

**2017-2018**

**DIANins Blue Plan**

**International Student Health Insurance**

Available for only International Students



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

Colleges and universities require international students to have health insurance plans while studying. Blue Plan offer international students an alternative to more expensive university plans – providing health insurance that meets the waiver requirements of most worldwide higher education institutions. Coverage is available to all international students studying outside their home country who are enrolled and actively attending an accredited college or university.

Brochure No: Blue 2017

## Highlight

- Unlimited Annual Maximum
- Comprehensive Inpatient and Outpatient Care, Emergency care, Prescription Drugs, Mental Health and Preventative care
- 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
- 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

### Yearly rates(364days)

	Student		Spouse / Child	
	Deductible \$500/year	Deductible \$250/year	Deductible \$500/year	Deductible \$250/year
Age 12 ~ 24	\$888	\$987	Spouse: \$9,058 Child: \$1,999	Spouse: \$10,815 Child: \$2,397
Age 25 ~ 29	\$1,399	\$1,557		
Age 30 ~ 40	\$3,593	\$4,034		

### Monthly rates(30days)

	Student		Spouse / Child	
	Deductible \$500/year	Deductible \$250/year	Deductible \$500/year	Deductible \$250/year
Age 12 ~ 24	\$73.2	\$81.3	Spouse: \$746.4 Child: \$164.7	Spouse: \$891.3 Child: \$197.7
Age 25 ~ 29	\$115.2	\$128.4		
Age 30 ~ 40	\$296.1	\$332.4		

### Daily rates

	Student		Spouse / Child	
	Deductible \$500/year	Deductible \$250/year	Deductible \$500/year	Deductible \$250/year
Age 12 ~ 24	\$2.44	\$2.71	Spouse: \$ 24.88 Child: \$5.49	Spouse: \$29.71 Child: \$6.59
Age 25 ~ 29	\$3.84	\$4.28		
Age 30 ~ 40	\$9.87	\$11.08		

## Eligibilities

- Minimum age 12 to Maximum age of 40,
- Must be an International student enrolled in and attending a recognized higher education institute outside of their country of residence.
- Students must actively attend classes. Home study, correspondence and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the policy eligibility requirements have been met. If the Company discovers that the policy eligibility requirements have not been met, its only obligation is to refund premium.
- Termination of the insurance of the primary member shall also cancel all coverage for dependents.
- Your eligibility date will be determined by the Insurer.

## 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).

## GENERAL FEATURES of Blue

<b>U.S. Provider Network</b>	<a href="#">Aetna</a>
<b>Coverage Area</b>	Worldwide
<b>Maximum benefit payable per period of insurance</b>	Unlimited
<b>Deductible</b>	Option 1: Network-\$250 / Non-Network-\$500 Option 2: Network-\$500 / Non-Network-\$750
<b>Deductible at Student Health Center</b>	\$0
<b>Office visit copay</b> (waived at Student Health Center)	\$25
<b>Urgent Care Center Copayment</b>	\$50
<b>Emergency Room Copay</b> (waived if admitted)	\$300 per Occurrence
<b>Home Country Coverage</b>	Up to \$1,000 per Policy Period
<b>Out-Of-Pocket Maximum</b>	Network - \$5,000 Non-Network - Unlimited
<b>Pre-existing Conditions</b>	No waiting period

Subject to deductible, coinsurance and maximum benefit per period of insurance

Following coinsurance applies for In-Network in the U.S. or Outside the U.S. In case of Out-of-Network, coinsurance reduced to 60% in U.S.

