WellAway

TPG Member Guide

08/01/2023-07/31/2024

Let's Get Started

We have prepared this guide to help you get the care you deserve and maximize your plan benefits. Along with your Policy Terms & Conditions, this guide outlines how to use your WellAway plan to seek medical, pharmacy, vision, dental and wellness services. Please note that this document is provided for informational purposes only and does not constitute a legal document or your official policy.

We are available 24/7/365 for all emergencies and to answer any questions.
Phone: ConciergeCare +1-855-773-7810 or +1-786-453-4008
Email: conciergecare@payerfusion.com

We use our ConciergeCare HelpDesk to keep your messages safe. Read our ConciergeCare HelpDesk Guide for more information.

Inside, you will find details about: Page #

What is Covered under my TPG Group Health Plan?

Medical Benefits - $100,000 per person per injury or illness

Your TPG group health plan provides benefits in case of an accident and illness. Your plan will cover Primary Care, Specialists, Walk-in Clinics, Urgent Care, Emergency Room and Hospital Inpatient stays. The group plan also covers basic diagnostics such as x-rays, laboratory tests and prescription medications relating to accidents or illnesses.

Your TPG group health plan utilizes the UnitedHealthCare Provider Network. In the event of hospitalization, surgery, or scheduled MRI/CT/PET Scans, please have your physician contact ConciergeCare.

Emergency and Non-Emergency Room visits

Your TPG group plan covers use of the ER for medical emergencies, as defined below. For non-emergency services, you are required to visit Urgent Care Centers or Walk-in-Clinics. **If you use a hospital emergency room for non-emergency care it will not be covered.**

SYMPTOM	convenience care center	doctor's office setting	urgent care	emergency room
Cold or Flu Symptom	✓	✓	✓	
Cough, Sore Throat	✓	✓	✓	
Ear, Sinus Pain	✓	✓	✓	
Fevers	✓	✓	✓	
Sprains, Strains		✓	✓	
Mild Asthma		✓	✓	
Nausea, Vomiting, Diarrhea		✓	✓	
Sudden or Unexpected Loss of Consciousness				✓
Signs of Heart Attack/Chest Pain or Pressure				✓
Sign of a stroke, such as numbness of the face, arm/leg on one side of the body; difficulty talking; sudden loss of vision.				✓
Coughing Up or Vomiting Blood				✓
Suicidal Feelings				✓

** For illustrative purposes only. This information is not intended as medical advice.*

TIP 1: If you are in a hospital, do not schedule the doctor's visit to be at the hospital, instead elect to visit his/ her office. It's less pricey!

TIP 2: Use Quest Diagnostics for your lab tests.

TIP 3: The flu can be scary, but for faster service and lower cost, visit an urgent care center, not a hospital. It's worth calling us to find an in-network provider. Please note that if you visit the ER for flu-like symptoms, your visit will most likely not be covered since that is not considered an emergency.

Preventive Care Services

Preventive care and vaccinations are covered to a maximum of $250. It is recommended that you visit a Walk-in Clinic or Pharmacy to acquire your vaccinations.

Mental Health Benefits

Inpatient: Payable at 50% up to $10,000, to a max of 45 days

Outpatient: Payable at 80% up to $500

Laboratory Tests

For laboratory tests, visit Quest Diagnostics.

Basic Diagnostic Services e.g., X-rays

It is recommended that these Services be performed in an In-Network Physician's office or in an In-Network free-standing facility.

Advanced Diagnostics e.g., CT Scans, MRI, PET Scans or Diagnostic Test

It is recommended that these Services be performed in an In-Network free-standing facility. Our In-Network free standing facilities are conveniently located and provide Advanced Imaging/Diagnostic Testing.

Prescription Medications

Your group plan provides an Rx discount card which you may use at a pharmacy of your choice for all medications relating to a covered accident or illness. You will pay for the medication and file a claim for reimbursement.

Traumatic Dental Injury

Dental Services for Treatment following a Traumatic Dental Injury as a result of a covered Accidental Injury. The Treatment must be at a Hospital and received within 72 hours of the Emergency event.

Emergency Eye Examination

Services for a Medically Necessary Emergency eye examination with a prescription for corrective lenses that were lost or damaged due to a covered Accident. Replacement of corrective lenses or contact lenses are not covered.

Repatriation and Medical Evacuation benefits are included in your coverage

Your policy documents are available to view and download in your member portal.

What is Not Covered?

Pre-existing Conditions

Any injury, illness, sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of enrollment, whether or not previously manifested, symptomatic or known, diagnosed, treated, or disclosed to the company prior to enrollment, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom.

This means any medical conditions that existed prior to your arrival in the United States will not be covered by the plan.

Maternity and Newborn Care

Maternity including pregnancy or illness resulting from pregnancy, childbirth, or miscarriage is NOT covered.

Routine Dental Services

Regular dental care, treatment for cavities, root canals, and any other dental condition is not covered.

Vision

Glasses, contact lenses and eye exams are not covered. Charges incurred for eye surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism are not covered.

Elective and Cosmetic Surgeries and Treatments

Charges or treatment for cosmetic or aesthetic reasons, except for reconstructive surgery when such surgery is medically necessary, is directly related to, and follows a surgery which was covered under this insurance.

Extreme Sports, Adventurous Sports, Team Sports

Any illness or injury sustained while taking part in activities designated as any of these types of sports.

Sexually transmitted diseases, including HIV, HPV/Aids

Any sexually transmitted or venereal disease.

Substance Abuse

Any injury or illness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with treatment prescribed and directed by a physician.

Sleep Studies and Disorders

Any sleep disorder, including without limitation sleep apnea.

Organ Transplants

Any organ or tissue or other transplant or related services, treatment or supplies.

Coverage under Other Plans or Sources

Charges for treatment of an illness or injury for which payment is made or available through a workers' compensation law or a similar law.

Outpatient Therapeutic Services

Biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy

Disclaimer - This list of exclusions is not complete; refer to the policy terms and conditions for a complete list of exclusions. Plan benefits are subject to the terms and conditions of the insurance plan.

TPG Cultural Exchange

This section is a summary and a full description of the benefits covered under this Group Policy. Please read the benefit descriptions for complete details of your coverage. All covered benefits are subject to: (i) your Cost Share amounts and any benefit maximums listed on your Summary of Benefits; (ii) the Usual, Reasonable and Customary Charges; and (iii) any limitations and Exclusions. Any Service, Supply or Prescription Drug which is: (a) not ordered, recommended, or approved by a Physician; (b) not rendered under the scope of a Physician's license; or (c) not Medically Necessary or in accordance with established Evidence Based Medicine will not be covered.

Area of Coverage	Worldwide excluding Home Country
Maximum Limit per Injury or Illness	$100,000

The Deductible for In-Network does not accrue towards the Out-of-Network Deductible.
Copayments and Coinsurance do not apply to the Deductible.
Copayments do not apply to the Out-of-Pocket Maximum.

	In-Network	Out-of-Network	Outside the USA
Deductible per Injury or Illness	$250	$750	$250
Coinsurance	Plan pays 80% Insured Person pays 20%	Plan pays 50% Insured Person pays 50%	Plan pays 100% Insured Person pays 0%
Out-of-Pocket Maximum	$1,500	$3,000	Unlimited
Acute Onset of Pre-Existing Conditions	Eligible Medical Expenses are subject to Deductible and Coinsurance amounts and limited to Usual, Reasonable and Customary Charges per Policy Period up to the Maximum Limit per Illness and may be subject to a Maximum Benefit limit.		

Preventive Care Services are NOT subject to Deductible and Coinsurance amounts unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary Charges per Policy Period and may be subject to a Maximum Benefit limit.

	In-Network	Out-of-Network	Outside the USA
Preventative Care • Maximum Limit: $500 • Routine Physical Examinations and routine inoculations / vaccinations	100%	Not covered	100%

Inpatient and Outpatient Services are subject to Deductible and Coinsurance amounts unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary Charges per Policy Period and may be subject to a Maximum Benefit limit.

	In-Network	Out-of-Network	Outside the USA
Physician / Specialist Visit **Maximum Visits per day: 1** (unless visit is for a different medical/surgical specialty)	80%	50%	100%
Teladoc Consultation • Applicable in the United States • Not Subject to Deductible and Coinsurance • Coverage for a Teladoc Consultation is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this Policy. WellAway reserves the right to decline future claims relating to or arising from any condition discussed, raised or identified during a Teladoc Consultation where the Illness or Injury is directly or indirectly related to any Pre-Existing Condition or is otherwise excluded under this Policy.	100%	N/A	N/A

Inpatient and Outpatient Services are subject to Deductible and Coinsurance amounts unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary Charges per Policy Period and may be subject to a Maximum Benefit limit.

	In-Network	Out-of-Network	Outside the USA
Urgent Care Clinic • Not subject to Deductible • Copayment: $25	80%	50%	100%
Walk-in Clinic • Not subject to Deductible • Copayment: $25	80%	50%	100%
Hospital Emergency Room Injury: Not subject to Emergency Room Deductible but subject to plan Deductible Illness: Subject to the plan Deductible and an additional $350 Deductible for each Emergency Room visit. $350 Deductible will be waived if admitted to the Hospital.	80%	50%	100%
Pre-admission Testing	80%	50%	100%
Hospitalization / Room & Board* • Average semi-private room rate • Includes nursing, miscellaneous and Ancillary Services	80%	50%	100%
Intensive Care*	80%	50%	100%
Outpatient Surgical / Hospital Facility*	80%	50%	100%
Laboratory	80%	50%	100%
Radiology / X-ray	80%	50%	100%
Advance Diagnostics	80%	50%	100%
Surgery*	80%	50%	100%
Reconstructive Surgery* • Surgery is incidental to or follows Surgery that was covered under the plan	80%	50%	100%
Assistant Surgeon • 20% of the primary surgeon's eligible fee	80%	50%	100%
Chemotherapy / Radiation Therapy*	80%	50%	100%
Inpatient Mental or Nervous Disorder* • Maximum days: 45 • Maximum Limit: $10,000	50%	50%	50%
Outpatient Mental or Nervous Disorder • Maximum Limit: $500	80%	80%	80%
Chiropractic Care • Maximum per day: $25 • Maximum Limit: 10 visits • Treatment plan required	80%	50%	100%
Physical Therapy • Maximum Visits per day: 1 • Maximum Limit: 15 visits and 2 modalities per visit • Treatment plan required	80%	50%	100%
Extended Care Facility* • Upon direct transfer from Hospital	80%	50%	100%
Home Nursing Care* • Maximum days: 15 • Provided by a Home Health Care Agency • Upon direct transfer from Hospital	80%	50%	100%
Durable Medical Equipment	80%	50%	100%

* Pre-authorization required

Prescription Medications are subject to Deductible and Coinsurance amounts unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary Charges per Policy Period and may be subject to a Maximum Benefit limit.

