



DIANins

2021-2022

● **Visiting Scholar Injury and Sickness Plan**

J Purple

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.

Benefit Highlights

- \$100,000 maximum per illness or injury
- Comprehensive Inpatient and Outpatient Care, Emergency care, Prescription Drugs, Mental Health.
- Worldwide direct-billing network plan, including the United HealthCare Options PPO Network in the US. There is no need to pay for your health services at the time of delivery
- Under 10 year old dependent are free of charge.
- J1 and J2 premium are same, very competitive rates in the US market.
- The United HealthCare Options PPO Network includes healthcare providers and hospitals throughout the 50 states in the United States network
- Online claims filing at: www.dianins.com/login
- Plans are offered by WellAway Limited and claims are administered through PayerFusion Holdings LLC.
- Pharmacy benefits are directly billed via EHIM.

Monthly rates

	Monthly rates	
Age band	J1 visa holder	J2 visa holder
Ages 1 - 24	\$29.90	\$29.90
Ages 25 - 49	\$44.50	\$44.50
eAges 50– 64	\$86.41	\$86.41

Eligibilities

* Minimum age 17 to Maximum age of 64, * 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.

Area of Coverage

This plan provides coverage in the USA including Worldwide and excluding Home Country.

Preferred Provider Network – United HealthCare Options PPO Network

The Insurer maintains a Preferred Provider Network in the United States

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>.

Insurance Company: WellAway Limited R&Q Investment Holdings Ltd.
Underwriter & Reinsurance company: Arch Re Reinsurers/ Rating – A+

Arch Re Financial Strength Ratings*

STANDARD & POOR'S	A+
MOODY'S	A2
FITCH RATINGS	A+
A.M. BEST COMPANY	A+

BENEFIT COVERAGE**BENEFIT of J Purple**

Area of Coverage	Worldwide excluding Home country	
Benefit Maximum	\$100,000 per Injury or Sickness	
Plan Deductible per Participant	\$500 per Injury or Sickness	
Office Visit Copayment (Student Health Center)	\$0/\$5 per visit (not subject to plan deductible)	
Urgent Care Center Copayment	\$0	
Out-of-Pocket-Maximum per Period of Insurance • Family is 2x Individual	Unlimited per Plan Participant (excluding Deductible) excluding Deductible) if an Unlimited Out-of-Network Provider – Family-In Network Unlimited/ Out-of-Network Unlimited	
Pre-Existing Condition Limitation.	Students: Yes (12-month Waiting Period if applicable) Dependents: Yes (12-month Waiting Period if applicable)	
Coinsurance		
In-Network:	80% of Preferred Allowance(PA)	
Out-of-Network:	60% 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	80% of the Semi-Private Room Rate	60% of URC
Intensive Care/Cardiac Care Limited to 90 days	80% of PA	60% of URC
Hospital Miscellaneous Expense Benefit	80% of PA	60% of URC
Surgeon (In or Outpatient) Benefits	80% of PA	60% of URC
Assistant Surgeon Benefit	80% of PA	60% of URC up to 25% of the Surgeon Allowance
Pre-Admission Testing Benefit	80% of PA	60% of URC
Anesthesia Benefit	80% of PA	60% of URC
Day Surgery Miscellaneous Benefit	80% of PA	60% of URC
Diagnostic X-Ray and Lab Benefit	80% of PA	60% of URC
Ambulance Benefit	80% of PA	60% of URC
Physician Visit Benefit (Inpatient)	80% of PA, limited to 1 visit per day	60% of URC, limited to 1 visit per day
Physician Visit Benefit (Outpatient)	80% of PA, limited to 1 visit per day	60% of URC, limited to 1 visit per day

Consultant Physician Benefit	80% of PA	60% of URC
Radiation/Chemotherapy Benefit	80% of PA	60% of URC
Emergency Room Benefit	<input type="checkbox"/> 80% of PA, subject to a \$250 copay, waived if admitted <input type="checkbox"/> Non-Emergency use of an Emergency Room \$100 copayment 60% In network and 50% Out of Network	60% of URC, subject to a \$250 deductible, waived if admitted
Emergency Dental Expense Benefit (Limited to accidental Injury of sound natural teeth sustained while covered)	80% of PA, up to \$500 maximum	60% of URC, up to \$500 maximum
Palliative Dental (includes treatment for immediate relief of infected tooth or gum)	80% of PA, up to \$350 maximum	60% of URC, up to \$350 maximum
Physiotherapy Expense Benefit - Inpatient	80% of PA, limited to 1 visit per day	60% of URC, limited to 1 visit per day
Physiotherapy Expense Benefit - Outpatient	80% of PA, limited to 1 visit per day	60% of URC, limited to 1 visit per day
Durable Medical Equipment Expense Benefit	80% of PA	60% of URC
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		
<input type="checkbox"/> Up to 31-day supply per prescription	\$20 Copayment per prescription for Tier 1	60% of URC
<input type="checkbox"/> Includes contraceptives through the EHIM program Up to 31-day supply per prescription	\$40 Copayment per prescription for Tier 2	
Accidental Death & Dismemberment	Up to \$25,000	

