

Collegiate Sports Med STM- Florida- 33431

\$5000 Coinsurance Limit/ 80%/20% Coinsurance level

12 month plans

0-18 year Old		
Deductible	Premium- Male	Premium- Female
\$1,000	\$1,242.58	\$1,553.14

19-20 Year old		
Deductible	Premium- Male	Premium- Female
\$1,000	\$1,439.62	\$1,788.10

21-25 Year old		
Deductible	Premium- Male	Premium- Female
\$1,000	\$1,291.78	\$1,620.46

*** Add \$50 to all prices should you choose to include the mental/nervous illness coverage**

**International Student Athlete Insurance Plan
FLORIDA VERSION
SCHEDULE OF BENEFITS**

Accident and Sickness Medical Maximums Per Accident or Sickness and Annual Maximum	\$250,000 per Primary Insured, \$50,000 Spouse/Dependent Child
Co Pay – Per Injury or Illness	Non U.S. Students: \$100 if not first treated by the Student Health Center (of if there is no Student Health Center) \$50 if first treated by the Student Health Center
Prescription of Medicine	\$10 for Generic and \$20 for Brand Name
Coinsurance	100% to plan maximum
Benefit Period	Covered Expenses incurred during the Period of Coverage
Mental Illness	Inpatient: Payable at 50% up to \$10,000, to a max of 40 days Outpatient: Payable at 80% up to \$500
Maternity	Covered as any other illness
Alcohol and Drug Abuse	Inpatient/Outpatient: Payable at 50% up to \$1,000
Sports-related Injuries	\$15,000
Injuries from a Motor Vehicle Accident	\$10,000
Dental (Emergency)	\$250 per tooth to a maximum of \$500
Emergency Medical Evacuation	\$250,000
Repatriation of Mortal Remains	\$25,000
Emergency Reunion	\$5,000
Accidental Death & dismemberment	\$10,000 per Insured/ \$5,000 per Spouse/Dependent Child
Physiotherapy	\$500
Spinal Manipulation	\$500
Ambulance Service	\$350
Home Country Coverage – Incidental trips to the Insured's Home Country	30 days of coverage up to a maximum of \$1,000, during your Period of Coverage
Home Country Extension of Benefits	Up to \$1,000, expenses must be incurred within 30 days of returning to your Home Country
Assistance	24 hours – Worldwide

Unless otherwise mentioned, deductibles, co-pays, coinsurance and benefits are considered on a Per Injury/Sickness basis

Coverage is from August 15, 2011 - May 30, 2012

AGE	RATE
0-18	\$550
19-23	\$729
24-30	\$927

For more information contact:

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