



## Royal Brochure

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

**WellAway**

07/01/2025-06/30/2026

# 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.**

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



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

# Royal Plans

(U.S. bound students only)

**Our Royal plans are dedicated to students with F-1, M-1 or J-1 student 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, M-1 or J-1 student visas in USA / ages 17 to 45 / Non-US citizens. Royal 100, 500 & 1500 plans have a minimum of 5 months of coverage. Royal Plus has a minimum 12 months of coverage.
- 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) Please note that M1/M2 visa holders are not eligible for worldwide coverage outside the United States.
- 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:

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

|  | Royal 100                        | Royal 500                        | Royal 1500                       | Royal Plus                       |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <b>Area of Coverage</b>                  | Worldwide excluding Home Country | Worldwide excluding Home Country | Worldwide excluding Home Country | Worldwide excluding Home Country |
| <b>Maximum Limit</b>                     | Unlimited                        | Unlimited                        | Unlimited                        | Unlimited                        |
| <b>Pre-Existing Condition limitation</b> | Students: No limitation          | Students: No limitation          | Students: No limitation          | Students: No limitation          |

|   | Royal 100  |   | Royal 500  |   | Royal 1500   |   | Royal Plus   |   |
|---|--|---|--|---|--|---|--|---|
| <b>Deductible</b>   | In-Network<br>In-Network<br>Physician and<br>In-Network Facility | Out-of-Network<br>(subject to Usual,<br>Customary and<br>Reasonable<br>Charges (UCR)) | In-Network<br>In-Network<br>Physician and<br>In-Network Facility | Out-of-Network<br>(subject to Usual,<br>Customary and<br>Reasonable<br>Charges (UCR)) | In-Network<br>In-Network<br>Physician and<br>In-Network Facility | Out-of-Network<br>(subject to Usual,<br>Customary and<br>Reasonable<br>Charges (UCR)) | In-Network<br>In-Network<br>Physician and<br>In-Network Facility | Out-of-Network<br>(subject to Usual,<br>Customary and<br>Reasonable<br>Charges (UCR)) |
| In-Network and Out-of-Network Deductibles accrue separately | \$100  | \$200   | \$500  | \$750   | \$1,500  | \$1,800   | \$0  | \$200   |
| Copayments do not apply towards Deductible                  |  |   |  |   |  |   |  |   |

| Copayments              |                            |                            |                            |                            |
|-------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Student Health Center   | \$0                        | \$0                        | \$0                        | \$0                        |
| Office Visit            | \$30 per visit             | \$30 per visit             | \$30 per visit             | \$25 per visit             |
| Urgent Care             | \$50 per visit             | \$50 per visit             | \$50 per visit             | \$50 per visit             |
| Hospital Emergency Room | \$250 (waived if admitted) | \$300 (waived if admitted) | \$250 (waived if admitted) | \$300 (waived if admitted) |
| Hospital                | \$100                      | \$0                        | \$0                        | \$0                        |

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

| Coinsurance                       |  |  |  |   |
|-----------------------------------|--|--|--|---|
| In-Network Physician and Facility | 80% of Allowable Charges (unless otherwise stated) | 80% of Allowable Charges (unless otherwise stated) | 80% of Allowable Charges (unless otherwise stated) | 100% of Allowable Charges (unless otherwise stated) |
| Out-of-Network Providers          | 60% of UCR   | 60% of UCR   | 60% of UCR   | 60% of UCR  |

| Out-of-Pocket Maximum  |         |           |                            |                              |                            |                              |         |           |
|--|---------|-----------|----------------------------|------------------------------|----------------------------|------------------------------|---------|-----------|
| Coinsurance is the only Cost Share that applies towards Out-of-Pocket Maximum. | \$6,000 | Unlimited | \$8,000 per Insured Person | Unlimited per Insured Person | \$8,000 per Insured Person | Unlimited per Insured Person | \$6,000 | Unlimited |

| Outpatient Medication Program                 |  |
|---|--|
| EHIM In-Network Pharmacy / On-Campus Pharmacy | Tier 1 \$10 Copayment per prescription<br>Tier 2 \$20 Copayment per prescription<br>Tier 3 \$40 Copayment per prescription |
| Out-of-Network                                | Not covered  |

| Benefits | Royal 100                                    |   | Royal 500                                    |   | Royal 1500                                   |   | Royal Plus                                   |   |
|----------|--|---|--|---|--|---|--|---|
|          | In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable Charges (UCR)) | In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable Charges (UCR)) | In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable Charges (UCR)) | In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable Charges (UCR)) |

