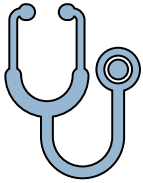


# 2024-25 Certificate and Summary of Benefits for the Students of: Centenary College of LA



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. Please bring a copy of this document to your medical provider when seeking treatment.

**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: [eiaa@nahga.com](mailto:eiaa@nahga.com)  
 Payor ID # 67788

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

<b>PLAN NUMBER:</b>	SFP24- CCLA
<b>ELIGIBILITY CLASSIFICATION:</b>	All Full-Time Undergraduate Students
<b>COVERAGE PERIOD:</b>	8/1/2024 – 7/31/2025
<b>MAXIMUM SICKNESS LIMIT:</b>	\$5,000 Per Sickness Subject to Coverage Period Maximum below
<b>COVERAGE PERIOD MAXIMUM:</b>	\$10,000

<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:</b>	<b>\$350 Per Sickness</b>
<ul style="list-style-type: none"> <li>Includes treatment from a Physician, diagnostic lab, x-ray, prescriptions, ground ambulance, and therapeutic services or supplies.</li> </ul>	Deductible: \$0 Student Responsibility: 0% 50% for contraceptives
<b>Outpatient Mental Health &amp; Substance Abuse:</b>	<b>\$500 Per Sickness</b>
<ul style="list-style-type: none"> <li>Includes treatment from a Physician, diagnostic lab and prescriptions.</li> </ul>	Deductible: \$0 Student Responsibility: 0%
<b>Wellness:</b>	<b>\$250 Limit Per Coverage Period</b>
<ul style="list-style-type: none"> <li>Includes preventive tests such as pap smears and lab work. Refer to Student Health Services for eligible expenses.</li> </ul>	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.*