


**IRVINE VALLEY COLLEGE
2010-2011 INTERNATIONAL STUDENT HEALTH INSURANCE PLAN
IDENTIFICATION CARD**

This is your Student Health Insurance Identification Card.
Cut it out and keep it with you at all times.
This card can be used to verify your coverage (and coverage for dependents, if applicable).

ID CARD

 cut out along dashed line

Notice to Members and Providers:
Benefits are subject to payment of appropriate premium and verification of eligibility. Both the effective and termination dates of coverage are at 12:01 a.m. and are subject to verification by the company.
Providers may submit claims electronically:
PAYER ID 95397
To send claims by mail, verify eligibility and benefits, or for language assistance:
PERSONAL INSURANCE ADMINISTRATORS, INC.
P.O. BOX 6040
AGOURA HILLS, CA 91376-6040
1-800-468-4343
www.placlaims.com

fold here

**IRVINE VALLEY COLLEGE
2010-2011 INTERNATIONAL STUDENT HEALTH INSURANCE PLAN**

Student:

Underwritten by: **NATIONWIDE LIFE INSURANCE COMPANY**
Policy Number: **302-084-0408**

\$10 Copay for office visits/ \$100 Deductible per Plan Year

First Health Network PPO
Provider list: 1-800-226-5116 or www.myfirsthealth.com
Pre-certification for hospitalization: 1-800-572-5508



Express Scripts
Group #RQSR; RxBin# 003858; Rx PCN# A4
www.express-scripts.com; Member#: call 1-800-447-9638



MEDEX Emergency Travel Assistance - Program No. 995; call 1-800-527-0218