

2019-20

Certificate & Summary of Sickness Benefits for:
Philander Smith College



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.eiia.org. Click on For Students and search for your institution.

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:	SFP19- PSC
ELIGIBILITY CLASSIFICATION:	All Full-Time Undergraduate Students
COVERAGE PERIOD:	From the first date you are required to be on campus until 7/31/20
MAXIMUM SICKNESS LIMIT:	\$5,000 Per Sickness Subject to Coverage Period Maximum below
COVERAGE PERIOD MAXIMUM:	\$20,000
Inpatient Hospitalization:	Subject to Maximum Sickness Limit
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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:	\$700 Per Sickness
<ul style="list-style-type: none"> Includes treatment from a Physician, diagnostic lab and prescriptions. 	Deductible: \$0 Student Responsibility: 0%
Outpatient Surgical:	\$700 Per Sickness
<ul style="list-style-type: none"> Includes treatment from a surgeon, assistant surgeon, anesthesiologist, and ambulatory surgical center. 	Deductible: \$0 Student Responsibility: 0%
Dental:	\$100 Per Coverage Period
<ul style="list-style-type: none"> Includes treatment for non-injury related dental work. Excludes routine cleanings. 	
Wellness:	\$100 Per Coverage Period
<ul style="list-style-type: none"> Includes preventive tests such as pap smears and lab work. Refer to Student Health Services for eligible expenses. 	

*Terms defined in the Plan document are Capitalized in this certificate.

All benefits combined may not exceed the Maximum Sickness Limit.

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.

