



**WellAway World Elite
International Student 450
Summary of Benefits**

University of Southern California

WellAway

Policy Year: 2024-2025

wellaway.com

WellAway World Elite International Student 450 Summary of Benefits

This Summary of Benefits will tell you about certain coverages and features of this plan. However, it is important that you read and understand the Policy (which contains a complete description of the terms and conditions), to make sure you are aware of any conditions, limitations and exclusions to your coverage. Benefits may be subject to Deductible, Coinsurance, and Copayment amounts. For questions about your coverage, contact a ConciergeCare Counselor: +1-855-773-7810, International +1-786-453-4008 (collect) or e-mail: Conciergecare@payerfusion.com.

Limit & Cost Sharing

	In-Network	Out-of-Network	Worldwide
Annual limit	Unlimited	Unlimited	\$1,000,000
Deductible	\$450	\$500	\$450
Coinsurance (WellAway cost share) Tier 1: USC Designated Providers* Tier 2: In-Network Providers Tier 3: Out-of-Network Providers Tier 4: Worldwide	Tier 1: 100% for Physician services and 90% for all other provider services Tier 2: 80%	Tier 3: 60%	Tier 4: 100%
Out-of-pocket maximum	Combined Tier 1 and Tier 2 \$5,000	\$5,500	\$0

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USC Student Health Centers

USC Student Health is dedicated to providing students all their basic primary care needs and other covered services through the USC Student Health Fee, which is paid each semester by students attending on-campus programs. For a complete list of services provided at the USC Student Health Centers visit <https://studenthealth.usc.edu/our-services>. For medical services which are not provided by the Student Health Center, please schedule an appointment with a Keck provider. **To find a Keck Provider, click here - [Find a Provider | Find a provider by condition, specialty or name](#). We are home to more than 900 exceptional health care providers. (keckmedicine.org)**

Medical Care and Specialty Services

When you receive these services at a USC Student Health Center, your Deductible will be waived, and you will not pay any Coinsurance or Copayments.

Primary Care (physicals, illness/injury, reproductive/sexual health)	Your plan pays 100% if not covered by your Student Health Fee
Specialty services – require a referral from a USC Student Health provider (nutrition, orthopedics, dermatology)	Your plan pays 100% if not covered by your Student Health Fee
Allergy Clinic (includes consultation, testing and desensitization)	Your plan pays 100% if not covered by your Student Health Fee
Immunization Clinic The following immunizations and vaccines are covered: Diphtheria, Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus (HPV), Influenza (flu shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, Varicella (Chickenpox), COVID-19.	Your plan pays 100% if not covered by your Student Health Fee
Laboratory Services	Your plan pays 100% if not covered by your Student Health Fee
Medical Equipment	Your plan pays 100% if not covered by your Student Health Fee
Medications	Your plan pays 100% if not covered by your Student Health Fee
Radiology services	Your plan pays 100% if not covered by your Student Health Fee
Physical Therapy	Your plan pays 100% if not covered by your Student Health Fee
Occupational Therapy	Your plan pays 100% if not covered by your Student Health Fee

USC Student Health Centers

Mental Health Care for short-term needs (refer to USC psychiatry and behavioral health services (PBHS))

When you receive these services at a USC Student Health Center, your Deductible will be waived, and you will not pay any Coinsurance or Copayments.

Mental Health Care for short-term needs (individual counseling, group counseling, referral appointments and crisis intervention sessions, workshops, psychiatry)	Your plan pays 100% if not covered by your Student Health Fee
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Mental Health Care for long-term needs

USC Designated Providers Tier 1

In-Network Tier 2

Out-of-Network Tier 3

Worldwide Tier 4

While these services are not provided at the USC Student Health Centers, when these services are provided at a USC Designated Provider on-campus location, there will be no Deductible, Coinsurance or Copayments. If these services are provided by a USC Designated Provider off-campus, Deductible, Coinsurance and Copayment may apply. The Behavioral Health USC Designated Providers located off-campus are Las Encinas, BHC Alhambra, Glendale Adventist, and The Haven @ College.

	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
Physician, Psychologist or Mental Health Professional Services Behavioral health (includes office visit/e-visit with a physician, psychologist, or mental health professional, diagnostic evaluation, psychiatric treatment, individual therapy, and group therapy)	Your plan pays 100%	Deductible then \$20 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Outpatient Behavioral health services (outpatient facility for mental health & substance use disorder services)	Your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Inpatient Behavioral health services (mental health & substance use disorder services)	Your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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Wellness and Preventive Services

USC Designated
Providers
Tier 1

In-Network
Tier 2

Out-of-Network
Tier 3

Worldwide
Tier 4

It is indicated 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 and avoid Site of Service Differential costs.

