## 2020-21 Certificate and Summary of Benefits for the Students of: Rust College



This Plan\* is a **SUPPLEMENTAL PLAN** designed to be excess of any other Sickness benefits available. <u>Note: accident benefits are provided under a separate plan.</u> A full description of the Plan benefits, terms and conditions, exclusions, and claim reporting forms may be found online at <u>www.eiia.org</u>. 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: eiia@nahga.com

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

PLAN NUMBER: S		SFP20- RUST	
ELIGIBILITY CLASSIFICATION:		All Full-Time Undergraduate Students	
COVERAGE PERIOD:		8/1/2020 - 7/31/2021	
		Per Sickness t to Coverage Period Maximum below	
COVERAGE PERIOD MAXIMUM:	\$10,000		
Inpatient Hospitalization:		Subject to Maximum Sickness Limit	
<ul> <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: Deductible: Student Responsibility:	Semi-private rate \$0 0% of the first \$1,000, 20% thereafter.
Blanket Outpatient Sickness:		\$100 Per Sickness	
<ul> <li>Includes treatment from a Physician, diagnostic lab, x-ray, prescriptions, ground ambulance, and therapeutic services or supplies.</li> </ul>		Deductible: Student Responsibility:	\$0 0% 50% for contraceptives
Outpatient Mental Health & Substance Abuse:		\$250 Per Sickness	
<ul> <li>Includes treatment from a Physician, diagnostic lab and prescriptions.</li> </ul>		Deductible: Student Responsibility:	\$0 0%
Outpatient Surgical:		\$500 Limit Per Plan Year	
<ul> <li>Includes treatment from a surgeon, assistant surgeon, anesthesiologist, and ambulatory surgical center.</li> </ul>		Deductible: Student Responsibility:	\$0 0%

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

