

2017-2018

DIANins Blue+ Plan

International Student Health Insurance

Available for only International Students



www.dianins.com/blue-plus-plan

Colleges and universities require international students to have health insurance plans while studying. Blue Plus Plan offer international students an alternative to more expensive university plans – providing health insurance that meets the waiver requirements of most worldwide 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.

Brochure No: Blue Plus 2017

Highlight

- Unlimited Annual Maximum
- Comprehensive Inpatient and Outpatient Care, Emergency care, Prescription Drugs, Mental Health and Preventative care
- Worldwide direct-bill network plan, including the Aetna Preferred Provider network in the US, available with the Advantage plan; there is no need to pay for your health services at the time of delivery
- The Aetna network includes healthcare providers and hospitals throughout the 50 states in the United States network
- Online & live multilingual customer service available 24/7
- Online claims filing at www.gbg.com
- Plans are offered by and administered (claims payment) through Global Benefits Group, Inc., a US based company
- Pharmacy benefits are reimbursed through GBG including maintenance and oral contraceptives

Yearly rates(364days)

	Student		Spouse / Child	
	Deductible \$500/year	Deductible \$250/year	Deductible \$500/year	Deductible \$250/year
Age 12 ~ 24	\$1,250	\$1,350	N/A	N/A
Age 25 ~ 29	\$2,100	\$2,200		
Age 30 ~ 40	\$4,220	\$4,320		

Monthly rates(30days)

	Student		Spouse / Child	
	Deductible \$500/year	Deductible \$250/year	Deductible \$500/year	Deductible \$250/year
Age 12 ~ 24	\$103.0	\$113.3	N/A	N/A
Age 25 ~ 29	\$173.1	\$181.3		
Age 30 ~ 40	\$347.8	\$356.0		

Daily rates

	Student		Spouse / Child	
	Deductible \$500/year	Deductible \$250/year	Deductible \$500/year	Deductible \$250/year
Age 12 ~ 24	\$3.43	\$3.71	N/A	N/A
Age 25 ~ 29	\$5.77	\$6.04		
Age 30 ~ 40	\$11.59	\$11.87		

Eligibilities

- Minimum age 12 to Maximum age of 40,
- 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.

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 www.gbg.com.

GENERAL FEATURES of Blue Plus

U.S. Provider Network	Aetna
Coverage Area	Worldwide
Maximum benefit payable per period of insurance	Unlimited
Deductible	Option 1: Network-\$250 / Non-Network-\$500 Option 2: Network-\$500 / Non-Network-\$750
Deductible at Student Health Center	\$0
Office visit copay (waived at Student Health Center)	\$25
Urgent Care Center Copayment	\$50
Emergency Room Copay (waived if admitted)	\$300 per Occurrence
Home Country Coverage	Up to \$500 per Policy Period
Out-Of-Pocket Maximum	Network - \$2,500 Non-Network - Unlimited
Pre-existing Conditions	No waiting period

Subject to deductible, coinsurance and maximum benefit per period of insurance

Following coinsurance applies for In-Network in the U.S. or Outside the U.S. In case of Out-of-Network, coinsurance reduced to 60% in U.S.

INPATIENT AND HOSPITALIZATION BENEFIT

Accommodations including Semi-private room	90%
Intensive Care/Cardiac Care	90%
Inpatient Consultation by Physician or Specialist	90%
Hospital Miscellaneous Expenses	90%
Pre-Admission Testing	90%
Extended Care/Inpatient Rehabilitation	90%
<ul style="list-style-type: none"> Maximum Benefit Per Period of Insurance 45 days Must be confined to facility immediately following a hospital stay 	

OUTPATIENT BENEFITS

Physician Visit/ Consultation by Specialist

- General Practitioner or Specialist 90%
- Urgent Care Center

Diagnostic Testing

- X-Ray and Laboratory 90%
- MRI, PET, and CT Scans
- Inpatient and Outpatient

Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy

- Maximum Benefit per Period of Insurance: 12 visits per injury or illness 90%

SURGICAL BENEFITS (Outpatient / Inpatient)

Inpatient, Outpatient or Ambulatory Surgery;

- Surgeon's Fees
- Assistant Surgeon and Anesthesiologist
- Facility fees 90%
- Laboratory tests
- Medications and dressings
- Other medical services and supplies

EMERGENCIES

Emergency Room and Medical Services

- \$300 Deductible waived if admitted 90% after Deductible
- 50% coinsurance will be applied to Non-emergency use

Ambulance Services

- Emergency Local Ground Ambulance 90%

Emergency Dental

- Limited to accidental injury of sound natural teeth sustained while covered 90% up to \$250 per tooth
- \$1,000 Benefit Maximum per Policy Period

MATERNITY CARE

Normal delivery or medically necessary C-Section, prenatal, postnatal care and complications of pregnancy

90%

OTHER BENEFITS

Inpatient Mental Health

- To treat a covered diagnosis 90%

Outpatient Mental Health

90%

Preventive Care and Annual Exams

- 0-12 months: 9 visits maximum 100% only covered In-Network
- Child/Adult: Annual Exam, Immunizations

Palliative Dental Care

- Sudden onset of Pain 90% up to \$600

Homeopathic Care and Acupuncture	90% up to \$500
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Chemotherapy, Radiotherapy <ul style="list-style-type: none">Inpatient and Outpatient	90%
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Home Health Care	90%
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Hospice Care <ul style="list-style-type: none">Inpatient Maximum Benefit per Period of Insurance: 45 daysOutpatient Maximum Benefit per Period of Insurance: \$5,000	90%
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Diabetic Medical Supplies <ul style="list-style-type: none">Includes Insulin Pumps and associated supplies	90% up to %7,500
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Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV +), AIDS Related Complex(ARC), Sexually transmitted diseases and all related conditions	90%
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Durable Medical Equipment <ul style="list-style-type: none">Reimbursement of rental up to purchase price	90%
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Alcohol and Drug Abuse <ul style="list-style-type: none">Rehabilitative treatment only	90%
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Prescription Drugs <ul style="list-style-type: none">\$25 Copayment per PrescriptionUp to 31-day supply per prescriptionIncludes contraceptivesCSV/Caremark network pharmacy is required	90% after Copayment
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Motor Vehicle Accident <ul style="list-style-type: none">Injuries caused by accident	90%
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Sport Activities <ul style="list-style-type: none">Injuries arising from interscholastic, intramural, and club sports	90%
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ADDITIONAL BENEFITS

Compassionate Care Visit	\$1,000 Maximum Benefit per period of Insurance
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Medical Evacuation and Repatriation	Unlimited
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Return of Mortal Remains	Unlimited
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Accident Death and Dismemberment	\$30,000 Maximum Benefit
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War and Terrorism	Included
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<Refer to policy for detail plan information>