

2022-2023

Visiting Scholar and educator Injury and Sickness Plan

YELLOW

DIAN22 YELLOW

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.

Eligibilities

- You must be between the ages of 17 and the attained age of 64 at the time of application.
- you are taking part in work-and-study-based exchange and visitor programs in the United States which are sponsored by an educational or other nonprofit institution, and is accredited through the Exchange Visitor Program designated by the U.S. State Department; .
- must come to the United States to teach, study, receive training, or demonstrate special skills whereby such training is not available to you in your home country, and the training must be directly related to your academic program; and
- you must comply with the specific requirements and regulations of your J-1 program for which you have obtained your visa

Enrollment

Please go to www.dianins.com and according to your school and visa type to choose the plan to purchase.
After enrollment you will receive confirmation letter, policy, ID card

Cancellation

You will only be allowed to cancel your Policy and obtain a refund of your Premium if:

1. Your waiver is not approved by your educational institution within thirty (30) days of the Effective Date of coverage because your Policy benefits do not meet the educational institution's minimum insurance requirements.
2. You withdraw from classes within thirty (30) days from the Effective Date of coverage under a school-approved leave of absence.

Plan Information

If you're a member, please refer to your plan benefits and services by logging in to [My Account](#). Or call Member Services at the number on the back of your member ID card.

Contact Us

Choose plans, Enrollment, Cancellation and waiver assistant: +1-888-298-6981(PDT 9:00-17:00) dian@dianins.com
Pre-Authorization, Claims, Benefits, and find a provider: +1-855-773-7810(24/7)

Claims

You must submit to us a completed claim form and the supporting documents within one hundred twenty (180) days from the date of Service. Claim forms can be obtained from [Claim Form](#)
You may submit your claim via e-mail to conciergecare@payerfusion.com, courier, or by postal service. Mail your completed claim documents to:
PayerFusion Holdings, LLC 2100 Ponce de Leon Boulevard
Mezzanine Level – Suite 200 Coral Gables, FL 33134

Preferred Provider Network –United HealthCare Options PPO Network

The Insurer maintains a Preferred Provider Network both within the United States Search in network provider by [UHC PPO Options](#)

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>.

Telemedicine service

[Teladoc consultations](#): Access to a doctor anytime; receive quality care via phone, video or mobile application. Services may be extended to you and every member of your family including prescriptions if medically necessary. A telemedicine Physician may provide consultations for the following illnesses: cold & flu symptoms, allergies, pink eye, respiratory infection, sinus problems and skin problems. **No copayment and limited to 8 consults per policy period.**

Rates

Age \ Insured	J1 visa holder	J2 visa holder
0-24 years old	\$49.90	\$49.90
25-29 years old	\$82.96	\$82.96
30-64 years old	\$247.42	\$247.42

Understanding ID card

- 1.This is unique number to all DIANins students and scholars
- 2.This is unique number to each member of DIANins customers
- 3.Effective date of your policy
- 4.Terminated date of your policy (ends 23:59:59)
- 5.Your payment per year
- 6.Show this information at the pharmacy or use in telemedicine
- 7.Preferred Provider Network

- 8.Staff in hospital or office, will identify your coverage through this ID
- 9.Claim administrator-will handle your claim
- 10.You can see the claim status via MyAccount or here
- 11.Emergency or Pre-authorization.
- 12.Searching providers outside of USA
- 13.Pharmacy Benefits related
- 14.When you use the Out of Network then to file a claim

Issuer (80840)911-87601-04
Group Number: 76570074
Member ID #: 626XXXXXXXXX
Start Date: 01 Sep2022
End Date: 31 Aug2023
Plan Name: DIANins 2022-2023 Blue+0
Deductible: \$0

Member Name(s): Amy

Rx BIN: 005285
Rx GRP: 50002696-01
Rx PCN: ACB
Pharmacy Help desk: +1-800-311-3446
www.ehimrx.com

PROVIDERS: Preadmission certification is required. Refer all outpatient diagnostic work to in-network outpatient DX facility.

