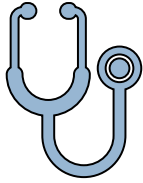


2023-24 Certificate and Summary of Benefits for the Students of: Furman University



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.

CLAIM FILING INSTRUCTIONS: 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

CLAIM FILING DEADLINE: All Medical Expenses must be filed within 6 months from the date of service

PLAN NUMBER:	SFP23- Furman
ELIGIBILITY CLASSIFICATION:	All Full-Time Undergraduate Students
COVERAGE PERIOD:	8/1/2023 - 7/31/2024
MAXIMUM SICKNESS LIMIT:	\$5,000 Per Sickness Subject to Coverage Period Maximum below
COVERAGE PERIOD MAXIMUM:	\$10,000

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. 	<table> <tr> <td>Room & Board Limit:</td> <td>Semi-private rate</td> </tr> <tr> <td>Deductible:</td> <td>\$0</td> </tr> <tr> <td>Student Responsibility:</td> <td>0% of the first \$1,000, 20% thereafter.</td> </tr> </table>	Room & Board Limit:	Semi-private rate	Deductible:	\$0	Student Responsibility:	0% of the first \$1,000, 20% thereafter.
Room & Board Limit:	Semi-private rate						
Deductible:	\$0						
Student Responsibility:	0% of the first \$1,000, 20% thereafter.						
Blanket Outpatient Sickness Services rendered through the Earle Student Health Center only:	\$250 Per Sickness						
<ul style="list-style-type: none"> Includes treatment from a Physician, diagnostic lab, x-ray, prescriptions, and services and supplies. Included are Mental Health and Substance Abuse services through the Earle Student Health Center (ESHC). 	<table> <tr> <td>Deductible:</td> <td>\$0</td> </tr> <tr> <td>Student Responsibility:</td> <td>0% 50% for contraceptives</td> </tr> </table>	Deductible:	\$0	Student Responsibility:	0% 50% for contraceptives		
Deductible:	\$0						
Student Responsibility:	0% 50% for contraceptives						
Outpatient Mental Health & Substance Abuse services when referred by the University outside of the Earle Student Health Center only:	\$1,000 Per Sickness						
<ul style="list-style-type: none"> Includes treatment from outpatient hospital or urgent care, Physician, diagnostic lab and prescriptions. 	<table> <tr> <td>Deductible:</td> <td>\$0</td> </tr> <tr> <td>Student Responsibility:</td> <td>0%</td> </tr> </table>	Deductible:	\$0	Student Responsibility:	0%		
Deductible:	\$0						
Student Responsibility:	0%						
Furman Sports Medicine:	\$500 Per Condition						
Wellness/Preventative Care Services*:	\$500 Maximum per year for all wellness services						
<ul style="list-style-type: none"> Only services rendered through Earle Student Health Center! All services must go through your primary insurance. Students who do not follow the rules of their Primary Carrier 's HMO/PPO provider will be penalized by 50%. Wellness/Preventative services are covered at 100% by your primary insurance carrier. Please make sure that services rendered through Earle Student Health Center/Prisma are covered by your primary carrier or covered services will only be paid at 50%. It is not the responsibility of Earle Student Health Center/Prisma to verify coverage through your primary insurance. 	<table> <tr> <td>Deductible:</td> <td>\$0</td> </tr> <tr> <td>Student Responsibility:</td> <td>0% / 50% if you do not follow your primary carrier's HMO/PPO rules</td> </tr> </table>	Deductible:	\$0	Student Responsibility:	0% / 50% if you do not follow your primary carrier's HMO/PPO rules		
Deductible:	\$0						
Student Responsibility:	0% / 50% if you do not follow your primary carrier's HMO/PPO rules						

All benefits combined may not exceed the Maximum Sickness Limit. There is no guarantee of benefits. Terms that are defined in the Full Plan Document are capitalized in this Summary.



*Wellness/Preventative Care Services: Including by not limited to: annual physicals, GYN exams, routine screenings and immunizations. Please see www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups.