

Insurance ID Card

2020–2021



Plan Name:
Underwriter:
Policy Number:
Policy Year:

Below is your Insurance Plan Identification Card. **Cut it out and carry it with you at all times.** This card can be used to verify your coverage. First charges must be incurred within 30 days from the date of a covered injury or sickness.

How to Use This Plan

STEP 1 Present this ID Card when receiving medical treatment with a network provider. Seeking treatment from a PPO Network provider will reduce your out-of-pocket expenses.

STEP 2 **Aetna Passport to Healthcare® Primary PPO** is the PPO Network for this insurance plan. To find an Aetna provider, visit www.aetna.com/docfind/custom/passport or call **(800) 414-0596**.

STEP 3 If the provider does not file a claim for you, download a claim form from www.4culturalexchange.com and fill it out completely. Send claim form with billing statements or receipts to:
Relation Insurance Administrators
P.O. Box 6040
Agoura Hills, California 91376-6040

 *cut out along dashed line*

For information about your insurance plan, please visit www.4culturalexchange.com.
For questions about benefits or claims, call Relation Insurance Administrators. All benefits are subject to payment of appropriate premium and verification of eligibility. Submit claims to claims address below. NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure. **Carry this card at all times.**

Participant Services:	Relation Insurance Administrators	(800) 314-3938
PPO Network: (Primary)	Aetna Passport to Healthcare® Primary PPO www.aetna.com/docfind/custom/passport	
Coverage while Traveling / Emergency After-Hours Care:	Scholastic Emergency Services (Ref. # 01-SES-SUM-08123)	(800) 314-3938 Outside U.S. call: +1 (818) 735-3560
Insurance Resources:	www.4culturalexchange.com	
Claims Mailing Address: (For Non-Aetna)	Relation Insurance Administrators P.O. Box 6040 Agoura Hills, California 6040	(800) 314-3938

fold here

 **PARTICIPANTS**
Aetna PPO/NAP **SEE BACK OF CARD FOR ALL ADDITIONAL INFORMATION** GROUP # 08639363-010-100

Participant:
Participant #:

Coinsurance: 100% of Usual, Reasonable, and Customary (URC) Charges)	Coverage Start:
ER Deductible: \$350 (waived if admitted)	Coverage End:

Aetna Network Provider Services: (800) 414-0596 **Payer ID:** 60054
Provider Claims Mailing Address: Aetna, P.O. Box 981543, El Paso, Texas 79998-1543

PROVIDERS: For questions about benefits or eligibility, call Relation Insurance Administrators at **(800) 314-3938**. Coverage for medical treatment subject to patient's eligibility on the date of service, terms, limitations, and exclusions of the policy. File claims electronically to Payer ID above, or mail claims to the address indicated above.

NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure.

If there are any discrepancies between this document and the Policy, the Policy will govern.