



Scholar  
Brochure

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

WellAway<sup>o</sup>

07/01/2026-06/30/2027

# 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.



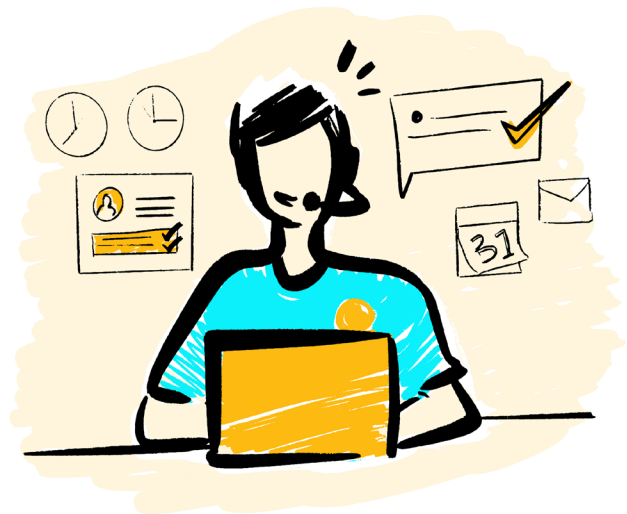
- ✓ **Emergency Medical Assistance**
- ✓ **Multi-Lingual Customer Service**
- ✓ **Telemedicine Services**
- ✓ **Competitive Prices**

## 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.**

## Telehealth

# Access to your doctor 24/7

Telehealth transforms how people access healthcare globally. Providing a new kind of healthcare experience, one with better convenience, outcomes and value.

- Receive quality care via phone, video or mobile app.
- Prompt treatment. Talk to your doctor in minutes.

## Get The Care You Need

Using Telehealth to speak with your doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!



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.



**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

# 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:  
**\$300,000-\$600,000**

**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>Lifetime Maximum</b>	\$300,000	\$600,000
<b>Maximum Limit per Illness or Injury</b>	\$250,000	\$500,000
<b>Pre-Existing Condition Exclusion</b>	Scholars: Yes Dependents: Yes	Scholars: Yes Dependents: Yes

Deductible	Scholar		Scholar Premier	
	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR))
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				

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

**Cost Share amounts will be waived when Treatment is rendered at the Student Health Center.**

Coinsurance		
In-Network Physician and Facility you pay	20% of Allowable Charges	20% of Allowable Charges (unless otherwise stated)
Out-of-Network Providers you pay	40% of UCR	40% of UCR

Out-of-Pocket Maximum				
Coinsurance is the only Cost Share that applies towards the 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

Outpatient Medication Program	
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,  
Customary and Reasonable  
charges (UCR))In-Network  
In-Network Physician  
and In-Network FacilityOut-of-Network  
(subject to Usual,  
Customary and Reasonable  
charges (UCR))

## Pre-Attendance University Requirements

(Deductible does not apply)

<b>Immunizations</b> (must be obtained 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)	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>	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
<b>Hospitalization</b>	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
<b>Intensive Care Unit/Telemetry/ Surgical Intensive Care/Medical Intensive Care/ Trauma/Pediatric Intensive Care</b>	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
<b>Inpatient Treatment For Mental Illness</b>	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
<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.	20% of Allowable Charges \$250 Copayment (waived if admitted)	40% of UCR \$250 Copayment (waived if admitted)	20% of Allowable Charges \$250 Copayment (waived if admitted)	40% of UCR \$250 Copayment (waived if admitted)
<b>Inpatient Physician, Osteopath and Specialist Services</b>	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
<b>Inpatient Ancillary Hospital Services</b>	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
<b>Inpatient Oncology Treatment</b>	20% of Allowable Charges up to Maximum benefit \$25,000	40% of UCR up to Maximum Benefit \$25,000	20% of Allowable Charges up to Maximum benefit \$25,000	40% of UCR up to Maximum Benefit \$25,000
<b>Inpatient Reconstructive Surgery</b>	20% of Allowable Charges up to Maximum Benefit \$15,000	40% of UCR up to Maximum Benefit \$15,000	20% of Allowable Charges up to Maximum Benefit \$15,000	40% of UCR up to Maximum Benefit \$15,000
<b>Inpatient Surgical Procedures</b>	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
<b>Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist</b>	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
<b>Emergency Ground Ambulance</b>	20% of Allowable Charges		20% of Allowable Charges	

## Outpatient Care

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.

