

**Insured**

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Email Address:	alambarams1@udayton.edu
School:	University of Dayton, Ohio
Coverage Period:	04/13/2015 To 05/12/2015 1 month
Date of Birth:	May 2, 1992

**Product**

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Plan Name:	Compass Benchmark Plus
Deductible Name:	Preferred Provider: \$50 Per Insured Person, Per Policy Year (Waived at Student Health Center)/Out- of-Network: \$300 Per Insured Person, Per Policy Year
Student Coverage Period:	1 month \$86.00
Total:	\$86.00

**Student Information**

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Student Name:	sai pranava alambaram
Email:	alambarams1@udayton.edu
Phone:	9043146827
Address:	337 firwood dr apt#c dayton, Ohio 45419 United States
Student ID:	6041363708