Adult Wellness Care	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
<p>Periodic routine health exams, routine gynecological exams, immunizations and related preventive services such as prostate specific antigen (PSA), routine mammograms, pap smears and colonoscopies for colorectal cancer screenings (please refer to benefit description for Preventive Services in this Policy).</p> <p>Your physician will measure your height, weight, blood pressure and take other routine measurements; review your medical and family history; assess your risk factors and treatment options; review your health risk assessment questionnaire; update your list of providers and prescriptions; look for signs of cognitive impairment; and set up a screening schedule for appropriate preventive services.</p>	Your plan pays 100%	Your plan pays 100%	Deductible then your plan pays 60%	Your plan pays 100%
<p>Child Wellness Care</p> <p>Periodic age specific physical examinations and developmental assessments; office visit; health history; hearing examinations; age related diagnostic tests; vaccination and immunization necessary for prevention; and track growth and development in accordance with pediatric guidelines.</p>	Your plan pays 100%	Your plan pays 100%	Deductible then your plan pays 60%	Your plan pays 100%
<p>Preventive dental services for children under 19 (includes oral exams, cleaning and fluoride treatment every 6 months, sealants every 36 months, space maintainers, and x-rays every 6 months)</p>	Your plan pays 100%	Your plan pays 100%	Deductible then your plan pays 60%	Your plan pays 100%
<p>Eye exams and eye glasses for children under 19 (includes one eye exam and one pair of glasses every benefit period)</p>	Your plan pays 100%	Your plan pays 100%	Deductible then your plan pays 60%	Your plan pays 100%

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Services that Require Hospitalization

	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
Hospitalization*	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Emergency room When your symptoms are severe and your health is in jeopardy, causing loss of life, limb or death (medically necessary). If you use an emergency room in the Hospital for a non-emergency service, the Services will not be covered.	Deductible and \$200 copayment per visit (waived if admitted)	Deductible and \$200 copayment per visit (waived if admitted)	Deductible and \$200 copayment per visit (waived if admitted)	Deductible then your plan pays 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 your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Habilitative services* (occupational, physical and speech therapy when certain criteria are met)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Physician services (consultations by a physician or specialist while inpatient only when medically necessary)	Deductible then your plan pays 100%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 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 when indicated by evidence based medicine. Services provided by an anesthesiologist during a covered surgical procedure is a covered service. 	Deductible then your plan pays 100%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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Services that Require Hospitalization

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Providers
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Tier 2

Out-of-Network
Tier 3

Worldwide
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<p>Oncology treatment, drugs & reconstructive surgery*</p> <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. 	<p>Deductible then your plan pays 90%</p>	<p>Deductible then your plan pays 80%</p>	<p>Deductible then your plan pays 60%</p>	<p>Deductible then your plan pays 100%</p>
<p>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)</p>	<p>Deductible then your plan pays 90%</p>	<p>Deductible then your plan pays 80%</p>	<p>Deductible then your plan pays 60%</p>	<p>Deductible then your plan pays 100%</p>
<p>Emergency ambulance services (from emergency location to nearest facility, from one hospital to another, or from hospital to your home or skilled nursing facility)</p>	<p>Deductible then your plan pays 90%</p>	<p>Deductible then your plan pays 80%</p>	<p>Deductible then your plan pays 80%</p>	<p>Deductible then your plan pays 100%</p>

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Outpatient Care

USC Designated
Providers
Tier 1

In-Network
Tier 2

Out-of-Network
Tier 3

Worldwide
Tier 4

It is indicated 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 and avoid Site of Service Differential costs.

<p>Urgent care center If you use an urgent care facility for a non-urgent service, the Services will not be covered.</p>	Deductible then \$50 copayment	Deductible then \$50 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p>Outpatient ambulatory surgical facility & surgical care*</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80% (free-standing only)	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p>Surgeon Fees</p> <ul style="list-style-type: none"> Some complex medical procedures may require an assistant surgeon or co-surgeon performing services when indicated by evidence based medicine. Services provided by an anesthesiologist during a covered surgical procedure is a covered service. 	Deductible then your plan pays 100%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p>Oncology treatment, drugs & reconstructive surgery*</p> <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 your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p>Basic diagnostic services and laboratory tests* When not performed in a physician's office or in a free-standing non-hospital facility a Site of Service Differential cost will apply.</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p>Advanced diagnostic and imaging services* When not performed in a free-standing non-hospital facility a Site of Service Differential cost will apply.</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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Outpatient Care

USC Designated
Providers
Tier 1

In-Network
Tier 2

Out-of-Network
Tier 3

Worldwide
Tier 4

It is indicated 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 and avoid Site of Service Differential costs.

