

Royal  
Brochure

[wellaway.com](http://wellaway.com)

WellAway<sup>o</sup>

07/01/2024-06/30/2025

# Why choose Wellaway?

**WellAway is a truly international private medical insurance company with health plans for today's international student.**

You are always our priority. Our cultural diversity allows members to be serviced with the utmost consideration for their expatriate lifestyle. With access to the UnitedHealthcare Options PPO network of over 1.2M+ providers in the U.S., we aim to provide stability and security for international students.



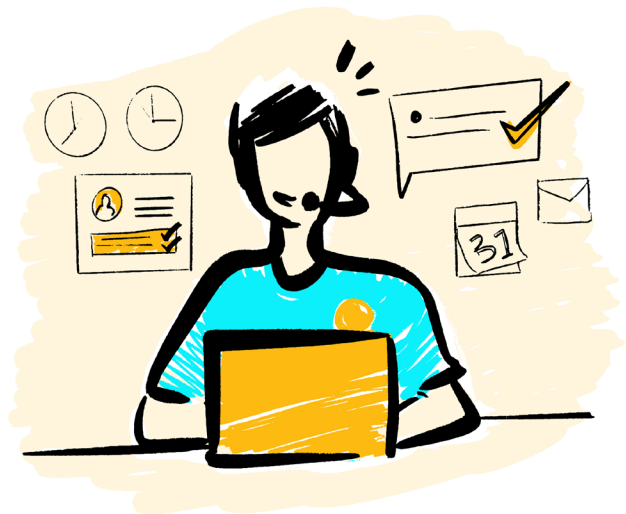
- ✓ **Emergency Medical Assistance**
- ✓ **Multi-Lingual Customer Service**
- ✓ **Telemedicine Services**
- ✓ **Competitive Prices**

## 24/7 ConciergeCare

### Professional customer support

WellAway provides white glove customer service and expertise in international medical insurance with innovative benefits and resources. Our 24/7 multi-lingual ConciergeCare services are designed with you in mind. Let us help with setting up appointments, go in-depth with explanation of benefits or find a provider that's right for you.

- Provider search assistance
- Disease management
- 24/7 emergency medical assistance & evacuation
- Appointment setting with best-in-class providers
- White glove customer service
- Multi-lingual



💰 **ConciergeCare services are at no extra cost to you.**

Our Health Partner: Teladoc



## Access to your doctor 24/7 (USA only)

Teladoc Health transforms how people access healthcare globally. Providing a new kind of healthcare experience, one with better convenience, outcomes and value.

- Talk to a doctor anytime, when you are in the USA.
- Receive quality care via phone, video or mobile app.
- Prompt treatment. Talk to your doctor in minutes.
- A network of doctors that can treat every member of the family.
- Prescriptions sent to pharmacy of choice if medically necessary.
- Teladoc is less expensive than the ER or urgent care.

### Get The Care You Need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!



**Talk to a doctor any time! Teladoc.com 1-800-TELADOC (835-2362)**

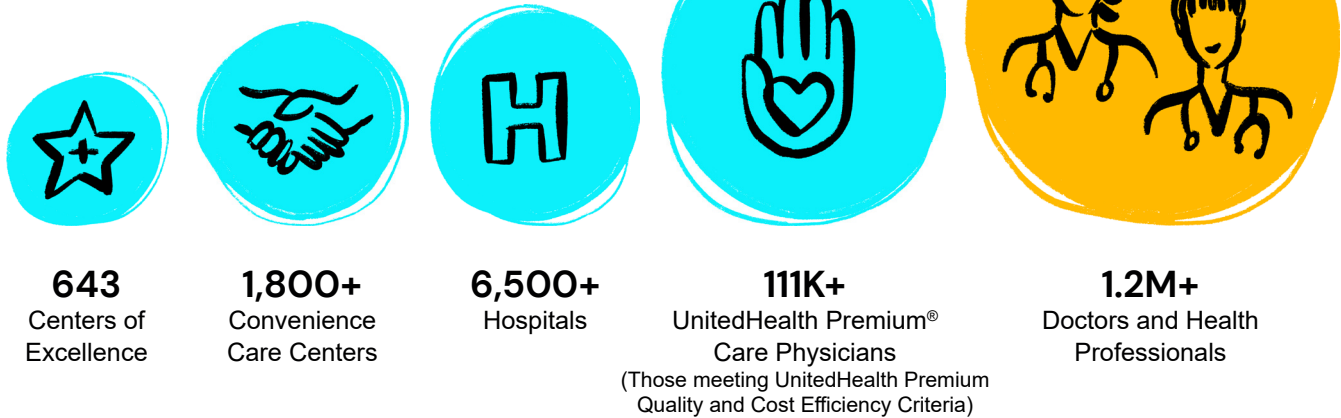
Available on the iPhone **App Store**    ANDROID APP ON **Google play**

Our Health Partner: UnitedHealthcare Options PPO



## Networks that deliver greater accountability and value.

With nearly 1.2M+ providers across the country, we have networks designed to help you better control costs and meet the unique health care needs of our members.



