



Royal
Brochure

wellaway.com

WellAway^o

07/01/2026-06/30/2027

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.**

Telehealth

Access to your doctor 24/7

Telehealth transforms how people access healthcare globally. Providing a new kind of healthcare experience, one with better convenience, outcomes and value.

- Receive quality care via phone, video or mobile app.
- Prompt treatment. Talk to your doctor in minutes.

Get The Care You Need

Using Telehealth to speak with your doctors can treat many medical conditions, including:

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



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

Deductible	Royal 1500		Royal 500		Royal 100		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))
In-Network and Out-of-Network Deductibles accrue separately	\$1,500	\$1,800	\$500	\$750	\$100	\$200	\$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	\$0	\$0	\$100	\$0

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

Coinsurance				
In-Network Physician and Facility you pay	20% of Allowable Charges (unless otherwise stated)	20% of Allowable Charges (unless otherwise stated)	20% of Allowable Charges (unless otherwise stated)	100% of Allowable Charges (unless otherwise stated)
Out-of-Network Providers you pay	40% of UCR	40% of UCR	40% of UCR	40% of UCR

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

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

Benefits	Royal 1500		Royal 500		Royal 100		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)

Immunizations (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
TB Testing (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)

Adult Wellness Visit and Preventive Services	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
Well Childcare Visits								

Services That Require Hospitalization

Pre-admission Testing	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Hospitalization	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges \$100 Copayment per admission	40% of UCR \$100 Copayment per admission	100% of Allowable Charges	40% of UCR
Intensive Care Unit/ Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/ Pediatric Intensive Care	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Inpatient Treatment Mental Illness	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Emergency Medical Services in an Emergency Room If you use an emergency room in the Hospital for a non-emergency service, it will not be covered.	20% of Allowable Charges \$250 Copayment (waived if admitted)	40% of UCR \$250 Copayment (waived if admitted)	20% of Allowable Charges \$300 Copayment (waived if admitted)	40% of UCR \$300 Copayment (waived if admitted)	20% of Allowable Charges \$250 Copayment (waived if admitted)	40% of UCR \$250 Copayment (waived if admitted)	100% of Allowable Charges \$300 Copayment (waived if admitted)	40% of UCR \$300 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist Services	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Inpatient Ancillary Hospital Services	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
In-hospital Advanced Diagnostic Services	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Routine X-Ray and Lab Tests	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Inpatient Oncology Treatment	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Inpatient Reconstructive Surgery	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR

Benefits	Royal 1500		Royal 500		Royal 100		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	20% of Allowable Charges Maximum Benefit 30 days	40% of UCR Maximum Benefit 30 days	20% of Allowable Charges Maximum Benefit 30 days	40% of UCR Maximum Benefit 30 days	20% of Allowable Charges Maximum Benefit 30 days	40% of UCR Maximum Benefit 30 days	100% of Allowable Charges Maximum Benefit 30 days	40% of UCR Maximum Benefit 30 days
Inpatient Surgical Procedures	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Emergency Ground Ambulance	20% of Allowable Charges		20% of Allowable Charges		20% 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	20% of Allowable Charges and \$50 Copayment	40% of UCR and \$50 Copayment	20% of Allowable Charges and \$50 Copayment	40% of UCR and \$50 Copayment	20% of Allowable Charges and \$50 Copayment	40% of UCR and \$50 Copayment	100% of Allowable Charges and \$50 Copayment	40% of UCR and \$50 Copayment
Outpatient Ambulatory Surgical Facility & Surgical Care When not performed in a free-standing independent ambulatory facility, a Site of Service Differential cost will apply.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Routine X-rays and Laboratory tests When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Advanced Diagnostic and Interventional Radiology Services When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Outpatient Therapeutic Services	20% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits	40% of UCR and \$30 Copayment per visit Maximum Benefit 12 visits	20% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits	40% of UCR and \$30 Copayment per visit Maximum Benefit 12 visits	20% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits	40% of UCR and \$30 Copayment per visit Maximum Benefit 12 visits	100% of Allowable Charges and \$25 Copayment per visit Maximum Benefit 12 visits	40% of UCR and \$25 Copayment per visit Maximum Benefit 12 visits
Outpatient Oncology Treatment	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Outpatient Reconstructive Surgery	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Diabetic Medical Supplies	20% of Allowable Charges Maximum Benefit \$7,500	40% of UCR Maximum Benefit \$7,500	20% of Allowable Charges Maximum Benefit \$7,500	40% of UCR Maximum Benefit \$7,500	20% of Allowable Charges Maximum Benefit \$7,500	40% of UCR Maximum Benefit \$7,500	100% of Allowable Charges Maximum Benefit \$7,500	40% of UCR Maximum Benefit \$7,500

