



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

University of Southern California
Open Access PPO Plan



Policy Year: 2024-2025

wellaway.com

WellAway World Elite International Student Plus 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.

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 USC Student Health Center or the USC PBHS, 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. \(keckmedicine.org\)](#)**

Mental Health Care On-Campus Services

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

USC Student Health Center (individual counseling, group counseling, referral appointments and crisis intervention sessions, workshops, psychiatry)	Your plan pays 100% if not covered by your Student Health Fee
USC Psychiatry and Behavioral Health Services (PBHS) Students will not require an initial evaluation and referral from USC Student Health. Students may refer themselves to PBHS for scheduling.	Your plan pays 100%

Mental Health Care Off-Campus Services

	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%	\$25 copayment	Your plan pays 60% Coinsurance	Your plan pays 100%
Outpatient Behavioral health services* (outpatient facility for mental health & substance use disorder services)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
Inpatient Behavioral health services* (mental health & substance use disorder services)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%

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Medical Care and Specialty Services at the USC Student Health Centers

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

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Pre-Attendance University Requirements

Immunizations	Your plan pays 100% if not covered by your Student Health Fee (must be obtained at the USC Student Health Center or an In-Network pharmacy)
TB Testing	Your plan pays 100% if not covered by your Student Health Fee (Policyholder only and must be performed in an In-Network independent free-standing laboratory or the USC Student Health Center)

Limit & Cost Sharing

	In-Network	Out-of-Network	Worldwide
Annual limit	Unlimited	Unlimited	Unlimited
Deductible	\$0	\$0	\$0
Coinsurance (WellAway cost share)			
Tier 1: USC Designated Providers* (In-Network)	Tier 1: 100%	N/A	N/A
Tier 2: In-Network Providers (Open Access PPO)	Tier 2: 90%	N/A	N/A
Tier 3: Out-of-Network Providers	N/A	Tier 3: 60%	N/A
Tier 4: Worldwide (excluding USA and Home Country)	N/A	N/A	Tier 4: 100%
Out-of-pocket maximum	Combined Tier 1 and Tier 2 \$5,000	Unlimited	Unlimited

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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
Adult Wellness Care				
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).	Your plan pays 100%	Your plan pays 100%	Your plan pays 60% Coinsurance	Your plan pays 100%
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.				
Child Wellness Care				
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.	Your plan pays 100%	Your plan pays 100%	Your plan pays 60% Coinsurance	Your plan pays 100%
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)	Your plan pays 100%	Your plan pays 100%	Your plan pays 60% Coinsurance	Your plan pays 100%
Eye exams and eye glasses for children under 19 (includes one eye exam and one pair of glasses every benefit period)	Your plan pays 100%	Your plan pays 100%	Your plan pays 60% Coinsurance	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*	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	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.	\$200 copayment per visit (waived if admitted)	\$200 copayment per visit payable at Usual, Reasonable and Customary	\$200 copayment per visit payable at Usual, Reasonable and Customary	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)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
Habilitative services* (occupational, physical and speech therapy when certain criteria are met)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
Physician services (consultations by a physician or specialist while inpatient only when medically necessary)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	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. 	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	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

<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. 	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
<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>	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
<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>	Your plan pays 100%	Your plan pays 100%	Your plan pays 100%	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

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 or in an In-Network free standing independent facility to maximize your benefit, 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>	\$50 copayment	\$50 copayment	Your plan pays 60% Coinsurance	Your plan pays 100%
<p>Outpatient ambulatory surgical facility & surgical care*</p>	Your plan pays 100%	Your plan pays 90% (free-standing only)	Your plan pays 60% Coinsurance	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. 	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	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. 	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
<p>Routine X-rays 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>	\$15 copayment	\$25 copayment	Your plan pays 60% Coinsurance	Your plan pays 100%
<p>Advanced diagnostic and interventional radiology services* When not performed in a free-standing non-hospital facility a Site of Service Differential cost will apply.</p>	\$15 copayment	\$25 copayment	Your plan pays 60% Coinsurance	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

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 or in an In-Network free standing independent facility to maximize your benefit, 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)	\$15 copayment	\$25 copayment	Your plan pays 60% Coinsurance	Your plan pays 100%
Habilitative services* (limited to occupational, physical and speech therapy when certain criteria are met)	\$15 copayment	\$25 copayment	Your plan pays 60% Coinsurance	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)	\$15 copayment	\$25 copayment	Your plan pays 60% Coinsurance	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)	\$15 copayment (limited to combined 15 visits per benefit period)	\$25 copayment (limited to combined 15 visits per benefit period)	Your plan pays 60% Coinsurance (limited to combined 15 visits per benefit period)	Your plan pays 100% (limited to combined 15 visits per benefit period)
Alternative medicine (combined benefit limits) Acupuncture, homeopathy, Chinese Medicine	\$15 copayment (limited to combined 15 visits per benefit period)	\$25 copayment (limited to combined 15 visits per benefit period)	Not covered	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)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	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)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%

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Physician Services

USC Designated
Providers
Tier 1

In-Network
Tier 2

Out-of-Network
Tier 3

Worldwide
Tier 4

Cost Share amounts are waived at USC Student Health Center.

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%	Your plan pays 100% Limited to 12 visits per benefit period	Not covered	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%	\$25 copayment	Your plan pays 60% Coinsurance	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%	\$25 copayment	Your plan pays 60% Coinsurance	Your plan pays 100%
Specialist consultation	Your plan pays 100%	\$25 copayment	Your plan pays 60% Coinsurance	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%	\$25 copayment	Your plan pays 60% Coinsurance	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%	Your plan pays 60% Coinsurance	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)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
Complications of Pregnancy (mother only) miscarriage, preeclampsia, ectopic pregnancy and c-section	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
Birthing center	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	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)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
Infertility treatment	Not covered	Not covered	Not covered	Not covered
Sterilization (surgical sterilizations, tubal ligations and vasectomies only)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
Abortion	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	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*	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	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)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	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)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
Dialysis* (includes equipment, training and medical supplies at a licensed provider location or dialysis center)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	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)	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%
Prosthetic Devices	Your plan pays 100%	Your plan pays 90%	Your plan pays 60% Coinsurance	Your plan pays 100%

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Prescription Drugs

	USC Pharmacy Tier 1	In-Network Pharmacy Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
Preventive (including generic oral contraceptives)	Your plan pays 100%	Your plan pays 100%	Not covered	Your plan pays 100%
Generic	\$5 copayment	\$5 copayment	\$5 copayment then your plan pays 60% coinsurance	Your plan pays 100%
Brand	\$40 copayment	\$40 copayment	\$40 copayment then your plan pays 60% coinsurance	Your plan pays 100%
Non-preferred brands	\$60 copayment	\$60 copayment	\$60 copayment then your plan pays 60% coinsurance	Your plan pays 100%
Specialty	\$90 copayment	\$90 copayment	\$90 copayment then your plan pays 60% coinsurance	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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Keeping You Well, While You're Away.[®]

aetna[™]

TELADOC[®]

payerfusion[®]

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