UnitedHealthcare
Options PPO Network

Electronic eligibility/claim status verification available from
Change Healthcare at Payer ID: 27048 c/o [payerfusion](#)
To verify Eligibility/claims status over the phone call **1-786-453-4008**

Medical Benefits Network

For emergencies, please seek treatment immediately and notify us within 48 hours
Notice to Provider(s): Collect for co-insurance, copay, deductible, and any non-covered services only.
For pre-authorization and/or guarantee of payment, please contact:
U.S.: +1-855-773-7810
Outside of the U.S.: +1-786-453-4008 (collect)
For assistance locating providers outside of the U.S., please contact WellAway ConciergeCare.
To locate an in-network provider in the U.S., please visit: <https://www.wellaway.com/en/providers>

Pharmacy Benefits Call
+1-800-311-3446

For medical paper claims:
SPNRT PO Box 981643,
El Paso, TX 79998-1643
For claims outside of the U.S.:
Please call +1-786-453-4008 (collect)

Possession of this card does not guarantee eligibility for benefits.

What Your Plan Covers?		
U.S. Provider Network	United Healthcare PPO	
Area of Coverage	Worldwide excluding Home country	
Maximum Limit	\$250,000	
Pre-Existing Condition limitation	Students:Yes(12-month Waiting Period if applicable) Dependents:Yes(12-month Waiting Period if applicable)	
Pre-Authorization	Services and Procedures that require Pre-Authorization are Indicated by an asterisk	
Deductible	In network	Out of network
	\$0 per Illness or Injury	\$0 per Illness or Injury
Copayments		
Student health Center	\$5	
Office Visit	\$0	
Urgent Care	\$0	
Hospital Emergency Room	\$250 (waived if admitted)	
Hospital	\$0	\$0
Out-of-Pocket-Maximum	Unlimited	Unlimited
Coinsurance	100% Allowable Charges	80% of URC
Prescriptions		
EHIM / Student Health Center	Tier1 \$20 Copayment Tier2 \$40 Copayment Tier3 \$60 Copayment	Not Covered
Note: All Deductibles and Copayments will be waived when treatment is rendered at the Student Health Center. Benefits will be paid at the In-Network Coinsurance percentage, subject to Usual, Customary and Reasonable charges.		
COVERED SERVICES AND BENEFIT LEVELS Subject to Deductible, Coinsurance, Copayment, and Maximum Benefit per Period of Insurance.	WHAT THE INSURANCE PLAN COVERS The following Coinsurance applies for In-Network Providers in the U.S. or for expenses incurred outside the U.S. (if available). <u>Coinurance reduces to 80% UCR when Out-of-Network Providers in the U.S. are used.</u>	
EMERGENCIES		
Emergency Room and Medical Services • If you use an emergency room in the hospital for a non-emergency service Coinsurance will be reduced to 60%	100% of Allowable Charges	80% of URC
Ambulance Services • Emergency ground ambulance	100% of Allowable Charges	80% of URC
Emergency Dental Treatment Maximum benefit amount \$500	100% of Allowable Charges	80% of URC

Wellness and Preventive Services		
Adult Wellness Visit and Preventive Services	100% Maximum benefit \$250	Not covered
Well Childcare Visits (children 0-12 months, 9 visits maximum Per policy period)		
HOSPITALIZATION AND INPATIENT BENEFITS*	In network	Out of network
Pre-Admission Testing	100% of Allowable Charges	80% of URC
Hospitalization*	100% of Allowable Charges \$250 Copayment per admission	80% of Allowable Charge \$250 Copayment per admission
Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Inten-	100% of Allowable Charges	80% of URC
Inpatient Physician, Osteopath and Specialist Ser-	100% of Allowable Charges	80% of URC
Inpatient Ancillary Hospital Services	100% of Allowable Charges	80% of URC
In-hospital Advanced Diagnostic Services	100% of Allowable Charges	80% of URC
Routine X-Ray and Lab Tests	100% of Allowable Charges	80% of URC
Inpatient Oncology Treatment*	100% of Allowable Charges	80% of URC
Inpatient Reconstructive Surgery*	100% of Allowable Charges	80% of URC
Inpatient Physical Therapy*	100% of Allowable Charges Limited to 1 visit per day	80% of URC
Inpatient Surgical procedures*	100% of Allowable Charges	80% of URC
Inpatient Surgeon Fees, Assistant Surgeon Fees And Anesthesiologist	100% of Allowable Charges	80% of URC
OUTPATIENT BENEFITS		
Urgent Care Clinic / Facility	100% of Allowable Charges And \$30 Copayment	80% of URC And \$30 Copayment
Outpatient ambulatory surgical facility*	100% of Allowable Charges	80% of URC
Diagnostic services	100% of Allowable Charges	80% of URC
Advanced Diagnostic and Imaging Services	100% of Allowable Charges	80% of URC
Outpatient Physical Therapy	100% of Allowable Charges and \$30 Copayment limited to 1 visit per day	80% of URC and \$30 Copayment limited to 1 visit per day
Outpatient Oncology Treatment*	100% of Allowable Charges	80% of URC
Outpatient Reconstructive Surgery*	100% of Allowable Charges	80% of URC
Palliative Dental Treatment	100% of Allowable Charges maximum benefit amount \$350	80% of URC maximum benefit amount \$350
WORLDWIDE COVERAGE	100% of URC	
Physician Services (Copayment waived Student Health Center)		
Teladoc® Consultations	No Copayment Limited to 8 consults per policy period	
Primary Care Visit	100% of Allowable Charges and \$30 Copayment per visit	80% of URC and \$30 Copayment per visit
Specialist Visit	100% of Allowable Charges and \$30 Copayment per visit	80% of URC and \$30 Copayment per visit