# Royal Plans

(U.S. bound students only)

**Our Royal plans are dedicated to students with F-1, M-1 or J-1 student visas and offer comprehensive and affordable health insurance to students going to the USA for an undergraduate or graduate program.**

We understand the importance of education and how peace of mind and well-being directly impact learning and personal growth. Royal provides the vital benefits and more, to seamlessly navigate your world with wellness and security. We have knowledge and experience with reliable solutions you can trust.

Royal is designed to keep health expenses low, while meeting university requirements and the U.S. Department of State regulations.

## Coverage Highlights

**Annual aggregate maximum:  
Unlimited**

**Let us care for your health while you care for your goals. Stable and secure coverage for students and scholars.**

- Meets minimum U.S. health insurance requirements for valid F-1, M-1 or J-1 student visas in USA / ages 17 to 45 / Non-US citizens. Royal 100, 500 & 1500 plans have a minimum of 5 months of coverage. Royal Plus has a minimum 12 months of coverage.
- Provider Access within the U.S.: as an exclusive member, you are covered when receiving care by Premium Care Physicians and at In-Network Facilities with UnitedHealthcare Options PPO
- Worldwide Coverage (excluding Home Country) Please note that M1/M2 visa holders are not eligible for worldwide coverage outside the United States.
- Provider Access outside of the U.S.: An open-access network allows our members the flexibility to see a variety of doctors. Contact us and we will help you find the best doctor at the fairest price.
- Multi-lingual customer service
- No medical exams, no paperwork
- Instant proof of coverage
- Coverage of immunizations and vaccines including COVID-19
- Coverage of pre-existing conditions for Students
- Medical evacuation and repatriation
- Prescription medication and contraceptives included
- Benefits are shown per person, per policy period
- Maximum amounts apply to certain benefits
- Pre-authorization is required for certain benefits. Refer to the terms and conditions of the policy.

## Cancelation and Refund

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: (i) because your Policy benefits do not meet the educational institution's minimum insurance requirements; and (ii) your waiver was submitted within the time period required by the educational institution. You must provide written notification to WellAway of your refund request within 15 days of receipt of your waiver denial along with written proof that your educational institution has denied your waiver and which states the reason for the denial. Note: You will not be eligible for a refund if there are any claims on file during your Policy Period.
2. You withdraw from classes under a school-approved leave of absence. You must provide written notification to WellAway of your refund request within 15 days of receipt of your approved leave of absence along with: (i) written proof from the educational institution of your approved leave of absence; and (ii) written proof of your return date to your Home Country. If the Insurer determines that you are eligible to cancel your Policy, you will only be entitled to a pro-rata refund (based on the number of months remaining in your Policy Period) less an early termination fee of \$50. Note: You will not be eligible for a refund if there are any claims on file during your Policy Period.

If you cancel your Policy for any reason other than as stated in paragraphs 1 or 2 above, you will not be entitled to a refund of your Premium. A Force Majeure event will not operate to automatically entitle any Insured Person to a refund of Premium previously paid and will also not operate to extend the Policy Period.

# Benefits

	Royal 100	Royal 500	Royal 1500	Royal Plus
<b>Area of Coverage</b>	Worldwide excluding Home Country	Worldwide excluding Home Country	Worldwide excluding Home Country	Worldwide excluding Home Country
<b>Maximum Limit</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Pre-Existing Condition limitation</b>	Students: No limitation	Students: No limitation Dependents: Yes (24-month Waiting Period)	Students: No limitation Dependents: Yes (24-month Waiting Period)	Students: No limitation

<b>Deductible</b>	Royal 100		Royal 500		Royal 1500		Royal Plus	
	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
In-Network and Out-of-Network Deductibles accrue separately	\$100	\$200	\$500	\$750	\$1,500	\$1,800	\$0	\$200
Copayments do not apply towards Deductible								

