

www.wellaway.com



PRISTINE

Schedule of Benefits



WellAway®



PRISTINE/ SHORT TERM PLAN



COST SHARE

Benefit length	3 - 11 months
Annual limit	\$2,000,000
Deductible The amount you owe for covered services before your health plan begins to pay.	\$500 / \$1,000 / \$2,500 / \$5,000
Coinsurance Your share of costs on a covered service. WellAway's share of costs on a covered service, after deductible and any applicable co-payment in-network. Your share of costs or coinsurance is 45% for an out-of-network provider.	20% 80%
Out-of-pocket maximum (OOP) The maximum you will pay each policy period. Coinsurance and co-payments are included in reaching your OOP. Your deductible is in addition to your OOP.	\$1,000 + deductible



PHARMACY

Inpatient prescription drugs	80% after deductible
-------------------------------------	----------------------



URGENT CARE CENTER SERVICES

\$50 co-payment, no deductible applies

Important note: If you decide to purchase a WellAway product, you will be provided with a member package that contains a complete description of benefits, conditions, and exclusions of coverage. All benefits are subject to Usual, Customary and Reasonable Fees (UCR). All benefits reflected in USD.





PRISTINE/ SHORT TERM PLAN



INPATIENT

- Room & board (semi-private room)
- Operating and recovery rooms
- Inpatient physician / specialist visit (1 per day per specialty)
- Inpatient surgeon fees
- Inpatient assistant surgeon (20% of approved fees *)
- Inpatient anesthesiologist (30% of approved fees *)
- Inpatient medication
- Surgical dressings and supplies
- Laboratory testing
- Diagnostic x-ray examinations, MRI, CT scans, and PET scans
- Respiratory therapy rendered by a physician or registered respiratory therapist.
- Inpatient oncology/cancer treatment
- Inpatient dialysis (2 weeks for renal dialysis)
- Extended care facility (7 days)

80%
after deductible



EMERGENCY

Emergency ground ambulance

80% after deductible

*Approved fees mean the amount approved to be paid by insurance company to the principle surgeon, after deductible and coinsurance.

Important note: If you decide to purchase a WellAway product, you will be provided with a member package that contains a complete description of benefits, conditions, and exclusions of coverage. All benefits are subject to Usual, Customary and Reasonable Fees (UCR). All benefits reflected in USD.



PRISTINE/ SHORT TERM PLAN



OUTPATIENT

Physician and specialist visit (1 per day per specialty)	80% after deductible
Outpatient surgery (Pre-authorization required)	
Outpatient assistant surgeon (20% of approved fees *)	
Outpatient anesthesiologist (30% of approved fees *)	
Diagnostic testing (Pre-authorization required)	
Physical therapy	\$50 co-payment per visit (maximum 20 visits), no deductible applies
Emergency room	80% after deductible
Durable medical equipment and prosthesis	



EVACUATION AND REPATRIATION

Emergency medical evacuation Pre-authorization required Transfer to the nearest medical facility if the treatment needed is not available locally.	paid in full up to \$50,000 (limit per covered person, per benefit period)
Medical repatriation Pre-authorization required Members can return to their country of origin to be treated as long as they are physically and medically stable.	cost of transportation (economy-class flight) \$50,000 lifetime maximum
Repatriation of mortal remains Pre-authorization required	paid in full \$25,000 maximum lifetime

*Approved fees mean the amount approved to be paid by insurance company to the principle surgeon, after deductible and coinsurance.

Important note: If you decide to purchase a WellAway product, you will be provided with a member package that contains a complete description of benefits, conditions, and exclusions of coverage. All benefits are subject to Usual, Customary and Reasonable Fees (UCR). All benefits reflected in USD.





WellAway®

This material is provided for informational purposes only and is subject to change. The information contained in this schedule of benefits does and will not affect, modify or supersede in any way the policy terms and conditions. This document shall not bind WellAway Limited or require WellAway Limited to offer or write any insurance at any particular rate or to any particular group or individual. The actual premium and benefits are governed by your policy documents. All benefits are subject to exclusions and limitations. To ensure you have all the information you need before purchasing one of our products, we recommend you consult with your independent medical, legal and/or tax advisors.

If you decide to purchase a WellAway product, you will be provided with a member package that contains a complete description of 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 WellAway SA, Hamilton, Bermuda.



CONTACT US



Bermuda: +1 441 296 0651
UK: +44 2036 036 804
France: +33 1 78 90 38 68
Belgium: +32 9 352 00 22
Skype: +1 888 983 2370



info@wellaway.com

WellAway Limited
Canon's Court, 22 Victoria Street
Hamilton HM 12, Bermuda



www.wellaway.com



WellAway®