OTHER BENEFITS (INPATIENT/OUTPATIENT)		
Durable Medical Equipment	100% Preferred Allowance	80% of URC
Maternity Care and Birth Benefits		
Maternity Care* (subject to notification within 30 days of pregnancy confirmation)	100% of Allowable Charges Maximum benefit amount \$5,000	80% of URC Maximum benefit amount \$5,000
NON-MEDICAL EXPENSE BENEFITS		
Emergency Medical Evacuation*	100% Combined maximum benefit \$50,000	
Medical Repatriation*	actual cost of roundtrip economy airfare combined maximum benefit \$50,000	
Repatriation of Mortal Remains*	100% of actual costs Maximum benefit \$25,000	
ACCIDENTAL DEATH AND DISMEMBERMENT		
Accidental death	\$25,000	
Dismemberment	\$25,000	

We highly recommend that you use an In-Network Physician and In-Network Facility because you can anticipate your health care costs. Contact a ConciergeCare counselor at the number on the back of your ID Card to assist you in locating an In-Network Physician and In-Network Facility. In-Network benefits will be paid at the In-Network Coinsurance percentage, subject to Usual, Reasonable and Customary Charges and Maximum Benefit amounts.

What Your Plan Does Not Cover

Exclusions and Limitations

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 (adult and children):** 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.
- **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.
- **HIV/AIDS/STDs:** (i) related to HIV or any and all sexually transmitted diseases, or complications directly or indirectly related to the same, including circumcision; (ii) any associated diagnostic tests or charges for HIV infection, seropositivity to the AIDS virus ; (iii) voluntary HIV screening.
- **Podiatric Care:** any Services related to foot care, including corns, calluses, or other lesions, or trimming of nails.
- **Nasal Surgery:** deviated septum, submucous resection and/or other surgical correction thereof, nasal and sinus Surgery except for Treatment of a covered Injury.
- **Genetic Testing and Screening:** any genetic testing or screening and preventative prophylactic surgeries recommended by genetic testing or screening.
- **Therapeutic Services:** (i) Inpatient and outpatient speech, vocational or recreational therapy, vocational rehabilitation, or occupational therapy; (ii) stays in a cure center, a bath center, a spa, a health resort or a recovery center, even if they are medically prescribed.; or (iii) Rolting; carbon dioxide, aroma ,bio-electromagnetic , magnetic , vitamin therapy; nutritional consultations; naturopathic , ayurvedic medicine; biofield therapies; energy medicines; color puncture; light therapy; hypnotherapy; reflexology; spiritual healing; Ti-chi; traditional oriental medicine; or chelation therapy. We do not recognize nutriments, tonics, mineral water, cosmetics, hygiene and body-care products and bath additives as Medically Necessary and these items are not covered.
- **Coverage Under Other Plans or Sources:** provided by or payment is available from: (i) workers' compensation law; (ii) an Other Insurance Plan or governmental program; or (iii) under the direction of public authorities related to epidemics and pandemics. If Services are provided by your Student Health Center and you do not utilize the Student Health Center for such Services which are covered for free or provided through the payment of your student health fee, these Services will be excluded from coverage under this Policy.
- **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.

