

# KIMBER<sup>®</sup> STUDENT HEALTH INSURANCE

Affordable national health insurance  
coverage for students.

# **KIMBER<sup>®</sup> STUDENT HEALTH INSURANCE**

## **OPT PLAN**

Affordable national health insurance  
coverage for students.

# ABOUT KIMBER HEALTH

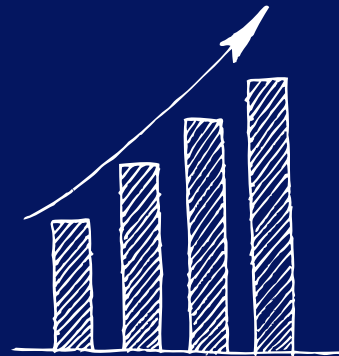
**We strive to provide affordable or \$0 healthcare to international students nationwide.**

With COVID-19 and high healthcare costs in the US, it is imperative for individuals and families coming to United States for their studies, travel, or immigration to receive adequate health coverage. At Kimber Health, we believe that having health coverage is a fundamental right. As such, we have dedicated ourselves to assisting all eligible individuals with attaining health coverage.

Kimber Health is the health insurance arm of New York Wealth Planning Group (NYWPG), a seasoned wealth planning firm based out of NYC.



Applicants from  
**100+** countries



**No.1 largest** agency for  
United Healthcare's  
Essential Plan **in 2023**

# AFFORDABLE INSURANCE FOR NON NEW YORK RESIDENTS & NEW YORK RESIDENTS BELOW AGE 21

## COVERAGE HIGHLIGHTS

- Meets minimum U.S. health insurance requirements for valid F-1 and M-1 visas in the USA / ages 17 to 45 / Non-US citizens
- Provider Access within the U.S.: as an exclusive member, you are covered when receiving care at In-Network Facilities with UnitedHealthcare Global
- Worldwide Coverage (excluding Home Country)
- 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
- Insurance plans are offered by WellAway Limited and claims are administered by PayerFusion Holdings LLC
- 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.

## CANCELLATION 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.





# WELLAWAY OPT PLAN

\$100,000 MAXIMUM LIMIT

**\$383/YR(AGES 17-24)**

**\$616/YR(AGES 25-29)**

**\$1,054/YR(AGES 30-45)**

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## What Your Plan Covers

This section is a summary and a full description of the benefits covered under this Policy. **Certain procedures and medical services covered by your Policy require Pre-Authorization.** Covered Services that require pre-authorization must be coordinated and approved by the Plan Administrator in order to be covered under this Policy. If Services are not pre-authorized, it will result in a 50% penalty on the entire episode of care. If the Service would not have been approved by the Pre-Authorization process under this Policy, all related claims will be denied. **Please refer to the “Pre-Authorization” section under the heading “How Your Coverage Works.”**

<b>Area of Coverage</b>	Worldwide excluding Home Country
<b>Maximum Limit per Illness or Injury</b>	\$100,000
<b>Pre-Existing Condition limitation</b>	Student: Yes Maximum Benefit \$25,000 (for emergency care and stabilization only)

Deductible	In-Network	Out-of-Network
In-Network and Out-of-Network Deductibles	\$500 per Illness or Injury	\$750 per Illness or Injury
Copayments do not apply towards Deductible		

Copayments	In-Network	Out-of-Network
Student Health Center	\$0	\$0
Office Visit	\$50	\$50
Urgent Care	\$50	\$50
Hospital Emergency Room	\$350 (waived if admitted)	\$350 (waived if admitted)
Hospital	\$0	\$0

**Deductible and Copayments will be waived when Treatment is rendered at the Student Health Center.**

Coinsurance	In-Network	Out-of-Network
In-Network Physician and Facility	80% of URC	60% of URC
Out-of-Network Providers	60% of URC	

Out-of-Pocket Maximum	In-Network	Out-of-Network
	Unlimited	Unlimited

Outpatient Medication Program	In-Network	Out-of-Network
EHIM In-Network Pharmacy / On-Campus Pharmacy	80% of URC	Not covered
Out-of-Network	Not covered	

**OPT**

**In-Network**

**Out-of-Network**

**Services That Require Hospitalization**

<b>Hospitalization</b>	80% of URC	60% of URC
<b>Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care</b>	80% of URC	60% of URC
<b>Inpatient Treatment For Mental Illness</b>	80% of URC Maximum Benefit \$10,000	60% of URC Maximum Benefit \$10,000
<b>Emergency Medical Services in an Emergency Room</b> If you use an emergency room in the Hospital for a non-emergency service, the services will not be covered.	80% of URC \$350 Copayment (waived if admitted)	60% of URC \$350 Copayment (waived if admitted)
<b>Emergency Treatment of a Pre-Existing Condition</b> ( <i>emergency care and stabilization only</i> )	80% of URC Maximum Benefit \$25,000	60% of URC Maximum Benefit \$25,000
<b>Inpatient Physician, Osteopath and Specialist Services</b>	80% of URC	60% of URC
<b>Inpatient Ancillary Hospital Services</b>	80% of URC	60% of URC
<b>Inpatient Physical Therapy</b>	80% of URC Maximum Benefit \$1,000	60% of URC Maximum Benefit \$1,000
<b>Inpatient Surgical Procedures</b>	80% of URC	60% of URC
<b>Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist</b>	80% of URC	60% of URC
<b>Emergency Ground Ambulance</b>	80% of URC	

