




The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [wellaway.com/en/studentplans/](http://wellaway.com/en/studentplans/) **Error! Hyperlink reference not valid.** or by calling 1-855-773-7810. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-773-7810 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Prescription Drugs</a> ; in- <a href="#">network</a> office visits & <a href="#">Preventive care</a> are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	In- <a href="#">Network</a> : individual \$5,000 <a href="#">Out-of-network</a> individual \$10,000	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover & penalties for failure to obtain <a href="#">pre-authorization</a> for services.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.wellaway.com">www.wellaway.com</a> or call 1-855-773-7810 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$25 <a href="#">copay</a> /visit	Not covered	None
	<a href="#">Specialist</a> visit	\$25 <a href="#">copay</a> /visit	Not covered	None
	<a href="#">Preventive care/screening/immunization</a>	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	\$25 <a href="#">copay</a> /visit	Not covered	None
	Imaging (CT/PET scans, MRIs)	\$25 <a href="#">copay</a> /visit	Not covered	<a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.wellaway.com">www.wellaway.com</a>	Generic drugs	\$5 <a href="#">copay</a> /prescription <a href="#">deductible</a> doesn't apply	Not covered	Covers 30-day supply (retail), 31-90 day supply may be available. Includes contraceptive drugs & devices obtainable from a pharmacy. Review your <a href="#">formulary</a> for prescriptions requiring precertification or step therapy for coverage. Prescriptions above \$250 require <a href="#">Preauthorization</a> . Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	Preferred brand drugs	\$40 <a href="#">copay</a> /prescription <a href="#">deductible</a> doesn't apply	Not covered	
	Non-preferred brand drugs	\$60 <a href="#">copay</a> /prescription <a href="#">deductible</a> doesn't apply	Not covered	
	<a href="#">Specialty drugs</a>	\$90 <a href="#">copay</a> /prescription <a href="#">deductible</a> doesn't apply	Not covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	<a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	Physician/surgeon fees	No charge	Not covered	

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.wellaway.com](http://www.wellaway.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$200 <a href="#">copay</a> /visit payable at Usual, Reasonable and Customary	\$200 <a href="#">copay</a> /visit payable at Usual, Reasonable and Customary	No coverage for non-emergency use.
	<a href="#">Emergency medical transportation</a>	No charge	No charge	Non-emergency transport not covered, except if preauthorized.
	<a href="#">Urgent care</a>	\$50 <a href="#">copay</a> /visit	Not covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	<a href="#">Preauthorization</a> required for non-maternity/non-accidental condition. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	Physician/surgeon fees	No charge	Not covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 <a href="#">copay</a> /visit (office visit); No charge (other outpatient services)	Not covered	<a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	Inpatient services	No charge	Not covered	
If you are pregnant	Office visits	No charge	Not covered	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	No charge	Not covered	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	No charge	Not covered	Within 14 days from discharge. <a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	<a href="#">Rehabilitation services</a>	No charge (inpatient); \$25 <a href="#">copay</a> /visit (outpatient)	Not covered	45 day limit applies (inpatient); 20 visit limit applies (outpatient); 40 visit limit for physical therapy (outpatient). <a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<a href="#">Habilitation services</a>	No charge (inpatient); \$25 <a href="#">copay</a> /visit (outpatient)	Not covered	45 day limit applies (inpatient); 20 visit limit applies (outpatient); 40 visit limit for physical therapy (outpatient). <a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	<a href="#">Skilled nursing care</a>	No charge	Not covered	<a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
	<a href="#">Durable medical equipment</a>	No charge	Not covered	Limited to 1 <a href="#">durable medical equipment</a> for same/similar purpose. Excludes repairs for misuse/abuse.
	<a href="#">Hospice services</a>	No charge	Not covered	<a href="#">Preauthorization</a> required. Failure to obtain <a href="#">preauthorization</a> may result in denied coverage or up to \$500 penalty.
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	Not covered	Coverage limited to one exam/ <a href="#">plan</a> year up to age 19.
	Children's glasses	No charge	Not covered	Coverage limited to one pair of glasses or lenses/ <a href="#">plan</a> year up to age 19.
	Children's dental check-up	No charge	Not covered	Limited to 2 exams per policy year.

#### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• Hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Routine eye care (Adult)</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care-except for required diabetic care</li> <li>• Weight loss programs-except for required <a href="#">preventive services</a></li> </ul>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>• Acupuncture – limited to 15 visits combined with other alternative care services</li> <li>• Bariatric surgery - lifetime maximum 1 per covered person</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractic care - limited to 15 visits per benefit period</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>• Private-duty nursing - inpatient only</li> </ul>

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.wellaway.com](http://www.wellaway.com).

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: WellAway Limited at 1-855-773-7810.

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Not applicable.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

#### **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-773-7810.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-773-7810.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-855-773-7810.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-773-7810.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$25
- Hospital (facility) [coinsurance](#) 0%
- Other [copayment](#) \$25

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$80
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$80</b>

**Managing Joe's Type 2 Diabetes**

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$25
- Hospital (facility) [coinsurance](#) 0%
- Other [copayment](#) \$25

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$50
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$50</b>

**Mia's Simple Fracture**

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$25
- Hospital (facility) [coinsurance](#) 0%
- Other [copayment](#) \$200

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$500
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$500</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.