



DIANins J1 Yellow

DIANins J1 Yellow plan meets or exceeds below requirements

- Medical benefits of at least \$100,000 per accident or illness
- Reatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000
- A deductible not to exceed \$500 per accident or illness
- The rates of insurance company should be at least “ A-” from Standards and Poor’s or B+ Weiss Research

Monthly rates

	J1 Participant	J2 Spouse	J2 Child
Age 12 ~ 24	\$48.26	\$300.38	\$113.99
Age 25 ~ 49	\$62.84	\$300.38	\$113.99
Age 50 ~ 64	\$134..52	\$300.38	\$113.99

The premium for both 42 year old mom and 13 year old child is \$176..83 - Very competitive rates in the market

Eligibilities

- * Minimum age 1 to Maximum age of 64,
- * Must be an international visiting scholar who participates in Exchange Program in U.S (J visa holders)
- * Participants should reside outside the country of residence for the purpose of participate in Exchange Program for a short-term period.
- * Termination of the insurance of the primary member shall also cancel all coverage for dependents.
- * Your eligibility date will be determined by the Insurer

Eligible dependents

- * The spouse or domestic partner,
- * In the United States, a US citizen may not be a spouse or dependent.
- * Dependent children include the Policyholder’s natural children, legally adopted children, and step children. Insured Dependents are covered from the date that the Insurer accepts them and the corresponding premiums are paid.

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 <https://dianins.com/accident-sudden-illness-tips>

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. .

BENEFIT COVERAGE		BENEFIT of J1 Yellow	
Benefit Maximum		\$100,000 per Injury or Sickness	
Plan Deductible per Participant		\$100 per Injury or Sickness	
Student Health Center Copay		\$5 per visit (not subject to plan deductible)	
Coinsurance			
In-Network:		100% of Preferred Allowance(PA)	
Out-of-Network:		100% of Usual, Reasonable & Customary (URC) Charges	
		In-Network	Out-of-Network
Accident and Sickness Medical Benefit		\$100,000 per Injury or Sickness	
Hospital Room & Board Benefit		100% of the Semi-Private Room Rate	100% of UCR
Intensive Care/Cardiac Care Unit Benefit		100% of PA	100% of UCR
Hospital Miscellaneous Expense Benefit		100% of PA	100% of UCR
Surgeon (In or Outpatient) Benefits		100% of PA	100% of UCR
Assistant Surgeon Benefit		100% of PA	100% of UCR up to 25% of the Surgeon Allowance
Pre-Admission Testing Benefit		100% of PA	100% of UCR
Anesthesia Benefit		100% of PA	100% of UCR
Day Surgery Miscellaneous Benefit		100% of PA	100% of UCR
Diagnostic X-Ray and Lab Benefit		100% of PA	100% of UCR
Ambulance Benefit		100% of PA	100% of UCR
Physician Visit Benefit (Inpatient)		100% of PA, limited to 1 visit per day	100% of UCR, limited to 1 visit per day
Physician Visit Benefit (Outpatient)		100% of PA, limited to 1 visit per day	100% of UCR, limited to 1 visit per day
Consultant Physician Benefit		100% of PA	100% of UCR
Radiation/Chemotherapy Benefit		100% of PA	100% of UCR
Emergency Room Benefit		100% of PA, subject to a \$250 copay, waived if admitted	100% of UCR, subject to a \$250 deductible, waived if admitted
Emergency Dental Expense Benefit		100% of PA, up to \$500 maximum	100% of UCR, up to \$500 maximum
Palliative Dental (includes treatment for immediate relief of infected tooth or gum)		100% of PA, up to \$350 maximum	100% of UCR, up to \$350 maximum
Physiotherapy Expense Benefit - Inpatient		100% of PA, limited to 1 visit per day	100% of UCR, limited to 1 visit per day
Physiotherapy Expense Benefit - Outpatient		100% of PA, limited to 1 visit per day	100% of UCR, limited to 1 visit per day
Durable Medical Equipment Expense Benefit		100% of PA	100% of UCR

Emergency Medical Evacuation Expense Benefit	100% of actual expense, up to \$50,000	
Return of Mortal Remains	100% of actual expense, up to \$25,000	
	In-Network Provider	Out-of-Network
Prescription Drug Expense Benefit		
Dispensed by a Student Health Center	100% of each 30 days supply	
Dispensed while Inpatient at a Hospital	100% of the PA	100% of UCR
Outpatient Prescription Drugs	100% of each 30 day supply	100% of each 30 day supply
Accidental Death & Dismemberment	Up to \$25,000	

KEY PROVISIONS

- * This is only a brief summary of key Plan provisions. Please refer to the Policy for complete details.
- * Benefits are per person per policy coverage period and are based upon medical necessity and emergency. Benefits are payable after deductible at Usual, Customary and Reasonable (UCR) rates from Out-of Network or Preferred Allowance(PA) in PPO.
- * Where pre-authorization is required, the insured must obtain it in writing from the Provider and forward to the Insurance Company.
- * When in doubt as to coverage specifics or whether pre-authorization is required, consult with GBG Assist.
- * Minimum entry age is 12 Maximum entry age is 64.
- * This policy will cover any emergency conditions except one which has not been stable in the 90 day prior to policy effective date.
- * A benefit policy period is 364 days.

MAIN EXCLUSIONS

The following is only a brief summary of exclusions. Please refer to the Policy for complete details or request a complete list.

- War, riot, strike, civil commotion and Military Action
- Terrorism
- Pre-existing Conditions – Pre-existing condition are excluded from coverage under this insurance until the Insured Person has—maintain coverage continuously for at least 12 months.
- Maternity and Newborn Care
- Mental or Nervous disorders
- Preventative care
- Eyeglasses, contact lenses or hearing aids, etc.
- Immunizations and/or routine physical exam

Refer to policy wording for detail exclusions