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 your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Habilitative services* (limited to occupational, physical and speech therapy when certain criteria are met)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
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	Deductible then \$30 copayment	Deductible then your plan pays 60% (limited to 40 visits per benefit period)	Deductible then your plan pays 100%
Outpatient chiropractic & spinal manipulation* (chiropractic services and spinal manipulation <i>(to correct a slight dislocation of a bone or joint that is demonstrated by x-ray)</i> 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)	Deductible then \$30 copayment (limited to combined 15 visits per benefit period)	Deductible then your plan pays 60% (limited to combined 15 visits per benefit period)	Deductible then your plan pays 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)	Deductible then \$30 copayment (limited to combined 15 visits per benefit period)	Not covered	Deductible then your plan pays 100% (limited to combined 15 visits per benefit period)
Emergency dental services (due to damage to natural sound teeth which is treated within 90 days of the accidental dental injury)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Vision services (for the treatment of aphakia, injury to or diseases of the eyes and glasses or lenses following cataract surgery)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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Physician Services

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Telemedicine consultations (in the United States for illnesses of cold & flu symptoms, allergies, pink eye, respiratory infection, sinus problems and skin problems)	Your plan pays 100%	\$10 copayment Limited to 12 visits per benefit period	Not covered	Deductible then your plan pays 100%
Physician E-Visits (E-visits are available for established patients and should not exceed 1 visit in a 7 day period. E-Visits are limited to 1 per day per Physician and must be legally authorized in your state of residence. E-visits for mental health are covered under a different benefit)	Your plan pays 100%	Deductible then \$30 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Primary care (includes general consultation, primary care visit, check- ups, office visits, and gynecologist when designated as your primary care physician)	Your plan pays 100%	Deductible then \$30 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Specialist consultation	Your plan pays 100%	Deductible then \$30 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Allergy testing & treatment (includes injections for allergies, may include desensitization therapy and the cost of hypo-sensitization serum)	Your plan pays 100%	Deductible then \$30 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%

Maternity Care

	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
Prenatal and postnatal physician consultations	Your plan pays 100%	Your plan pays 100%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Labor and delivery Hospital stay minimum 48 hours for normal delivery and 96 hours for c-section (includes hospital, obstetrician, midwife, anesthesiologist, pediatrician (well baby) for a normal delivery)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Complications of Pregnancy (mother only) miscarriage, preeclampsia, ectopic pregnancy and c-section	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Birthing center	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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Maternity Care

	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
Newborn care (a newborn child who is properly enrolled will be covered from the moment of birth for injury or illness, including routine care, and the necessary care or treatment of medically diagnosed congenital defects, birth abnormalities and premature birth)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Infertility treatment	Not covered	Not covered	Not covered	Not covered
Sterilization (surgical sterilizations, tubal ligations and vasectomies only)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Abortion	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

Other Services

	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
Skilled nursing facility*	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Home healthcare* (care must begin within 14 days following your hospital stay, prescribed by a physician and provided under the supervision of a registered nurse)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Hospice* (accommodation, nursing care and support for the treatment of end of life stages which must be approved by a physician)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Dialysis* (includes equipment, training and medical supplies at a licensed provider location or dialysis center)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Durable medical equipment (helps to complete your daily activity and includes walker, wheelchair, crutches, canes, oxygen equipment or other equipment that can withstand repeated use which must be medically necessary and prescribed by a physician)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
Prosthetic Devices	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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Prescription Drugs

	USC Pharmacy Tier 1	EHIM In-Network Pharmacy Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
Preventive (including generic oral contraceptives)	100%	100%	Not covered	Deductible then your plan pays 100%
Generic	\$15 copayment	\$15 copayment	\$15 copayment then your plan pays 60%	Deductible then your plan pays 100%
Brand	\$40 copayment	\$40 copayment	\$40 copayment then your plan pays 60%	Deductible then your plan pays 100%
Non-preferred brands	\$75 copayment	\$75 copayment	\$75 copayment then your plan pays 60%	Deductible then your plan pays 100%
Specialty	\$100 copayment	\$100 copayment	\$100 copayment then your plan pays 60%	Deductible then your plan pays 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

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WellAway

Keeping You Well, While You're Away.®

aetna™

TELADOC®

payerfusion®

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