**Outpatient Care**

*It is indicated that these services be performed in an In-Network Physician's office or in an In-Network free standing diagnostic center to maximize your benefit and reduce your costs and avoid Site of Service Differential costs.*

<b>Urgent Care Clinic / Facility</b>	80% of URC and \$50 Copayment	60% of URC and \$50 Copayment
<b>Outpatient Ambulatory Surgical Facility &amp; Surgical Care</b>	80% of URC	60% of URC
<b>Routine X-rays and Laboratory tests</b> When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.	80% of URC	60% of URC
<b>Advanced Diagnostic and Interventional Radiology Services</b> When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.	80% of URC	60% of URC
<b>Outpatient Physical Therapy</b>	80% of URC and \$50 Copayment Limited to 12 visits	60% of URC and \$50 Copayment Limited to 12 visits
<b>Emergency Dental Treatment</b>	80% of URC Maximum Benefit \$500	60% of URC Maximum Benefit \$500



OPT	In-Network	Out-of-Network
<b>Physician Services</b> (Copayment waived at Student Health Center)		
<b>Telemedicine Consultations and Visits</b>	No Copayment Limited to 10 consults/visits	
<b>Primary Care Visit</b>	80% of URC and \$50 Copayment	60% of URC and \$50 Copayment
<b>Specialist Visit</b>	80% of URC and \$50 Copayment	60% of URC and \$50 Copayment
<b>Outpatient Mental Illness Visit</b>	80% of URC and \$50 Copayment Maximum Benefit \$1,000	60% of URC and \$50 Copayment Maximum Benefit \$1,000
<b>Worldwide Coverage</b> (outside the United States, excluding your Home Country)	80% of URC	
<b>Accidental Death and Dismemberment</b>		
<b>Accidental Death</b>	Sum amount \$10,000	
<b>Dismemberment</b>	Sum amount \$10,000 loss of both hands, feet or total sight Sum amount \$5,000 loss of one hand, one foot or one eye	
<b>Evacuation &amp; Repatriation</b>		
<b>Emergency Medical Evacuation and Medical Repatriation</b>	Combined Maximum Benefit \$50,000	
<b>Repatriation of Mortal Remains</b>	Maximum Benefit \$25,000	

*We highly recommend that you use an In-Network Physician and In-Network Facility because you can anticipate your health care costs. Contact a ConciergeCare counselor at the number on the back of your ID Card to assist you in locating an In-Network Physician and In-Network Facility.*

## Services That Require Hospitalization

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### Hospitalization

Hospital Room and Board, special diets and general nursing care. The use of a private room will be paid at the allowable semi-private maximum daily rate. All charges in excess of the allowable semi-private maximum daily rate will be the responsibility of the Insured Person. All Treatment must be Medically Necessary. The facility must be an accredited Hospital where the Insured Person is being treated. The Hospital must be operated under constant medical management, have suitable diagnostic and therapeutic facilities and keep complete medical records. Services resulting from Self-Inflicted Illnesses or Injuries, suicide or attempted suicide are a covered benefit under this Policy.

**Not Covered:** This Policy does not cover deluxe rooms, executive rooms and suites or any other patient convenience items. Personal comfort and convenience items including, but not limited to, all non-medical consumables and catering, television, movies, or media related expenses, housekeeping services, guest meals and accommodations, special diets, telephone charges, take home Supplies or Services for the purpose of receiving non-acute, long term custodial care, respite care, chronic maintenance care or assistance with Activities of Daily Living.

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### Intensive care unit/telemetry/surgical intensive care/medical intensive care/trauma/pediatric intensive care

An intensive care unit will be utilized, if it is the most appropriate place for the Insured Person to be treated, the care provided is an essential part of the Insured Person's Treatment, and the care provided is routinely required by patients suffering from the same type of Illness or Injury or receiving the same type of Treatment. The Hospital is responsible for providing updated medical records with the progress of the Insured Person and any further Treatment plans in order to confirm the Eligibility of coverage based on Medical Necessity.

**Not Covered:** Treatments not Medically Necessary, Inpatient stay in the Hospital for an inappropriate period of time and when the Treatment received is not provided by a Physician or Specialist.

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### Inpatient Treatment for mental illness

Treatment must be provided in an accredited Psychiatric unit of a Hospital and must be under the direct control of a Psychiatric Physician. We will only cover the costs of Inpatient psychotherapy if the Treatment is provided by a Psychiatric Physician, psychotherapist or other specialist with appropriate qualifications in the field of psychiatry, psychotherapy or psychoanalysis (subject to the Inpatient Physician/Specialist Visits benefit). Services resulting from Self-Inflicted Illnesses or Injuries, suicide or attempted suicide are a covered benefit under this Policy.