## INPATIENT AND HOSPITALIZATION BENEFIT

<b>Accommodations</b> including Semi-private room	80%
<b>Intensive Care/Cardiac Care</b>	80%
<b>Inpatient Consultation by Physician or Specialist</b>	80%
<b>Hospital Miscellaneous Expenses</b>	80%
<b>Pre-Admission Testing</b>	80%
<b>Extended Care/Inpatient Rehabilitation</b>	80%
<ul style="list-style-type: none"> <li>Maximum Benefit Per Period of Insurance 45 days</li> <li>Must be confined to facility immediately following a hospital stay</li> </ul>	

## OUTPATIENT BENEFITS

### Physician Visit/ Consultation by Specialist

- General Practitioner or Specialist 80%
- Urgent Care Center

### Diagnostic Testing

- X-Ray and Laboratory 80%
- MRI, PET, and CT Scans
- Inpatient and Outpatient

### Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy

- Maximum Benefit per Period of Insurance: 12 visits per injury or illness 80%

## SURGICAL BENEFITS (Outpatient / Inpatient)

### Inpatient, Outpatient or Ambulatory Surgery;

- Surgeon's Fees
- Assistant Surgeon and Anesthesiologist
- Facility fees 80%
- Laboratory tests
- Medications and dressings
- Other medical services and supplies

## EMERGENCIES

### Emergency Room and Medical Services

- \$300 Deductible waived if admitted 80% after Deductible
- 50% coinsurance will be applied to Non-emergency use

### Ambulance Services

- Emergency Local Ground Ambulance 80%

### Emergency Dental

- Limited to accidental injury of sound natural teeth sustained while covered 80% up to \$250 per tooth
- \$1,000 Benefit Maximum per Policy Period

## MATERNITY CARE

### Normal delivery or medically necessary C-Section, prenatal, postnatal care and complications of pregnancy

80%

## OTHER BENEFITS

### Inpatient Mental Health

- To treat a covered diagnosis 80%

### Outpatient Mental Health

80%

### Preventive Care and Annual Exams

- 0-12 months: 9 visits maximum 100% only covered In-Network
- Child/Adult: Annual Exam, Immunizations

### Palliative Dental Care

- Sudden onset of Pain 80% up to \$600

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<b>Homeopathic Care and Acupuncture</b>	80% up to \$500
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<b>Chemotherapy, Radiotherapy</b> <ul style="list-style-type: none"><li>Inpatient and Outpatient</li></ul>	80%
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<b>Home Health Care</b>	80%
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<b>Hospice Care</b> <ul style="list-style-type: none"><li>Inpatient Maximum Benefit per Period of Insurance: 45 days</li><li>Outpatient Maximum Benefit per Period of Insurance: \$5,000</li></ul>	80%
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<b>Diabetic Medical Supplies</b> <ul style="list-style-type: none"><li>Includes Insulin Pumps and associated supplies</li></ul>	80% up to %7,500
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<b>Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV +), AIDS Related Complex(ARC), Sexually transmitted diseases and all related conditions</b>	80%
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<b>Durable Medical Equipment</b> <ul style="list-style-type: none"><li>Reimbursement of rental up to purchase price</li></ul>	80%
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<b>Alcohol and Drug Abuse</b> <ul style="list-style-type: none"><li>Rehabilitative treatment only</li></ul>	80%
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<b>Prescription Drugs</b> <ul style="list-style-type: none"><li>\$25 Copayment per Prescription</li><li>Up to 31-day supply per prescription</li><li>Includes contraceptives</li><li>CSV/Caremark network pharmacy is required</li></ul>	80% after Copayment
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<b>Motor Vehicle Accident</b> <ul style="list-style-type: none"><li>Injuries caused by accident</li></ul>	80%
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<b>Sport Activities</b> <ul style="list-style-type: none"><li>Injuries arising from interscholastic, intramural, and club sports</li></ul>	80%
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## ADDITIONAL BENEFITS

<b>Compassionate Care Visit</b>	\$1,000 Maximum Benefit per period of Insurance
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<b>Medical Evacuation and Repatriation</b>	Unlimited
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<b>Return of Mortal Remains</b>	Unlimited
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<b>Accident Death and Dismemberment</b>	\$30,000 Maximum Benefit
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<b>War and Terrorism</b>	Included
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<Refer to policy for detail plan information>