

2022-2023

International student Injury and Sickness Plan

ACA Elite 450

DIAN22ACAElite450



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)

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.**

Monthly Rates

Age \ Insured	Student	Spouse/Child
17-25 years old	\$95	N/A
26-27 years old	\$132	
28-29 years old	\$193	
30-45 years old	\$389	

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 #: 626XXXXXXX
Start Date: 01 Sep 2022
End Date: 31 Aug 2023
Plan Name: DIANins 2022-2023 Blue+0
Deductible: \$0

Member Name(s): Amy
Member ID #: 2

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.

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	Unlimited		
Pre-Existing Condition limitation	No limitation		
Annual limit	In network	Out of network	Worldwide
	Unlimited	Unlimited	\$1,000,000
Deductible	\$450	\$500	\$450
Copayments			
Student health Center	\$0		
Office Visit	\$25		
Urgent Care	\$65 copayment then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Emergency Room	Deductible and \$200 copayment per visit (waived if admitted)	Deductible and \$200 copayment per visit (waived if admitted)	Deductible then 100%
Out-of-Pocket-Maximum	\$5,500	\$5,500	\$0
Coinsurance (WellAway cost share)	80%	50%	100%
Prescriptions	EHIM In-Network Pharmacy	Out-of-Network	Worldwide
Preventive	100%	Not covered	Deductible then 100%
Generic	\$15 copayment	\$15 copayment then 50% Coinsurance	Deductible then 100%
Brand	\$40 copayment	\$40 copayment then 50% Coinsurance	Deductible then 100%
Non-preferred brands	\$75 copayment	\$75 copayment then 50% Coinsurance	Deductible then 100%
Specialty	\$100 copayment	\$100 copayment then 50% Coinsurance	Deductible then 100%
Preventive Care and Annual Exams • Preventive screenings (1 per year) • Immunizations and vaccinations: According to CDC Adult Immunization Schedule Well childcare for children under 19 • Periodic age specific physical examinations and developmental assessments; • Preventive dental services • Eye exams and eye glasses	100%	Deductible then 50% Coinsurance	100%
Note: It is recommended that these services be performed in an In-Network Physician's office or in an In-Network free standing diagnostic center to maximize your benefit and reduce your costs.			
EMERGENCIES			
Emergency Room • When your symptoms are severe and your health is in jeopardy, causing loss of life, limb or death (medically necessary)	Deductible and \$200 copayment per visit (waived if admitted)	Deductible and \$200 copayment per visit (waived if admitted)	Deductible then 100%
Ambulance Services • (from emergency location to nearest facility, from one hospital to another, or from hospital to your home or skilled nursing facility)	Deductible then 80% Coinsurance		Deductible then 100%
Emergency Dental • (due to damage to natural sound teeth which is treated within 90 days of the accidental dental injury)	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%

* Pre-authorization required

HOSPITALIZATION	In network	Out of network	Worldwide
Hospitalization*	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Rehabilitative services* (treatment of CVA, head injury, spinal cord injury, or as required as a result of post-operative brain surgery when certain criteria are met)	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Habilitative services* (occupational, physical and speech therapy when certain criteria are met)	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Physician services (consultations by a physician or specialist while inpatient only when medically necessary)	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Behavioral health services* (mental health & substance use disorder services)	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Surgical procedures and surgeon fees (inpatient)* <ul style="list-style-type: none"> Refers to the fees charged by the main surgeon that performed the surgical procedure Some complex medical procedures may require an assistant surgeon or co-surgeon performing services (maximum coverage amount is 20% of the approved fees for the main surgeon). This applies only to procedures for which an assistant surgeon or co-surgeon is indicated by evidence based medicine. Services provided by an anesthesiologist during a covered surgical procedure is a covered service by an in-network provider (maximum coverage amount is 30% of the approved fees for the main surgeon). 	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Oncology treatment, drugs & reconstructive surgery* <ul style="list-style-type: none"> Oncology treatment includes chemotherapy, radiation or pharmaceutical treatments which have approved efficacy and market distribution Reconstructive surgery due to illness or injury e.g., breast reconstruction or other bodily reconstruction due to trauma, infection, tumors or disease that will improve function and ability 	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Organ Transplant* (includes heart, lung, heart and lung, kidney, pancreas, kidney and pancreas, liver, cornea, allogenic and autologous bone marrow and peripheral stem cell transplants)	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
OUTPATIENT BENEFITS	In network	Out of network	Worldwide
Urgent care center	Deductible then \$50 copayment	Deductible then 50% Coinsurance	Deductible then 100%
Outpatient ambulatory surgical facility & Surgical Care* Free-standing only	\$100 copayment then 80% Coinsurance	\$100 copayment then 80% Coinsurance	Deductible then 100%

