

Royal Brochure

wellaway.com

WellAway^o

2022-2023

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 Global network of over 1.2M+ providers in the U.S., we aim to provide stability and security for international students.



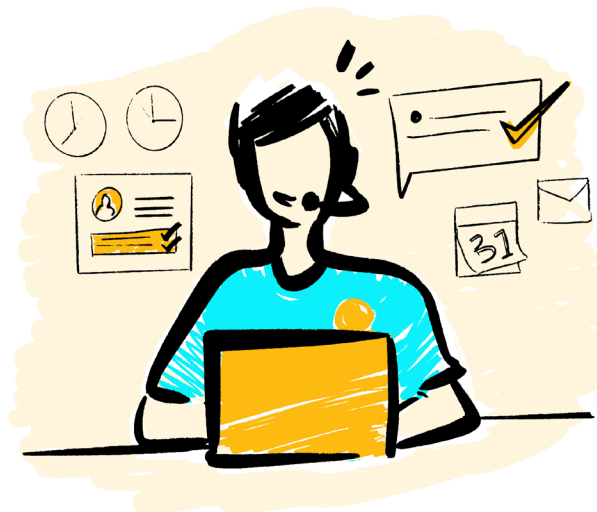
- ✓ **Emergency Medical Assistance**
- ✓ **Multi-Lingual Customer Service**
- ✓ **Telemedicine Services**
- ✓ **Competitive Prices**

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](https://teladoc.com) 1-800-TELADOC (835-2362)



Our Health Partner: UnitedHealthcare Global

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.



643
Centers of
Excellence



1,800+
Convenience
Care Centers



6,500+
Hospitals



111K+
UnitedHealth Premium®
Care Physicians
(Those meeting UnitedHealth Premium
Quality and Cost Efficiency Criteria)



1.2M+
Doctors and Health
Professionals

Royal Plans

(U.S. bound students only)

Our Royal plans are dedicated to students with F-1 or M-1 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 and M-1 visas in USA / ages 17 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 Global
- Worldwide Coverage (excluding Home Country)
- 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:

- Your waiver is not approved by your educational institution within thirty (30) days of the Effective Date of coverage because your Policy benefits do not meet the educational institution's minimum insurance requirements.
- You withdraw from classes within thirty (30) days from the Effective Date of coverage under a school-approved leave of absence.

You must provide written proof of the approved leave of absence and return date to your Home Country.

WellAway will be entitled to retain an administrative fee in the amount of \$50 for any approved refund.

Benefits

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

	Royal 100		Royal 1500		Royal Plus	
Deductible	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	\$1,500	\$1,800	\$0	\$200
Copayments do not apply towards Deductible						

Copayments			
Student Health Center	\$0	\$0	\$0
Office Visit	\$30 per visit	\$30 per visit	\$25 per visit
Urgent Care	\$50 per visit	\$50 per visit	\$50 per visit
Hospital Emergency Room	\$250 (waived if admitted)	\$250 (waived if admitted)	\$200 (waived if admitted)
Hospital	\$0	\$0	\$0

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

Coinsurance			
In-Network Physician and Facility	80% of Allowable Charges	80% of Allowable Charges	100% of Allowable Charges
Out-of-Network Providers	50% of URC	50% of URC	80% of URC

Out-of-Pocket Maximum						
Deductible and Copayments (including Prescription Medication) do not 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	\$6,950	Unlimited

Outpatient Medication Program	
EHIM In-Network Pharmacy / Student Health Center	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 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))

Wellness and Preventive Services

(Deductible does not apply)

Adult Wellness Visit and Preventive Services	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
Well Childcare Visits (children 0-12 months, 9 visits maximum per policy period)						

Services That Require Hospitalization

Pre-admission Testing	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Hospitalization	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Intensive Care Unit/Telemetry/ Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Inpatient Treatment For Mental Illness	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Emergency Medical Services in an Emergency Room If you use an emergency room in the Hospital for a non-emergency service Coinsurance will be reduced to 50%.	80% of Allowable Charges \$250 Copayment (waived if admitted)	80% of Allowable Charges \$250 Copayment (waived if admitted)	80% of Allowable Charges \$250 Copayment (waived if admitted)	80% of URC \$250 Copayment (waived if admitted)	100% of Allowable Charges \$200 Copayment (waived if admitted)	80% of Allowable Charges \$200 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist services	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Inpatient Ancillary Hospital Services	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
In-hospital Advanced Diagnostic Services	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Routine X-Ray and Lab Tests	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Inpatient Oncology Treatment	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Inpatient Reconstructive Surgery	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Inpatient Rehabilitation	80% of Allowable Charges 45-day limit per policy period	50% of URC 45-day limit per policy period	80% of Allowable Charges 45-day limit per policy period	50% of URC 45-day limit per policy period	100% of Allowable Charges 45-day limit per policy period	80% of URC 45-day limit per policy period
Inpatient Surgical Procedures	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Emergency Ground Ambulance	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC

Benefits	Royal 100		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))

Outpatient Care

It is recommended 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.

