

COSTS & COVERAGES 2009-2010

	<u>DELUXE (Outbound)</u>	<u>VALUE (Outbound)</u>	<u>VALUE (Inbound U.S. Only)</u>
Maximum Medical Benefit (Student, Scholar, Faculty Member):	\$250,000	\$250,000	\$100,000
Maximum Medical Benefit (Dependent, Guests):	\$250,000	\$100,000	\$50,000
Co-insurance:	100% U&C	First \$10,000 @ 100% U&C 80% U&C thereafter	80% U&C

TO CALCULATE YOUR TOTAL COST: first select your Plan, next select your age group, then multiply the number of weeks (two week minimum) by the rate to equal your total cost.

DELUXE OUTBOUND & VALUE OUTBOUND PLANS (Traveling outside the United States)

COST PER WEEK OR ANY PART THEREOF (Two Week Minimum Required)

	Age	Deluxe (Outbound)	Value (Outbound)
Student (includes outbound scholars, faculty members and administrators)	Any Age	<input type="checkbox"/> \$11.75	<input type="checkbox"/> \$ 10.00
Spouse* , Invited Guest, Chaperone	24 & Under	<input type="checkbox"/> \$13.25	<input type="checkbox"/> \$11.25
	25-30	<input type="checkbox"/> \$16.25	<input type="checkbox"/> \$13.75
	31-40	<input type="checkbox"/> \$19.50	<input type="checkbox"/> \$16.50
	41-49	<input type="checkbox"/> \$26.75	<input type="checkbox"/> \$22.50
	50-59	<input type="checkbox"/> \$33.00	<input type="checkbox"/> \$27.75
	60-65	<input type="checkbox"/> \$38.25	<input type="checkbox"/> \$32.00
Each Dependent Child*		<input type="checkbox"/> \$11.75	<input type="checkbox"/> \$10.00

VALUE INBOUND PLAN (Traveling into the United States)

COST PER WEEK OR ANY PART THEREOF (Two Week Minimum Required)

Student Age (Scholar, Faculty, Administrators)	Student Value (Inbound U.S. Only)	Dependent Age (Spouse, Invited guest, Chaperone)	Dependent Value (Inbound U.S. Only)
24 & Under	<input type="checkbox"/> \$15.50	24 & Under	<input type="checkbox"/> \$17.50
25-30	<input type="checkbox"/> \$19.25	25-30	<input type="checkbox"/> \$22.00
31-40	<input type="checkbox"/> \$23.00	31-40	<input type="checkbox"/> \$26.25
41-49	<input type="checkbox"/> \$33.25	41-49	<input type="checkbox"/> \$38.25
50-59	<input type="checkbox"/> \$44.50	50-59	<input type="checkbox"/> \$51.50
60-65	<input type="checkbox"/> \$61.50	60-65	<input type="checkbox"/> \$64.25
		Each Child	<input type="checkbox"/> \$15.50

***Dependents** must be enrolled in the same Plan during the same time period as the Student.

Cost is calculated based upon the day the Covered Person's insurance becomes effective, and continues through the end of the day listed as the ending date.

OPTIONAL BENEFITS (Student Only)

COST PER WEEK OR ANY PART THEREOF (Two Week Minimum Required)

• Personal Property • Lost Baggage • Trip Cancellation (See page 4 for benefits and exclusions).	<input type="checkbox"/> \$ 4.50
Optional AD&D for students only, \$25,000 principal sum (See page 3 for benefits)	<input type="checkbox"/> 25¢