

# Certificate & Summary of Sickness Benefits

## For students of: Cornell College



This Plan\* is a **SUPPLEMENTAL PLAN** designed to be excess of any other sickness benefits available through your primary insurance 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. Accident benefits are provided under a separate plan. Information can be found at the website mentioned above.

**STUDENTS:** You must file one claim reporting form per coverage period. The claim form is available online (see above). Claim forms need to be submitted to NAHGA (claims payor) see the address below. If your medical providers do not submit the itemized bills and explanation of benefits from your primary insurer it is your responsibility to make sure that information is submitted to NAHGA for consideration.

**MEDICAL PROVIDERS:** Submit all itemized (HCFA/UB) 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)**  
**Payer ID: 67788**

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

<b>PLAN NUMBER:</b>	<b>SFP22- COR</b>
<b>ELIGIBILITY CLASSIFICATION:</b>	<b>All Full-Time Undergraduate Students</b>
<b>COVERAGE PERIOD:</b>	<b>8/1/2022 - 7/31/23</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, emergency/urgent care services, ground ambulance, and therapeutic services or supplies.</li> </ul>	Deductible: \$0 Student Responsibility: 0% 0% for contraceptives
<b>Wellness:</b>	<b>\$200 Per Plan Year</b>
<ul style="list-style-type: none"> <li>Includes preventive age-related services recommended by the CDC and travel vaccines recommended prior to studying abroad through the College. Coverage is limited to expenses as recommended by the CDC  <a href="https://www.healthcare.gov/preventive-care-benefits/">https://www.healthcare.gov/preventive-care-benefits/</a>.</li> </ul>	Deductible: \$0 Student Responsibility: 0%

*\*Terms defined in the Plan document are Capitalized in this certificate.  
 All benefits combined may not exceed the Maximum Sickness Limit.*



*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.*