

# 2020-21 Certificate and Summary of Benefits for the Students of: Furman University



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.

**CLAIM FILING INSTRUCTIONS:** 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 6 months from the date of service**

<b>PLAN NUMBER:</b>	<b>SFP20- Furman</b>
<b>ELIGIBILITY CLASSIFICATION:</b>	<b>All Full-Time Undergraduate Students</b>
<b>COVERAGE PERIOD:</b>	<b>8/1/2020 - 7/31/2021</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 Services rendered through the Earle Student Health Center only:</b>	<b>\$250 Per Sickness</b>						
Includes treatment from a Physician, diagnostic lab, x-ray, prescriptions, and services and supplies. Included Mental Health & Substance Abuse and Wellness services such as preventive testing such as pap smears and lab work. Refer to Earle Student Health Center for eligible expenses.	<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 services when referred by the University outside of the Earle Student Health Center only:</b>	<b>\$1,000 Per Sickness</b>						
Includes treatment from outpatient hospital or urgent care, 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>TR Family Practice – Saturday Urgent Care Services:</b>	<b>\$250</b>						
Saturday services only! Includes all services rendered at the time of Urgent Care	<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>Furman Sports Medicine:</b>	<b>\$500 Per Condition</b>						

All benefits combined may not exceed the Maximum Sickness Limit.  
 There is no guarantee of benefits.  
 Terms that are defined in the Full Plan Document are capitalized in this Summary.

