



2019-20 Student Accident Plan Summary for: Bethany College WV

Your institution provides Accident coverage to all full- time undergraduate students. Below is a brief outline of the coverage. A full description of the Accident coverage is available at: www.eiaa.org. Click on For Students and search for your institution.

IMPORTANT: All benefits are provided in excess of any other Health Care Plan available.

CLAIM FILING INSTRUCTIONS: Please complete one claim reporting form per accident and include the Policy 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

COVERAGE #: <i>US650572</i>	ACCIDENT POLICY LIMIT: \$5,000
DEDUCTIBLE: \$0	COINSURANCE: \$0
COVERED PERSONS: <i>Full-Time Undergraduate Students</i>	EFFECTIVE DATES: <i>The first date you are required to be on campus through 07/31/20</i>
BENEFIT PERIOD: <i>12 Months from date of Accident</i>	EXCESS POLICY

- ✓ The coverage provided is excess of any other insurance coverage the student may have. For a full description of benefits, limitations and exclusions please go online and download a copy of the Full Plan Document.
- ✓ Be sure to provide your medical providers with a copy of your primary insurance card and your accident ID card found online. Most providers will send us the necessary information as long as they are aware of this coverage.
- ✓ Initial medical treatment must be received by a Doctor within 90 days from the date of Accident to be eligible for benefits.
- ✓ If you are injured, report your Accident to the Health Center or Business Office.
- ✓ A claim reporting form with details of the accident and all related expenses must be submitted within 6 months from the date of Accident.
- ✓ This policy has a 12-month Benefit Period. Eligible expenses must be submitted within 12 months from the date of service.
- ✓ Eligible expenses include; inpatient and outpatient medical care including treatment by a doctor, hospital services, x-ray services, laboratory service, ambulance, prescription medicine, or other therapeutic services or supplies if ordered by a doctor.
- ✓ This summary is not a guarantee of payment or coverage. Health Care Providers may contact NAHGA at 877.497.4980 for eligibility, plan benefits or claim instructions.

* Terms that are defined in the Policy 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 Student Brochure for a complete description of Benefits, Limitations and Exclusions.