



**Scholar
Brochure**

University of Southern California

wellaway.com

WellAway

Policy Year: 2026-2027

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 students to be serviced with the utmost consideration for their studies abroad. With coverage in over 180 Countries and the Aetna Passport to Healthcare network of providers in the U.S., we aim to provide stability and security for students on the forefront of health insurance globalization.



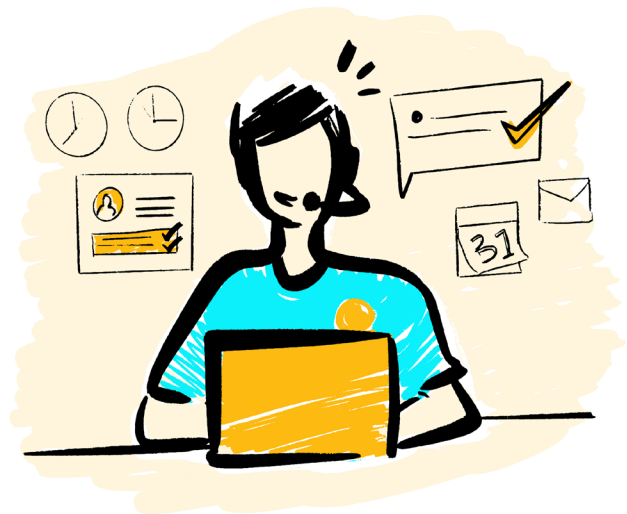
- ✓ **Emergency Medical Assistance**
- ✓ **Multi-Lingual Customer Service**
- ✓ **Competitive Prices**

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: Aetna Passport to Healthcare

Networks that deliver greater accountability and value.

With a robust PPO network of providers across the country, Aetna Passport to Healthcare is there to help you better control costs and meet the unique health care needs of our students.



- ✓ 2 million health care professionals
- ✓ Over 700,000 specialists and primary care physicians
- ✓ More than 5,700 hospitals

Scholar Plans

(U.S. bound students only)

Our dedicated J plans meet the requirements of the U.S. Department of State for students, scholars, full-time visiting faculty or researchers on a J1 visa.

We understand the importance of education and how peace of mind and well-being directly impact learning and personal growth. Scholar Plans provide 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.

Scholar Plans are 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 a J-1 Scholar engaged in full-time research or teaching with a specific educational objective. The J-1 categories are: J-1 Research Scholar, J-1 Professor, or J-1 Short-Term Scholar.

- Meets minimum U.S. health insurance requirements for valid J-1 visas in USA / ages 17 to 45 / Non-US citizens
- Provider Access within the U.S.: as an exclusive member, you are covered with Aetna Passport to Healthcare
- Worldwide Coverage (excluding Home Country and certain limitations apply)
- 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 (Certain limitations apply, see benefits chart)
- 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:

- Your waiver is not approved by your educational institution within thirty (30) days of the Effective Date of coverage because your Policy benefits do not meet the educational institution's minimum insurance requirements.
- You withdraw from classes within thirty (30) days from the Effective Date of coverage under a school-approved leave of absence.

You must provide written proof of the approved leave of absence and return date to your Home Country.

WellAway will be entitled to retain an administrative fee in the amount of \$50 for any approved refund.

Benefits

	USC Scholar 100	USC Scholar 500
Area of Coverage	Worldwide excluding Home Country	Worldwide excluding Home Country
Maximum Limit	Unlimited	Unlimited
Pre-Existing Condition limitation	Scholar: No limitation Dependents: Yes (24-month Waiting Period)	Scholar: No limitation Dependents: Yes (24-month Waiting Period)

Deductible	USC Scholar 100		USC Scholar 500	
	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	\$100	\$200	\$500	\$800
Copayments do not apply towards Deductible				

Copayments		
Office Visit	\$30 per visit	\$35 per visit
Urgent Care	\$50 per visit	\$50 per visit
Hospital Emergency Room	\$250 (waived if admitted)	\$250 (waived if admitted)
Hospital	\$0	\$0

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

Out-of-Pocket Maximum				
Coinsurance is the only Cost Share that applies towards Out-of-Pocket Maximum.	\$6,000 per Insured Person / \$12,000 per Family	Unlimited per Insured Person / Unlimited per Family	\$8,000 per Insured Person / \$12,000 per Family	Unlimited per Insured Person / Unlimited per Family

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

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Wellness and Preventive Services

(Cost Share amounts do not apply)

Adult Wellness Visit and Preventive Services	100%	Not covered	100%	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
Hospitalization	20% of Allowable Charges	40% of UCR	20% 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
Inpatient Treatment Mental Illness	20% of Allowable Charges	40% of UCR	20% 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 Allowable Charges \$250 Copayment (waived if admitted)	20% of Allowable Charges \$250 Copayment (waived if admitted)	40% of UCR \$250 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist Services	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Ancillary Hospital Services	20% of Allowable Charges	40% of UCR	20% 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
Routine X-Ray and Lab Tests	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Oncology Treatment	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Reconstructive Surgery	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Rehabilitation	20% of Allowable Charges Maximum Benefit 45 day limit	40% of UCR Maximum Benefit 45 day limit	20% of Allowable Charges Maximum Benefit 45 day limit	40% of UCR Maximum Benefit 45 day limit
Inpatient Surgical Procedures	20% of Allowable Charges	40% of UCR	20% 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
Emergency Ground Ambulance	20% of Allowable Charges		20% 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
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
Routine X-rays and Laboratory 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

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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.

Advanced Diagnostic and Imaging 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
Outpatient Therapeutic Services	20% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits	50% of UCR and \$30 Copayment per visit Maximum Benefit 12 visits	20% of Allowable Charges and \$35 Copayment per visit Maximum Benefit 12 visits	50% of UCR and \$35 Copayment per visit Maximum Benefit 12 visits
Outpatient Oncology Treatment	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Outpatient Reconstructive Surgery	20% of Allowable Charges	40% of UCR	20% 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
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
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

Physician Services

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 \$35 Copayment per visit	40% of UCR and \$35 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 \$35 Copayment per visit	40% of UCR and \$35 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 \$35 Copayment per visit	40% of UCR and \$35 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 \$35 Copayment per visit Maximum Benefit \$500	40% of UCR and \$35 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
HIV/AIDS	20% of Allowable Charges	40% of UCR	20% 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 \$35 Copayment (outpatient)	40% of UCR \$35 Copayment (outpatient)
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
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)
Durable Medical Equipment	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR

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Maternity Care and Birth Benefits

Maternity Care <i>(subject to 10-month waiting period and notification within 30 days of pregnancy confirmation)</i>	20% of Allowable Charges	40% of UCR	20% 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

Worldwide Coverage

(outside the United States, excluding your Home Country)	20% of UCR		20% of UCR	
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Accidental Death and Dismemberment

Accidental Death	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	

Evacuation & Repatriation

Emergency Medical Evacuation and Medical Repatriation	Combined Maximum Benefit \$50,000		Combined Maximum Benefit \$50,000	
Repatriation of Mortal Remains	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.®

aetnaSM

payer[®]fusion[®]

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