	In-Network	Out-of-Network	Outside the USA
Prescriptions • Dispensing Maximum: 90 days per prescription for an Injury or Illness	80%	80%	100%

Emergency Transportation Services are NOT subject to Deductible and Coinsurance amounts unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary Charges per Policy Period and may be subject to a Maximum Benefit limit.

	In-Network	Out-of-Network	Outside the USA
Emergency Local Ambulance • Subject to Deductible and Coinsurance • Covered for Injury • Covered for Illness only if admitted to Hospital	80%	50%	100%
Emergency Medical Evacuation* • Maximum Limit: $50,000 • Maximum Limit: $25,000 for Acute Onset of Pre-Existing condition • Approved in advance and coordinated by the Plan Administrator	100%	100%	100%
Bedside Visit • Not subject to Deductible • Maximum Limit: $1,500 • Only applicable if Insured Person is hospitalized in an intensive care unit. • Refer to the Bedside Visit full benefit description in the Policy for coverage and limitations.	80%	50%	100%
Interfacility Ambulance Transfer* • Transfer must be a result of an Inpatient Hospital admission	100%	100%	100%
Natural Disaster Evacuation* • Maximum Limit: $25,000 • Approved in advance by the Plan Administrator	100%	100%	100%
Return of Minor Children* • Maximum Limit: $100,000 • Approved in advance by the Plan Administrator	100%	100%	100%
Return of Mortal Remains* • Maximum Limit: $100,000 • Local Burial / Cremation Maximum Limit: $5,000 • Return of Insured Person's Mortal Remains to Home Country • Approved in advance by the Plan Administrator	100%	100%	100%

* Pre-authorization required

Other Services are NOT subject to Deductible and Coinsurance amounts unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary Charges per Policy Period and may be subject to a Maximum Benefit limit.

	In-Network	Out-of-Network	Outside the USA
Accidental Death & Dismemberment • Principal Sum Maximum: $50,000 • Death must occur within 90 days of the Accident	**Accidental Death: 100% of Principal Sum Accidental Dismemberment:** Loss Percent of Principal Sum Sight of 1 eye 50% 1 hand or 1 foot 50% 1 hand and loss of sight of 1 eye 100% 1 foot and loss of sight of 1 eye 100% 1 hand and 1 foot 100% Both hands or both feet 100% Sight of both eyes 100%		
Traumatic Dental Injury • Subject to Deductible and Coinsurance • Treatment at a Hospital due to an Accident • Additional Treatment for the same Injury rendered by a Dental Provider will be paid at 100%	80%	50%	100%
Emergency Eye Examination • Subject to Coinsurance • Deductible per occurrence: $50 (plan Deductible waived) • Maximum Limit: $150 • Loss or damage to prescription corrective lenses due to an Accident	80%	50%	100%
Incidental Trip • Maximum days: 14 • Home Country is outside the United States	100%	100%	100%
Lost Luggage • Maximum Limit: $500 • Maximum Limit: $50 per item	100%	100%	100%
Natural Disaster • Limit per day: $250 • Maximum days: 5	100%	100%	100%
Personal Liability • Secondary to any other insurance • No coverage for injury to a related third party or damage to related third person's property • Refer to the Personal Liability full benefit description in the Policy for coverage and limitations.	Combined Maximum Limit: $25,000 Injury to third person: • Per Injury Deductible: $100 Damage to third person's property: • Per damage Deductible: $100		
Trip Interruption • Maximum Limit: $10,000	100%	100%	100%

Finding a Provider & Steps to Using Your Insurance

ConciergeCare counselors can recommend a variety of health care provider options and help you choose based on past performance with other members, as well as several other factors including efficiency, quality of care, treatment protocols and fair pricing. Please give us a call at: +1-855-773-7810 or +1-786-453-4008. You can also send us an e-mail to Conciergecare@payerfusion.com; we would be happy to help you find a provider that is best suited for you and fairly priced.

Our online provider search can be found on our website, www.wellaway.com/en/providers/.

Finding a Provider

The UnitedHealthcare Global network is available under your coverage. In order to maximize your benefits and pay the least out of pocket, we urge our members to use UnitedHealthcare's Premium Care Physicians and In-network facilities. We recommend you read the UnitedHealthcare Member Guide.

Staying within your policy's network of providers will control your medical expenses while living in the U.S. Your ConciergeCare counselor or a UnitedHealthcare Global representative can suggest an in-network provider that offers the same services as a provider outside the plan's network. Using an out of network provider is more costly for you.

ConciergeCare +1-855-773-7810 or Conciergecare@payerfusion.com.

Steps to Using Your Insurance

Step 1 - Stay In-Network: Find an in-network provider. Call or email ConciergeCare for help or use the provider search tool.

Step 2 - Know Your Costs: Determine if your visit or procedure requires pre-authorization, co-payments or co-insurance. Many doctor's offices will contact your insurance company directly to pre-approve the visit or procedure and confirm patient responsibility. We highly recommend that you ask your doctor to do this before your visit. If ConciergeCare assists you in making the appointment, this will be taken care of for you.

Step 3 - Show Your Member ID and Confirm Your Information: Once you have confirmed with your doctor's office or WellAway that your visit is covered and it's time to see the doctor, be sure to present your ID card at the time of your visit. They may already have a copy on file but be sure to confirm they have all the correct information.

Step 4 - Pay Your Member Responsibility: You may have a deductible, a co-payment or co-insurance due. Please pay what is owed on your behalf and we will take care of handling your claim thereafter.

Teladoc

You should have received a member package from Teladoc in the mail. Your benefits with Teladoc are specified in your Summary of Benefits within your Policy Terms and Conditions. Teladoc representatives also know your benefits and can give you these details when you are seeking care. Call 1-800-TELADOC (835-2362) or register online by following the instructions on the next page.

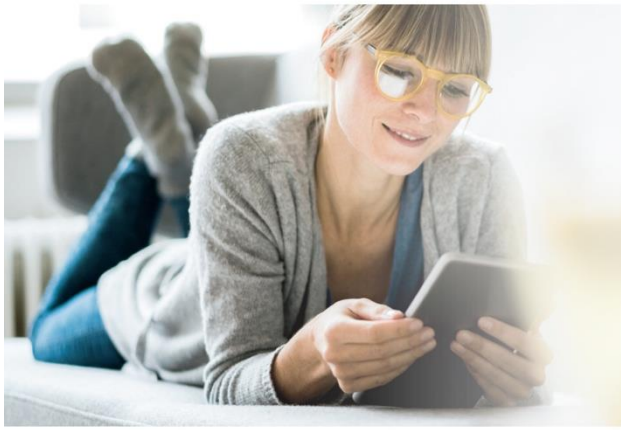
	In-Network	Out-of-Network	Outside the USA
Teladoc Consultation • Applicable in the United States • Not Subject to Deductible and Coinsurance • Coverage for a Teladoc Consultation is not a determination that any specific condition discussed, raised or identified during such consultation is covered under this Policy. WellAway reserves the right to decline future claims relating to or arising from any condition discussed, raised or identified during a Teladoc Consultation where the Illness or Injury is directly or indirectly related to any Pre-Existing Condition or is otherwise excluded under this Policy.	100%	N/A	N/A

With Teladoc, you can:

- 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.

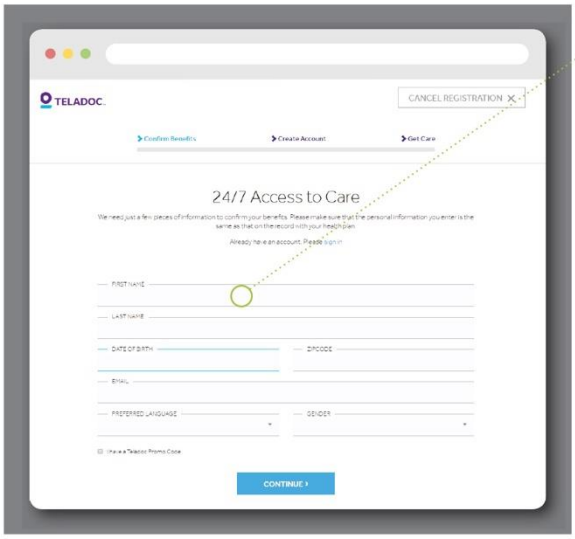
Teladoc doctors can treat many medical conditions, including:

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



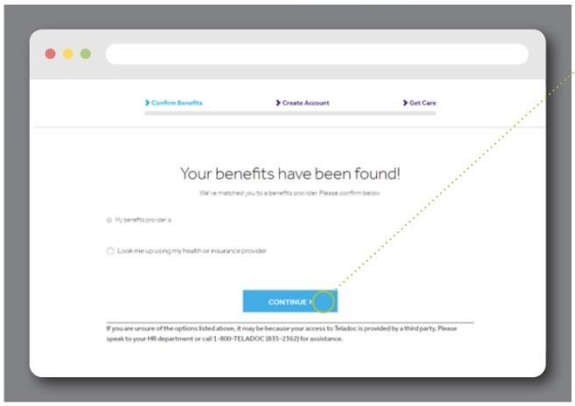
Get started with Teladoc

It's quick and easy to set up your account online. Simply visit the Teladoc® website, click **"Set up account,"** and then follow the instructions below.



1. Confirm benefits

Provide some information about yourself to confirm your eligibility.



2. Benefit confirmation

We'll confirm that we found your benefits. Click "CONTINUE" and finish creating your account.

