

Letter of Coverage

Temporary Student Health Insurance ID Information

Date:

Dear Provider,

Please accept this Letter of Coverage as a Temporary ID card. According to information on file, the following individual has student health insurance coverage.

Insured's Name:	Insured's Last Name:
Student Insurance ID Number:	Group Name:
Insurance Company:	Policy Number:
Prescription Benefit Manager:	Rx Group Number:
Rx Bin Number:	Rx PCN:

This letter does not guarantee coverage or payment and does not represent prior approval for benefits. All claims are subject to coverage provisions and medical necessity. Please see the Student Health Insurance Plan brochure for coverage details as well as exclusions and limitations.

For questions, please call (855) 247-2273, Monday — Friday from 8:30 a.m. — 5 p.m. Central Time.

Thank you.