

2022-2023

Visiting Scholar and educator Injury and Sickness Plan

PURPLE PLUS

DIAN22PURPLE PLUS

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)

----- 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

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 |
|-----------------|----------------|----------------|
| 1-24 years old | \$39.90 | \$39.90 |
| 25-49 years old | \$64.77 | \$64.77 |
| 50-64 years old | \$153.91 | \$153.91 |

WellAway
 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 Payer Fusion
 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.

- 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

What Your Plan Covers?

| | | |
|---|--|-----------------------------|
| U.S. Provider Network | United Healthcare PPO | |
| Area of Coverage | Worldwide excluding Home country | |
| Maximum Limit | \$100,000 | |
| 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 |
| | \$250 per Illness or Injury | \$250 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 | 80% of Allowable Charges | 60% 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>Coinsurance reduces to 60% 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% | 80% Allowable Charges | 60% of URC |
| Ambulance Services • Emergency ground ambulance | 80% Allowable Charges | 60% of URC |
| Emergency Dental Treatment Maximum benefit amount \$500 | 80% Allowable Charges | 60% of URC |

* Pre-authorization required

| HOSPITALIZATION AND INPATIENT BENEFITS* | In network | Out of network |
|---|--|--|
| Pre-Admission Testing | 80% of Allowable Charges | 60% of URC |
| Hospitalization* | 80% of Allowable Charges \$250 Copayment per admission | 60% of Allowable Charge \$250 Copayment per admission |
| Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care* | 80% of Allowable Charges | 60% of URC |
| Inpatient Physician, Osteopath and Specialist Services | 80% of Allowable Charges | 60% of URC |
| Inpatient Ancillary Hospital Services | 80% of Allowable Charges | 60% of URC |
| In-hospital Advanced Diagnostic Services | 80% of Allowable Charges | 60% of URC |
| Routine X-Ray and Lab Tests | 80% of Allowable Charges | 60% of URC |
| Inpatient Oncology Treatment* | 80% of Allowable Charges | 60% of URC |
| Inpatient Reconstructive Surgery* | 80% of Allowable Charges | 60% of URC |
| Inpatient Physical Therapy* | 80% of Allowable Charges Limited to 1 visit per day | 60% of URC Limited to 1 visit per day |
| Inpatient Surgical procedures* | 80% of Allowable Charges | 60% of URC |
| Inpatient Surgeon Fees, Assistant Surgeon Fees And Anesthesiologist | 80% of Allowable Charges | 60% of URC |
| OUTPATIENT BENEFITS | | |
| Urgent Care Clinic / Facility | 80% of Allowable Charges And \$30 Copayment | 60% of URC And \$30 Copayment |
| Outpatient ambulatory surgical facility* | 80% of Allowable Charges | 60% of URC |
| Diagnostic services | 80% of Allowable Charges | 60% of URC |
| Advanced Diagnostic and Imaging Services | 80% of Allowable Charges | 60% of URC |
| Outpatient Physical Therapy | 80% of Allowable Charges and \$30 Copayment limited to 1 visit per day | 60% of URC and \$30 Copayment limited to 1 visit per day |
| Outpatient Oncology Treatment* | 80% of Allowable Charges | 60% of URC |
| Outpatient Reconstructive Surgery* | 80% of Allowable Charges | 60% of URC |
| Palliative Dental Treatment | 80% of Allowable Charges maximum benefit amount \$350 | 60% of URC maximum benefit amount \$350 |
| WORLDWIDE COVERAGE (outside the United States) | 80% of URC | |
| Physician Services (Copayment waived Student Health Center) | | |
| Teladoc® Consultations | No Copayment Limited to 8 consults per policy period | |
| Primary Care Visit | 80% of Allowable Charges and \$30 Copayment per visit | 60% of URC and \$30 Copayment per visit |
| Specialist Visit | 80% of Allowable Charges and \$30 Copayment per visit | 60% of URC and \$30 Copayment per visit |

* 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.
- Maternity and Pregnancy:** (i) Maternity Care, Cesarean Section, Complications of Pregnancy, and/or newborn infant care Services; (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; or (vi) elective abortions and complications thereof, or any voluntary induced termination of pregnancy.
- 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.