* Pre-authorization required

Surgeon Fees • Some complex medical procedures may require an assistant surgeon or co-surgeon performing services (maximum coverage amount is 20% of the approved fees for the main surgeon). This applies only to procedures for which an assistant surgeon or co-surgeon is indicated by evidence based medicine.	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Oncology treatment, drugs & reconstructive surgery* • Oncology treatment includes chemotherapy, radiation or pharmaceutical treatments • Reconstructive surgery due to illness or injury	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Basic diagnostic services and laboratory tests When performed in a physician's office or in a free-standing non-hospital facility.	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Advanced diagnostic and imaging services* When performed in a free-standing non-hospital facility, e.g., MRI, CT scans, PET scans, MRA, angiography, nuclear imaging, biopsy, CTA, CT coronary angioplasty, diagnostic colonoscopy/endoscopy (this list is not exclusive)	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Rehabilitative services* (for treatment of CVA, head injury, spinal cord injury, or as required as a result of post-operative brain surgery when certain criteria are met)	Deductible then 80% Coinsurance (limited to 20 visits per benefit period)	Deductible then 50% Coinsurance (limited to 20 visits per benefit period)	Deductible then 100% (limited to 20 visits per benefit period)
Habilitative services* (limited to occupational, physical and speech therapy when certain criteria are met)	Deductible then 80% Coinsurance (limited to 20 visits per benefit period)	Deductible then 50% Coinsurance (limited to 20 visits per benefit period)	Deductible then 100% (limited to 20 visits per benefit period)
Outpatient physical therapy* (physical therapy and spinal manipulation when restoring function loss due to a medical condition or to attain age appropriate function for activities of daily living - treatment plan must be provided)	Deductible then \$15 copayment (limited to 40 visits per benefit period)	Deductible then 50% Coinsurance (limited to 40 visits per benefit period)	Deductible then 100% (limited to 40 visits per benefit period)
Outpatient chiropractic & spinal manipulation* (chiropractic services and spinal manipulation (to correct a slight dislocation of a bone or joint that is demonstrated by x-ray) when restoring function loss due to a medical condition or to attain age appropriate function for activities of daily living - treatment plan must be provided)	Deductible then \$15 copayment (limited to combined 15 visits per benefit period)	\$15 copayment and 50% Coinsurance (limited to combined 15 visits per benefit period)	Deductible then 100% (limited to combined 15 visits per benefit period)
Alternative medicine (combined benefit limits) Acupuncture, homeopathy, Chinese Medicine	Deductible then \$15 copayment (limited to combined 15 visits per benefit period)	Not covered	Deductible then 100% (limited to combined 15 visits per benefit period)
Behavioral health services* (outpatient facility for mental health & substance use disorder services)	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Vision services (for the treatment of aphakia, injury to or diseases of the eyes and glasses or lenses following cataract surgery)	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%

* Pre-authorization required

Physician Services			
Teladoc® consultations	\$10 copayment Limited to 12 visits per benefit period	Not covered	Not available
Primary care	Deductible then \$20 copayment	Deductible then 50% Coinsurance	Deductible then 100%
Specialist consultation	Deductible then \$20 copayment	Deductible then 50% Coinsurance	Deductible then 100%
Behavioral health*	Deductible then \$20 copayment	Deductible then 50% Coinsurance	Deductible then 100%
Allergy testing & treatment*	Deductible then \$20 copayment	Deductible then 50% Coinsurance	Deductible then 100%
MATERNITY CARE AND BIRTH BENEFITS			
Prenatal and postnatal physician consultations	Paid in Full	Deductible then 50% Coinsurance	Deductible then 100%
Labor and delivery	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Complications of Pregnancy	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Birthing center	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Infertility treatment	Not covered	Not covered	Not covered
Newborn care	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Sterilization	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Other Services			
Skilled nursing facility*	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Home healthcare*	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Hospice*	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Dialysis*	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Durable medical equipment	Deductible then 80% Coinsurance	Deductible then 50% Coinsurance	Deductible then 100%
Evacuation & Repatriation*			
Medical evacuation	Paid in full up to \$120,000 limit per covered person, per benefit period		
Medical repatriation	Paid in full up to \$50,000 lifetime limit per covered person		
Repatriation of mortal remains	Paid in full up to \$25,000 lifetime limit per covered person		

* Pre-authorization required