

2019-20  
Certificate & Summary of Sickness Benefits for:



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.

**CLAIM FILING INSTRUCTIONS:** Please print this form and present to your medical provider so they bill NAHGA directly. 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 6 months from the date of service**

<b>PLAN NUMBER:</b>	<b>SFP19- Furman</b>
<b>ELIGIBILITY CLASSIFICATION:</b>	<b>All Full-Time Undergraduate Day Students</b>
<b>COVERAGE PERIOD:</b>	<b>7/1/19 – 7/31/20</b>
<b>MAXIMUM SICKNESS LIMIT:</b>	<b>\$5,000 Per Sickness (all benefits combined) Subject to Coverage Period Maximum below</b>
<b>COVERAGE PERIOD MAXIMUM:</b>	<b>\$10,000</b>
<b>Inpatient Hospitalization:</b>	<b>Subject to Maximum Sickness Limit</b>
<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.
<b>Blanket Outpatient Sickness Services rendered through the Earle Student Health Center only:</b>	<b>\$250 Per Sickness</b>
<ul style="list-style-type: none"> <li>Includes treatment from a Physician, diagnostic lab, x-ray, prescriptions, and services and supplies. Includes Mental Health &amp; Substance Abuse and Wellness services such as preventive testing such as pap smears and lab work. Refer to Earle Student Health Center for eligible expenses.</li> </ul>	Deductible: \$0 Student Responsibility: 0% 50% for contraceptives
<b>Outpatient Mental Health &amp; Substance Abuse services when referred by the University outside of the Earle Student Health Center only:</b>	<b>\$1,000 Per Mental Health/Substance Abuse Diagnosis</b>
	Deductible: \$0 Student Responsibility: 0%
<b>TR Family Practice – Saturday Urgent Care Services:</b>	<b>\$250 Per Sickness</b>
<ul style="list-style-type: none"> <li>Saturday services only</li> <li>Includes all services rendered at the time of Urgent Care.</li> </ul>	Deductible: \$0 Student Responsibility: 0%
<b>Furman Sports Medicine:</b>	<b>\$500 Per Sickness/Condition</b>
<i>*Terms defined in the Plan document are Capitalized in this certificate.</i>	<i>All benefits combined may not exceed the Maximum Sickness Limit.</i>

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

