



# DIANins White

Colleges and universities require international students to have health insurance plans while studying. White 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.

## Highlight

- \$150,000 Per Injury/Illness; \$500,000 Annual Maximum
- Worldwide direct-bill network plan, including the Coventry/First Health Preferred Provider network in the US, available with the White plan; there is no need to pay for your health services at the time of delivery
- The Coventry/First Health Network serves more than 2 million people across the country, with access to more than 5,000 hospitals. There are also over 90,000 ancillary facilities and over 1 million health care professional service locations in all 50 states and the District of Columbia
- 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

	Student	Spouse	Child
Age 12 ~ 24	\$346	\$2,260	\$2,260
Age 25 ~ 29	\$550	\$2,260	\$2,260
Age 30 ~ 40	\$1,067	\$2,260	\$2,260

## 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).

## Area of Coverage

This plan is written on a Worldwide basis, excluding Home country.

## Preferred Provider Network - First Health

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

## Pharmacy

**Prescription Drugs may be obtained from any CVS/Caremark pharmacy.** Present your Medical Identification card to the pharmacist and a discount will be applied. Payment is due at the time of purchase. Follow the claims filing procedures for reimbursement per the benefits shown under the Schedule of Benefits. See the section titled, "How to File a Claim" for instructions on reimbursement. A list of participating pharmacies can be viewed at [www.gbg.com](http://www.gbg.com).

## GENERAL FEATURES of White

<b>U.S. Provider Network</b>	<a href="#">First Health</a>
<b>Coverage Area</b>	Worldwide
<b>Maximum benefit</b>	\$500,000 Per Period of Insurance \$150,000 Per Injury, Illness
<b>Deductible</b>	\$100 per Injury or Sickness \$45 per Injury or Sickness at Student Health Center
<b>Lifetime Maximum</b>	Unlimited
<b>Office visit copay</b> Including Student Health Center	None
<b>Emergency Room Deductible</b> (waived if admitted)	\$250 per Occurrence
<b>Home Country Coverage</b>	\$1,000 per Policy Period
<b>Out-Of-Pocket Maximum</b>	Unlimited
<b>Pre-existing Conditions</b>	Waiting period of 180 Days

## INPATIENT AND HOSPITALIZATION BENEFIT

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 80% in U.S.

<b>Accommodations</b> including semi-private room Up to 30 Days Maximum per period of insurance	100% up to \$1,250 per day
<b>Intensive Care/Cardiac Care</b> 8 days maximum per period of insurance	100% up to \$1,750 per day
<b>Inpatient Consultation by Physician or Specialist</b>	100% up to \$400 per Confinement
<b>Hospital Miscellaneous Expenses</b> 30 Days maximum benefit per period of insurance	100% up to \$500 per confinement
<b>Pre-Admission Testing</b>	100% up to \$900 per confinement

## OUTPATIENT BENEFITS

<b>Physician Visit/ Consultation by Specialist</b> * General Practitioner or Specialist * Urgent Care Center * 30 Visit Maximum Benefit per Period of Insurance	100% up to \$50 per visit
<b>Diagnostic Testing</b> * X-Ray and Laboratory * MRI, PET, and CT Scans (additional \$350 Maximum Benefit per Period of Insurance for these scans) * Inpatient and Outpatient	100% up to \$500
<b>Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy</b> Maximum Benefit per Period of Insurance: 12 visits per injury or illness	100% up to \$35 per visit

## SURGICAL BENEFITS (Outpatient / Inpatient)

### Inpatient, Outpatient or Ambulatory Surgery;

* Surgeon's Fees	
* Assistant Surgeon and Anesthesiologist	
* Facility fees	100% up to \$3,000
* Laboratory tests	
* Medications and dressings	
* Other medical services and supplies	

## EMERGENCIES

### Emergency Room and Medical Services

* \$250 Deductible waived if admitted	80% after Deductible
* Non-emergency use is not covered	

### Ambulance Services

Emergency Local Ground Ambulance	100% up to \$400
----------------------------------	------------------

### Emergency Dental

Limited to accidental injury of sound natural teeth sustained while covered	100% up to \$500 per tooth
---	----------------------------

## MATERNITY CARE

Normal delivery or medically necessary C-Section, prenatal, postnatal care and complications of pregnancy	\$5,000 Maximum Benefit for normal delivery; \$7,500 for medically necessary C-Section delivery
---	---

## OTHER BENEFITS

### Inpatient Mental Health

* To treat a covered diagnosis	80%
* Maximum Benefit per Period of Insurance: 30 days	

### Outpatient Mental Health

Maximum Benefit per Period of Insurance: 30 days	80% up to \$3,000
--	-------------------

### Chemotherapy, Radiotherapy

Inpatient and Outpatient	100% up to \$1,000
--------------------------	--------------------

### Diabetic Medical Supplies

Includes Insulin Pumps and associated supplies	Covered under Prescription Drug Benefit
--	---

### Durable Medical Equipment

Reimbursement of rental up to purchase price	100% up to \$1,000
--	--------------------

### Alcohol and Drug Abuse

Rehabilitative treatment only	Included under Hospitalization/ Inpatient Benefits and Outpatient Physician Benefits
-------------------------------	--

### Prescription Drugs

* Up to 31-day supply per prescription	
* Includes contraceptives	
* CSV/Caremark network pharmacy is required	100%, \$100 Maximum Benefit per Illness / Injury

### Hazardous and Extreme Sports

Not covered

## ADDITIONAL BENEFITS

<b>Medical Evacuation and Repatriation</b>	\$60,000 Maximum Benefit per Period of Insurance
<b>Return of Mortal Remains</b>	\$50,000 Maximum Benefit
<b>Accidental Death and Dismemberment</b>	\$10,000 Maximum Benefit
<b>ATM Safe:</b> Provides lost cash replacement for losses occurring during a robbery at an ATM.	\$500 per Occurrence
<b>Lost Baggage</b> Expense reimbursement due to flight delays \$100 Deductible applies	\$100 per Item \$500 Maximum Benefit per Period of Insurance