

1. Click the "Member Portal" Icon

2. Click "Create Account" in the Upper Right Hand Corner

3. Enter your Student Information

Member Portal

4. Click "Submit Request to Create an Account"

Member Portal

Create Account

Account Type: Student Organization Organization

First name:

Last name:

Birth Date: Month Day Year

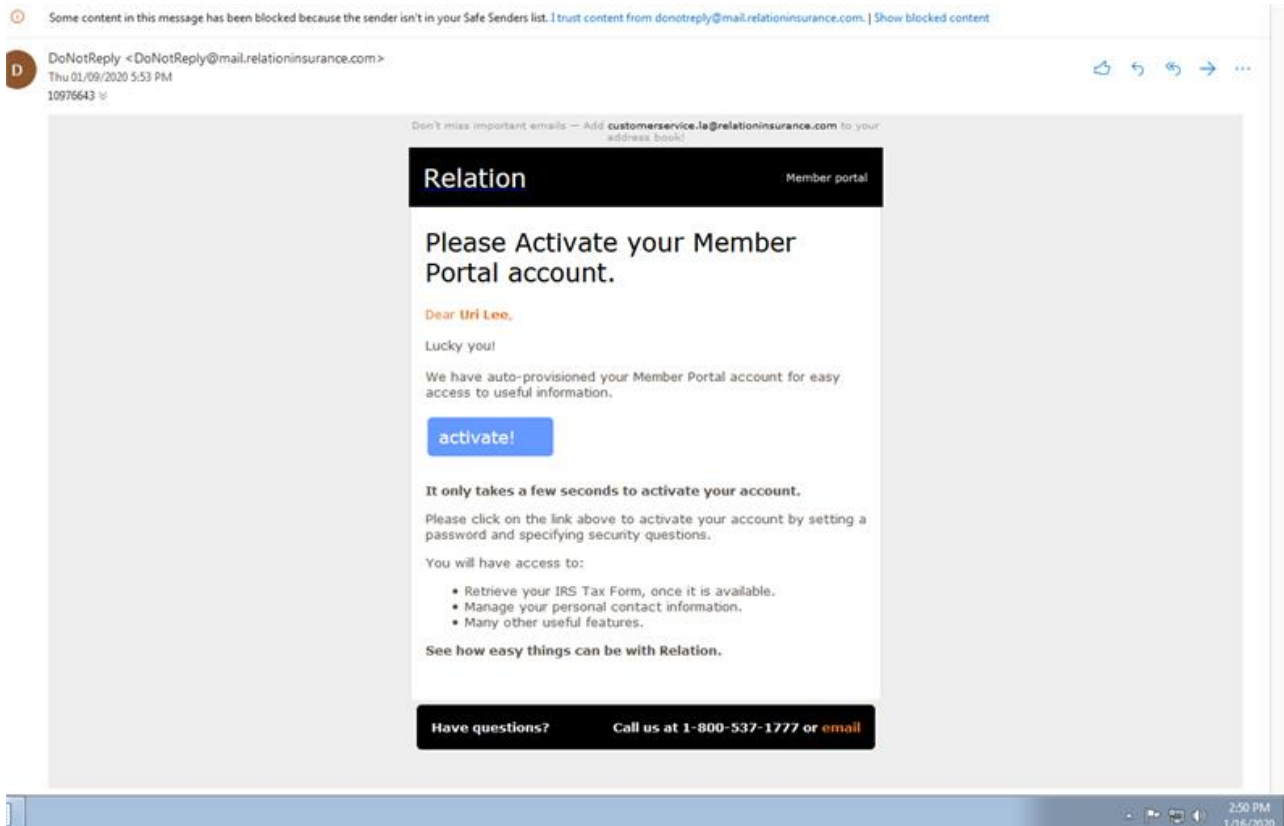
Email:

Student ID:

Note that access will not be available until we receive information from your school, which may take up to 72 hours after enrollment or the start date of the term.

[Submit request to create an account](#) [I already have an account](#)

5. You will receive an email to complete the registration



6. Click “ACTIVATE”

7. Then Download your Health Insurance Card by clicking “Coverage Information”



Personal Information

Update your personal information, including providing your Social Security Number(SSN) for required IRS tax reporting.