Benefits	Royal 1500		Royal 500		Royal 100		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))

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.

Emergency Dental Treatment	20% of Allowable Charges Maximum Benefit \$250 per tooth up to \$1,000	40% of UCR Maximum Benefit \$250 per tooth up to \$1,000	20% of Allowable Charges Maximum Benefit \$250 per tooth up to \$1,000	40% of UCR Maximum Benefit \$250 per tooth up to \$1,000	20% of Allowable Charges Maximum Benefit \$250 per tooth up to \$1,000	40% of UCR Maximum Benefit \$250 per tooth up to \$1,000	100% of Allowable Charges Maximum Benefit \$250 per tooth up to \$1,000	40% of UCR Maximum Benefit \$250 per tooth up to \$1,000
Palliative Dental Treatment	20% of Allowable Charges Maximum Benefit \$600	40% of UCR Maximum Benefit \$600	20% of Allowable Charges Maximum Benefit \$600	40% of UCR Maximum Benefit \$600	20% of Allowable Charges Maximum Benefit \$600	40% of UCR Maximum Benefit \$600	100% of Allowable Charges Maximum Benefit \$600	40% of UCR Maximum Benefit \$600

Physician Services

(Cost Share amounts are waived at Student Health Center)

Telemedicine Consultations and Visits	No Copayment limited to 10 consults/visits		No Copayment limited to 10 consults/visits		No Copayment limited to 10 consults/visits		No Copayment limited to 10 consults/visits	
Primary Care Visit	20% of Allowable Charges and \$30 Copayment per visit	40% of UCR and \$30 Copayment per visit	20% of Allowable Charges and \$30 Copayment per visit	40% of UCR and \$30 Copayment per visit	20% of Allowable Charges and \$30 Copayment per visit	40% of UCR and \$30 Copayment per visit	100% of Allowable Charges and \$25 Copayment per visit	40% of UCR and \$25 Copayment per visit
Specialist Visit	20% of Allowable Charges and \$30 Copayment per visit	40% of UCR and \$30 Copayment per visit	20% of Allowable Charges and \$30 Copayment per visit	40% of UCR and \$30 Copayment per visit	20% of Allowable Charges and \$30 Copayment per visit	40% of UCR and \$30 Copayment per visit	100% of Allowable Charges and \$25 Copayment per visit	40% of UCR and \$25 Copayment per visit
Outpatient Mental Illness Visit	20% of Allowable Charges and \$30 Copayment per visit	40% of UCR and \$30 Copayment per visit	20% of Allowable Charges and \$30 Copayment per visit	40% of UCR and \$30 Copayment per visit	20% of Allowable Charges and \$30 Copayment per visit	40% of UCR and \$30 Copayment per visit	100% of Allowable Charges and \$25 Copayment per visit	40% of UCR and \$25 Copayment per visit
Alternative Medicine	20% of Allowable Charges and \$30 Copayment per visit Maximum Benefit \$500	40% of UCR and \$30 Copayment per visit Maximum Benefit \$500	20% of Allowable Charges and \$30 Copayment per visit Maximum Benefit \$500	40% of UCR and \$30 Copayment per visit Maximum Benefit \$500	20% of Allowable Charges and \$30 Copayment per visit Maximum Benefit \$500	40% of UCR and \$30 Copayment per visit Maximum Benefit \$500	100% of Allowable Charges and \$25 Copayment per visit Maximum Benefit \$500	40% of UCR and \$25 Copayment per visit Maximum Benefit \$500

