



2021-2022

International Student Injury and Sickness Plan

Option

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 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.

Benefit Highlights

- Maximum
- Enough Inpatient and Outpatient Care, Emergency care, Prescription Drugs, Mental Health.
- Worldwide direct-billing network plan, including the United HealthCare Options PPO Network in the US. There is no need to pay for your health services at the time of delivery
- The United HealthCare Options PPO Network includes healthcare providers and hospitals throughout the 50 states in the United States network
- Online claims filing at: www.dianins.com/login
- Plans are offered by WellAway Limited and claims are administered through PayerFusion Holdings LLC.
- Pharmacy benefits are directly billed via EHIM including maintenance.

Monthly Rates

	Monthly rates	
Age band	Student	Spouse/Child
Ages 17 - 24	\$37	Spouse: N/A Child: N/A
Ages 25 - 29	\$67	
Ages 30 - 45	\$120	

Eligibilities

* Minimum age 17 to Maximum age of 45, * 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.

Area of Coverage

This plan is written for the USA including Worldwide and excluding Home country.

Preferred Provider Network – United HealthCare Options PPO Network

The Insurer maintains a Preferred Provider Network both within the United States

Pharmacy

Prescription Drugs must be obtained from any EHIM in network pharmacy. Present your Medical Identification card to the pharmacy along with the copayment, at the time of purchase. The pharmacy will bill EHIM directly for your prescription. See the section titled, “How to File a Claim” for information on Prescription Drug Claims. A list of participating pharmacies can be viewed at <https://www.ehimrx.com/pharmacylocator.php>.

OPTion

GENERAL PLAN SPECIFICATIONS

Copayments do not apply to the Deductible or the Out-of-Pocket Maximum.

Area of Coverage	Worldwide, excluding the Home Country
U.S. Network	United Healthcare
Maximum Benefit per Period of Insurance	\$100,000
Deductible: Per Illness, per accident:	\$500
Copayment Student Health Center • Urgent Care Facility, Walk-In Clinic, Physician Office Visit • Emergency Room	\$5 \$50/Visit \$350/Visit
Pre-Existing Conditions (12-months Lookback Period)	Student: Pre-Existing conditions are covered after a 12-months Waiting Period

PLAN BENEFITS

This Plan is designed to protect you from an Acute Illness or Accident requiring Emergency Treatment. It also provides coverage in Non-Emergency situations where medical intervention would be the proper course of action, provided such condition first manifested during the Period of Insurance. This Plan does not cover care for wellness medical conditions, extended treatment, or Pre-Existing Conditions and is not a replacement for longer term medical, preventive, or maintenance needs. Non-Emergency care and treatment that should be rendered in the Plan Participant's Home Country, in the opinion of the Insurer, will not be covered.

COVERED SERVICES AND BENEFIT LEVELS Subject to Deductible, Copayment, Coinsurance, and Maximum Benefit per Period of Insurance.	WHAT THE PLAN COVERS The following coinsurance applies for In-Network Providers in the U. S. or for expenses incurred outside the U.S. (if available). Coinsurance reduces to 60% UCR when Out-of-Network Providers in the U.S. are used.
Emergency Treatment of a Pre-Existing Condition • Due to a Medical Emergency resulting from a Pre-Existing Condition • Pre-Existing Condition must be stable • Emergency Treatment benefits only provided Maximum Benefit per Period of Insurance: \$25,000	80% UCR