### Pre-Attendance University Requirements

(Cost Share amounts do not apply)

|   |                           |             |                           |             |                           |             |                           |             |
|---|---------------------------|-------------|---------------------------|-------------|---------------------------|-------------|---------------------------|-------------|
| <b>Immunizations</b><br>(must be obtained at the Student Health Center or at an EHIM In-Network pharmacy)                                     | 100% of Allowable Charges | Not covered | 100% of Allowable Charges | Not covered | 100% of Allowable Charges | Not covered | 100% of Allowable Charges | Not covered |
| <b>TB Testing</b><br>(Policyholder only and must be performed in an In-Network independent free-standing laboratory or Student Health Center) | 100% of Allowable Charges | Not covered | 100% of Allowable Charges | Not covered | 100% of Allowable Charges | Not covered | 100% of Allowable Charges | Not covered |

### Wellness and Preventive Services

(Cost Share amounts do not apply)

|   |  |             |  |             |  |             |  |             |
|---|--|-------------|--|-------------|--|-------------|--|-------------|
| <b>Adult Wellness Visit and Preventive Services</b> | 100% including the Student Health Center | Not covered | 100% including the Student Health Center | Not covered | 100% including the Student Health Center | Not covered | 100% including the Student Health Center | Not covered |
| <b>Well Childcare Visits</b>                        |  |             |  |             |  |             |  |             |

### Services That Require Hospitalization

|   |  |  |  |  |  |  |   |  |
|---|--|--|--|--|--|--|---|--|
| <b>Pre-admission Testing</b>  | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 100% of Allowable Charges   | 60% of UCR   |
| <b>Hospitalization</b>  | 80% of Allowable Charges<br>\$100 Copayment per admission        | 60% of UCR<br>\$100 Copayment per admission                      | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 100% of Allowable Charges   | 60% of UCR   |
| <b>Intensive Care Unit/ Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/ Pediatric Intensive Care</b>                                       | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 100% of Allowable Charges   | 60% of UCR   |
| <b>Inpatient Treatment Mental Illness</b>   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 100% of Allowable Charges   | 60% of UCR   |
| <b>Emergency Medical Services in an Emergency Room</b><br>If you use an emergency room in the Hospital for a non-emergency service, it will not be covered. | 80% of Allowable Charges<br>\$250 Copayment (waived if admitted) | 60% of Allowable Charges<br>\$250 Copayment (waived if admitted) | 80% of Allowable Charges<br>\$300 Copayment (waived if admitted) | 60% of UCR<br>\$300 Copayment (waived if admitted) | 80% of Allowable Charges<br>\$250 Copayment (waived if admitted) | 60% of UCR<br>\$250 Copayment (waived if admitted) | 100% of Allowable Charges<br>\$300 Copayment (waived if admitted) | 60% of UCR<br>\$300 Copayment (waived if admitted) |
| <b>Inpatient Physician, Osteopath and Specialist Services</b>   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 100% of Allowable Charges   | 60% of UCR   |
| <b>Inpatient Ancillary Hospital Services</b>  | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 100% of Allowable Charges   | 60% of UCR   |
| <b>In-hospital Advanced Diagnostic Services</b>   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 100% of Allowable Charges   | 60% of UCR   |
| <b>Routine X-Ray and Lab Tests</b>  | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 100% of Allowable Charges   | 60% of UCR   |
| <b>Inpatient Oncology Treatment</b>   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 100% of Allowable Charges   | 60% of UCR   |
| <b>Inpatient Reconstructive Surgery</b>   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 80% of Allowable Charges   | 60% of UCR   | 100% of Allowable Charges   | 60% of UCR   |



