



**Scholar  
Brochure**

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

**WellAway**

Policy Year: 2024-2025

# 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](http://Teladoc.com) 1-800-TELADOC (835-2362)

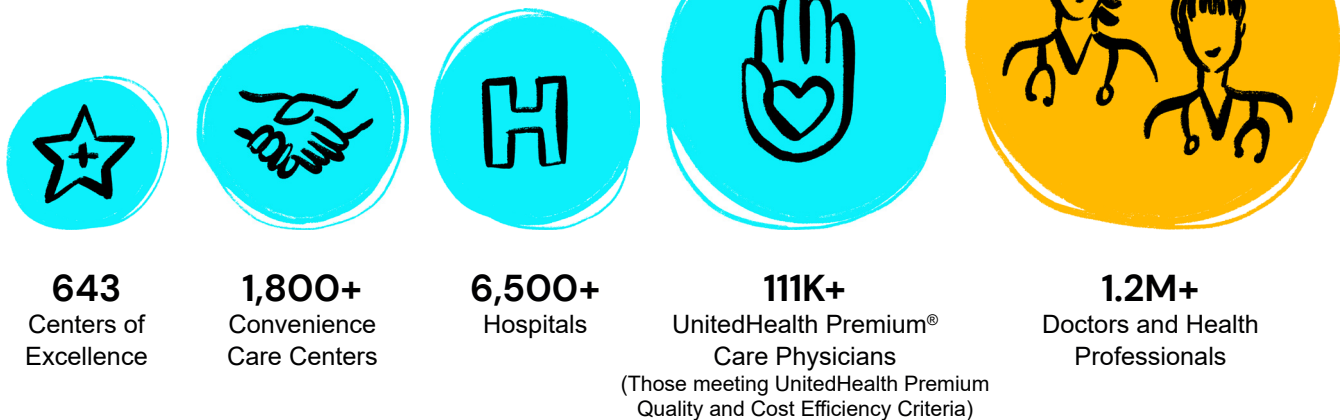
Available on the iPhone ANDROID APP ON

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.



# Scholar Plans

(U.S. bound students only)

**Our dedicated J plans meet the requirements of the U.S. Department of State for scholars, full-time visiting faculty or researchers on a J1 visa.**

We understand the importance of education and how peace of mind and well-being directly impact learning and personal growth. Scholar Plans provide 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.

Scholar Plans are 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 a J-1 Scholar engaged in full-time research or teaching with a specific educational objective. The J-1 categories are: J-1 Research Scholar, J-1 Professor, or J-1 Short-Term Scholar.**

- Meets minimum U.S. health insurance requirements for valid J-1 visas in USA / ages 21 to 45 / Non-US citizens
- 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 and certain limitations apply)
- 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 (Certain limitations apply, see benefits chart)
- 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

	Scholar	Scholar Premier
<b>Area of Coverage</b>	Worldwide excluding Home Country	Worldwide excluding Home Country
<b>Maximum Limit per Illness or Injury</b>	\$250,000	\$500,000
<b>Pre-Existing Condition limitation</b>	Students: Yes (6-month Waiting Period) Dependents: Yes (24-month Waiting Period)	Students: Yes (6-month Waiting Period) Dependents: Yes (24-month Waiting Period)

<b>Deductible</b>	Scholar		Scholar Premier	
	<b>In-Network</b> In-Network Physician and In-Network Facility	<b>Out-of-Network</b> (subject to Usual, Reasonable and Customary charges (URC))	<b>In-Network</b> In-Network Physician and In-Network Facility	<b>Out-of-Network</b> (subject to Usual, Reasonable and Customary charges (URC))
In-Network and Out-of-Network Deductibles	\$500 per Illness or Injury	\$750 per Illness or Injury	\$100 per Illness or Injury	\$200 per Illness or Injury
Copayments do not apply towards Deductible				

<b>Copayments</b>		
Office Visit	\$25	\$0
Urgent Care	\$45	\$0
Hospital Emergency Room	\$250 (waived if admitted)	\$250 (waived if admitted)
Hospital	\$0	\$0

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

<b>Out-of-Pocket Maximum</b>				
Deductible and Copayments (including Prescription Medication) do not apply towards Out-of-Pocket Maximum	\$6,950 per Insured Person \$12,000 per Family	Unlimited per Insured Person Unlimited per Family	\$6,950 per Insured Person \$12,000 per Family	Unlimited per Insured Person Unlimited per Family

