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| *2019-20 Student Accident Plan Summary for:*  *Demo University* | |
| Your institution provides Accident coverage to all full- time undergraduate students. Below is a brief outline of the coverage. A full description of the Accident coverage is available at: [www.eiia.org](http://www.eiia.org). Choose Student Insurance and search for your institution.  IMPORTANT: All benefits are provided in excess of any other Health Care Plan available.  CLAIM FILING INSTRUCTIONS: Please complete one claim reporting form per accident and include the Policy 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) | |
| **POLICY #: *US555555*** | **ACCIDENT POLICY LIMIT: *$5,000*** |
| **DEDUCTIBLE: *$0*** | **COINSURANCE: *$0*** |
| **COVERED PERSONS: *Full-Time Undergraduate Students*** | **EFFECTIVE DATES: *The first date you are required to be on campus through 07/31/20*** |
| ***BENEFIT PERIOD: 12 Months from date of Accident*** | **EXCESS POLICY** |
| * The coverage provided is excess of any other insurance coverage the student may have. For a full description of benefits, limitations and exclusions please go online and download a copy of the Full Plan Document. * Be sure to provide your medical providers with a copy of your primary insurance card and your accident ID card found online. Most providers will send us the necessary information as long as they are aware of this coverage. * Initial medical treatment must be received by a Doctor within 90 days from the date of Accident to be eligible for benefits. * If you are injured, report your Accident to the Health Center or Business Office. * A claim reporting form with details of the accident and all related expenses must be submitted within 6 months from the date of Accident. * This policy has a 12-month Benefit Period. Eligible expenses must be submitted within 12 months from the date of service. * Eligible expenses include; inpatient and outpatient medical care including treatment by a doctor, hospital services, x-ray services, laboratory service, ambulance, prescription medicine, or other therapeutic services or supplies if ordered by a doctor. * This summary is not a guarantee of payment or coverage. Health Care Providers may contact NAHGA at 877.497.4980 for eligibility, plan benefits or claim instructions. | |
| *\* Terms that are defined in the Policy are capitalized in this Summary.* |  |