



K-12 & OPT Plans Comparison & Benefit Highlights

PLANS BENEFITS HIGHLIGHTS	WellAway K-12	WellAway K-12 Premiere	WellAway OPT	WellAway OPT Premiere
Worldwide Coverage (excluding country of origin)	Unlimited	Unlimited	Unlimited	Unlimited
Eligibility	valid F-1 and M-1 visas in USA / ages 5 to 19 / Non-US citizen	valid F-1 and M-1 visas in USA / ages 5 to 19 / Non-US citizen	valid F-1 visa with OPT employment authorization in USA / ages 17 to 45 / Non-US citizen	valid F-1 visa with OPT employment authorization in USA / ages 17 to 45 / Non-US citizen
Limit & Cost Sharing				
Policy Limit	\$250,000	Unlimited	\$100,000	\$500,000
Deductible	\$500	\$100	\$500 per illness or injury	\$100 per illness or injury
Coinsurance	20%	10%	20%	10%
Out-of-Pocket Maximum	\$5,000	\$2,500	Unlimited	Unlimited
Pre-existing conditions	Students: 6-month Waiting Period	Students: No limitation	Students: Yes (maximum benefit \$25,000 for emergency care and stabilization only)	Students: Yes (maximum benefit \$25,000 for emergency care and stabilization only)
Medical				
Hospitalization	covered	covered	covered	covered
Emergency Room Copayment	\$300 (waived if admitted)	\$300 (waived if admitted)	\$350 (waived if admitted)	\$250 (waived if admitted)
Inpatient & Outpatient Mental Illness	covered	covered	covered	covered
Outpatient Ambulatory Surgery	covered	covered	covered	covered
Outpatient Physician	\$20 copayment	\$20 copayment	\$50 copayment	\$50 copayment
Alternative Medicine	\$500	\$500	N/A	N/A
Outpatient therapeutic services	maximum 12 visits	maximum 12 visits	N/A	N/A
Pharmacy Benefits (including contraceptives)	\$20 Copayment Generic and \$40 Copayment Brand	\$20 Copayment Generic and \$40 Copayment Brand	\$20 Copayment Generic and \$40 Copayment Brand	\$20 Copayment Generic and \$40 Copayment Brand
Wellness, Preventive Services & Immunizations	covered and deductible does not apply	covered and deductible does not apply	N/A	N/A
Dental				
Emergency Dental Treatment	\$1,000 per policy period and \$250 per tooth	\$1,000 per policy period and \$250 per tooth	\$500	\$500
Palliative Dental Treatment	maximum benefit \$600	maximum benefit \$600	N/A	N/A

PLANS BENEFITS HIGHLIGHTS

WellAway K-12

WellAway K-12 Premiere

WellAway OPT

WellAway OPT Premiere

Sports

Amateur/Recreational Sports Coverage	covers injuries arising from Interscholastic, Intramural, and Club sports	covers injuries arising from Interscholastic, Intramural, and Club sports	covers injuries arising from leisure sports and activities	covers injuries arising from leisure sports and activities
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Maternity

Pregnancy and Newborn Care	N/A	N/A	N/A	N/A
Non-healthy Newborn Care	N/A	N/A	N/A	N/A

Transportation/Evacuation

Emergency Ground Ambulance	covered	covered	covered	covered
Medical Evacuation and Repatriation	combined maximum benefit \$50,000	combined maximum benefit \$50,000	80% and maximum benefit \$50,000/\$25,000	90% and maximum benefit \$50,000/\$25,000
Repatriation of Mortal Remains	maximum benefit \$25,000	maximum benefit \$25,000	80% and a maximum of \$50,000	90% and maximum benefit \$50,000

Accidental Death & Disability

Accidental Death & Dismemberment	\$30,000/\$15,000	\$30,000/\$15,000	\$50,000/\$25,000	\$50,000/\$25,000
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