

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

**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**  
ASSIST AMERICA

**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 benefit
Prescription Drugs (w/Disc Card)	80% to \$2,000.00

**Premium Rates**

<b>Student/Scholar</b>	<b>Annual</b>	<b>Monthly*</b>	<b>DEPENDENTS</b>	<b>Annual</b>	<b>Monthly*</b>
Student UNDER 24	\$588.00	\$ 49.00	Spouse UNDER 24	\$ 2,400.00	\$ 200.00
Student 24-30	\$756.00	\$ 63.00	Spouse 24-30	\$ 3,000.00	\$ 250.00
Student 31-40	\$1,500.00	\$125.00	Spouse 31-40	\$ 6,000.00	\$ 500.00
Student 41-50	\$2,040.00	\$170.00	Spouse 41-50	\$ 8,160.00	\$ 680.00
Student +51	\$4,200.00	\$350.00	Spouse +51	\$12,600.00	\$1,050.00
*3 month minimum			each Child	\$ 1,092.00	\$ 91.00

For questions or more information please contact: Insurance for Students, Inc  
600 Corporate Drive #101  
Fort Lauderdale, FL 33334  
Phone 800-356-1235  
fax 954-772-0872