2025-26 Certificate and Summary of Benefits for the Students of: Rust College

This Plan is not insurance but is a supplemental sickness plan designed to help with medical expenses for sicknesses. This plan is excess of any other sickness benefits available through another plan. **Note: accident benefits are provided under a separate plan.** A full description of the Plan benefits, terms and conditions, exclusions, may be found online at **www.eiia.org**. Click on "For Students" in the upper right corner and search for your institution.

CLAIM FILING INSTRUCTIONS: Please bring a copy of this document and any other insurance ID card you may have with you to your medical appointments. Your provider should bill NAHGA directly. If they will not, you may have to pay up front and seek reimbursement. If that is the case, be sure to ask them for an itemized bill so that we can reimburse you for eligible expenses. All correspondence and questions can be directed to NAHGA Claim Services:

NAHGA Inc, PO Box 189, Bridgton, ME 04009
Phone: 877.497.4980 / Fax: 207.647.4569
e-mail: eiia@nahga.com
Payor ID # 67788

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

PLAN NUMBER:	**SFP25- RUST**
ELIGIBILITY CLASSIFICATION:	**All Full-Time Undergraduate Students**
COVERAGE PERIOD:	**8/1/2025 - 7/31/2026**
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**
• Requires a Hospital Confinement for 18 hours or more. • Includes Hospital Confinement Charges, treatment from a surgeon, anesthesiologist, Physician, nurse, radiologist and pathologist.	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:	**$250 Per Sickness**
• Includes treatment from a Physician, diagnostic lab and prescriptions.	Deductible: $0 Student Responsibility: 0%
Outpatient Surgical:	**$500 Limit Per Plan Year**
• Includes treatment from a surgeon, assistant surgeon, anesthesiologist, and ambulatory surgical center.	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.