

2007 2008 INTERNATIONAL COMMUNITY SERVICE VANTAGE PLAN

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

POLICY #2007 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
ASSIST AMERICA

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	\$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

FOR COVERAGE WITH AN EFFECTIVE DATE AUGUST 1, 2007 OR AFTER

Student/Scholar	Annual	Monthly*	DEPENDENTS	Annual	Monthly*
Student 24 & UNDER	\$ 516.00	\$ 43.00	Spouse 24 & UNDER	\$ 2,088.00	\$ 174.00
Student 25-30	\$ 756.00	\$ 63.00	Spouse 25-30	\$ 3,000.00	\$ 250.00
Student 31-35	\$1,068.00	\$ 89.00	Spouse 31-35	\$ 4,200.00	\$ 350.00
Student 36-40	\$1,500.00	\$125.00	Spouse 36-40	\$ 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
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