Urgent Care Clinic / Facility	80% of Allowable Charges and \$50 Copayment	50% of URC and \$50 Copayment	80% of Allowable Charges and \$50 Copayment	50% of URC and \$50 Copayment	100% of Allowable Charges and \$50 Copayment	80% of URC and \$50 Copayment
Outpatient Ambulatory Surgical Facility & Surgical Care	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Basic Diagnostic Services	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Advanced Diagnostic and Imaging Services	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Outpatient Therapeutic Services	80% of Allowable Charges and \$30 Copayment limited to 12 visits per Injury or Illness	50% of URC and \$30 Copayment limited to 12 visits per Injury or Illness	80% of Allowable Charges and \$30 Copayment limited to 12 visits per Injury or Illness	50% of URC and \$30 Copayment limited to 12 visits per Injury or Illness	100% of Allowable Charges and \$25 Copayment limited to 12 visits per Injury or Illness	80% of URC and \$25 Copayment limited to 12 visits per Injury or Illness
Outpatient Oncology Treatment	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Outpatient Reconstructive Surgery	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Emergency Dental Treatment	80% of Allowable Charges maximum benefit \$250 per tooth and \$1,000 per policy period	50% of URC maximum benefit \$250 per tooth and \$1,000 per policy period	80% of Allowable Charges maximum benefit \$250 per tooth and \$1,000 per policy period	50% of URC maximum benefit \$250 per tooth and \$1,000 per policy period	100% of Allowable Charges maximum benefit \$250 per tooth and \$1,000 per policy period	80% of URC maximum benefit \$250 per tooth and \$1,000 per policy period
Palliative Dental Treatment	80% of Allowable Charges maximum benefit amount \$600	50% of URC maximum benefit amount \$600	80% of Allowable Charges maximum benefit amount \$600	50% of URC maximum benefit amount \$600	100% of Allowable Charges maximum benefit amount \$600	80% of URC maximum benefit amount \$600

Physician Services

(Copayment waived at Student Health Center)

Teladoc® Consultations	No Copayment limited to 8 consults per policy period		No Copayment limited to 8 consults per policy period		No Copayment limited to 8 consults per policy period	
Primary Care Visit	80% of Allowable Charges and \$30 Copayment per visit	50% of URC and \$30 Copayment per visit	80% of Allowable Charges and \$30 Copayment per visit	50% of URC and \$30 Copayment per visit	100% of Allowable Charges and \$25 Copayment per visit	80% of URC and \$25 Copayment per visit
Specialist Visit	80% of Allowable Charges and \$30 Copayment per visit	50% of URC and \$30 Copayment per visit	80% of Allowable Charges and \$30 Copayment per visit	50% of URC and \$30 Copayment per visit	100% of Allowable Charges and \$25 Copayment per visit	80% of URC and \$25 Copayment per visit
Outpatient Mental Illness	80% of Allowable Charges and \$30 Copayment per visit	50% of URC and \$30 Copayment per visit	80% of Allowable Charges and \$30 Copayment per visit	50% of URC and \$30 Copayment per visit	100% of Allowable Charges and \$25 Copayment per visit	80% of URC and \$25 Copayment per visit
Alternative Medicine	80% of Allowable Charges and \$30 Copayment per visit limited to \$500 per policy period	50% of URC and \$30 Copayment per visit limited to \$500 per policy period	80% of Allowable Charges and \$30 Copayment per visit limited to \$500 per policy period	50% of URC and \$30 Copayment per visit limited to \$500 per policy period	100% of Allowable Charges and \$25 Copayment per visit limited to \$500 per policy period	80% of URC and \$25 Copayment per visit limited to \$500 per policy period

Benefits	Royal 100		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))
Other Services						
Recreational Activities or Amateur Sports Benefit	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
HIV/AIDS	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Alcohol and Substance Abuse (rehabilitative only)	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Home Health Care	80% of Allowable Charges immediately following hospital discharge of at least 3 days	50% of URC immediately following hospital discharge of at least 3 days	80% of Allowable Charges immediately following hospital discharge of at least 3 days	50% of URC immediately following hospital discharge of at least 3 days	100% of Allowable Charges immediately following hospital discharge of at least 3 days	80% of URC immediately following hospital discharge of at least 3 days
Hospice or Palliative Care	80% of Allowable Charges maximum benefit 45 days inpatient maximum benefit \$5,000 outpatient	50% 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	50% 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	80% of URC maximum benefit 45 days inpatient maximum benefit \$5,000 outpatient
Durable Medical Equipment	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Maternity Care and Birth Benefits						
Maternity Care (subject to notification within 30 days of pregnancy confirmation)	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC	100% of Allowable Charges	80% of URC
Elective Medical Abortions	80% of Allowable Charges maximum benefit amount \$1,500	50% of URC maximum benefit amount \$1,500	80% of Allowable Charges maximum benefit amount \$1,500	50% of URC maximum benefit amount \$1,500	100% of Allowable Charges maximum benefit amount \$1,500	80% of URC maximum benefit amount \$1,500
Worldwide Coverage (outside the United States)	80% of URC		80% of URC		100% of URC	
Accidental Death and Dismemberment						
Accidental Death	Sum amount \$30,000		Sum amount \$30,000		Sum amount \$30,000	
Dismemberment	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	
Evacuation & Repatriation						
Emergency Medical Evacuation	maximum benefit \$50,000		maximum benefit \$50,000		maximum benefit \$50,000	
Medical Repatriation	maximum benefit \$25,000		maximum benefit \$25,000		maximum benefit \$25,000	
Repatriation of Mortal Remains	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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