

INTERNATIONAL HEALTH INSURANCE

Insurance Product Information Document



R&Q Quest Insurance Limited on behalf of the WellAway Segregated Account.

Product: ORBE Plan: Platinum

Additional information can be found in the Schedule of Benefits available at wellaway.com. If you decide to purchase a WellAway product, you will be provided with a member package that contains a complete description of benefits, conditions, limitations and exclusions of coverage. Please take the time to familiarize yourself with the policy terms and conditions. If you are not satisfied, you may cancel your policy within ten (10) days after the policy effective date.

What is this type of insurance?

ORBE is an international private medical insurance plan that keeps you covered while providing stability and security where ever you are around the world. ORBE provides multiple deductible options: \$0, \$500, \$1,000, \$2,000, \$5,000 USD.



What is insured?

Annual Policy Maximum: Unlimited

Wellness Preventive

- ✓ Wellness physical examinations
- ✓ Office visit
- ✓ Lab work
- ✓ Hearing examinations

Adult:

- ✓ Papanicolaou (PAP) screening
- ✓ Mammogram
- ✓ Bone density test
- ✓ Colonoscopy
- ✓ PSA screening

Child:

- ✓ Development assessment
- ✓ Age related diagnostic tests
- ✓ Vaccination
- ✓ Immunization

Hospitalization and Surgery

- ✓ Hospitalization
- ✓ In-hospital advanced diagnostic services
- ✓ Parent accommodation
- ✓ Routine x-ray and lab tests
- ✓ Intensive care unit
- ✓ Physician & osteopath services
- ✓ Rehabilitation
- ✓ Renal failure dialysis
- ✓ Hospice or palliative care
- ✓ Pre-admission testing
- ✓ Oncology treatment
- ✓ Reconstructive surgery
- ✓ Surgical appliance and prosthesis
- ✓ Surgeon fees
- ✓ Miscellaneous equipment and supplies
- ✓ Organ transplant
- ✓ Inpatient psychiatric / psychotherapy
- ✓ Ambulatory surgical facility
- ✓ Emergency medical services / emergency room
- ✓ Emergency dental treatment
- ✓ Prescription drugs
- ✓ Companion coverage / bedside visit

Outpatient Care

- ✓ Outpatient psychiatric visit / psychotherapy visit
- ✓ Primary care visit
- ✓ Adult immunization
- ✓ Alternative medicine
- ✓ Podiatry
- ✓ Specialist visit
- ✓ Durable medical equipment
- ✓ Allergy testing & treatment
- ✓ Basic diagnostic services
- ✓ Advanced diagnostic and imaging services
- ✓ Outpatient therapeutic services
- ✓ Home health care
- ✓ Outpatient renal failure dialysis
- ✓ Prescription drugs
- ✓ Urgent care clinic / facility



What is insured? (continued)

Transportation

- ✓ Emergency ground ambulance
- ✓ Emergency medical evacuation
- ✓ Repatriation
- ✓ Repatriation of mortal remains

Maternity Care and Birth Benefits (Optional)

- ✓ Maternity care
- ✓ Complications of pregnancy
- ✓ Non-healthy newborn infant care
- ✓ Congenital conditions

Dental Coverage (Optional)

- ✓ Basic
- ✓ Major restorative
- ✓ Preventive
- ✓ Orthodontic treatment

Vision Coverage (Optional)

- ✓ Routine vision exam
- ✓ Lenses
- ✓ Frames
- ✓ Contact lenses



What is not insured?

- ✗ Any non-disclosed pre-existing condition, a condition related to a non-disclosed pre-existing condition, or complications resulting from a non-disclosed pre-existing condition.
- ✗ Expenses for any complications directly caused by an illness, injury or procedure for which we exclude or limit coverage.
- ✗ Pregnancy of a dependent daughter.
- ✗ Charges not submitted within 180 days from the date the service was rendered, except in the event of legal incapacity.
- ✗ Elective abortions and complications thereof, or any voluntary induced termination of pregnancy.
- ✗ HIV/AIDS
- ✗ Dental cosmetic Procedures, including, but not limited to, veneer restorations, tooth whitening, dental implants, or cosmetic contouring.
- ✗ Treatment for temporomandibular malocclusion joint disorders.
- ✗ Growth hormones, any treatment by a bone growth stimulator, bone growth stimulation or Treatment relating to growth hormone.
- ✗ Any treatment related to genetic medicine, genetic testing or screening and preventative prophylactic surgeries recommended by genetic testing, including, but not limited to, BRCA1, BRCA2, cystic fibrosis, or genetic counseling.
- ✗ The cost or refund of treatments directly relating to surrogacy, whether you are acting as a surrogate or are the intended parent.

Other exclusions apply; refer to the policy terms and conditions



Are there any restrictions on cover?

- Certain benefits are limited per person per policy year
- Cover is subject to meeting eligibility criteria
- All medical services, treatments, and procedures must be medically necessary
- All benefits are subject to Usual, Reasonable and Customary Fees
- Not using a Select Provider for all of your medical services, treatments, and procedures will increase your costs
- Reconstructive surgery is only covered for accidents which occur while covered under the policy and performed within the specified time frame
- We may agree to include certain pre-existing conditions with an allowable maximum benefit
- If you do not obtain pre-authorization we will reduce the amount we reimburse by 45%.

Maternity Care & Birth Benefits (Optional)

- 10 month waiting period

Maternity care

- up to \$15,000

Complications of pregnancy

- up to \$50,000

Non-healthy newborn infant care

- up to \$50,000

Congenital Conditions

- up to \$150,000

Other restrictions apply; refer to the policy terms and conditions



Where am I covered?

- ✓ **Zone 1** - Worldwide (including the USA)
- ✓ **Zone 2** - Worldwide (excluding: USA, Bahamas, Bermuda, Brazil, Canada, China, Hong Kong, Japan, Panama, Singapore, Switzerland, and United Kingdom)



What are my obligations?

- You must pay your premium on or before the due date
- You must submit a complete application form and disclose all requested information and medical history
- You must obtain pre-authorization prior to receiving certain services as indicated in the Summary of Benefits
- You must promptly notify us if you move to a different country
- You must notify us if you have other insurance coverage
- You must notify us in writing within 30 days in the event of death of the policyholder or a dependent
- You must file a claim within 180 days from the date of service



When and how do I pay?

You may pay by credit card or debit card. You may select to pay your premium on a monthly, quarterly, semi-annually or annual basis.



When does the cover start and end?

The ORBE product is designed for a 12-month commitment each policy year. Your coverage begins on the date shown on your Certificate of Coverage. Coverage will end:

- if the premium is not paid
- if you are no longer eligible for coverage
- if the plan is terminated by the insurer on the anniversary date
- if the policy terms and conditions are not observed

ORBE is a continuous coverage plan. Your policy will automatically renew unless you choose not to continue and notify us prior to the anniversary date or if we terminate the policy for one of the reasons stated above.



How do I cancel the contract?

You may cancel the policy within 10 days after you receive it, if you are not satisfied. Otherwise, you may only cancel your policy on your anniversary date. You must provide us with written notice thirty (30) days prior to your anniversary date.

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This material is provided for informational purposes only and is subject to change. The information contained in this document does not and will not affect, modify or supersede in any way the policy terms and conditions.