

**2020-21 Certificate and Summary of Benefits
for the Students of: Kansas Wesleyan 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. 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: 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: eiia@nahga.com

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

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| PLAN NUMBER: | SFP20- KWU |
| ELIGIBILITY CLASSIFICATION: | All Full-Time Undergraduate Students |
| COVERAGE PERIOD: | 8/1/2020 - 7/31/2021 |
| MAXIMUM SICKNESS LIMIT: | \$2,500 Per Sickness Subject to Coverage Period Maximum below |
| COVERAGE PERIOD MAXIMUM: | \$5,000 |

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|--|--|---------------------|-------------------|-------------|-----|-------------------------|---|
| Inpatient Hospitalization: | Subject to Maximum Sickness Limit | | | | | | |
| <ul style="list-style-type: none"> Requires a Hospital Confinement for 18 hours or more. Includes Hospital Confinement Charges, treatment from a surgeon, anesthesiologist, Physician, nurse, radiologist and pathologist. | <table> <tr> <td>Room & 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. |
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| Deductible: | \$0 | | | | | | |
| Student Responsibility: | 0% of the first \$1,000, 20% thereafter. | | | | | | |

*There is no guarantee of benefits.
Terms that are defined in the Full Plan Document are capitalized in this Summary.*