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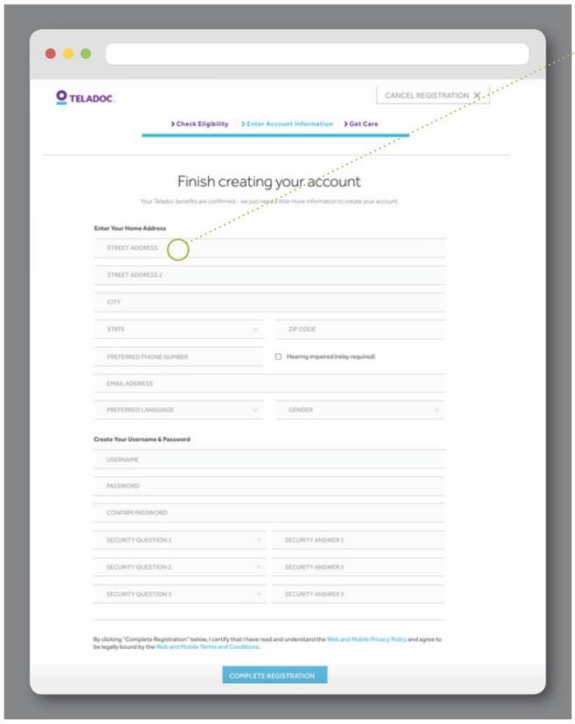

3. Create account

Enter your contact information, username, password, and security questions.

Talk to a doctor anytime for free

Visit Teladoc.com | Download the app

Download on the App Store | GET IT ON Google Play

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Get started with Teladoc

It's quick and easy to set up your account through our app. Simply download the Teladoc app and follow the four steps you see below.

1. Confirm benefits

Provide some information about yourself to confirm your eligibility.

2. Benefit confirmation

We'll confirm that we found your benefits and you'll continue creating your account.

payerfusion | WellAway | TELADOC

3. Create account

Please provide your contact information and preferred language.

4. Complete account

Create a username, password, and pick security questions to ensure your account is secure.

Talk to a doctor anytime for free

1-800-TELADOC (835-2362) | Download the app | Teladoc.com

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Your WellAway ID Card

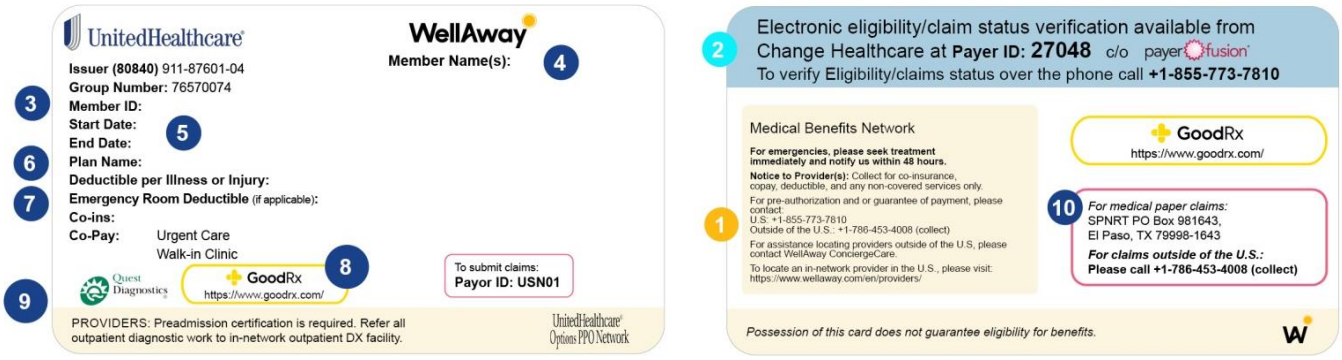
Your ID Card is your key to accessing services available to you as a member. This card is issued to you and each of your dependents and contains the necessary information needed by your provider in order to submit your claim to us for proper processing. Please confirm that the information on your ID card is accurate. If not, please immediately contact a ConciergeCare counselor and request a new card with the correct information.

In this section, you will find examples of WellAway ID cards that may be like what you should have received. Please note these examples are for informative purposes only and may differ from the ID card that you have.

Please refer to your Policy Terms and Conditions to clarify your area of coverage.

Your ID card is available to download at any time, within your member portal at: https://portal.wellaway.com/login

Understanding Your WellAway ID Card



1 The Most Important Number on your card!
WellAway's ConciergeCare U.S.: +1-855-773-7810

Provided by PayerFusion

ANY QUESTIONS you may have…Our 24/7/365 multilingual ConciergeCare is available to assist with...

- Difficulties at the time of care?
- Confusion from a Provider?
- Issue getting medication?
- Told your membership is inactive?
- Someone says they can't find your account?
- Just want to chat about benefits and your coverage?

2 For Verification of Benefits & Pre-Authorization Providers must use:

Electronic eligibility/claim status verification available from
Change Healthcare at **Payer ID: 27048 c/o payerfusion**

To verify Eligibility/claims status over the phone, providers must call
payerfusion **+1-855-773-7810**

The provider must call PayerFusion, the provider cannot use the United computer based search!

3 Member ID
This member ID number is unique to you and your dependents.

4 Member Name(s)
Covered persons under your plan are listed here.

5 Start & End Date
This specifies when your coverage begins and ends.

6 Plan Name
This is the specific plan you have purchased.

7 Deductible, Co-ins & Co-pay
These are specific benefits of your plan, for quick reference.

8 Pharmacy Discount Card
GoodRx
Visit GoodRx.com and follow the instructions to access to savings of prescription drugs.

9 Provider Network
In the U.S. the provider network is UnitedHealthcare and your preferred lab is Quest Diagnostics.

10 Information for Providers
Be sure that providers call the PayerFusion phone number listed here to confirm benefits and coverage. Instructions to submit a claim are also provided.

Pharmacy Discount Card: GoodRx

Generic and certain brand medications are covered on a reimbursement basis for the treatment of an Acute Illness or Injury. A prescription by a Physician is required and for a maximum supply of ninety (90) days for any one (1) prescription. Prescription medications are subject to the deductible and payable at 80%. WellAway will provide a link to an Rx discount card for your convenience. Prescription medications related to a pre-existing condition are not covered.

Submit all prescription receipts and submit a claim by completing the WellAway U.S. claim form located in the Resources section of this guide as well as on your member portal at wellaway.com. You may also request a claim form by contacting a ConciergeCare counselor. Completed claims, along with the required supporting documentation, must be submitted via your member portal. You can also submit the claim via email at conciergecare@payerfusion.com.

Claims are managed by PayerFusion

payerfusion

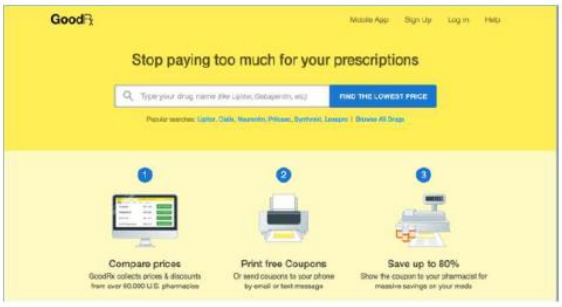
PayerFusion Holdings LLC
2100 Ponce de Leon Boulevard, Mezzanine Level
Coral Gables, FL 33134
USA: +1-855-773-7810 or +1-786-453-4008

Prescription Medications are subject to Deductible and Coinsurance amounts unless otherwise noted. Eligible Medical Expenses are limited to Usual, Reasonable and Customary Charges per Policy Period and may be subject to a Maximum Benefit limit.

	In-Network	Out-of-Network	Outside the USA
Prescriptions • Dispensing Maximum: 90 days per prescription for an Injury or Illness	80%	80%	100%

Please use GoodRx for any discounts that may be available for your prescription. Please follow the instructions on the next page to access savings. Feel free to contact ConciergeCare for further help and information on cost savings for your prescriptions.

How do I find discounts for my drug?



It's easy. Just go to the home page, www.goodrx.com and type in your drug's name in the search field, and click the "Find the Lowest Price" button.

We'll even help you spell the name of your prescription.

What are GoodRx coupons?

GoodRx coupons will help you pay less than the cash price for your prescription. They're free to use and are accepted at virtually every U.S. pharmacy.

Your pharmacist will know how to enter the codes on the coupon to pull up the lowest discount available.

How do I use a GoodRx coupon?

It's similar to using a coupon at a grocery store. Simply print the coupon and bring it with you to the pharmacy when you pick up your prescription. The pharmacist will enter the numbers on the coupon into their system to find the discount.

Don't have a printer or want to save paper and ink cartridges? You can show the coupon on your phone by:

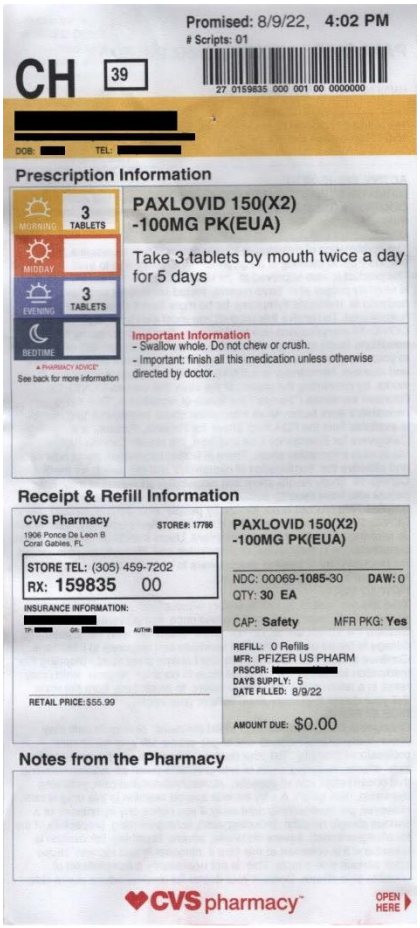
a) Sending the coupon to yourself via email or text
b) Or using our mobile app
c) Or visiting our mobile website

How to File a Pharmacy Claim

Once you have used your GoodRx Discount Card to fill your prescription, please send the pharmacy's prescription slip with your medication specifications as well as the receipt documenting your transaction.