| Benefits  | Royal 100   |   | Royal 500   |   | Royal 1500  |   | Royal Plus   |   |
|---|---|---|---|---|---|---|--|---|
|   | 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 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)) |
| Services That Require Hospitalization   |   |   |   |   |   |   |  |   |
| Inpatient Rehabilitation  | 80% of Allowable Charges Maximum Benefit 30 days                                | 60% of UCR Maximum Benefit 30 days  | 80% of Allowable Charges Maximum Benefit 30 days                                | 60% of UCR Maximum Benefit 30 days  | 80% of Allowable Charges Maximum Benefit 30 days                                | 60% of UCR Maximum Benefit 30 days  | 100% of Allowable Charges Maximum Benefit 30 days                                | 60% of UCR Maximum Benefit 30 days  |
| Inpatient Surgical Procedures   | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 100% of Allowable Charges  | 60% of UCR  |
| Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist   | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 100% of Allowable Charges  | 60% of UCR  |
| Emergency Ground Ambulance  | 80% of Allowable Charges  |   | 80% of Allowable Charges  |   | 80% of Allowable Charges  |   | 100% 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. |   |   |   |   |   |   |  |   |
| Urgent Care Clinic / Facility   | 80% of Allowable Charges and \$50 Copayment                                     | 60% of UCR and \$50 Copayment   | 80% of Allowable Charges and \$50 Copayment                                     | 60% of UCR and \$50 Copayment   | 80% of Allowable Charges and \$50 Copayment                                     | 60% of UCR and \$50 Copayment   | 100% of Allowable Charges and \$50 Copayment                                     | 60% of UCR and \$50 Copayment   |
| Outpatient Ambulatory Surgical Facility & Surgical Care<br>When not performed in a free-standing independent ambulatory facility, a Site of Service Differential cost will apply.   | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 100% of Allowable Charges  | 60% of UCR  |
| Routine X-rays and Laboratory tests<br>When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.  | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 100% of Allowable Charges  | 60% of UCR  |
| Advanced Diagnostic and Interventional Radiology Services<br>When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.                                      | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 100% of Allowable Charges  | 60% of UCR  |
| Outpatient Therapeutic Services   | 80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits | 60% of UCR and \$30 Copayment per visit Maximum Benefit 12 visits         | 80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits | 60% of UCR and \$30 Copayment per visit Maximum Benefit 12 visits         | 80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits | 60% of UCR and \$30 Copayment per visit Maximum Benefit 12 visits         | 100% of Allowable Charges and \$25 Copayment per visit Maximum Benefit 12 visits | 60% of UCR and \$25 Copayment per visit Maximum Benefit 12 visits         |
| Outpatient Oncology Treatment   | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 100% of Allowable Charges  | 60% of UCR  |
| Outpatient Reconstructive Surgery   | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 80% of Allowable Charges  | 60% of UCR  | 100% of Allowable Charges  | 60% of UCR  |
| Diabetic Medical Supplies   | 80% of Allowable Charges Maximum Benefit \$7,500                                | 60% of UCR Maximum Benefit \$7,500  | 80% of Allowable Charges Maximum Benefit \$7,500                                | 60% of UCR Maximum Benefit \$7,500  | 80% of Allowable Charges Maximum Benefit \$7,500                                | 60% of UCR Maximum Benefit \$7,500  | 100% of Allowable Charges Maximum Benefit \$7,500                                | 60% of UCR Maximum Benefit \$7,500  |

| Benefits | Royal 100   |   | Royal 500   |   | Royal 1500  |   | Royal Plus  |   |
|----------|---|---|---|---|---|---|---|---|
|          | In-Network<br>In-Network<br>Physician and<br>In-Network<br>Facility | Out-of-Network<br>(subject to Usual,<br>Customary and<br>Reasonable<br>Charges (UCR)) | In-Network<br>In-Network<br>Physician and<br>In-Network<br>Facility | Out-of-Network<br>(subject to Usual,<br>Customary and<br>Reasonable<br>Charges (UCR)) | In-Network<br>In-Network<br>Physician and<br>In-Network<br>Facility | Out-of-Network<br>(subject to Usual,<br>Customary and<br>Reasonable<br>Charges (UCR)) | In-Network<br>In-Network<br>Physician and<br>In-Network<br>Facility | Out-of-Network<br>(subject to Usual,<br>Customary and<br>Reasonable<br>Charges (UCR)) |

