

# 2009 2010 INTERNATIONAL COMMUNITY SERVICE VANTAGE PLAN

**UNDERWRITTEN BY UNITED HEALTHCARE INSURANCE COMPANY  
PREFERRED PROVIDER NETWORK: UNITED HEALTHCARE OPTIONS PPO**

**POLICY #2009 201293 92**

**Maximum Benefit**  
**\$250,000 (For each Injury or Sickness)**  
**Deductible**

\$50 at Recognized Student Health Center  
\$100 for each Injury or Sickness Maximum of \$500 per person per year

**Preferred Provider Coinsurance**  
The Company will pay 80% of Covered Medical Expenses up to the  
Aggregate Lifetime Maximum of \$250,000 per Injury/Sickness

**Out of Network Provider Coinsurance**  
70% of Usual & Reasonable Covered Expenses

**Pre-Existing Conditions**  
6 MONTH WAITING PERIOD

**Medical Evacuation / Repatriation**  
SCHOLASTIC EMERGENCY SERVICES (SES)

## Partial Plan Highlights

<b>In Patient</b>	
Room Board/Miscellaneous Charges	\$100 Co-pay 1 <sup>st</sup> 3 days
Nervous Mental include Drug/Alcohol	30 days same as any other illness
<b>Out Patient</b>	
Nervous Mental include Drug/Alcohol	30 Visits \$20 Co-pay
Physician Visit	\$20 Co-pay
Day Surgery Charges	\$150.00 Co-pay
Emergency room	\$150 Co-pay waived if admitted
Xray/Lab/Misc Test	\$20 Co-pay per test
MRI/CAT Scan	\$100 Co-pay (\$1200 maximum out of network only)
Prescription Drugs (w/Disc Card)	80% to \$2,000.00

## Premium Rates

FOR COVERAGE WITH AN EFFECTIVE DATE AUGUST 1, 2009 OR AFTER

<b>Student/Scholar</b>	<b>Annual</b>	<b>Monthly*</b>	<b>DEPENDENTS</b>	<b>Annual</b>	<b>Monthly*</b>
Student 24 & UNDER	\$ 576.00	\$ 48.00	Spouse 24 & UNDER	\$ 2,340.00	\$ 195.00
Student 25-30	\$ 816.00	\$ 68.00	Spouse 25-30	\$ 3,360.00	\$ 280.00
Student 31-40	\$1,200.00	\$100.00	Spouse 31-40	\$ 4,704.00	\$ 392.00
Student 41 & over	\$2,280.00	\$190.00	Spouse 41 & over	\$ 9,120.00	\$ 760.00
*3 month minimum			each Child	\$ 1,224.00	\$ 102.00

For questions or more information please contact: Insurance for Students, Inc  
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