Other Services

Recreational Activities or Amateur Sports Benefit	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
HIV/AIDS	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Alcohol and Substance Abuse (rehabilitative only)	20% of Allowable Charges \$30 Copayment (outpatient)	40% of UCR \$30 Copayment (outpatient)	20% of Allowable Charges \$30 Copayment (outpatient)	40% of UCR \$30 Copayment (outpatient)	20% of Allowable Charges \$30 Copayment (outpatient)	40% of UCR \$30 Copayment (outpatient)	100% of Allowable Charges \$25 Copayment (outpatient)	40% of UCR and \$25 Copayment (outpatient)

Benefits	Royal 1500		Royal 500		Royal 100		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	20% of Allowable Charges immediately following hospital discharge of at least 3 days	40% of UCR immediately following hospital discharge of at least 3 days	20% of Allowable Charges immediately following hospital discharge of at least 3 days	40% of UCR immediately following hospital discharge of at least 3 days	20% of Allowable Charges immediately following hospital discharge of at least 3 days	40% of UCR immediately following hospital discharge of at least 3 days	100% of Allowable Charges immediately following hospital discharge of at least 3 days	40% of UCR immediately following hospital discharge of at least 3 days
Hospice or Palliative Care	20% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	40% of UCR Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	20% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	40% of UCR Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	20% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	40% 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)	40% of UCR Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)
Durable Medical Equipment	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Maternity Care and Birth Benefits								
Maternity Care <i>(subject to notification within 30 days of pregnancy confirmation)</i>	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR	100% of Allowable Charges	40% of UCR
Elective Medical Abortions	20% of Allowable Charges Maximum Benefit \$1,500	40% of UCR Maximum Benefit \$1,500	20% of Allowable Charges Maximum Benefit \$1,500	40% of UCR Maximum Benefit \$1,500	20% of Allowable Charges Maximum Benefit \$1,500	40% of UCR Maximum Benefit \$1,500	100% of Allowable Charges Maximum Benefit \$1,500	40% of UCR Maximum Benefit \$1,500
Worldwide Coverage (outside the United States, excluding your Home Country and M1 visa holders)	20% of UCR		20% of UCR		20% of UCR		20% 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 loss of both hands, feet or total sight Sum amount \$15,000 loss of one hand, one foot or one eye		Sum amount \$30,000 loss of both hands, feet or total sight Sum amount \$15,000 loss of one hand, one foot or one eye		Sum amount \$30,000 loss of both hands, feet or total sight Sum amount \$15,000 loss of one hand, one foot or one eye		Sum amount \$30,000 loss of both hands, feet or total sight Sum amount \$15,000 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[®]

Keeping You Well, While You're Away.[®]

 UnitedHealthcare[®]

 payerfusion[®]

WellAway Limited

c/o Compass Administration
Services Ltd.
PO Box HM 2879
Hamilton HM LX
Bermuda

Phone: +1 441-296-0651

info@wellaway.com
wellaway.com



This material is for informational purposes only and is subject to change. If you decide to purchase a WellAway product, you will be provided with a member package that contains a complete description of the benefits, conditions, limitations and exclusions of coverage. Products and services may not be available in all jurisdictions and are expressly excluded where prohibited by applicable law.

The contents of this material are the exclusive intellectual property of WellAway Limited. No reproduction, changes or copying is possible without the consent of WellAway Limited. The WellAway name, brand and logos are the registered marks of WellAway Limited and the WellAway Limited Segregated Account, Hamilton, Bermuda.