

TEMPORARY ID CARD

This is your temporary student health plan 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 your dependents, if applicable).

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ministrators, Inc.	SUBMIT CLAIMS BY M Personal Insurance Ad P.O. Box 6040 Agoura Hills, CA 91376	
	PAYER ID 95397	i
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USING THE PLAN AND GETTING YOUR BILLS PAID:

Please note these important instructions on how to use the plan and make sure the treatment or services you receive will be covered:

- 1. You will receive your permanent plan ID card from PUC during orientation. Carry it with you at all times. If you go to a doctor's office, urgent care center, hospital, or pharmacy, show them your ID card. They may call Personal Insurance Administrators, Inc., at the number on the back to verify your coverage.
- 2. When you go to the PUC Health Clinic or other EPO doctor, you may be charged the required copay at time of service, so be sure to bring cash or a credit card with you.
- When you go to the Poc Training Cash of the PUC Health Clinic first for a referral before seeking treatment elsewhere. If a referral is required but not obtained, the plan will NOT pay for your treatment, and you will be responsible for all charges.
- 4. In the case of an emergency, Students must contact the PUC Health Clinic within 24 hours from the date of receiving emergency medical care services and/or being discharged from a hospital emergency room or facility. The Student may also be required to return to the PUC Health Clinic for necessary follow-up care within 72 hours from the date of receiving emergency medical care services and/or being discharged from a hospital emergency room or facility.
- 5. As indicated, certain Eligible Health Care Services and prescription drugs covered under the plan require prior authorization in order for benefits to be payable. If prior authorization is required but not obtained, benefits may NOT be payable for those services under the plan. Contact American Health Holdings at (888) 638-5706 to obtain authorization prior to receiving treatment, or Express Scripts at (800) 889-0376 to obtain authorization prior to filling a prescription. See the Summary Description of Benefits for specific requirements and time frames.
- 6. After you receive treatment, you will be charged the deductible first before the company will begin paying benefits (except as otherwise noted).
- 7. After you receive treatment at an EPO provider, the provider may submit the charges directly to the claims administrator for you. In this case, you will receive an Explanation of Benefits indicating what the plan covered, and then the provider will bill you for any remaining charges. If the provider does not submit the charges directly, YOU will be responsible for filing a claim. In this case, you must complete the claim form and, within 90 days of treatment, send it along with any itemized hospital and medical bills to:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

8. If you have questions about the status of your claim after it has been submitted or for any questions about benefits, please call Personal Insurance Administrators, Inc., at (800) 468-4343, Monday—Friday, 8:00 a.m. to 5:00 p.m. (4:00 p.m. on Fridays) PT. Always keep a copy of all documents submitted for claims.