the following address:  
*Cigna, P.O. Box 188061, Chattanooga, TN 37422-8061*

NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure. Please call the number on this card to verify eligibility.  
Benefits are not insured by Cigna or affiliates.

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This plan is underwritten by: National Guardian Life Insurance Company  
as Policy Form NBH-280 (2015) CA NPP0 et al.

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**Cigna PPO** **Student Health Insurance Plan**  
**2017-2018**

**Name:**   
**Student ID #**

Your student ID is your member number

**Group Name:** Touro University – California  
**PPO Group #:** 0193101  
**PPO Network:** Cigna  
**Policy #:** 2017E4A19  
**Coinsurance:** 100% In-Network/ 60% Non-Network  
**Office Visit Copays:**  
\$20 In-Network/ \$40 Non-Network  
**ER Copay:** \$150 (waived if admitted)

**“S”**

**EXPRESS SCRIPTS®**  
 Rx Bin: 003858  
 Rx PCN: A4  
 Rx Group: RQSA  
**Prescription Copays:**  
 Generic – \$20  
 Preferred brand name – \$35  
 Non-preferred brand name – \$60  
 Non-formulary – \$60

fold here

### Language Assistance Notice

You can get an interpreter and have documents read to you in your language. For help, please call the Member Services number listed on your ID card.

