

The background features a light blue to yellow gradient with numerous out-of-focus, glowing yellow circles of varying sizes. Thin, dark lines extend from the bottom of the page upwards, ending in some of the glowing circles, creating a sense of depth and light trails.

2022-2023

International student Injury and Sickness Plan

BLUE 90

DIAN22BLUE 90

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 45 at the time of application.
- * You must be a non-US citizen, who is a full-time student enrolled in either: hold a valid passport and a valid F-1 or M-1 visa. An F-1 visa holder on OPT is not eligible for this Policy.
- * Students must actively attend classes. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend class.

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)

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 conciiergecare@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 | Student | Spouse/Child |
|-----------------|----------|--------------|
| 17-24 years old | \$101.59 | N/A |
| 25-29 years old | \$129.27 | |
| 30-45 years old | \$210.48 | |

----- 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

Claims

WellAway
 Issuer (80840)911-87601-04
 Group Number:76570074 **1**
 Member ID #: 626XXXXXXXXX **2**
 Start Date: 01 Sep2022
 End Date: 31 Aug2023
 Plan Name: DIANins 2022-2023 Blue+0 **3**
 Deductible: \$0 **4**

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**

UnitedHealthcare **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 **5**
 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 **EHIM**

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.

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| What Your Plan Covers? | | |
|--|---|-----------------------|
| U.S. Provider Network | United Healthcare PPO | |
| Area of Coverage | Worldwide excluding Home Country | |
| Maximum Limit | Unlimited | |
| Pre-Existing Condition limitation | No limitation | |
| Deductible | In network | Out of network |
| | \$100 | \$200 |
| Copayments | | |
| Student health Center | \$0 | |
| Office Visit | \$25 | |
| Urgent Care | \$50 | |
| Emergency Room | \$150 (waived if admitted) | |
| Out-of-Pocket-Maximum | \$3,000 | \$10,000 |
| Coinsurance | 90% Preferred Allowance | 70% of URC |
| Prescriptions | | |
| EHIM / Student Health Center | Tier1 \$10 Copayment Tier2 \$20 Copayment Tier3 \$40 Copayment | Not covered |
| Preventive Care and Annual Exams • Preventive screenings (1 per year) • Immunizations and vaccinations: According to CDC Adult Immunization Schedule • Well childcare visits (0-12months,9visits maximum per policy period) • Deductible does not apply | 100% Preferred Allowance (immunizations and vaccinations must be obtained at the Student Health Center or at an EHIM In-network pharmacy) | 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). Coinsurance reduces to 70% UCR when Out-of-Network Providers in the U.S. are used. | |
| 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 70% | 90% Preferred Allowance | 70% of URC |
| Ambulance Services • Emergency ground ambulance | 90% Preferred Allowance | 70% of URC |
| Emergency Dental • Limited to accidental Injury of sound natural teeth sustained while covered • Maximum Benefit per policy period: \$1,000 and \$250 per tooth | 90% Preferred Allowance | 70% of URC |

| HOSPITALIZATION AND INPATIENT BENEFITS* | In network | Out of network |
|---|--|---|
| Pre-Admission Testing | 90% Preferred Allowance | 70% of URC |
| Intensive Care Unit/Telemetry/Surgical Intensive care/ Medical Intensive Care/Trauma/Pediatric Intensive Care | 90% Preferred Allowance | 70% of URC |
| Inpatient treatment for mental illness | 90% Preferred Allowance | 70% of URC |
| Inpatient Ancillary Hospital Services | 90% Preferred Allowance | 70% of URC |
| In-hospital Advanced Diagnostic Services | 90% Preferred Allowance | 70% of URC |
| Routine X-Ray and Lab Tests | 90% Preferred Allowance | 70% of URC |
| Inpatient Oncology Treatment | 90% Preferred Allowance | 70% of URC |
| Inpatient Reconstructive Surgery | 90% Preferred Allowance | 70% of URC |
| Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist | 90% Preferred Allowance | 70% of URC |
| Inpatient Surgical procedures/Extended Care* | 90% Preferred Allowance | 70% of URC |
| Inpatient Rehabilitation(45day limit per Policy period)* | 90% Preferred Allowance | 70% of URC |
| OUTPATIENT BENEFITS | | |
| Urgent Care Clinic/ Facility | 90% of Allowable Charges and \$50 Copayment | 70% of URC and \$50 Copayment |
| Outpatient ambulatory surgical facility & Surgical Care | 90% Preferred Allowance | 70% of URC |
| Diagnostic services | 90% Preferred Allowance | 70% of URC |
| Advanced Diagnostic and imaging Services | 90% Preferred Allowance | 70% of URC |
| Outpatient Therapeutic Services | 90% of Allowable Charges and \$25 Copayment limited to 12 visits per Injury or Illness | 70% of URC and \$25 Copayment limited to 12 visits per Injury or Illness |
| Outpatient Oncology Treatment | 90% Preferred Allowance | 70% of URC |
| Outpatient Reconstructive Surgery | 90% Preferred Allowance | 70% of URC |
| Outpatient Mental Illness | 90% of Allowable Charges and \$25 Copayment per visit | 70% of URC and \$25 Copayment per visit |
| MATERNITY CARE AND BIRTH BENEFITS | | |
| Maternity Care (subject to notification within 30 days of pregnancy confirmation) | 80% Preferred Allowance | 70% of URC |
| Elective Abortion • Maximum Benefit per policy period: \$1,500 | 80% Preferred Allowance | 70% of URC |
| WORLDWIDE COVERAGE (outside the United States) | 90% of URC | |
| OTHER BENEFITS (INPATIENT/OUTPATIENT) | | |
| Recreational Activities or Amateur Sports Benefit | 90% Preferred Allowance | 70% of URC |
| HIV/AIDS | 90% Preferred Allowance | 70% of URC |
| Alcohol and Substance Abuse (rehabilitative only) | 90% Preferred Allowance | 70% of URC |
| Palliative Dental Care • Maximum Benefit amount : \$600 | 90% Preferred Allowance | 70% of URC |
| Alternative medicine • Maximum Benefit per policy period: \$500 • Office visit Copayment applies \$25 per visit | 90% Preferred Allowance | 70% of URC |
| Home Health Care | 90% Preferred Allowance immediately following hospital discharge of at least 3 days | 70% of URC immediately following hospital discharge of at least 3 days |
| Hospice or palliative care | 90% Preferred Allowance maximum benefit 45 days inpatient maximum benefit \$5,000 out- patient | 70% of URC maximum benefit 45 days inpa- tient maximum benefit \$5,000 outpa- tient |
| Durable Medical Equipment | 90% Preferred Allowance | 70% of URC |

| Evacuation & Repatriation | |
|---|----------|
| Medical Evacuation and Repatriation | 100% |
| Return of Mortal Remains | 100% |
| ACCIDENTAL DEATH AND DISMEMBERMENT | |
| Accidental death | \$30,000 |
| Dismemberment | \$30,000 |

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.
- **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.
- **Coverage Under Other Plans or Sources:** provided by or payment is available from: (i) workers' compensation law, occupational disease law or similar law concerning job related conditions; (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.
- **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.
- **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.
- **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.
- **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 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".