Examples of both documents:

Pharmacy Prescription Slip
This is given to you along with your prescription when you receive it.



Receipt of the transaction
The receipt with proof of payment of the prescription when the transaction was processed.

Please note that claims must be submitted within the time frame from the date of service stipulated in your Policy Terms and Conditions in order to be considered eligible for processing. We will return your incomplete claims with an explanation on what is missing to help us expedite processing your claim.

Completed claims, along with the required supporting documentation, must be submitted via e-mail to corpclaims@payerfusion.com.

Introducing ConciergeCare

Contacting ConciergeCare

As a WellAway member, you are assigned a personal ConciergeCare Counselor who can help answer all your general questions and inquiries. You can contact a ConciergeCare Counselor at any time by dialing ConciergeCare +1-855-773-7810 or +1-786-453-4008 or by logging in to your Member Portal online at wellaway.com. You can also send an email to Conciergecare@payerfusion.com.

Our ConciergeCare services include:

- 5-Star customer service in multiple languages
- 24/7 assistance to coordinate with members and medical providers in case of a medical emergency
- Appointment Setting with in-network providers to manage your out of pockets costs. In addition to helping you find a provider, your ConciergeCare counselor can also help schedule an appointment ahead of time and coordinate any other medical visits necessary during your episode of care.
- Updates on the status of a claim
- Answering questions about your policy, benefits and coverage

Member Portal Highlights

Your member portal is a secure place where you may review your plan benefits, download your policy documents, update your payment information and contact a ConciergeCare Counselor. Please review our Member Portal Guide for more information.

When your policy became active, you received an email inviting you to “create a Member Portal Account”. Click on this link and follow the instructions. Please note that you must use the email address to which this email was sent, to set up the account.

How to Log-in to your account

Step 1: Visit our website, www.wellaway.com
Step 2: Click on Login at the top right-hand corner of the page
Step 3: Enter your account email address and password
*Our site is mobile friendly! Access your portal on the go!

What’s in the Member Portal?

- View your basic account information
- View your policy documents as well as retrieve a copy of your ID card and certificate of coverage as well as any forms you may need
- View your claims, your out of pocket costs, deductibles and download your Explanations of Benefits (EOB)
- Review transactions and know when your next payment is due. You can also update your credit card on file, and make a payment instantly- directly on our secure portal
- Search for a nearby provider or pharmacy
- Send us a message directly through the portal

Read our Member Portal Guide for more information about using the member portal.

If you require assistance with the portal, please contact ConciergeCare at:
ConciergeCare +1-855-773-7810 or +1-786-453-4008
Email: conciergecare@payerfusion.com

How to Add Our Portal to Your Mobile Device

iPad or iPhone

1. Launch “Safari” app. This does not work from the “Chrome” app.
2. Enter into the address field https://portal.wellaway.com/login. Tap “Go.”
3. Tap the icon featuring a right-pointing arrow coming out of a box along the top of the Safari window to open a drop-down menu.
4. Tap “Add to Home Screen.” The Add to Home dialog box will appear, with the icon that will be used for this website on the left side of the dialog box.
5. Enter the name for the shortcut using the on-screen keyboard and tap “Add.” Safari will close automatically and you will be taken to where the icon is located on your iPad’s desktop.

Android

1. Launch “Chrome” app.
2. Open https://portal.wellaway.com/login.
3. Tap the menu icon (3 dots in upper right-hand corner) and tap Add to homescreen.
4. You’ll be able to enter a name for the shortcut and then Chrome will add it to your home screen.

You may reach a ConciergeCare counselor at any time by calling +1-855-773-7810 or +1-786-453-4008 or email ConciergeCare at conciergecare@payerfusion.com.

About Member Reimbursements

There are times when you may be required to pay your medical bill and then submit the invoice to us for reimbursement. The most common cause for reimbursement delays is unclear or missing information. For a covered expense to be considered for reimbursement, all the required documents must be complete and submitted within the filing period stated in your policy terms and conditions (*check your policy for a list of the documents required)*.

Completed claims, along with the required supporting documentation, must be submitted via your member portal.

Please note that we will return your incomplete claims with an explanation on what is missing to help us expedite your reimbursement.

For claims status, please contact ConciergeCare
+1-855-773-7810 or +1-786-453-4008 conciergecare@payerfusion.com

Once your claim has been processed and your reimbursement has been prepared to be paid by our third party administrator, PayerFusion, you will receive an invitation from corpaccounting@payerfusion.com to register for an account with our quick and safe payment partner, Tipalti. Once you input your information and preferred method of payment, your reimbursement will be sent to specified account.

Please note that failure to enroll in the Tipalti system will result in the inability to receive your reimbursement.

Claims are managed by PayerFusion

payerfusion

PayerFusion Holdings LLC
2100 Ponce de Leon Boulevard, Mezzanine Level
Coral Gables, FL 33134
USA: +1-855-773-7810 or +1-786-453-4008

How to File a Claim

A claim is a request for payment for medical services. You may need to file your claim directly with us, after receiving medical treatment from a provider. Claim forms can be found in the Resources section of this guide and on your member portal at wellaway.com.

Please note that claims must be submitted within the time frame from the date of service stipulated in your Policy Terms and Conditions in order to be considered eligible for processing. We will return your incomplete claims with an explanation on what is missing to help us expedite processing your claim.

Completed claims, along with the required supporting documentation, must be submitted via your member portal or via e-mail to corpclaims@payerfusion.com.

Filing a Claim

Your health care provider will need your WellAway ID card in order to submit all claims (including pharmacy claims) to WellAway Limited on your behalf. If you need to submit a claim, the best way is by completing the WellAway U.S. claim form located in the Resources section of this guide as well as on your member portal at wellaway.com. You may also request a claim form by contacting a ConciergeCare counselor. Completed claims, along with the required supporting documentation, must be submitted via your member portal. We will process your claim as soon as we receive it. We will let you know if any additional fees are due to the provider and make sure everything was billed correctly. You will receive a notice explaining the payment of your claim and if certain costs were not covered. Please note that claims must be submitted within the time frame from the date of service stipulated in your Policy Terms and Condition in order to be considered eligible for processing.

Filing an Accident Claim

If you have been in an accident, please provide the completed Accident and Subrogation form. ConciergeCare will walk you through the process.