<b>Copayments</b>				
Student Health Center	\$0	\$0	\$0	\$0
Office Visit	\$30 per visit	\$30 per visit	\$30 per visit	\$25 per visit
Urgent Care	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit
Hospital Emergency Room	\$250 (waived if admitted)	\$300 (waived if admitted)	\$250 (waived if admitted)	\$300 (waived if admitted)
Hospital	\$100	\$0	\$0	\$0

**Deductible and Copayments will be waived when Treatment is rendered at the Student Health Center.**

<b>Coinsurance</b>				
In-Network Physician and Facility	80% of Allowable Charges (unless otherwise stated)	80% of Allowable Charges (unless otherwise stated)	80% of Allowable Charges (unless otherwise stated)	100% of Allowable Charges (unless otherwise stated)
Out-of-Network Providers	60% of URC	60% of URC	60% of URC	60% of URC

<b>Out-of-Pocket Maximum</b>								
Copayments (excluding Prescription Medication) apply towards Out-of-Pocket Maximum	\$6,000	Unlimited	\$8,000 per Insured Person / \$12,000 per Family	Unlimited per Insured Person / Unlimited per Family	\$8,000 per Insured Person / \$12,000 per Family	Unlimited per Insured Person / Unlimited per Family	\$6,000	Unlimited

<b>Outpatient Medication Program</b>	
EHIM In-Network Pharmacy / On-Campus Pharmacy	Tier 1 \$10 Copayment per prescription Tier 2 \$20 Copayment per prescription Tier 3 \$40 Copayment per prescription
Out-of-Network	Not covered

Benefits	Royal 100		Royal 500		Royal 1500		Royal Plus	
	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))

### Pre-Attendance University Requirements

(Deductible does not apply)

<b>Immunizations</b> (must be obtained at the Student Health Center or at an EHIM In-Network pharmacy)	100% of Allowable Charges	Not covered	100% of Allowable Charges	Not covered	100% of Allowable Charges	Not covered	100% of Allowable Charges	Not covered
<b>TB Testing</b> (Policyholder only and must be performed in an independent free-standing laboratory or student health center)	100% of Allowable Charges	Not covered	100% of Allowable Charges	Not covered	100% of Allowable Charges	Not covered	100% of Allowable Charges	Not covered

### Wellness and Preventive Services

(Deductible does not apply)

<b>Adult Wellness Visit and Preventive Services</b>	100% (Student Health Center payable at URC)	Not covered	100% (Student Health Center payable at URC)	Not covered	100% (Student Health Center payable at URC)	Not covered	100% (Student Health Center payable at URC)	Not covered
<b>Well Childcare Visits</b>								

### Services That Require Hospitalization

<b>Pre-admission Testing</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Hospitalization</b>	80% of Allowable Charges \$100 Copayment per admission	60% of URC \$100 Copayment per admission	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Intensive Care Unit/ Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/ Pediatric Intensive Care</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Inpatient Treatment For Mental Illness</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Emergency Medical Services in an Emergency Room</b> If you use an emergency room in the Hospital for a non-emergency service, it will not be covered.	80% of Allowable Charges \$250 Copayment (waived if admitted)	60% of Allowable Charges \$250 Copayment (waived if admitted)	80% of Allowable Charges \$300 Copayment (waived if admitted)	60% of URC \$300 Copayment (waived if admitted)	80% of Allowable Charges \$250 Copayment (waived if admitted)	60% of URC \$250 Copayment (waived if admitted)	100% of Allowable Charges \$300 Copayment (waived if admitted)	60% of URC \$300 Copayment (waived if admitted)
<b>Inpatient Physician, Osteopath and Specialist Services</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Inpatient Ancillary Hospital Services</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>In-hospital Advanced Diagnostic Services</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Routine X-Ray and Lab Tests</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Inpatient Oncology Treatment</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Inpatient Reconstructive Surgery</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC

Benefits	Royal 100		Royal 500		Royal 1500		Royal Plus	
	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))

### Services That Require Hospitalization

<b>Inpatient Rehabilitation</b>	80% of Allowable Charges Maximum Benefit 45 days	60% of URC Maximum Benefit 45 days	80% of Allowable Charges Maximum Benefit 45 days	60% of URC Maximum Benefit 45 days	80% of Allowable Charges Maximum Benefit 45 days	60% of URC Maximum Benefit 45 days	100% of Allowable Charges Maximum Benefit 45 days	60% of URC Maximum Benefit 45 days
<b>Inpatient Surgical Procedures</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Emergency Ground Ambulance</b>	80% of Allowable Charges		80% of Allowable Charges		80% of Allowable Charges		80% of Allowable Charges	

### Outpatient Care

All ambulatory services must be performed in a free-standing independent ambulatory facility. If ambulatory services are not performed in a free-standing independent facility a Site of Service Differential will apply. It is indicated that the services below be performed in an In-Network Physician's office, in an In-Network free standing independent facility to maximize your benefit, reduce your costs and avoid Site of Service Differential costs.

