

INSURANCE ID CARD

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 a provider, visit www.aetna.com/docfind/custom/passport.

STEP 3 If the provider does not file a claim for you, download a claim form from <https://4culturalexchange.com/> and fill it out completely. Send claim form with billing statements or receipts to:
Administrative Concepts, Inc.
PO Box 4000
Collegeville, Pennsylvania 19426
Fax: **(610) 293-9299**

 *cut out along dashed line*

Find all important insurance information online at <https://4culturalexchange.com/>.
For questions about benefits, claims, or emergency assistance while traveling, call Participant Services. All benefits are subject to payment of appropriate premium and verification of eligibility.

Participant Services:	Administrative Concepts, Inc.	(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)	(877) 488-9833 Outside U.S. call: +1 (609) 452-8570
Claims Mailing Address: (For Non-Aetna)	Administrative Concepts, Inc. PO Box 4000 Collegeville, Pennsylvania 19426	(800) 314-3938 Payer ID: 22384
Prescriptions:	Paid at 100% of reasonable charges; however, you must pay for prescriptions in full, then submit a claim for reimbursement to the address above.	

Policy underwritten by: Crum & Forster SPC

Group #: 0863989-010-00100

PARTICIPANTS
SEE BACK OF CARD FOR ALL
ADDITIONAL INFORMATION



fold here

Participant:
Aetna #:

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

Coverage Start:
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 Administrative Concepts, Inc. 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.