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INTERNATIONAL STUDENT & SCHOLAR

Schedule of Benefits



WellAway®

INTERNATIONAL STUDENT & SCHOLAR SCHEDULE OF BENEFITS



PLAN DETAILS & COSTSHARE

PLAN DETAILS & COSTSHARE	SILVER	GOLD
	In-Network	In-Network
Coverage area	USA	USA
Annual aggregate maximum	\$200,000	\$300,000
Maximum per injury/illness per benefit period	\$100,000	\$200,000
Deductible the amount you owe for covered health care services before your health plan begins to pay.	\$100 per injury or illness	\$50 per injury or illness
Coinsurance Your share of costs on covered health care services.	20%	10%
Out-of-pocket maximum This amount is the maximum you will pay each benefit period. Deductibles, coinsurance and copayments are included in reaching this amount.	\$1,500	\$1,000



OUTPATIENT CARE

Outpatient medical expenses	20%	10%
Mental illness (coverage available for benefit period of 6 months or more)	20% up to \$500	10% up to \$500
Physical therapy	Not covered	\$50 per visit (maximum of 10 visits)
Acute onset of pre-existing conditions	Not covered	\$2,500 allowance
Dental Accident Coverage (coverage available for benefit period of 6 months or more)	20%	10%
Dental sudden pain relief (coverage available for benefit period of 6 months or more)	\$100 allowance (per benefit period)	\$200 allowance (per benefit period)



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HOSPITALIZATION

	SILVER In-Network	GOLD In-Network
Local emergency transportation	20%	10%
Emergency room	\$300 deductible (waived if hospitalized)	\$250 deductible (waived if hospitalized)
Hospitalization (inpatient care)	20%	10%
Intensive care	20%	10%
Mental illness (inpatient care)	20% up to \$1,500	10% up to \$1,500



PRESCRIPTION DRUGS

Tier 1 Generic drugs not covered by this formulary may be obtained through your RexClub Card provided to you by WellAway Limited as part of your pharmacy program for additional discounts at the time of purchase.	\$40 copay	\$30 copay
Tier 2 (insulin up to \$200)	\$50 copay then 20%	\$50 copay then 10%



EVACUATION & REPATRIATION

Medical evacuation and repatriation	\$50,000 allowance	\$50,000 allowance
Return of mortal remains	\$25,000 allowance	\$25,000 allowance
Emergency reunion	Not covered	\$2,000 allowance
Accidental death and dismemberment (coverage available for benefit period of 6 months or more)	Not covered	\$10,000 allowance
Trip interruption (coverage available for benefit period of 6 months or more)	Not covered	\$2,000 allowance



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