



**DIANins Green**

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.

## Highlights

- \* \$500,000 Per Injury/Illness;
- \* Comprehensive Inpatient and Outpatient Care, Emergency care, Prescription Drugs and 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
- \* 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

## Yearly rates (minimal period 90 days)

	Student	Spouse/Child
Age 12 ~ 24	\$564	\$5,580
Age 25 ~ 29	\$972	
Age 30 ~ 40	\$2,340	

## 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.

## 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 - [Aetna](#)

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.

## GENERAL FEATURES of Green

U.S. Provider Network	<a href="#">Aetna</a>
Coverage Area	Worldwide
Maximum benefit	\$500,000 Per Injury, Illness
Deductible	\$90: In-Network / \$400: Out-of Network \$0: at Student Health Center
Co-insurance In-network	80%
Co-insurance Out-of network	70% of Usual & Customary
Lifetime Maximum	Unlimited
Office visit copay	
- Student Health Center	\$15 per visit
- Primary Care Physician/Specialist	\$30 per visit
- Urgent Care	\$30 per visit
Hospital Copayment	\$250 per Admission
Out-of-Pocket-Maximum	\$2,000 In-Network (excluding Deductible)
(Family is 2x the individual)	Unlimited if an Out-of-Network Provider in the U.S. is used
Emergency Room co-pay	\$250
(waived if admitted)	
Pre-existing Conditions	Covered after 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 Out-side the U.S. In case of Out-of-Network, coinsurance reduced to 70% in U.S.

Accommodations including semi-private room \$250 copayment per admission	80% Preferred Allowance
Intensive Care/Cardiac Care	80% Preferred Allowance
Inpatient Consultation by Physician or Specialist	80% Preferred Allowance
Diagnostic Testing and Hospital Miscellaneous Expenses	80% Preferred Allowance
Pre-Admission Testing	80% Preferred Allowance

## OUTPATIENT BENEFITS

Physician Visit/ Consultation by Specialist	80% Preferred Allowance
Diagnostic Testing	80% Preferred Allowance
* X-Ray and Laboratory	

## SURGICAL BENEFITS (Outpatient / Inpatient)

### Inpatient, Outpatient or Ambulatory Surgery;

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

## EMERGENCIES

### Emergency Room and Medical Services

* \$250 copayment waived if admitted	80% Preferred Allowance
* <u>Non-emergency use is not covered</u>	

### Ambulance Services

Emergency Local Ground Ambulance	80% Preferred Allowance
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### Emergency Dental

Limited to accidental injury of sound natural teeth sustained while covered	80% Preferred Allowance
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## MATERNITY CARE

Normal delivery or medically necessary C-Section, prenatal, postnatal care and complications of pregnancy	80% Preferred Allowance
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## OTHER BENEFITS

### Inpatient Mental Health

* To treat a covered diagnosis	80% Preferred Allowance
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### Alcohol and Substance Abuse

80% Preferred Allowance

### Therapeutic Termination of Pregnancy

80% Preferred Allowance

### Chemotherapy, Radiotherapy

80% Preferred Allowance

### Physical Therapy

80% Preferred Allowance

### Diabetic Medical Supplies

Includes Insulin Pumps and associated supplies	80% Preferred Allowance up to \$7,500
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### Durable Medical Equipment

Reimbursement of rental up to purchase price	80% Preferred Allowance
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### Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV +), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions

80% Preferred Allowance

### Prescription Drugs

* Up to 31-day supply per prescription	80% of Charges
* CVS/Caremark network pharmacy is required	

### Motor Vehicle Accident

* Injuries caused by Accident	80% Preferred Allowance
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### Sports and other Activities

* Injuries arising from leisure sports and activities	80% Preferred Allowance
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## ADDITIONAL BENEFITS

**Medical Evacuation and Repatriation**

Unlimited

**Return of Mortal Remains**

Unlimited

War and Terrorism

Included