HOSPITALIZATION AND INPATIENT BENEFITS	
Hospitalization • Hospital Accommodations (semi-private) • Inpatient consultation by a physician or specialist, medical treatment, medicines, laboratory and diagnostic tests	80% UCR
OUTPATIENT BENEFITS	
Physician Visit or consultation by a specialist, diagnostic testing including X-Ray, and laboratory	80% UCR
EMERGENCY BENEFITS	
Emergency Room • \$350 Copayment per visit • Non-emergency use of the emergency room is Not Covered	80% UCR
Ambulance Services (to the nearest Hospital) • Ground only	80% UCR
Emergency Dental Care • Due to an Accident • For immediate relief of pain Maximum Benefit per Period of Insurance \$500	80% UCR 80% UCR
OTHER MEDICAL BENEFITS (INPATIENT/OUTPATIENT)	
Mental health treatment Inpatient: Maximum Benefit per Period of Insurance: 60 days or \$150,000 Outpatient: Up to \$50 per visit Maximum Benefit per Period of Insurance: \$50	80% UCR
Prescription Medications Up to 31-day supply per prescription • Includes contraceptives through the EHIM program Up to 31-day supply per prescription For an Illness covered under this Plan	\$20 Copayment per prescription for Tier 1 \$40 Copayment per prescription for Tier 2
Surgery and anesthesiology services	80% UCR
Physical Therapy Up to \$50 per visit Maximum Benefit per Period of Insurance: \$1,000	80% UCR
Maternity including Complications of Pregnancy	Not covered
OTHER EMERGENCY SERVICES	
Emergency Medical Evacuation/Repatriation Maximum Benefit per Period of Insurance: \$50,000/\$25,000	80% UCR
OTHER BENEFITS	
Accidental Death and Dismemberment (AD&D)	Maximum Benefit: \$50,000
Repatriation of Mortal Remains	Maximum Benefit: \$25,000

Exclusions and Limitations

The following is a partial list of examples of expenses which are not covered under the insurance plan:

- **Medical Necessity:** any charges that are not Medically Necessary or in accordance with established evidence based medicine.
- **Dental, Vision and Hearing Care:** any Services related to teeth, gums, or jaw (except for any injury to sound natural teeth); hearing aids; eyeglasses; and contact lenses.
- **Fertility and Infertility Treatments:** any Services related to fertility or infertility.
- **Pre-Existing Conditions:** Services related to a Pre-Existing Condition or a complication thereof during an applicable Waiting Period.
- **Sexual Dysfunction and Sex Change Services:** any Service or Prescription Drug for sexual dysfunction or to change the biological sexual characteristics to those of the opposite sex.
- **Podiatric Care:** any Services related to foot care, including corns, calluses, or other lesions, or trimming of nails.
- **Genetic Testing and Screening:** any genetic testing or screening and preventative prophylactic surgeries recommended by genetic testing or screening.
- **Elective and Cosmetic Surgeries, Treatments and Procedures:** any elective and/or cosmetic Services, Prescription Drugs, devices, items, products, and Supplies that are not Medically Necessary and that may only be provided for the purpose of improving, altering, enhancing, or genetically manipulating the quality of an existing condition.
- **Breast Reductions/Augmentation:** any Services related to breast reductions or augmentation, or complications related to or arising from breast implants.
- **Skin Conditions:** any Services related to acne or other treatments to enhance the appearance of the skin.
- **Sleep Studies and Disorders:** any Services or investigations for insomnia, sleeping disorders, sleep studies and other Treatments relating to sleep apnea, jet lag, fatigue, or stress or any related conditions.
- **Illegal Activities:** any Services related to Injuries or Illnesses resulting, arising from or occurring during the commission or perpetration of a violation of law by an Insured Person.
- **Self-Inflicted Illness or Injury:** any Services related to Illnesses or Injuries, as well as their consequences, with respect to any conditions as a result of self-inflicted Illnesses or Injuries, suicide or attempted suicide, while sane or insane.
- **Experimental and/or Investigational Services:** Services, Supplies or Prescription Medications, as determined by Insurer to be Experimental and/or Investigational.
- **Recreational Activities and Sports:** any Services for Injuries or Illnesses arising from participating in or providing instruction for recreational activities, semi or Professional Sports, intercollegiate, interscholastic or competitive sports (*unless covered as stated in the Summary of Benefits*) or any extreme sports.
- **Motor Vehicles:** any Services for Injuries or Accidents related to the operating of any type of vehicle or conveyance while under the influence of alcohol or any controlled substances including prescribed drugs for which the individual was provided a written warning against operating a vehicle or conveyance while taking it.
- **Alcohol and Substance Abuse:** any Services related to any Injuries or Illnesses caused by, contributed to or resulting from the use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by a Physician.
- **Usual, Reasonable and Customary:** Any charges in excess of Usual, Reasonable and Customary Charges for Out-of-Network Services.

This list of examples is not complete; refer to your terms and conditions for a complete list of exclusions.

Plan benefits are subject to the terms and conditions of the insurance plan.