

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.eiaa.org](http://www.eiaa.org). Click on For Students and search for your institution.

**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: [eiaa@nahga.com](mailto:eiaa@nahga.com)

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

<b>PLAN NUMBER:</b>	<b>SFP20-SCH</b>
<b>ELIGIBILITY CLASSIFICATION:</b>	<b>All Full-Time Undergraduate Students</b>
<b>COVERAGE PERIOD:</b>	<b>8/1/20 to 7/31/21</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>	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>
<ul style="list-style-type: none"> <li>Includes treatment from a Physician, diagnostic lab, x-ray, prescriptions, ground ambulance, emergency room services, and therapeutic services or supplies.</li> </ul>	Deductible: \$0 Student Responsibility: 0% 50% for contraceptives
<b>Outpatient Mental Health &amp; Substance Abuse:</b>	<b>\$500 Per Sickness</b>
<ul style="list-style-type: none"> <li>Includes treatment from a Physician, diagnostic lab and prescriptions.</li> </ul>	Deductible: \$0 Student Responsibility: 0%
<b>Wellness:</b>	<b>\$100 Per Coverage Period</b>
<ul style="list-style-type: none"> <li>Includes preventive tests such as pap smears and lab work. Refer to the CDC Preventive Guidelines to determine if services will be considered.</li> </ul>	
<i>*Terms defined in the Plan document are Capitalized in this certificate.</i>	<i>All benefits combined may not exceed the Maximum Sickness Limit.</i>



**Domestic Travel Assistance:**

This plan contains assistance for emergency medical evacuation, medically necessary repatriation, accidental death and dismemberment and natural disaster evacuation when you are traveling on a school sponsored, approved trip more than 100 miles from your permanent address or campus address. This policy covers school sponsored trips within the United States, its territories and possessions. The benefit maximum is \$100,000 per covered person/\$0 deductible.

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