



DIANins Blue

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.

Highlights

- 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
- Plans are offered by and administered (claims payment) through Global Benefits Group, Inc., a US based company
- Pharmacy benefits are directly billed via CVS/Caremark including maintenance and oral contraceptives

Yearly rates

	Student		Spouse / Child	
	Deductible \$500/year	Deductible \$100/year	Deductible \$500/year	Deductible \$100/year
Age 12 ~ 24	\$872. ²¹	\$1,045. ⁷²	Spouse: \$10,363. ²⁰ Child: \$2,205. ⁹²	Spouse: \$13,181. ⁷⁶ Child: \$2,793. ⁶⁰
Age 25 ~ 29	\$1,361. ³³	\$1,597. ⁸³		
Age 30 ~ 40	\$3,716. ⁹⁷	\$4,618. ²⁷		

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.

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 must be obtained from any CVS/Caremark pharmacy. Present your Medical Identification card to the pharmacist along with the copayment, at the time of purchase. The pharmacy will bill GBG 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 www.gbg.com.

GENERAL FEATURES of Blue

U.S. Provider Network	Aetna
Coverage Area	Worldwide
Maximum benefit payable per period of insurance	Unlimited
Deductible	Option 1: In-Network-\$100 / Non-Network-\$250 Option 2: In-Network-\$500 / Non-Network-\$750
Deductible Copay at Student Health Center	\$0
Office visit copay	\$25
Urgent Care Center Copayment	\$50
Emergency Room Copay (waived if admitted)	\$150 per Occurrence
Home Country Coverage	Up to \$1,000 per Policy Period
Out-Of-Pocket Maximum	Network - \$6,350 Non-Network - Unlimited
Pre-existing Conditions	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 70% in U.S

INPATIENT AND HOSPITALIZATION BENEFIT

Accommodations including Semi-private room	80%
Intensive Care/Cardiac Care	80%
Inpatient Consultation by Physician or Specialist	80%
Hospital Miscellaneous Expenses	80%
Pre-Admission Testing	80%
Extended Care/Inpatient Rehabilitation	
Maximum Benefit Per Period of Insurance 45 days	80%
Must be confined to facility immediately following a hospital stay	

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

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

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

\$150 Deductible waived if admitted 80% after Deductible
70% 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%

Elective Abortion

\$1,500 maximum per policy year 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

Homeopathic Care and Acupuncture	80% up to \$500
Chemotherapy, Radiotherapy Inpatient and Outpatient	80%
Home Health Care	80%
Hospice Care Inpatient Maximum Benefit per Period of Insurance: 45 days Outpatient Maximum Benefit per Period of Insurance: \$5,000	80%
Diabetic Medical Supplies Includes Insulin Pumps and associated supplies	80% up to %7,500
Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV +), AIDS Related Complex(ARC), Sexually transmitted diseases and all related conditions	80%
Durable Medical Equipment Reimbursement of rental up to purchase price	80%
Alcohol and Drug Abuse Rehabilitative treatment only	80%
Prescription Drugs - Via <u>CVS/Caremark Network Pharmacy</u> \$10 copay per prescription for Tier 1 \$20 copay per prescription for Tier 2 \$40 copay per prescription for Tier 3 Up to 31-day supply per prescription Includes contraceptives	80% after Copayment—In Network only(CVS/Caremark) No benefit—Out-of Network
Motor Vehicle Accident Injuries caused by accident	80%
Sport Activities Injuries arising from interscholastic, intramural, and club sports	80%
ADDITIONAL BENEFITS	
Compassionate Care Visit	\$1,000 Maximum Benefit per period of Insurance
Medical Evacuation and Repatriation	Unlimited
Return of Mortal Remains	Unlimited
Accident Death and Dismemberment	\$30,000 Maximum Benefit
War and Terrorism	Included