<b>Urgent Care Clinic / Facility</b>	80% of Allowable Charges and \$50 Copayment	60% of URC and \$50 Copayment	80% of Allowable Charges and \$50 Copayment	60% of URC and \$50 Copayment	80% of Allowable Charges and \$50 Copayment	60% of URC and \$50 Copayment	100% of Allowable Charges and \$50 Copayment	60% of URC and \$50 Copayment
<b>Outpatient Ambulatory Surgical Facility &amp; Surgical Care</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Routine X-rays and Laboratory tests</b> When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Advanced Diagnostic and Interventional Radiology Services</b> When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Outpatient Therapeutic Services</b>	80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits	60% of URC and \$30 Copayment per visit Maximum Benefit 12 visits	80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits	60% of URC and \$30 Copayment per visit Maximum Benefit 12 visits	80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits	60% of URC and \$30 Copayment per visit Maximum Benefit 12 visits	100% of Allowable Charges and \$25 Copayment per visit Maximum Benefit 12 visits	60% of URC and \$25 Copayment per visit Maximum Benefit 12 visits
<b>Outpatient Oncology Treatment</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Outpatient Reconstructive Surgery</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Diabetic Medical Supplies</b>	80% of Allowable Charges Maximum Benefit \$7,500	60% of URC Maximum Benefit \$7,500	80% of Allowable Charges Maximum Benefit \$7,500	60% of URC Maximum Benefit \$7,500	80% of Allowable Charges Maximum Benefit \$7,500	60% of URC Maximum Benefit \$7,500	100% of Allowable Charges Maximum Benefit \$7,500	60% of URC Maximum Benefit \$7,500

Benefits	Royal 100		Royal 500		Royal 1500		Royal Plus	
	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))

### Outpatient Care

All ambulatory services must be performed in a free-standing independent ambulatory facility. If ambulatory services are not performed in a free-standing independent facility a Site of Service Differential will apply. It is indicated that the services below be performed in an In-Network Physician's office, in an In-Network free standing independent facility to maximize your benefit, reduce your costs and avoid Site of Service Differential costs.

<b>Emergency Dental Treatment</b>	80% of Allowable Charges Maximum Benefit \$250 per tooth up to \$1,000	60% of URC Maximum Benefit \$250 per tooth up to \$1,000	80% of Allowable Charges Maximum Benefit \$250 per tooth up to \$1,000	60% of URC Maximum Benefit \$250 per tooth up to \$1,000	80% of Allowable Charges Maximum Benefit \$250 per tooth up to \$1,000	60% of URC Maximum Benefit \$250 per tooth up to \$1,000	100% of Allowable Charges Maximum Benefit \$250 per tooth up to \$1,000	60% of URC Maximum Benefit \$250 per tooth up to \$1,000
<b>Palliative Dental Treatment</b>	80% of Allowable Charges Maximum Benefit \$600	60% of URC Maximum Benefit \$600	80% of Allowable Charges Maximum Benefit \$600	60% of URC Maximum Benefit \$600	80% of Allowable Charges Maximum Benefit \$600	60% of URC Maximum Benefit \$600	100% of Allowable Charges Maximum Benefit \$600	60% of URC Maximum Benefit \$600

### Physician Services

(Copayment waived at Student Health Center)

