

# 2021-22 Certificate and Summary of Benefits for the Students of: Philander Smith College



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. Please bring a copy of this document to your medical provider when seeking treatment.

**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

PLAN NUMBER:	SFP21- PSC
ELIGIBILITY CLASSIFICATION:	All Full-Time Undergraduate Students
COVERAGE PERIOD:	8/1/2021 - 7/31/2022
MAXIMUM SICKNESS LIMIT:	\$5,000 Per Sickness Subject to Coverage Period Maximum below
COVERAGE PERIOD MAXIMUM:	\$10,000

Inpatient Hospitalization:	Subject to Maximum Sickness Limit
<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.
Blanket Outpatient Sickness:	\$500 Per Sickness
Includes treatment from a Physician, diagnostic lab, x-ray, prescriptions, ground ambulance, and therapeutic services or supplies.	Deductible: \$0 Student Responsibility: 0% 50% for contraceptives
Outpatient Mental Health & Substance Abuse:	\$700 Per Sickness
Includes treatment from a Physician, diagnostic lab and prescriptions.	Deductible: \$0 Student Responsibility: 0%
Outpatient Surgical:	\$700 Per Sickness
Includes treatment from a surgeon, assistant surgeon, anesthesiologist, and ambulatory surgical center.	Deductible: \$0 Student Responsibility: 0%
Wellness:	\$100 Limit Per Coverage Period
Includes preventive tests such as pap smears and lab work. Refer to Student Health Services for eligible expenses.	Deductible: \$0 Student Responsibility: 0%
Dental:	
Includes treatment for non-injury related dental work. Excludes routine cleanings.	Deductible: \$0 Student Responsibility: 0%

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



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