

Office of Student Health Insurance  
Campus Box 2541  
Normal, Illinois 61790  
**(309) 438-2515**

**Insurance Identification Card**

School Name: **Illinois State University**  
Payer Number: 60054 0315  
Student Name:  
Id Number:  
Group #: 711123

**Carry This Card With You At All Times**

**Hospital Emergency Room**

Emergency Injury – 100% Emergency Illness – 100%  
Emergency Room Expenses for non-emergency illness are not covered

Hospitalization – 80%

Office visits – 80%

Diagnostic Lab, X-ray, Surgery, Anesthesia, Consultation, Inpatient  
Physician Care – 80%

\$50 Deductible Per Policy Year waived if a coordinating policy  
also covers the insured. This Program is underwritten by:

Aetna Life Insurance Company (ALIC)

**\$50 Annual Prescribed Medicines deductible.**

