

Frequently Asked Questions

What is a Deductible? A deductible is the amount you owe per injury or illness for covered health care services before your health plan begins to pay.

What is Coinsurance? Coinsurance is your share of costs on a covered healthcare service. Your share is calculated as a percentage (e.g. 20%) of the allowed amount for the service. These percentages differ depending on the chosen plan.

When do I pay coinsurance? Once you have met your deductible, you will begin to pay coinsurance on covered health care services. Your health plan pays the remainder of the cost.

What is a Copayment? A copayment is a set amount (for example, \$15) you pay for a covered health care service. Copayment fees will vary depending on the health plan you have chosen to purchase.

When do I pay copayments? Your copayment is due when obtaining services which are subject to copayments. Providers usually request that you pay your copayment amount at the time of your appointment.

What are the Out-of-Pocket Costs? Your expenses for medical care that are not reimbursed by insurance.

What is included in my Out-of-Pocket Costs and is there a Maximum? Your out-of-pocket (OOP) maximum/limit is the most you will pay each policy period. After you reach your OOP limit, your health plan will pay 100% for covered benefits which are not subject to copayments. Deductibles and coinsurance are included in reaching your out-of-pocket maximum. Please refer to your Policy Terms and Conditions for specifics about your OOP limit/max.

What does Usual, Reasonable and Customary Charge, mean? Usual, Reasonable and Customary Charge (URC) means reasonable medical expenses commonly charged in the applicable country for the specific Treatment received, in accordance with standard medical and generally accepted procedures in such country. We will pay for such Treatment costs in line with the appropriate fees in the location of Treatment and according to established clinical and medical practice. This is the limit on the amount we will pay and is also known as usual, customary and reasonable; customary and reasonable; reasonable or prevailing charge. URC is for Treatment and Services related to the benefits shown in the section titled "What Your Plan Covers." URC is derived from information compiled in a nationally-recognized database (for the service or supply in the geographic area where it is received) and fairly and accurately reflects the market rate; or the median amount negotiated with Participating Providers for the same services; or a percentage of a fee schedule developed by the Insurer that is based upon a methodology similar to a methodology utilized by Medicare (in the USA), or the applicable national social security fee schedules to determine the allowable fee for the same or similar service within the geographic market. Your

Provider should advise you of the costs of the recommended Treatment or Procedure. If the costs of the Treatment or Procedure are likely to exceed Usual, Reasonable and Customary Charges, you should request a written estimate and contact WellAway before any Treatment or Procedure takes place.

What is Pre-authorization? means a process by which an Insured Person obtains written approval for certain medical Procedures or Treatments, prior to the commencement of the proposed medical Treatment or Procedure. Certain medical Procedures will require the Pre-Authorization process to be followed for the Service to be covered and to maximize the benefits of the Insured Person. Please refer to your Policy Terms and Conditions for information on which benefits require pre-authorization. Failure to obtain pre-authorization when required could result in a penalty.

What is PayerFusion? PayerFusion is a third-party administrator located in Coral Gables, Florida. PayerFusion is contracted by WellAway to manage claims and related member services.

