Need Help or Have Questions?

- **Aetna Student Health Customer Service**
  Phone: 800-239-9691
  Web: [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

- **IU Bloomington Campus Contact**
  Phone: 812-856-4650
  Address: Poplars E165
  Email: studenhc@indiana.edu

To Submit Claims:
**Aetna Student Health**
P.O. Box 981106
El Paso, TX 79998
(877) 437-6512 or (617) 218-8400 (outside US)

Visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) to:
- Register for Aetna Navigator®
- Find providers
- Enroll dependents
- View the latest benefit brochures
- Request Member ID Cards
- Check claim status and view explanation of benefits

How do I Register for Aetna Navigator®?
1. Go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).
2. Click on “Find Your School” and enter 812849 as your Policy Number.
3. Click on Aetna Navigator and then the “Access Navigator” link.
4. Click on the “Register Now” link.
5. Select a user name, password and security phrase.

The information contained herein is intended to provide an overview of the Indiana University Student Health Insurance Plan. Students should not use this information in making decisions pertaining to health insurance coverage.

Indiana University Voluntary Student Health Insurance Plan Temporary ID Card

This card is for identification only. It is not a guarantee of eligibility or benefits. *Before using, you must do the following:*

1. Fill in the “Student Name” with your full legal name.
2. Fill in your “ID Number.”

Please use your Aetna Student Health ID Card when obtaining your prescriptions.

**Aetna™ Student Health Insurance Plan**
Indiana University
SAA

**POLICY NO:** 812849
**STUDENT NAME:**
**ID NO:** 223 __ __ __ __ __ __ __
**EFFECTIVE PERIOD:** 2011 - 2012

This temporary ID Card is for identification only. It is not a Guarantee of benefits. Precertification required.

For inquiries about Student Health Insurance, Benefit Information, and Eligibility or for Precertification, call (877) 375-4243.

**Precertification Requirement:** Prior notification is required
- At least 3 business days prior to all non-emergency hospital admissions
- Within 2 business days following an emergency admission

FAILURE TO COMPLY WITH ABOVE NOTIFICATION GUIDELINES WILL RESULT IN A $200 PER ADMISSIONS PENALTY.

For inquiries about prescriptions please call (800) 238-6279.

Note: Preferred Providers are independent contractors and are neither employees nor agents of IU, Chickering Claims Administrators, Inc., or Aetna.

**Send claims to:** Chickerings Claims Administrators, Inc.
PO Box 981106 El Paso, TX 79998