

2024-25 Certificate and Summary of Benefits for the Students of: Claflin University



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. 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
Payor ID # 67788

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

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| PLAN NUMBER: | SFP24- CLAF |
| ELIGIBILITY CLASSIFICATION: | All Full-Time Undergraduate Students |
| COVERAGE PERIOD: | 8/1/2024 - 7/31/2025 |
| MAXIMUM SICKNESS LIMIT: | \$2,500 Per Sickness Subject to Coverage Period Maximum below |
| COVERAGE PERIOD MAXIMUM: | \$5,000 |

| Inpatient Hospitalization: | Subject to Maximum Sickness Limit |
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| <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: | \$200 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: | \$500 Per Sickness |
| <ul style="list-style-type: none"> Includes treatment from a Physician, diagnostic lab and prescriptions. | Deductible: \$0 Student Responsibility: 0% |
| Outpatient Surgical: | \$500 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. | |

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.