

2007 2008 INTERNATIONAL COMMUNITY SERVICE PLAN A

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

Maximum Benefit

\$250,000 (For each Injury or Sickness)

POLICY # 2007 201293 91

Deductible

\$50 at Recognized Student Health Center
In Network

\$100 for each Injury or Sickness Maximum of \$300 per person per year
Out of Network

\$200 for each Injury or Sickness -- Maximum of \$600.00 per person per year

Preferred Provider Coinsurance

The Company will pay 100% of Covered Medical Expenses up to \$2,500 then 80% of Covered Medical Expenses up to \$47,500 then 100% 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

In Patient	
Room Board/Miscellaneous Charges	\$1500 per day
Surgeon	\$5,000.00
Nervous Mental include Drug/Alcohol	30 days same as any other illness
Out Patient	
Nervous Mental include Drug/Alcohol	30 Visits
Physician Visit	1 per day
Day Surgery Charges	\$1,500.00
Surgeon	\$5,000.00
OMB – Xray/Lab/Misc Test/Emergency Room	\$1,000.00
MRI/CAT Scan	\$1,000.00
Prescripton Drugs	80% to \$1000.00
Abortion	\$300 per policy year

RATES

FOR COVERAGE WITH AN EFFECTIVE DATE OF 8/1/2007 OR LATER

	Annual	Monthly*
Student	\$ 876.00	\$ 73.00
Spouse	\$3,516.00	\$293.00
Child	\$1,320.00	\$110.00

*minimum of 3 months required

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