<b>Urgent Care Clinic / Facility</b>	20% of Allowable Charges and \$45 Copayment	40% of UCR and \$45 Copayment	20% of Allowable Charges	40% of UCR
<b>Outpatient Ambulatory Surgical Facility &amp; Surgical Care</b> When not performed in a free-standing independent ambulatory facility, a Site of Service Differential cost will apply.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR

## Scholar

## Scholar Premier

## Benefits

	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR))	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR))
<b>Outpatient Care</b>				
<i>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.</i>				
<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.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
<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.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
<b>Outpatient Physical Therapy</b>	20% of Allowable Charges and \$25 Copayment Limited to 12 visits	40% of UCR and \$25 Copayment Limited to 12 visits	20% of Allowable Charges Limited to 12 visits	40% of UCR Limited to 12 visits
<b>Outpatient Oncology Treatment</b>	20% of Allowable Charges up to Maximum benefit \$25,000	40% of UCR up to Maximum benefit \$25,000	20% of Allowable Charges up to Maximum benefit \$25,000	40% of UCR up to Maximum benefit \$25,000
<b>Outpatient Reconstructive Surgery</b>	20% of Allowable Charges up to Maximum Benefit \$15,000	40% of UCR up to Maximum Benefit \$15,000	20% of Allowable Charges up to Maximum Benefit \$15,000	40% of UCR up to Maximum Benefit \$15,000
<b>Diabetic Medical Supplies</b>	20% of Allowable Charges Maximum Benefit \$2,500	40% of UCR Maximum Benefit \$2,500	20% of Allowable Charges Maximum Benefit \$3,000	40% of UCR Maximum Benefit \$3,000
<b>Emergency Dental Treatment</b>	20% of Allowable Charges Maximum Benefit \$500	40% of UCR Maximum Benefit \$500	20% of Allowable Charges Maximum Benefit \$500	40% of UCR 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>	20% of Allowable Charges and \$25 Copayment	40% of UCR and \$25 Copayment	20% of Allowable Charges	40% of UCR
<b>Specialist Visit</b>	20% of Allowable Charges and \$25 Copayment	40% of UCR and \$25 Copayment	20% of Allowable Charges	40% of UCR
<b>Outpatient Mental Illness Visit</b>	20% of Allowable Charges and \$25 Copayment	40% of UCR and \$25 Copayment	20% of Allowable Charges	40% of UCR
<b>Other Services</b>				
<b>Durable Medical Equipment</b>	20% of UCR	40% of UCR	20% of UCR	40% of UCR
<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	20% of Allowable Charges	40% of UCR
<b>Worldwide Coverage</b> (outside the United States, excluding your Home Country)	20% of UCR		20% of UCR	
<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<sup>®</sup>

Keeping You Well, While You're Away.<sup>®</sup>

 UnitedHealthcare<sup>®</sup>

 payerfusion<sup>®</sup>

WellAway Limited

c/o Compass Administration  
Services Ltd.  
PO Box HM 2879  
Hamilton HM LX  
Bermuda

Phone: +1 441-296-0651

[info@wellaway.com](mailto:info@wellaway.com)  
[wellaway.com](http://wellaway.com)



---

This material is for informational purposes only and is subject to change. If you decide to purchase a WellAway product, you will be provided with a member package that contains a complete description of the benefits, conditions, limitations and exclusions of coverage. Products and services may not be available in all jurisdictions and are expressly excluded where prohibited by applicable law.

The contents of this material are the exclusive intellectual property of WellAway Limited. No reproduction, changes or copying is possible without the consent of WellAway Limited. The WellAway name, brand and logos are the registered marks of WellAway Limited and the WellAway Limited Segregated Account, Hamilton, Bermuda.