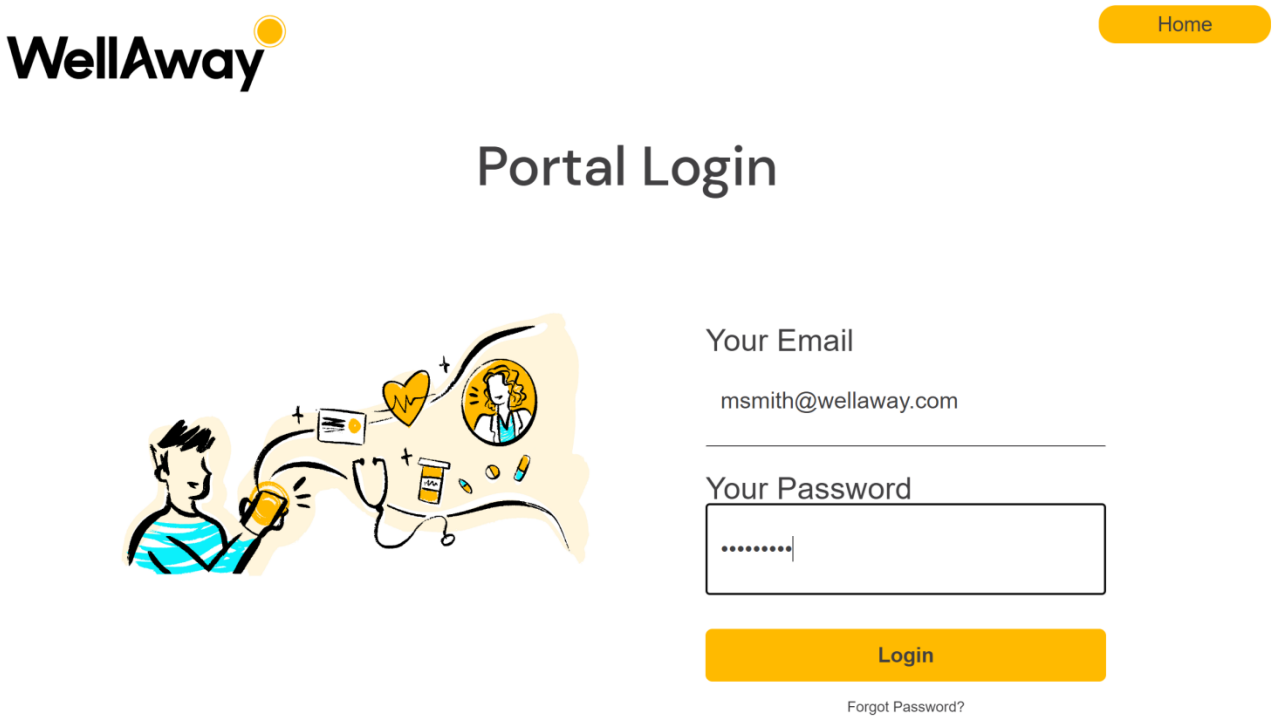
Claims are managed by PayerFusion

payerfusion

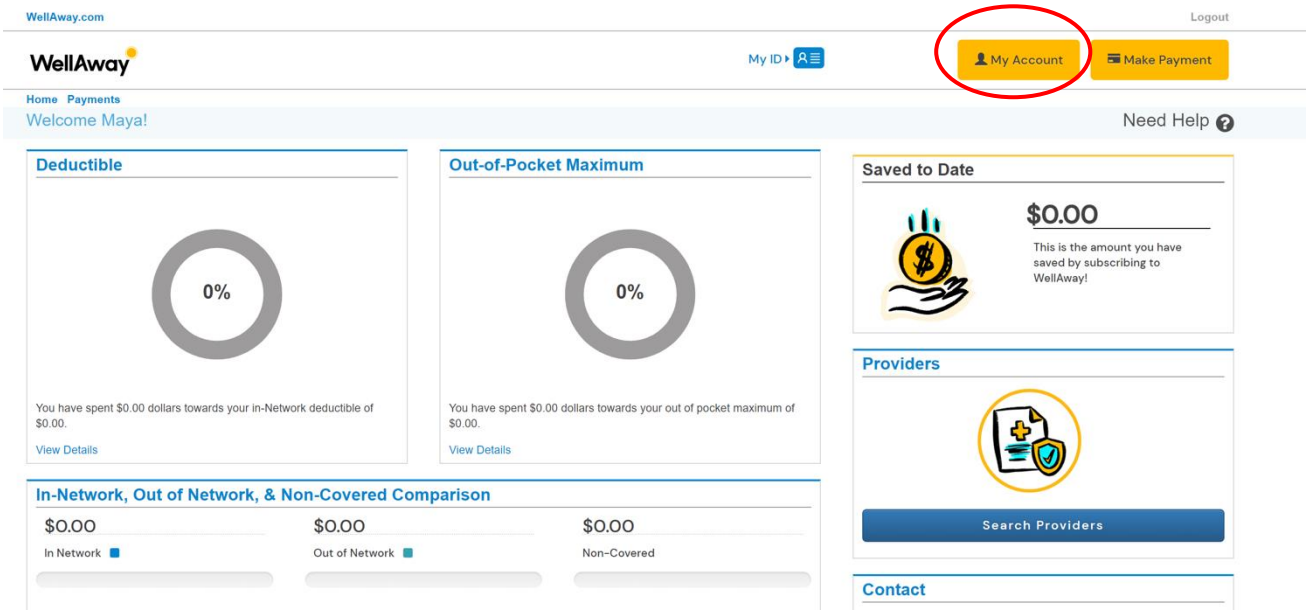
PayerFusion Holdings LLC
2100 Ponce de Leon Boulevard, Mezzanine Level
Coral Gables, FL 33134
USA: +1-855-773-7810 or +1-786-453-4008

How to Enroll J-2 Dependents

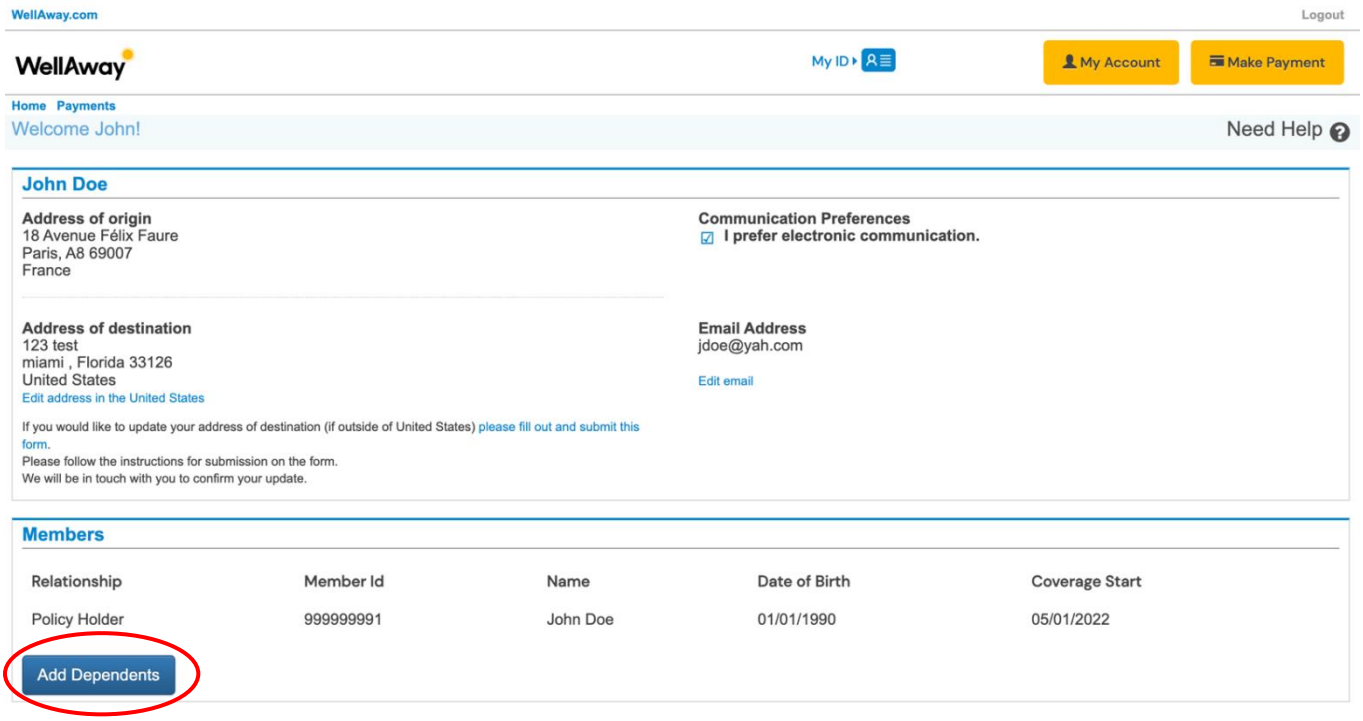
Step 1: Login into your member portal at https://portal.wellaway.com/login.



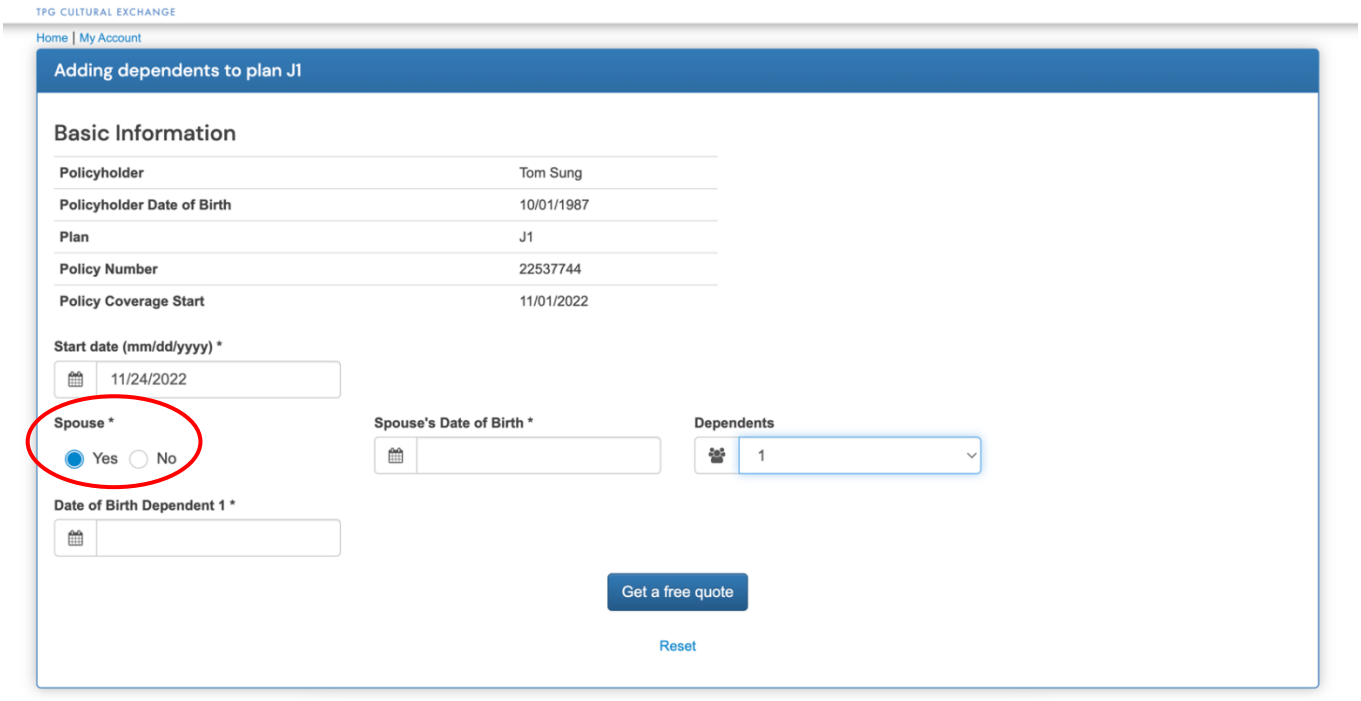
Step 2: You are now in your member portal. Click on the “My Account” section.



Step 3: Click on “Add Dependents”.



Step 4: Select "Yes" for Spouse and complete the basic information for your dependent(s).

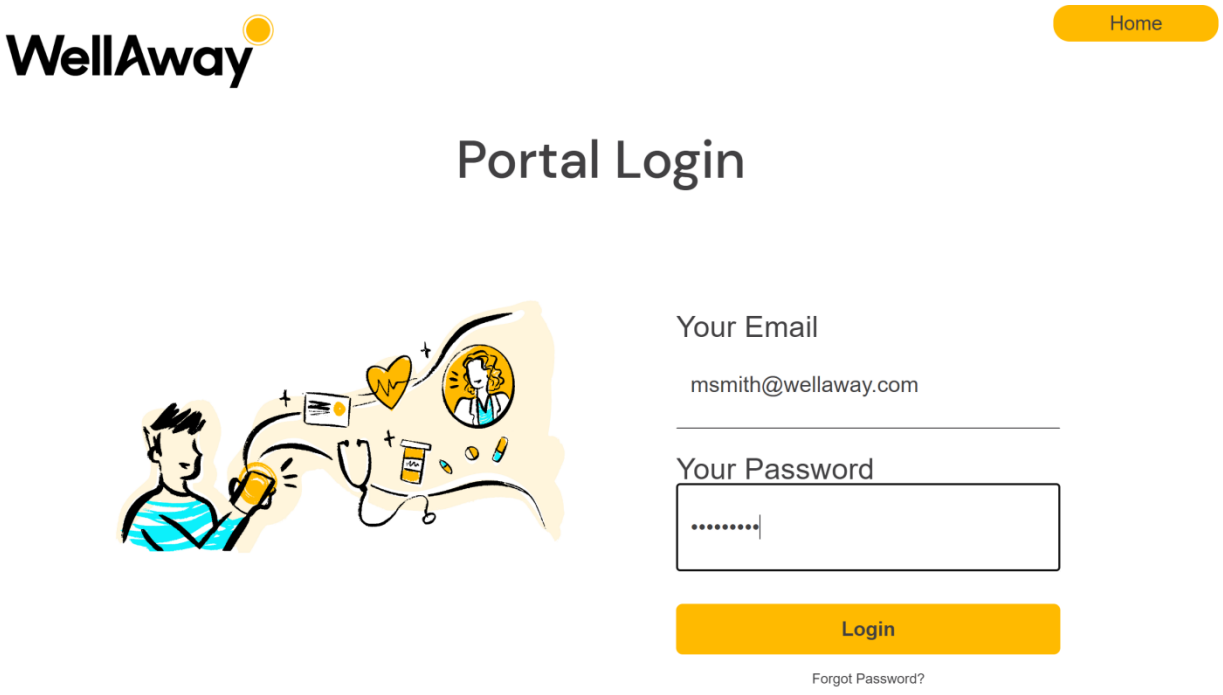


IMPORTANT NOTE:

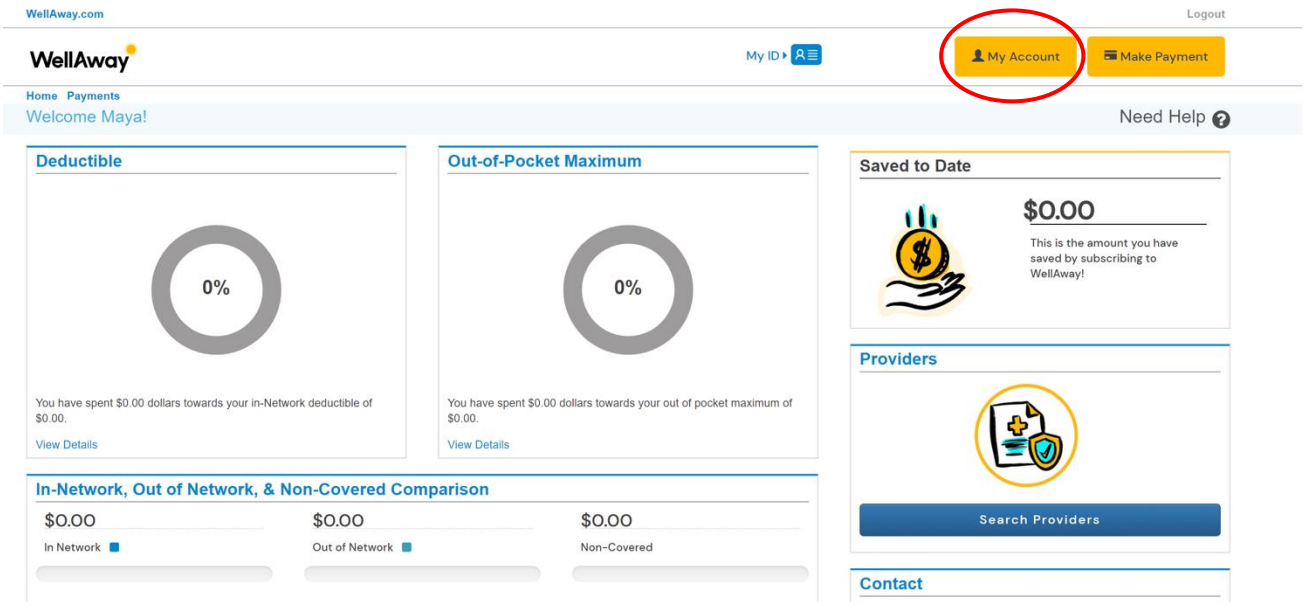
Click on get a free quote.
Click on Buy Now and complete the sections as requested with the relevant information.

How to change the Start Date of a J2 policy

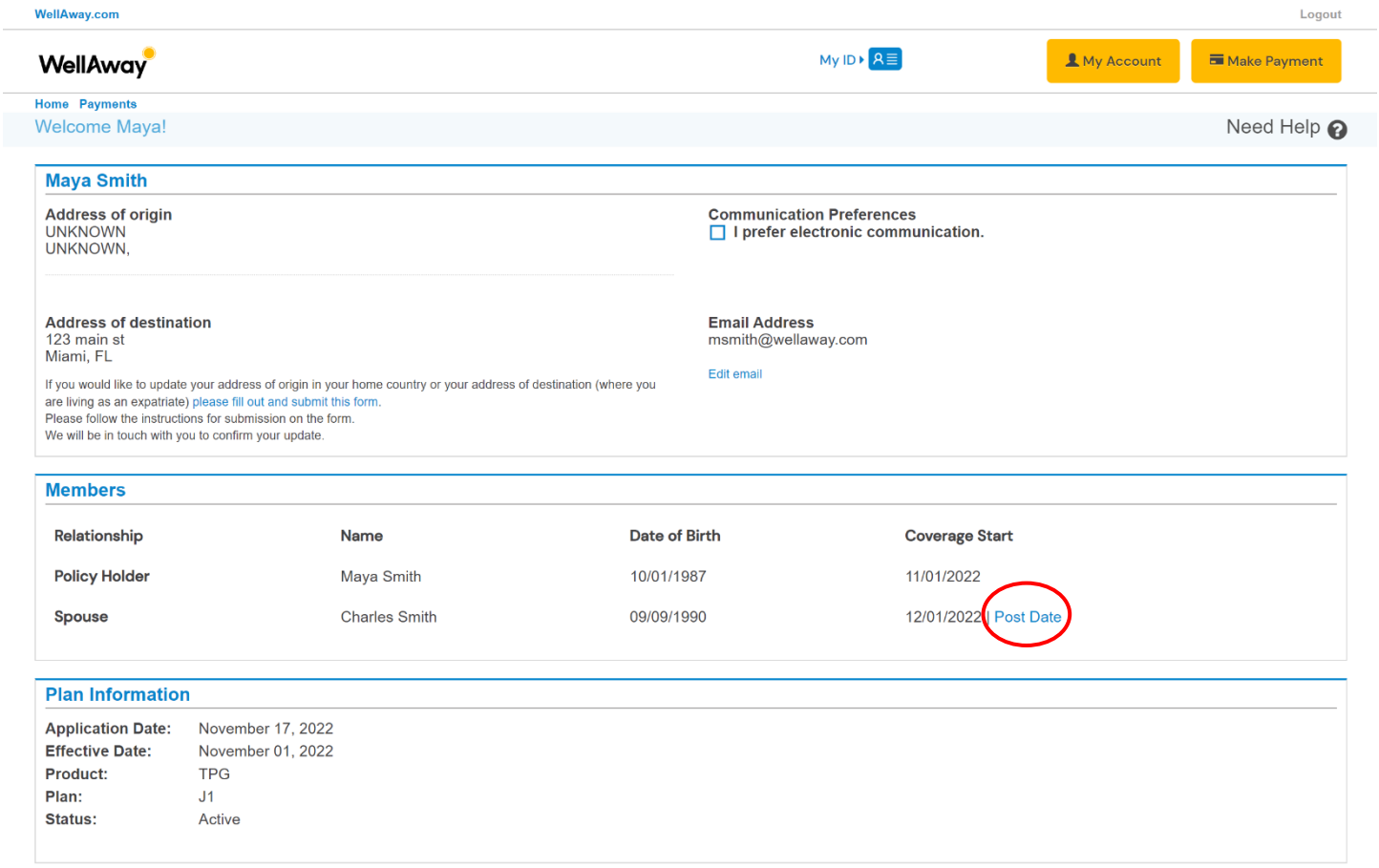
Step 1: Login into your member portal at https://portal.wellaway.com/login.



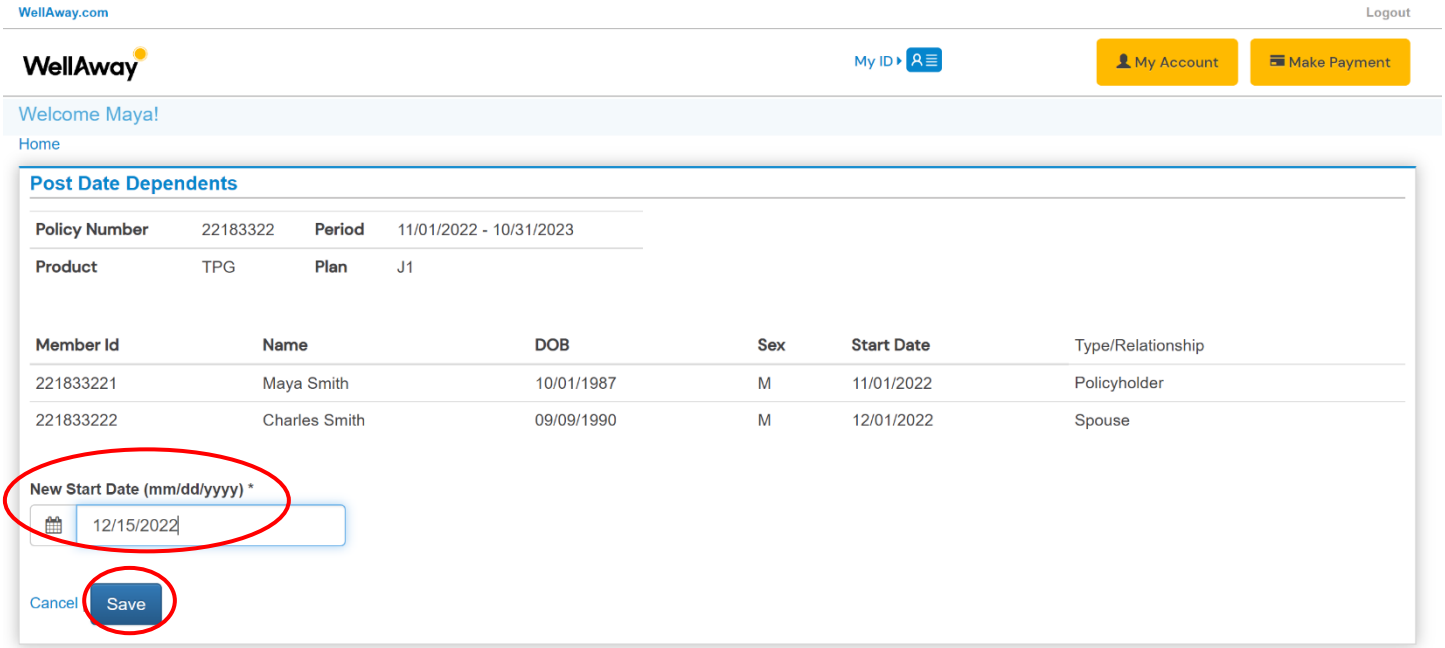
Step 2: You are now in your member portal. Click on “My Account”.