## 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>Emergency Dental Treatment</b>  | 80% of Allowable Charges<br>Maximum Benefit \$250 per tooth up to \$1,000 | 60% of UCR<br>Maximum Benefit \$250 per tooth up to \$1,000 | 80% of Allowable Charges<br>Maximum Benefit \$250 per tooth up to \$1,000 | 60% of UCR<br>Maximum Benefit \$250 per tooth up to \$1,000 | 80% of Allowable Charges<br>Maximum Benefit \$250 per tooth up to \$1,000 | 60% of UCR<br>Maximum Benefit \$250 per tooth up to \$1,000 | 100% of Allowable Charges<br>Maximum Benefit \$250 per tooth up to \$1,000 | 60% of UCR<br>Maximum Benefit \$250 per tooth up to \$1,000 |
| <b>Palliative Dental Treatment</b> | 80% of Allowable Charges<br>Maximum Benefit \$600                         | 60% of UCR<br>Maximum Benefit \$600                         | 80% of Allowable Charges<br>Maximum Benefit \$600                         | 60% of UCR<br>Maximum Benefit \$600                         | 80% of Allowable Charges<br>Maximum Benefit \$600                         | 60% of UCR<br>Maximum Benefit \$600                         | 100% of Allowable Charges<br>Maximum Benefit \$600                         | 60% of UCR<br>Maximum Benefit \$600                         |

## Physician Services

(Cost Share amounts are waived at Student Health Center)

| Telemedicine Consultations and Visits  | No Copayment<br>limited to 10 consults/visits                                  |  | No Copayment<br>limited to 10 consults/visits                                  |  | No Copayment<br>limited to 10 consults/visits                                  |  | No Copayment<br>limited to 10 consults/visits                                   |  |
|--|--|--|--|--|--|--|---|--|
| <b>Primary Care Visit</b>              | 80% of Allowable Charges and \$30 Copayment per visit                          | 60% of UCR and \$30 Copayment per visit                          | 80% of Allowable Charges and \$30 Copayment per visit                          | 60% of UCR and \$30 Copayment per visit                          | 80% of Allowable Charges and \$30 Copayment per visit                          | 60% of UCR and \$30 Copayment per visit                          | 100% of Allowable Charges and \$25 Copayment per visit                          | 60% of UCR and \$25 Copayment per visit                          |
| <b>Specialist Visit</b>                | 80% of Allowable Charges and \$30 Copayment per visit                          | 60% of UCR and \$30 Copayment per visit                          | 80% of Allowable Charges and \$30 Copayment per visit                          | 60% of UCR and \$30 Copayment per visit                          | 80% of Allowable Charges and \$30 Copayment per visit                          | 60% of UCR and \$30 Copayment per visit                          | 100% of Allowable Charges and \$25 Copayment per visit                          | 60% of UCR and \$25 Copayment per visit                          |
| <b>Outpatient Mental Illness Visit</b> | 80% of Allowable Charges and \$30 Copayment per visit                          | 60% of UCR and \$30 Copayment per visit                          | 80% of Allowable Charges and \$30 Copayment per visit                          | 60% of UCR and \$30 Copayment per visit                          | 80% of Allowable Charges and \$30 Copayment per visit                          | 60% of UCR and \$30 Copayment per visit                          | 100% of Allowable Charges and \$25 Copayment per visit                          | 60% of UCR and \$25 Copayment per visit                          |
| <b>Alternative Medicine</b>            | 80% of Allowable Charges and \$30 Copayment per visit<br>Maximum Benefit \$500 | 60% of UCR and \$30 Copayment per visit<br>Maximum Benefit \$500 | 80% of Allowable Charges and \$30 Copayment per visit<br>Maximum Benefit \$500 | 60% of UCR and \$30 Copayment per visit<br>Maximum Benefit \$500 | 80% of Allowable Charges and \$30 Copayment per visit<br>Maximum Benefit \$500 | 60% of UCR and \$30 Copayment per visit<br>Maximum Benefit \$500 | 100% of Allowable Charges and \$25 Copayment per visit<br>Maximum Benefit \$500 | 60% of UCR and \$25 Copayment per visit<br>Maximum Benefit \$500 |

## Other Services

|   |   |   |   |   |   |   |  |  |
|---|---|---|---|---|---|---|--|--|
| <b>Recreational Activities or Amateur Sports Benefit</b>    | 80% of Allowable Charges                                | 60% of UCR                                | 80% of Allowable Charges                                | 60% of UCR                                | 80% of Allowable Charges                                | 60% of UCR                                | 100% of Allowable Charges                                | 60% of UCR                                 |
| <b>HIV/AIDS</b>   | 80% of Allowable Charges                                | 60% of UCR                                | 80% of Allowable Charges                                | 60% of UCR                                | 80% of Allowable Charges                                | 60% of UCR                                | 100% of Allowable Charges                                | 60% of UCR                                 |
| <b>Alcohol and Substance Abuse</b><br>(rehabilitative only) | 80% of Allowable Charges<br>\$30 Copayment (outpatient) | 60% of UCR<br>\$30 Copayment (outpatient) | 80% of Allowable Charges<br>\$30 Copayment (outpatient) | 60% of UCR<br>\$30 Copayment (outpatient) | 80% of Allowable Charges<br>\$30 Copayment (outpatient) | 60% of UCR<br>\$30 Copayment (outpatient) | 100% of Allowable Charges<br>\$25 Copayment (outpatient) | 60% of UCR and \$25 Copayment (outpatient) |