* Pre-authorization required

- **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.
- **Services for Administrative Purposes:** health check-ups, inoculations, immunizations, visits, and tests necessary for administrative purposes (e.g., determining insurability, employment, school or sport related physical examinations, travel etc.), other than as provided for under the Wellness and Preventive Services benefit.
- **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.
- **Mental Illness:** (i) all Inpatient and Outpatient Psychiatric Services; (ii) Services for education or special education or job training whether or not given in a Facility that also provides medical or Psychiatric Treatment, (iii) Inpatient (overnight) mental health Services received in a residential treatment facility; (iv) primal therapy, bioenergetic therapy or psychodrama; or (v) Services for, or in connection with marriage, family, child, career, social adjustment or behavioral, pastoral, bereavement or financial counseling.
- **Alcohol and Substance Abuse:** (i) all Inpatient and Outpatient Services including diagnosis, counseling, and other medical Treatment related to alcohol or substance abuse; (ii) Treatment for any Injuries or Illnesses caused by, contributed to or resulting from the Insured Person's use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Insured Person's Physician; (iii) any Injuries or Illnesses related to operating any type of 19 vehicle or conveyance while under the influence of alcohol or any of the above listed substances including prescribed drugs for which the Insured Person was provided a written warning against operating a vehicle or conveyance while taking it.
- **Long Term Care:** Any costs Incurred for accommodation in conjunction with the need for long-term care and custody . Any Admission, arranged wholly or in-part for domestic reasons, where the Hospital effectively becomes or could be treated as the Insured Person's home or permanent abode.
- **Services for Preventive, Wellness and Administrative Purposes:** routine health check-ups, preventive or wellness Services or visits, inoculations, immunizations or related tests or Services if necessary for administrative purposes .
- **Organ Transplants:** Any organ Transplants and related Procedures.
- **Alternative Medicine:** any Services including but not limited to acupuncture, acupressure, chiropractic, homeopathy, and Chinese herbs.
- **Allergy Testing and Treatment:** any Services, Procedures or Treatments related to allergy testing and Treatment.
- **Home Health Care:** any Services, Procedures or Treatments related to home nursing services or assistance with the activities of daily living and other home health care related Services.
- **Hospice:** any Services, Procedures or Treatments related to palliative or supportive Services for a terminally ill Insured Person or other hospice related Services.
- **Non-healthy Newborn Infant Care, Congenital Conditions and Habilitative Services for the Treatment of Congenital or Genetic Birth Defects:** any Services, Procedures, Treatments or Surgeries related to Non-healthy newborn infant care Services, Congenital Conditions in a newborn or Habilitative Services for the Treatment of Congenital, Genetic Birth Defects whether or not associated with a covered pregnancy. 28. Experimental and/or Investigational Services: determined by Insurer to be Experimental and/or Investigational. The Plan Administrator's decision, whether a Prescription Drug or its use is "investigational" or "experimental" shall be binding.
- **Sports and Hazardous Activities:** (i) participating in or providing instruction for Intercollegiate, Interscholastic, Club sports, Intramural or semi or Professional Sports or competitive sports, (ii) hazardous or extreme sports or activities or any deliberate exposure to exceptional danger; (iii) the use of any type of firearms (any device that discharges a projectile of any type); (iv) motorcycles; mopeds; scooters; any one, two or three wheeled motorized vehicle (except ATVs); sport watercraft such as wave runners, jet skis; racing or speed testing any motorized vehicle or conveyance.
- **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.
- **Weight Related Services:** any services related weight reduction and the cost of all Surgical Procedures, Treatments, Supplies, Services.
- **War and Terrorism:** Illnesses and Injuries, and their consequences, as well as the consequences of Accidents and deaths : (i) martial law or state of siege, ; (ii) foreseeable acts of war or any act of war, declared or undeclared; (iii) civil unrest, or involvement in civil commotion or an illegal act, mutiny, riot, strike, military or popular uprising, insurrection, rebellion, military or usurped power; (iv) any act of any person acting on behalf of or in connection 24 with any terrorist organization; (v) criminal acts ; or (vi) Illnesses, Injuries and Accidents, directly or indirectly, as well as their consequences, which have been caused by nuclear energy and chemical or biological weapon.
- **Foreseeable Events/Restrictions on Travel:** (i) that arise from, are related to or associated with, an actual or likely contagious disease, epidemic or pandemic, the threat of a contagious disease, epidemic or pandemic or any foreseen event. (ii) that arise from, or are associated with, travel to countries or parts of a country for which: (a) an advice or warning has been released by any governmental or official body, and the advice or warning risk rating is "reconsider your need to travel" or "do not travel".

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.