

## 2022-23 Certificate and Summary of Benefits for the Students of: Carthage College



This Plan\* is a **SUPPLEMENTAL PLAN** designed to be excess of any other Sickness benefits available. **Note: accident benefits are provided under a separate plan.** A full description of the Plan benefits, terms and conditions, exclusions, and claim reporting forms may be found online at [www.eiia.org](http://www.eiia.org). Click on "For Students" and search for your institution. Please bring a copy of this document to your medical provider when seeking treatment.

**IMPORTANT:** A referral from the Student Health Clinic is required for outpatient treatment except for Mental Health and Substance Abuse, a Medical Emergency, or when the Student Health Clinic is closed or not accessible.

**CLAIM FILING INSTRUCTIONS:** One claim reporting form is required per Coverage Period. Please be sure to include the Plan Number, Student's name and ID# on all correspondence. Submit all itemized bills along with the Explanation of Benefits from the primary insurance carrier to:

**NAHGA Inc, PO Box 189, Bridgton, ME 04009**  
**Phone: 877.497.4980 / Fax: 207.647.4569**  
**e-mail: [eiia@nahga.com](mailto:eiia@nahga.com)**

**CLAIM FILING DEADLINE:** All Medical Expenses must be filed within 12 months from the date of service

<b>PLAN NUMBER:</b>	<b>SFP22-CAR</b>						
<b>ELIGIBILITY CLASSIFICATION:</b>	<b>All Full-Time Undergraduate Students</b>						
<b>COVERAGE PERIOD:</b>	<b>8/1/2022 - 7/31/2023</b>						
<b>MAXIMUM SICKNESS LIMIT:</b>	<b>\$5,000 Per Sickness Subject to Coverage Period Maximum below</b>						
<b>COVERAGE PERIOD MAXIMUM:</b>	<b>\$10,000</b>						
<b>Inpatient Hospitalization:</b>	<b>Subject to Maximum Sickness Limit</b>						
<ul style="list-style-type: none"> <li>Requires a Hospital Confinement for 18 hours or more.</li> <li>Includes Hospital Confinement Charges, treatment from a surgeon, anesthesiologist, Physician, nurse, radiologist and pathologist.</li> </ul>	<table> <tr> <td>Room &amp; Board Limit:</td><td>Semi-private rate</td></tr> <tr> <td>Deductible:</td><td>\$0</td></tr> <tr> <td>Student Responsibility:</td><td>0% of the first \$1,000, 20% thereafter.</td></tr> </table>	Room & Board Limit:	Semi-private rate	Deductible:	\$0	Student Responsibility:	0% of the first \$1,000, 20% thereafter.
Room & Board Limit:	Semi-private rate						
Deductible:	\$0						
Student Responsibility:	0% of the first \$1,000, 20% thereafter.						
<b>Blanket Outpatient Sickness:</b>	<b>\$500 Per Sickness</b>						
Includes treatment from a Physician, diagnostic lab, x-ray, prescriptions, ground ambulance, and therapeutic services or supplies.	<table> <tr> <td>Deductible:</td><td>\$0</td></tr> <tr> <td>Student Responsibility:</td><td>0% 50% for contraceptives</td></tr> </table>	Deductible:	\$0	Student Responsibility:	0% 50% for contraceptives		
Deductible:	\$0						
Student Responsibility:	0% 50% for contraceptives						
<b>Outpatient Mental Health &amp; Substance Abuse:</b>	<b>\$700 Per Sickness</b>						
Includes treatment from a Physician, diagnostic lab and prescriptions.	<table> <tr> <td>Deductible:</td><td>\$0</td></tr> <tr> <td>Student Responsibility:</td><td>0%</td></tr> </table>	Deductible:	\$0	Student Responsibility:	0%		
Deductible:	\$0						
Student Responsibility:	0%						
<b>Outpatient Surgical:</b>	<b>\$700 Per Sickness</b>						
Includes treatment from a surgeon, assistant surgeon, anesthesiologist, and ambulatory surgical center.	<table> <tr> <td>Deductible:</td><td>\$0</td></tr> <tr> <td>Student Responsibility:</td><td>0%</td></tr> </table>	Deductible:	\$0	Student Responsibility:	0%		
Deductible:	\$0						
Student Responsibility:	0%						
<b>Wellness:</b>	<b>\$100 Limit Per Coverage Period</b>						
Includes preventive tests such as pap smears and lab work. Refer to Student Health Services for eligible expenses.	<table> <tr> <td>Deductible:</td><td>\$0</td></tr> <tr> <td>Student Responsibility:</td><td>0%</td></tr> </table>	Deductible:	\$0	Student Responsibility:	0%		
Deductible:	\$0						
Student Responsibility:	0%						
<b>Dental:</b>	<b>\$100 Limit Per Coverage Period</b>						
Includes treatment for non-injury related dental work. Excludes routine cleanings.	<table> <tr> <td>Deductible:</td><td>\$0</td></tr> <tr> <td>Student Responsibility:</td><td>0%</td></tr> </table>	Deductible:	\$0	Student Responsibility:	0%		
Deductible:	\$0						
Student Responsibility:	0%						

*There is no guarantee of benefits.*

*Terms that are defined in the Full Plan Document are capitalized in this Summary.*



*This summary is not intended to take the place of the benefits described in the Policy. Please refer to the Full Plan Document for a complete description of Benefits, Limitations and Exclusions.*