

**INTERNATIONAL COMMUNITY SERVICE
DISCOUNT PLAN
UNDERWRITTEN BY MEGA LIFE & HEALTH INSURANCE COMPANY**

**Maximum Benefit
\$100,000 (For each Injury or Sickness)**

**Deductible
-0-**

Preferred Provider Coinsurance
The Company will pay 80% of Covered Medical Expenses up to \$35,000 then 100% of the Covered Medical Expenses to an Aggregate Lifetime Maximum of \$100,000 per Injury/Sickness

Out of Network Provider Coinsurance
60% of Usual & Reasonable Covered Expenses

Pre-Existing Conditions
6 MONTH WAITING PERIOD

Medical Evacuation / Repatriation
ASSIST AMERICA

Partial Plan Highlights

In Patient	
Room Board/Miscellaneous Charges	\$100 Co-pay 1 st 3 days
Surgeon	\$7,500 Maximum
Nervous Mental include Drug/Alcohol	30 days same as any other illness
Out Patient	
Nervous Mental include Drug/Alcohol	30 Visits same as any other illness \$20.00 Co-pay
Surgeon	\$7,500 maximum
Day Surgery Charges	\$100.00 Co-pay \$5000 Maximum
Physician's Visits	\$20.00 Co-pay
Emergency room	\$75.00 Co-pay waived if admitted
X-ray / Lab / Misc Test	\$20 Co-pay per test
MRI/CAT Scan	\$100 Co-pay - \$1200 maximum benefit
Prescription Drugs (w/Disc Card)	75% to \$2,000.00

Premium Rates

Student/Scholar	Annual	Monthly*	DEPENDENTS	Annual	Monthly*
Student UNDER 24	\$360.00	\$ 30.00	Spouse UNDER 24	\$ 1,392.00	\$ 116.00
Student 24-30	\$420.00	\$ 35.00	Spouse 24-30	\$ 1,632.00	\$ 136.00
Student 31-40	\$744.00	\$ 62.00	Spouse 31-40	\$ 3,048.00	\$ 254.00
Student 41-50	\$1,044.00	\$ 87.00	Spouse 41-50	\$ 4,260.00	\$ 355.00
Student +51	\$2,100.00	\$175.00	Spouse +51	\$ 8,400.00	\$ 700.00
*3 month minimum			each Child	\$ 852.00	\$ 71.00

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