| Benefits   | Royal 100  |   | Royal 500  |   | Royal 1500   |   | Royal Plus   |   |
|--|--|---|--|---|--|---|--|---|
|  | 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 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))           |
| Other Services   |  |   |  |   |  |   |  |   |
| Home Health Care   | 80% of Allowable Charges immediately following hospital discharge of at least 3 days   | 60% of UCR immediately following hospital discharge of at least 3 days              | 80% of Allowable Charges immediately following hospital discharge of at least 3 days   | 60% of UCR immediately following hospital discharge of at least 3 days              | 80% of Allowable Charges immediately following hospital discharge of at least 3 days   | 60% of UCR immediately following hospital discharge of at least 3 days              | 100% of Allowable Charges immediately following hospital discharge of at least 3 days  | 60% of UCR 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)                              | 60% of UCR Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient) | 80% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)                              | 60% of UCR Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient) | 80% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)                              | 60% of UCR Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient) | 100% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)                             | 60% of UCR Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient) |
| Durable Medical Equipment  | 80% of Allowable Charges   | 60% of UCR  | 80% of Allowable Charges   | 60% of UCR  | 80% of Allowable Charges   | 60% of UCR  | 100% of Allowable Charges  | 60% of UCR  |
| Maternity Care and Birth Benefits  |  |   |  |   |  |   |  |   |
| Maternity Care<br>(subject to notification within 30 days of pregnancy confirmation)               | 80% of Allowable Charges   | 60% of UCR  | 80% of Allowable Charges   | 60% of UCR  | 80% of Allowable Charges   | 60% of UCR  | 100% of Allowable Charges  | 60% of UCR  |
| Elective Medical Abortions   | 80% of Allowable Charges Maximum Benefit \$1,500   | 60% of UCR Maximum Benefit \$1,500  | 80% of Allowable Charges Maximum Benefit \$1,500   | 60% of UCR Maximum Benefit \$1,500  | 80% of Allowable Charges Maximum Benefit \$1,500   | 60% of UCR Maximum Benefit \$1,500  | 100% of Allowable Charges Maximum Benefit \$1,500  | 60% of UCR Maximum Benefit \$1,500  |
| Worldwide Coverage<br>(outside the United States, excluding your Home Country and M1 visa holders) | 80% of UCR   |   | 80% of UCR   |   | 80% of UCR   |   | 80% of UCR   |   |
| Accidental Death and Dismemberment   |  |   |  |   |  |   |  |   |
| Accidental Death   | Sum amount \$30,000  |   | Sum amount \$30,000  |   | Sum amount \$30,000  |   | Sum amount \$30,000  |   |
| Dismemberment  | Sum amount \$30,000<br>loss of both hands, feet or total sight<br>Sum amount \$15,000<br>loss of one hand, one foot or one eye |   | Sum amount \$30,000<br>loss of both hands, feet or total sight<br>Sum amount \$15,000<br>loss of one hand, one foot or one eye |   | Sum amount \$30,000<br>loss of both hands, feet or total sight<br>Sum amount \$15,000<br>loss of one hand, one foot or one eye |   | Sum amount \$30,000<br>loss of both hands, feet or total sight<br>Sum amount \$15,000<br>loss of one hand, one foot or one eye |   |
| Evacuation & Repatriation  |  |   |  |   |  |   |  |   |
| Emergency Medical Evacuation and Medical Repatriation  | Combined Maximum Benefit \$100,000   |   | Combined Maximum Benefit \$100,000   |   | Combined Maximum Benefit \$100,000   |   | Combined Maximum Benefit \$100,000   |   |
| Repatriation of Mortal Remains   | Maximum Benefit \$25,000   |   | 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<sup>®</sup>

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

 UnitedHealthcare<sup>®</sup>

 TELADOC<sup>®</sup>

 payerfusion<sup>®</sup>

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