Coverage Information

View or purchase additional coverage, download your insurance ID card.



My Claims

View your claims history, retrieve your explanation of benefits, notify us of a claim, or submit requested documents via secure communications center.



My Tax Forms

Access your 1095 tax forms for current and past years (if available). You can view or download a copy of your 2019 calendar year 1095 tax form after January 31, 2020.



My Referrals

Retrieve referral to ensure services are being provided by the appropriate provider.



Payment History

View your online transactions. You can resend receipt if you need one. Also you can update your payment method.

- Print your Health Insurance Card or Take a Screen Shot to Keep for your Records
- Locate Health Care Providers using Link of Health Insurance Card

2019-2020 Insurance ID Card

Merritt College International Student Insurance Plan

School Name:
Underwriter:
Policy Number:
Policy Year:

Click Link to Find Health Care Provider Near You!

Below is your International Student Insurance Plan Identification Card. Cut it out and carry it with you at all times. This card can be used to verify your coverage and coverage for dependents, if applicable.

How to Use This Plan:

STEP 1

Go to the campus health center first whenever possible. They can treat many health concerns or refer you to an outside doctor if needed. Do not go to the hospital for minor illnesses or injuries!

STEP 2

If the campus health center is closed, visit a PPO network provider. The PPO network for this plan is Aetna Passport to Healthcare® Primary PPO.

Web: www.aetna.com/docfind/custom/passport
Phone: (800) 414-0500

STEP 3

If the provider does not file a claim for you, download a claim form from www.studenthealth.com/merritt and fill it out completely. Send claim form with billing statements or receipts to:

Relation Insurance Administrators
P.O. Box 6040
Agoura Hills, CA 91376-6040
Fax: (818) 735-3567

Print out along dashed line

INFORMATION FOR MEMBERS			
Find all important insurance information online at www.studenthealth.com/merritt . Carry this card at all times. To find a provider, verify coverage prior to hospitalization, or for language assistance, call Relation Insurance Administrators at (800) 468-4343.			
Customer Service:	Relation Insurance Administrators	(800) 468-4343	
PPO Network (Primary):	Aetna Passport to Healthcare® Primary PPO www.aetna.com/docfind/custom/passport		
Coverage while traveling:	Scholarship Emergency Services (Ref # 02-855-6348-223)	(877) 488-9833 Outside U.S. call +1 (800) 452-8870	
Claims Mailing Address (For Non-Aetna):	Relation Insurance Administrators P.O. Box 6040 Agoura Hills, CA 91376-6040	(800) 468-4343	
Prescriptions:	Ph: BIN: 003858 Ph PCN: AS Ph Group: R054	Coinurance: 100% (Contractual 100%)	(800) 447-0438 www.aetna.com aetna.com
MEMBERS SEE BACK OF CARD FOR ALL ADDITIONAL INFORMATION			
Merritt College Aetna PPO/NAP GROUP # 0483983-010-100			
Member Name: _____ Member #: _____ Coverage Start: _____			
Deductible: \$0 per policy year		Copays: PPO Doctor/ Urgent Care: \$20	
Coinsurance: PPO 100% + non-PPO: 80%		ER: \$250 (waived if admitted)	
Aetna Network Provider Services: (800) 454-0508		Pager ID: 800354	
Provider Claims Mailing Address: Aetna, P.O. Box 30259, Tampa FL 33630-3259			
PROVIDERS: For questions about benefits or eligibility, call Relation Insurance Administrators at (800) 468-4343. Coverage for medical treatment subject to patient's eligibility on the date of service, terms, limitations, and exclusions of the policy. File claims electronically to Pager ID above, or mail claims to the address indicated above.			
NOTICE: Possession of this card does not guarantee coverage or payment for a service or procedure.			

Language Assistance Notice

You are eligible to access the services of an interpreter to have insurance documents read to you in your native or preferred language, at no cost to you. To use this free service, call the number listed on your insurance ID card or (800) 468-4343. For further help, call the CA Department of Insurance at (800) 927-4337.