

2009-2010 Global Travel - Weekly Rates And Optional Coverages

	<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 PLAN	VALUE PLAN
Student (includes outbound scholars, faculty members and administrators)	Any Age	<input type="checkbox"/> \$ 11.75	<input type="checkbox"/> \$ 10.00
	24 and under	<input type="checkbox"/> \$ 13.25	<input type="checkbox"/> \$ 11.25
Spouse*, Invited Guest, Chaperone	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
Per Dep. Child*	0-18	<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)		
INBOUND TO U.S.	Maximum Benefit = \$100,000	Maximum Benefit = \$50,000
AGE	STUDENT VALUE PLAN (Scholar, Faculty, Administrators)	DEPENDENT VALUE (Spouse, Invited Guest, Chaperone)
24 and under	<input type="checkbox"/> \$ 15.50	<input type="checkbox"/> \$ 17.50
25-30	<input type="checkbox"/> \$ 19.25	<input type="checkbox"/> \$ 22.00
31-40	<input type="checkbox"/> \$ 23.00	<input type="checkbox"/> \$ 26.25
41-49	<input type="checkbox"/> \$ 33.25	<input type="checkbox"/> \$ 38.25
50-59	<input type="checkbox"/> \$ 44.50	<input type="checkbox"/> \$ 51.50
60-65	<input type="checkbox"/> \$ 61.50	<input type="checkbox"/> \$ 64.25
Per Dep. Child 0-18*		<input type="checkbox"/> \$ 15.50

*DEPENDENTS MUST BE ENROLLED ON THE DATE THE INSURED STUDENT IS ENROLLED OR WITHIN 31 DAYS OF DATE OF BIRTH OR ARRIVAL IN U.S.

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 Cost Per Week Or Any Part Thereof - Two Week Minimum	
• Personal Property • Lost Baggage • Trip Cancellation	<input type="checkbox"/> \$ 4.50 per week
Optional AD&D for Students only, \$25,000 principal sum	<input type="checkbox"/> 25 ¢ per week

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