<b>Outpatient Medication Program</b>	
EHIM In-Network Pharmacy / On-Campus Pharmacy	Tier 1: \$20 Copayment Tier 2: \$40 Copayment Tier 3: \$60 Copayment
Out-of-Network	Not covered

## Scholar

## Scholar Premier

## Benefits

In-Network  
In-Network Physician  
and In-Network FacilityOut-of-Network  
(subject to Usual,  
Reasonable and Customary  
charges (URC))In-Network  
In-Network Physician  
and In-Network FacilityOut-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
<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

## Wellness and Preventive Services

(Deductible does not apply)

<b>Adult Wellness Visit and Preventive Services</b>	Not covered	Not covered	100% Maximum benefit \$250	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
<b>Hospitalization</b>	80% of Allowable Charges	60% of URC	80% 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
<b>Inpatient Treatment For Mental Illness</b>	80% of Allowable Charges	60% of URC	80% 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, the services will not be covered.	80% of Allowable Charges \$250 Copayment (waived if admitted)	60% of URC \$250 Copayment (waived if admitted)	80% of Allowable Charges \$250 Copayment (waived if admitted)	60% of URC \$250 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
<b>Inpatient Ancillary Hospital Services</b>	80% of Allowable Charges	60% of URC	80% 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
<b>Inpatient Reconstructive Surgery</b>	80% of Allowable Charges	60% of URC	80% of Allowable Charges	60% of URC
<b>Inpatient Surgical Procedures</b>	80% of Allowable Charges	60% of URC	80% 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
<b>Emergency Ground Ambulance</b>	80% of Allowable Charges		80% of Allowable Charges	

## Outpatient Care

*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.*

<b>Urgent Care Clinic / Facility</b>	80% of Allowable Charges and \$45 Copayment	60% of URC and \$45 Copayment	80% of Allowable Charges	60% of URC
<b>Outpatient Ambulatory Surgical Facility &amp; Surgical Care</b>	80% of Allowable Charges	60% of URC	80% 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

Benefits	Scholar		Scholar Premier	
	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>Outpatient Care</b>				
<i>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.</i>				
<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
<b>Outpatient Physical Therapy</b>	80% of Allowable Charges and \$25 Copayment Limited to 12 visits	60% of URC and \$25 Copayment Limited to 12 visits	80% of Allowable Charges Limited to 12 visits	60% of URC Limited to 12 visits
<b>Outpatient Oncology Treatment</b>	80% of Allowable Charges	60% of URC	80% 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
<b>Diabetic Medical Supplies</b>	80% of Allowable Charges Maximum Benefit \$2,500	60% of URC Maximum Benefit \$2,500	80% of Allowable Charges Maximum Benefit \$3,000	60% of URC Maximum Benefit \$3,000
<b>Emergency Dental Treatment</b>	80% of Allowable Charges Maximum Benefit \$500	60% of URC Maximum Benefit \$500	80% of Allowable Charges Maximum Benefit \$500	60% of URC Maximum Benefit \$500
<b>Physician Services</b>				
<b>Telemedicine Consultations and Visits</b>	No Copayment Limited to 10 consults/visits		No Copayment Limited to 10 consults/visits	
<b>Primary Care Visit</b>	80% of Allowable Charges and \$25 Copayment	60% of URC and \$25 Copayment	80% of Allowable Charges	60% of URC
<b>Specialist Visit</b>	80% of Allowable Charges and \$25 Copayment	60% of URC and \$25 Copayment	80% of Allowable Charges	60% of URC
<b>Outpatient Mental Illness Visit</b>	80% of Allowable Charges and \$25 Copayment	60% of URC and \$25 Copayment	80% of Allowable Charges	60% of URC
<b>Other Services</b>				
<b>Durable Medical Equipment</b>	80% of URC	60% of URC	80% of URC	60% of URC
<b>Maternity Care and Birth Benefits</b>				
<b>Maternity Care</b> (subject to notification within 30 days of pregnancy confirmation and 10-month waiting period)	Not covered	Not covered	80% of Allowable Charges	60% of URC
<b>Worldwide Coverage</b> (outside the United States, excluding your Home Country)	80% of URC		80% of URC	
<b>Accidental Death and Dismemberment</b>				
<b>Accidental Death</b>	Sum amount \$10,000		Sum amount \$10,000	
<b>Dismemberment</b>	Sum amount \$10,000 loss of both hands, feet or total sight Sum amount \$5,000 loss of one hand, one foot or one eye		Sum amount \$10,000 loss of both hands, feet or total sight Sum amount \$5,000 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 \$50,000		Combined Maximum Benefit \$50,000	
<b>Repatriation of Mortal Remains</b>	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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