

**2017-2018**

**DIANins Option Plan**

**International Health Insurance for F1 OPT**



[www.dianins.com/option-plan](http://www.dianins.com/option-plan)

OPT is called Optional Practical Training, which is granted by the U.S. immigration service to the students with a F-1 visa, without applying for an H1B visa. Students can use OPT status to do legal internships. OPT students must choose a health insurance. Schools generally do not provide health insurance. Most employers will not provide health insurance for non-full-time international students therefore F1 visa holders in OPT status should prepare health insurance with enough coverage limit and low deductible.

## Highlight

- \$100,000 per Injury or Sickness
- Comprehensive Inpatient and Outpatient Care, Emergency care, Prescription Drugs, Mental Health.
- Worldwide direct-bill network plan, including the Aetna Preferred Provider network in the US, available with the Advantage plan; there is no need to pay for your health services at the time of delivery
- The Aetna network includes healthcare providers and hospitals throughout the 50 states in the United States network Aetna.
- Online & live multilingual customer service available 24/7
- Online claims filing at [www.gbg.com](http://www.gbg.com)
- Plans are offered by and administered (claims payment) through Global Benefits Group, Inc., a US based company
- Pharmacy benefits are reimbursed through GBG including maintenance and oral contraceptives

## Monthly rates

Age 12 ~ 24	Age 25 ~ 29	Age 30 ~ 40
\$36	\$64	\$115

## Eligibilities

- Minimum age 12 to Maximum age of 40,
- Must be an International student with valid OPT status outside of your country of residence.
- The Insurer has the right to investigate eligibility status to verify eligibility requirements are met. If it is discovered the eligibility requirements are not met, the insurance coverage will be terminated

## Claims

All claims worldwide are subject to Usual, Customary and Reasonable charges as determined by Insurer and are processed in the order in which they are received. In order for claims payment to be made, claims must be submitted in a form acceptable to Insurer. Claim forms can be obtained from our website at [www.gbg.com](http://www.gbg.com).

## Pre-Authorization

Pre-Authorization is a process by which a Plan Participant obtains approval for certain medical procedures or treatments prior to the commencement of the proposed medical treatment. This requires the submission of a completed Pre-Authorization Request form to GBG Assist a minimum of five business days prior to the scheduled procedure or treatment date.

The following services require Pre-Authorization:

- Any Hospitalization;
- Outpatient or Ambulatory Surgery;
- Home Health Care including Nursing Services;
- Hospice Care;
- All Cancer Treatment (Including Chemotherapy and Radiation);
- Prescription medications in excess of \$3,000 per refill; and
- Air Ambulance – Air Ambulance service will be coordinated by Insurer's air ambulance provider;
- Any condition, which does not meet the above criteria, but are expected to accumulate over \$10,000 of medical treatment per policy year.

Medical Emergency Pre-Authorizations must be received within 48 hours of the admission or procedure. In instances of an emergency, you or the Plan Participant should go to the nearest hospital or provider for assistance even if that hospital or provider is not part of the Network.

## GENERAL FEATURES of Option Plan

<b>U.S. Provider Network</b>	<a href="#">Aetna</a>
<b>Coverage Area</b>	Worldwide
<b>Maximum benefit per Injury or Sickness</b>	\$100,000
<b>Lifetime Maximum</b>	Unlimited
<b>Deductible per Injury or Sickness</b>	\$500
<b>Co-Insurance</b>	75%
• In-Network	65% of Usual & Customary
• Out-of-Network	
<b>Hospitalization Copay</b>	\$250
<b>Emergency Room Copay (waived if admitted)</b>	\$250 per Occurrence
<b>Home Country Coverage</b>	\$500
<b>Pre-existing Conditions</b>	12 month waiting period

**Covered Services And Benefit Levels**  
Subject to deductible, coinsurance and maximum benefit per period of insurance

**WHAT THE INSURANCE PLAN COVERS**  
Following coinsurance applies for In-Network in the U.S. or Outside the U.S. In case of Out-of-Network, coinsurance reduced to 65% in U.S.

## INPATIENT AND HOSPITALIZATION BENEFIT

<b>Accommodations</b> including Semi-private room	75%
<b>Intensive Care/Cardiac Care</b>	75%
<b>Inpatient Consultation by Physician or Specialist</b>	75%
<b>Hospital Miscellaneous Expenses</b>	75%
<b>Pre-Admission Testing</b>	75%

## OUTPATIENT BENEFITS

<b>Physician Visit/ Consultation by Specialist</b>	75%
• General Practitioner or Specialist	
• Urgent Care Center	
<b>Diagnostic Testing</b>	75%
• X-Ray and Laboratory	
• MRI, PET, and CT Scans	
<b>Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy</b>	75%
• Maximum Benefit 1 visit per day	

## SURGICAL BENEFITS (Outpatient / Inpatient)

### Inpatient, Outpatient or Ambulatory Surgery;

- Surgeon's Fees
- Assistant Surgeon and Anesthesiologist
- Facility fees 75%
- Laboratory tests
- Medications and dressings
- Other medical services and supplies

## EMERGENCIES

### Emergency Room and Medical Services

- \$250 Copay waived if admitted 75% after copay
- No coverage for Non-emergency use of the emergency room

### Ambulance Services

- Emergency Local Ground Ambulance 75%

### Emergency Dental

- Limited to accidental injury of sound natural teeth sustained while covered 75%

## MATERNITY CARE

### Normal delivery or medically necessary C-Section, prenatal, postnatal care and complications of pregnancy (Conception must occur while coverage is in effect)

75%

### Therapeutic Termination of Pregnancy

75%

## OTHER BENEFITS

### Inpatient Mental Health

- To treat a covered diagnosis 75%

### Outpatient Mental Health

75%

### Preventive Care and Annual Exams

Not Covered

### Chemotherapy, Radiotherapy

- Inpatient and Outpatient 75%

### Durable Medical Equipment

- Reimbursement of rental up to purchase price 75%

### Alcohol and Drug Abuse

- Rehabilitative treatment only 75%

### Prescription Drugs

- Up to 31-day supply per prescription 75%

## ADDITIONAL BENEFITS

### Medical Evacuation and Repatriation

\$50,000

### Return of Mortal Remains

\$25,000

**Conformity with State Statutes:** Any Provision of the evidence of coverage which, on its effective date, is in conflict with the statutes of that state in which it is issued, is hereby amended to conform to the minimum statutes of that state.

<Refer to policy for detail plan information>