



## 2019-20 Athletic Accident Insurance Plan Summary for: Concordia College

This is a brief summary of the benefits provided through your institution for eligible full-time student athletes participating in intercollegiate sports. This plan will cover a student athlete from the first to the last date a student athlete is required to be on campus for participation in a **Covered Event**. Please refer to the full plan document for a complete description of the plan Benefits, Limitations and Exclusions. Additional information regarding this plan can be found at [www.eiaa.org](http://www.eiaa.org). Click on For Students and search for your institution.

**FULL EXCESS MEDICAL:** This plan will pay Eligible Expenses up to the limits of this plan that are in excess of any other **health care plan**, regardless of any coordination of benefits provision contained in such health care plan.

**IMPORTANT:** All injuries must be reported to the Athletic Trainer immediately. Unreported injuries are not covered.

**CLAIM FILING INSTRUCTIONS:** Please contact your Athletic Trainer to file a claim.

**QUESTIONS:** For questions please contact NAHGA Claim Services at 877.497.4980 or e-mail them at [eiia@nahga.com](mailto:eiia@nahga.com)

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|---------------------------------|---|
| <b>POLICY #:</b> US950567       | <b>COVERAGE PERIOD:</b> 8/14/19 – 5/23/20                         |
| <b>ACCIDENT LIMIT:</b> \$25,000 | <b>PLAN TYPE:</b> Full Excess Medical                             |
| <b>DEDUCTIBLE:</b> \$1,000      | <b>BENEFIT PERIOD:</b> 24 Months from date of Accident            |
| <b>COINSURANCE:</b> 0%          | <b>Report your injury to the Athletic Department immediately!</b> |

**ELIGIBLE EXPENSES:**

**Hospital** Room & Board (semi-private rate); **Hospital** Miscellaneous; Outpatient Pre-Admission Testing; Outpatient **Hospital** Emergency Room Benefit; Surgeon; Assistant Surgeon (30% of surgeon’s allowable fee); Anesthesiologist; **Doctor**; Surgical Facility; X-ray and laboratory; ambulance; prescription drugs and **physiotherapy** (\$300 maximum without a **Doctor’s** prescription). This benefit includes coverage for treatment of **injury** to **Natural Teeth**.

**Initial medical treatment must be received by a doctor within 90 days from the date of the accident. Proof of loss must be submitted within 6 months from the date of injury.**

*There is no guarantee of benefits. All injuries are validated and reported by the Athletics Department.*

*Terms that are defined in the Policy are capitalized in this Summary.*

