2026-27 Certificate and Summary of Benefits for the Students of: Thiel College

This Plan* is a **SUPPLEMENTAL PLAN** designed to be excess of any other sickness benefits available through your primary insurance 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. Accident benefits are provided under a separate plan. Information can be found at the website mentioned above.

STUDENTS: You do not need a claim form. Please bring this document to your medical provider and ask them to bill us directly. If they will not, please ask them for an itemized bill (HCFA/UB forms) and if you have other insurance we will need an explanation of benefits from your primary insurer. If you had to pay up front for your medical services, please submit a receipt so we may reimburse any eligible charges. All documents should be submitted to NAHGA for consideration.

MEDICAL PROVIDERS: Submit all itemized (HCFA/UB) 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
Payor ID # 67788

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

PLAN NUMBER:	**SFP26- THIEL**
ELIGIBILITY CLASSIFICATION:	**All Full-Time Students**
COVERAGE PERIOD:	**8/1/2026 - 7/31/2027**
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.

CSB 2.5C