KEY PROVISIONS

* This is only a brief summary of key Plan provisions. Please refer to the Policy Terms and Conditions 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, Reasonable and Customary (URC) rates from Out-of-Network or Preferred Allowance(PA) in PPO.

Where a 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 ConciergeCare .

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 365 days.

MAIN EXCLUSIONS

Exclusions and Limitations

The Exclusions and limitations set forth in this section are in addition to any that are specified in the section titled "What Your Plan Covers." We will not pay for any of the Services, Treatments, Prescription Medications or Supplies described in this section, even when recommended or prescribed by a Physician or court ordered, or in the event it is the only available Treatment for your condition. We will not cover the following:

- **Medical Necessity:** any charges that are not Medically Necessary or in accordance with established evidence based medicine.
- **Dental, Vision and Hearing Care:** 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.
- **Pre-Existing Conditions:** Services related to a Pre-Existing Condition or a complication thereof during an applicable Waiting Period.
- **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) any Services, Treatments or Procedures 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 (iii) voluntary HIV screening.
- **Services for Preventive, Wellness and Administrative Purposes:** routine health check-ups, preventive or wellness Services or visits, inoculations, immunizations or related tests.
- **Maternity and Pregnancy:** (i) Maternity Care, Cesarean Section, Complications of Pregnancy, and/or newborn infant care Services (unless covered in What Your Plan Covers); (ii) pregnancies arising out of assisted conception, and any Complications of Pregnancy arising directly or indirectly from pregnancies due to assisted conception; (iii) pregnancy of a Dependent daughter; (iv) post-natal classes following birth to deal with the physical effects on the body of being pregnant and giving birth; (v) the cost or refund of Treatments relating to surrogacy (vi) elective abortions and complications thereof, or any voluntary induced termination of pregnancy.
- **Mental Illness:** (i) all Inpatient and Outpatient Psychiatric Services; (ii) Services for education or special.; (iii) Inpatient (overnight) mental health Services received in a residential treatment facility; (iv) primal therapy, bioenergetic therapy or 20 psychodrama; or (v) Services for, or in connection with marriage, family, child, career, social adjustment or behavioral, pastoral, bereavement or financial counseling.

- **Podiatric Care:** any Services related to foot care, including corns, calluses, or other lesions, or trimming of nails.
- **Genetic Testing and Screening:** any genetic testing or screening and preventative prophylactic surgeries recommended by genetic testing or screening.
- **Elective and Cosmetic Surgeries, Treatments and Procedures:** any elective and/or cosmetic Services, Pre- scription 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.
- **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.
- **Illegal Activities:** any Services related to Injuries or Illnesses resulting, arising from or occurring during the com- mission or perpetration of a violation of law by an Insured Person.
- **Self-Inflicted Illness or Injury:** any Services related to Illnesses or Injuries, as well as their consequences, with respect to any conditions as a result of self-inflicted Illnesses or Injuries, suicide or attempted suicide, while sane or insane.
- **Experimental and/or Investigational Services:** Services, Supplies or Prescription Medications, as determined by Insurer to be Experimental and/or Investigational.
- **Sports and Activities:** any Services for Injuries or Illnesses arising from hazardous or extreme sports and activi- ties, professional sports and activities, intercollegiate, and interscholastic sports.
- **Motor Vehicles:** any Services for Injuries or Accidents related to the operating of any type of vehicle or convey- ance 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.
- **Alcohol and Substance Abuse:** any Services related to any Injuries or Illnesses caused by, contributed to or resulting from the use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by a Physician.
- **Usual, Reasonable and Customary:** Any charges in excess of Usual, Reasonable and Customary Charges for Out-of-Network Services.

This is list not an inclusive list of all conditions. For a complete list of exclusion, please refer to the Policy Terms and Conditions.