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**GRP: 474944 - 17 -**

**ID W - RX**

TRINITY COLLEGE  
STUDENT HEALTH  
INSURANCE PLAN  
PRE-CERTIFICATION  
RECOMMENDED. SEE  
REVERSE SIDE FOR  
DETAILS. REFERRAL  
REQUIRED.  
OV: \$10  
ER: \$50

FOR CLAIM INQUIRIES, BENEFIT  
INFO OR FOR PRE-CERTIFICATION 1-866-725-4433  
FOR RX CLAIMS, PHARMACY  
LOCATION, PRIOR AUTHORIZATION 1-800-238-6279

PAYOR NUMBER 60054 0315 BIN# 61052

WWW.AETNASTUDENTHEALTH.COM

RX Brand Co-pay \$20, Generic \$10, Policy Year Max \$500  
RX GROUP NUMBER 0067-0000 PHARMACY PLAN

Prior notification is recommended: (1) at least three business days  
prior to all non-emergency admissions; (2) within two business days  
following an emergency admission.

NOTE: This card is for identification only. It is not a guarantee of  
eligibility or benefits. For general insurance information and on-line  
provider directory, please visit [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com).  
Participating doctors and hospitals are independent providers and are  
neither agents nor employees of Aetna. This plan is underwritten by  
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**GRP: 474935 - 17 - 0**

**ID W0 0 - RX**

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