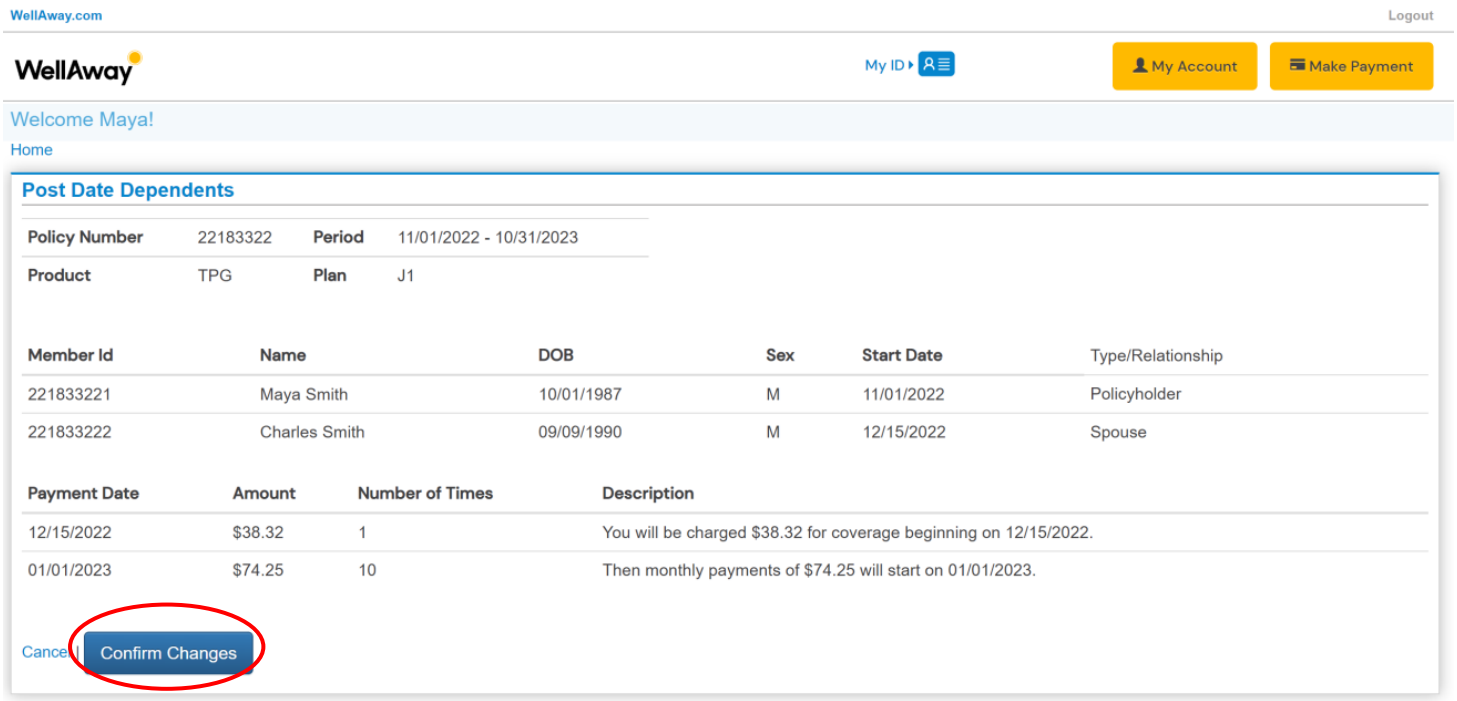
Step 3: Click on “Post Date”.



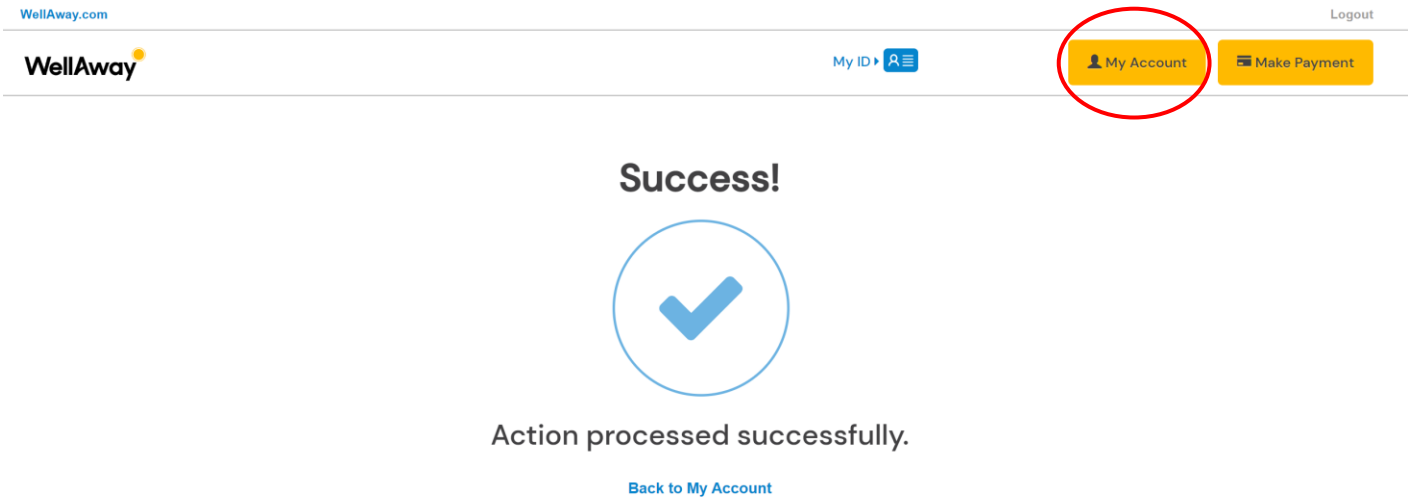
Step 4: Input the new “Start Date” and click on “Save”. ***Your policy may not be back-dated.***



Step 5: Check the new Start Date and click on “Confirm Changes”.



Step 6: Wait for the “Success” confirmation then click on “My Account” to go back to your member portal.

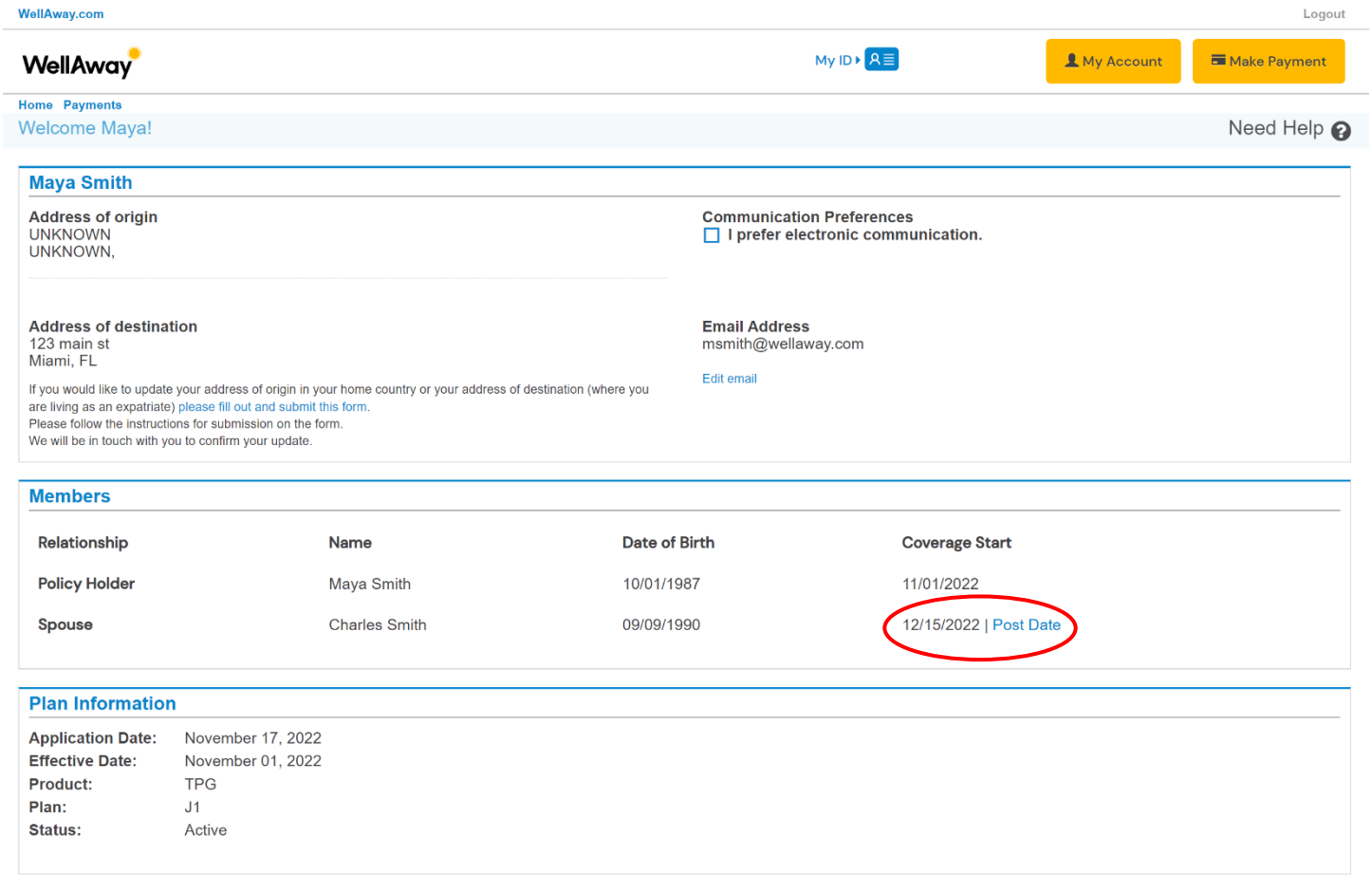


IMPORTANT NOTE

1. Your responsibility as the policyholder is to update your J2s' start date. If the existing start date is no longer the start date you need for your J2s, you **MUST** process the update prior to the existing start date occurs.
2. You will be charged the initial premium payments for your J2s on their start date.
3. If you forget to postdate on time your J2s' start date, **NO REFUND** will be issued.
4. You will not be able to change a start date, if payments have been processed with an existing start date. You will no longer have the feature "**POST DATE"** available.
5. You will need to send an email to tpgenrollment@wellaway.com requesting a change in start date. WellAway will update the start date as requested, if all is in order. You will then see this change in your portal.

