

2010 2011 INTERNATIONAL COMMUNITY SERVICE VANTAGE PLAN

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

POLICY #2010 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

In Patient	
Room Board/Miscellaneous Charges	\$100 Co-pay 1 st 3 days
Nervous Mental include Drug/Alcohol	30 days same as any other illness
Out Patient	
Nervous Mental include Drug/Alcohol	30 Visits \$20 Co-pay
Physician Visit	\$20 Co-pay
Day Surgery Charges	\$150.00 Co-pay
Emergency room	\$100 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, 2010 OR AFTER

Student/Scholar	Annual	Monthly*	DEPENDENTS	Annual	Monthly*
Student 24 & UNDER	\$ 624.00	\$ 52.00	Spouse 24 & UNDER	\$ 2,532.00	\$ 211.00
Student 25-30	\$ 888.00	\$ 74.00	Spouse 25-30	\$ 3,636.00	\$ 303.00
Student 31-40	\$1,284.00	\$107.00	Spouse 31-40	\$ 5,088.00	\$ 424.00
Student 41 & over	\$2,472.00	\$206.00	Spouse 41 & over	\$ 9,852.00	\$ 821.00
*3 month minimum			each Child	\$ 1,320.00	\$ 110.00

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