Telemedicine Consultations and Visits	No Copayment limited to 10 consults/visits		No Copayment limited to 10 consults/visits		No Copayment limited to 10 consults/visits		No Copayment limited to 10 consults/visits	
<b>Primary Care Visit</b>	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit	100% of Allowable Charges and \$25 Copayment per visit	60% of URC and \$25 Copayment per visit
<b>Specialist Visit</b>	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit	100% of Allowable Charges and \$25 Copayment per visit	60% of URC and \$25 Copayment per visit
<b>Outpatient Mental Illness Visit</b>	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit	100% of Allowable Charges and \$25 Copayment per visit	60% of URC and \$25 Copayment per visit
<b>Alternative Medicine</b>	80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit \$500	60% of URC and \$30 Copayment per visit Maximum Benefit \$500	80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit \$500	60% of URC and \$30 Copayment per visit Maximum Benefit \$500	80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit \$500	60% of URC and \$30 Copayment per visit Maximum Benefit \$500	100% of Allowable Charges and \$25 Copayment per visit Maximum Benefit \$500	60% of URC and \$25 Copayment per visit Maximum Benefit \$500

### Other Services

<b>Recreational Activities or Amateur Sports Benefit</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>HIV/AIDS</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Alcohol and Substance Abuse (rehabilitative only)</b>	80% of Allowable Charges \$30 Copayment (outpatient)	60% of URC \$30 Copayment (outpatient)	80% of Allowable Charges \$30 Copayment (outpatient)	60% of URC \$30 Copayment (outpatient)	80% of Allowable Charges \$30 Copayment (outpatient)	60% of URC \$30 Copayment (outpatient)	100% of Allowable Charges \$25 Copayment (outpatient)	60% of URC and \$25 Copayment (outpatient)



Benefits	Royal 100		Royal 500		Royal 1500		Royal Plus	
	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
<b>Other Services</b>								
<b>Home Health Care</b>	80% of Allowable Charges immediately following hospital discharge of at least 3 days	60% of URC immediately following hospital discharge of at least 3 days	80% of Allowable Charges immediately following hospital discharge of at least 3 days	60% of URC immediately following hospital discharge of at least 3 days	80% of Allowable Charges immediately following hospital discharge of at least 3 days	60% of URC immediately following hospital discharge of at least 3 days	100% of Allowable Charges immediately following hospital discharge of at least 3 days	60% of URC immediately following hospital discharge of at least 3 days
<b>Hospice or Palliative Care</b>	80% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	60% of URC Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	80% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	60% of URC Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	80% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	60% of URC Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	100% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	60% of URC Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)
<b>Durable Medical Equipment</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Maternity Care and Birth Benefits</b>								
<b>Maternity Care</b> <i>(subject to notification within 30 days of pregnancy confirmation)</i>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC	100% of Allowable Charges	60% of URC
<b>Elective Medical Abortions</b>	80% of Allowable Charges Maximum Benefit \$1,500	60% of URC Maximum Benefit \$1,500	80% of Allowable Charges Maximum Benefit \$1,500	60% of URC Maximum Benefit \$1,500	80% of Allowable Charges Maximum Benefit \$1,500	60% of URC Maximum Benefit \$1,500	100% of Allowable Charges Maximum Benefit \$1,500	60% of URC Maximum Benefit \$1,500
<b>Worldwide Coverage</b> (outside the United States, excluding your Home Country and M1 visa holders)	80% of URC		80% of URC		80% of URC		80% of URC	
<b>Accidental Death and Dismemberment</b>								
<b>Accidental Death</b>	Sum amount \$30,000		Sum amount \$30,000		Sum amount \$30,000		Sum amount \$30,000	
<b>Dismemberment</b>	Sum amount \$30,000 loss of both hands, feet or total sight Sum amount \$15,000 loss of one hand, one foot or one eye		Sum amount \$30,000 loss of both hands, feet or total sight Sum amount \$15,000 loss of one hand, one foot or one eye		Sum amount \$30,000 loss of both hands, feet or total sight Sum amount \$15,000 loss of one hand, one foot or one eye		Sum amount \$30,000 loss of both hands, feet or total sight Sum amount \$15,000 loss of one hand, one foot or one eye	
<b>Evacuation &amp; Repatriation</b>								
<b>Emergency Medical Evacuation and Medical Repatriation</b>	Combined Maximum Benefit \$100,000		Combined Maximum Benefit \$100,000		Combined Maximum Benefit \$100,000		Combined Maximum Benefit \$100,000	
<b>Repatriation of Mortal Remains</b>	Maximum Benefit \$25,000		Maximum Benefit \$25,000		Maximum Benefit \$25,000		Maximum Benefit \$25,000	

**Certain benefits require pre-authorization. Please refer to the Policy Terms and Conditions.**

# WellAway

Keeping You Well, While You're Away.®

UnitedHealthcare®

TELADOC®

payerfusion®

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wellaway.com



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