   The "**POST DATE"** feature will be available to you again for any start date changes to your J2s in the future.

Step 7: You can now see the new Start Date in the "Members" section.



Pre-Authorization

Certain Services (listed on the next page) require Pre-Authorization and we always recommend that you use an In-Network Physician and an In-Network Facility in order to minimize your costs. Pre-Authorization is a process by which an Insured Person obtains approval for certain medical and non-medical Services prior to the commencement of the proposed Service. Please contact our ConciergeCare team to request a Pre-Authorization at least five (5) business days prior to the scheduled Service, unless a greater time period is required as stated in this Policy. When you contact us for Pre-Authorization, we will recommend that you use an In-Network Physician and an In-Network Facility within the Network. Complete medical records must be submitted to our Plan Administrator for review of Medical Necessity in accordance with the terms of this Policy. A cost Estimate of the Services will also be required at the time of the request for Pre-Authorization for any Services. Please refer to What Your Plan Covers for all Services and Procedures that require Pre-Authorization (which are indicated by an asterisk).

If we have not provided Pre-Authorization, you may be subject to the following:

- a 50% penalty (for covered medical Services) for the entire episode of care which will not apply towards your Out-of-Pocket Maximum.
- No coverage for non-medical Services.
- If the Service would not have been approved under this section, denial may apply to all Services including, but not limited to, Hospitalization, Procedures, Treatments, and Physician fees.

Notification of Medical Emergency Services must be received by the Insured Person, or someone acting on behalf of the Insured Person, within 48 hours of an Admission or Procedure. In the event of an Emergency, the Insured Person should go to the nearest Hospital or Provider for assistance even if that Hospital or Provider is not part of the Network.

Pre-Authorization approval does not guarantee payment of the claim (covered benefits are subject to eligibility at the time charges are actually incurred and all other terms, limitations, and exclusions of this Policy) and the Insured Person is responsible for any Deductible, Coinsurance and Copayment amounts, as applicable. The use of an In-Network Physician and an In-Network facility will keep your Out-of-Pocket expenses to the lowest possible amount.

If you need further assistance or guidance, please contact ConciergeCare +1-855-773-7810 or +1-786-453-4008 or by logging in to your Member Portal online at wellaway.com. You can also send an email to Conciergecare@payerfusion.com.

Medical Procedures Requiring Pre-Authorization

The following Services require Pre-Authorization. Please contact ConciergeCare for pre-authorization.

Medical Services

- Any Hospitalization
- Outpatient or Ambulatory Surgery
- All Cancer Treatment (including chemotherapy and radiation)
- Extended Care Facility
- Home Health Care

Non-Medical Services

- Emergency Medical Evacuation
- Emergency Reunion
- Interfacility Ambulance Transfer
- Natural Disaster Evacuation
- Return of Minor Children
- Repatriation of Mortal Remains

How to Appeal a Denial
General Tips

If we deny a claim or a request from your provider for prior authorization of services and you do not agree, you can ask for a review. This is called an appeal. You will find the complete process outlined in the section of your policy titled Claims Appeal Procedures.

Please refer to your Policy Terms and Conditions located within your member portal for more information on how to appeal a denied claim.

Please note that you have 60 days to file an appeal. You must submit your request in writing along with the Member Appeal Form.
You may send your appeal via email to conciergecare@payerfusion.com or postal service to our Plan Administrator:

PayerFusion Holdings, LLC
2100 Ponce de Leon Boulevard
Mezzanine Level
Coral Gables, FL 33134

You may appeal on your own or you may authorize someone to appeal for you. This is called an authorized representative. Please complete the Appeal Patient Consent Form.

How long do I have to ask for an appeal?
The amount of time you have to file for an appeal varies from product to product. Each of our policies specifies the number of days from when you receive the notice of the denied claim or the denial of the request for prior authorization to submit your appeal.

What should the request include?
In your appeal, you should explain the reasons for your appeal and include all information to support your request. You should also include (if applicable):

- Your policy number
- Your name *(and the name of the member you are appealing for if it is not you)*
- Your member ID number located on your member ID card
- The provider's name
- The date of service
- The type of service
- The Explanation of Benefits (you can obtain your EOB from your member portal or contact ConciergeCare on the phone number listed on your member ID card. We will send it to you free of charge.)
- Any other documents, records or other information you would like us to consider.

Please note that any costs for medical records or other documentation in support of your appeal will be at your sole expense. It is the member's responsibility to provide all information in support of the appeal. We will not be able to begin our review until we receive all of your information. If we do not receive the information requested for your appeal, the appeal will be closed until the required information is provided to us. If we do not receive the required information within the number of days specified in your Policy, from the date of the denial of your claim or pre-authorization, the decision will stand (with non-payment or no prior authorization approval) and the appeal file will be closed.

How long will it be before WellAway makes a decision?
Please refer to your Policy.

We are always available to answer any questions.

Phone: ConciergeCare +1-855-773-7810 or +1-786-453-4008
Email: conciergecare@payerfusion.com

Filing a complaint

We aim to keep our members satisfied; however, we understand that there are instances whereby we may not be able to meet your expectations.

For a formal complaint, please contact us by post, telephone or e-mail.

WellAway Limited
Victoria Place
31 Victoria Street, 5th Floor PO Box HM 1624
Hamilton, HM GX, Bermuda
Phone: +1-855-773-7810
Email: Conciergecare@payerfusion.com

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.

Member Resources & Important Forms

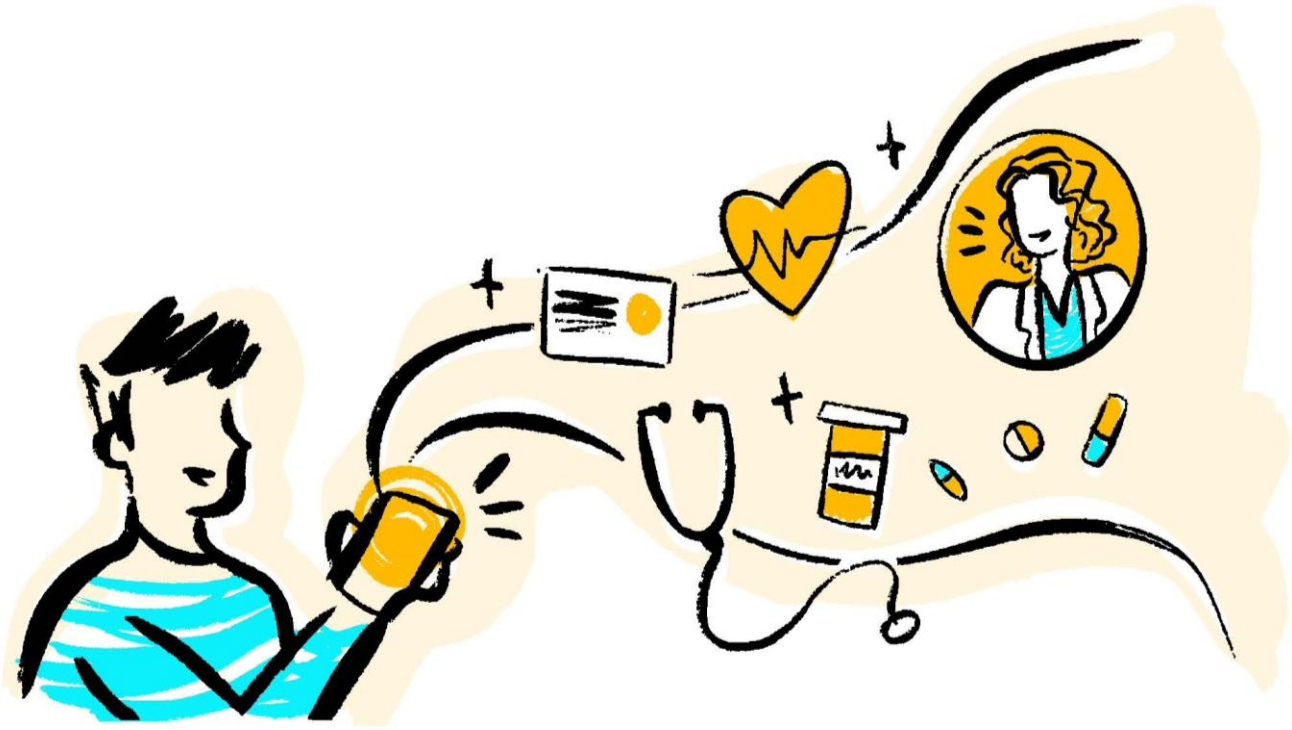
Please visit our Member Resources site. Guides and forms can be found here as well as on your member portal. Some may be offered in French and Spanish.

Guides

Member Portal Guide
ConciergeCare HelpDesk Guide
UnitedHealthcare Member Guide
Teladoc Guide
Wire Instructions

Forms

Claim Form (US Domestic)
Policy Change Form
Change of Contact Information
Release of Health Information
Appeal Form
Appeal Patient Consent Form
Accident and Subrogation Form



If you have any questions, please contact your ConciergeCare counselor at conciergecare@payerfusion.com

WellAway
Keeping You Well, While You're Away.®