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](mailto: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 890423 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.

**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 Voluntary Plan**

**POLICY NO:** 890423

**STUDENT NAME:**

**ID NO:**

**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) 239-6279.

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

Send claims to: Chichkering Claims Administrator, Inc. PO Box 981106 El Paso, TX 79998