**Not covered:** (i) Services for education or job training whether or not given in a Facility that also provides medical or Psychiatric Treatment; (ii) Treatment for learning disabilities or difficulties, any developmental or behavioral problems, any care for autistic disease of childhood, hyperkinetic syndromes, or for environmental or social change; (iii) Inpatient (overnight) mental health Services received in a residential treatment facility; or (iv) Services for, or in connection with marriage, family, child, career, social adjustment or addictive behavioral, pastoral, or financial counseling.

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### Emergency medical services in an emergency room

When your symptoms are severe and your health is in jeopardy, causing loss of life, limb or death, Medical Emergency Services are covered when such Services meet the definition of Medical Emergency Services.

**Not covered:** use of an emergency room in the Hospital for follow-up care, routine care, or a non-emergency service. Our medical advisors will evaluate the medical records and a determination will be made based on Medical Necessity if care should have been sought at a Convenience Care/Urgent Care Clinic in lieu of an emergency room in the Hospital.

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### Emergency Treatment of a Pre-Existing Condition (*maximum benefit \$25,000*)

Benefits for routine care and maintenance of a Pre-Existing Condition are not covered. In the event of a Medical Emergency resulting from a Pre-Existing Condition, the Policy will cover costs for the immediate relief and stabilization of an acute symptom of a Pre-Existing Condition.

**Not covered:** continued care or Hospitalization beyond the treatment of the acute symptom.

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### Inpatient Physician, Osteopath and Specialist services

Inpatient Physician visits are limited to one (1) per day per specialty and must be Medically Necessary. Visits in excess of this amount will become the Insured Person's responsibility. Visits that are part of normal preoperative and postoperative care are covered under the Inpatient Surgeon Fees category set forth below and the Insured Person will not pay separate charges for such care.

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## Services That Require Hospitalization

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### Inpatient Ancillary Hospital Services

If Medically Necessary for the Diagnosis and Treatment of the Illness or Injury for which an Insured Person is hospitalized, the following Services are covered:

- Use of the operating room and recovery room.
- All medicines administered while you are an Inpatient.
- Blood transfusions, blood plasma, blood plasma expanders, and all related testing, components, equipment and Services.
- Medical and Surgical Supplies and Dressings.
- Respiratory therapy rendered by a Physician or registered respiratory therapist.
- Advanced diagnostic services (e.g., MRI, CT scans, nuclear imaging). All diagnostic Treatment must be Medically Necessary for the Treatment of an Injury or Illness.
- Routine x-ray and lab tests. Services must be Medically Necessary for the Treatment or Diagnosis of an Injury or Illness.

### Inpatient Physical Therapy

Physical Therapy Services are covered for the purpose of aiding in the restoration of normal physical function lost due to a covered Injury or Illness or to acquire or attain an age-appropriate bodily function necessary to participate in Activities of Daily Living. Physical Therapy Services require a Physician's Treatment plan which must include the frequencies and duration of such therapy. Services must be rendered by a Physician or registered physical therapist, be Medically Necessary and relate specifically to the Physician's written Treatment plan, containing long term and short-term goals. Physical therapy must produce significant improvement in the Insured Person's condition in a reasonable and predictable period of time for the Services to be eligible for payment. Physical therapy must have a level of complexity and sophistication that the required therapy can safely and effectively be performed by the patient in order to obtain maximum results.

**Not covered:** maintenance therapy

### Inpatient Surgical Procedures

Surgeries that are deemed Medically Necessary. This benefit covers use of the operating room and recovery room, all Providers fees, surgical procedures, prescribed drugs, and Surgical Supplies and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and Procedures related to the surgery. However, certain expenses will not be covered due to the following:

1. When multiple Surgeries are performed in addition to the primary Surgery, on the same or different areas of the body, during the same operative session, our payment will be based on 50% of URC for any secondary Surgery performed and is subject to the Cost Share amount (if any). This limitation applies to all bilateral Procedures and all Surgery Procedures performed on the same date of service.
2. Payment for incidental Surgery Procedures is limited to the URC for the primary Procedure, and there is no additional payment for any incidental Surgical Procedure. An "incidental Surgical Procedure" includes Surgery where one, or more than one, Surgery is performed through the same incision or operative approach as the primary Surgery, which, in our opinion, is not clearly identified and/or does not add significant time or complexity to the Surgical session. For example, the removal of a normal appendix performed in conjunction with a Medically Necessary hysterectomy is an incidental Surgical Procedure (there is no payment for the removal of the normal appendix in this example).

**Not covered:** Reconstructive Surgery

### Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist

Surgeon's fees for Medically Necessary Treatments related to an Injury or Illness which are charged by the main surgeon that performed the Surgical procedure. Some complex medical procedures may require an assistant surgeon or co-surgeon performing services. This applies only to procedures for which an assistant surgeon or co-surgeon is indicated by Medical Necessity and in accordance with evidence-based medicine. Claims in the United States will be paid based on AMA guidelines for assistant surgeons and surgery reimbursements. International Claims will be paid based on URC. Benefits are also provided for the Services of an Anesthesiologist, other than the operating Surgeon or Assistant Surgeon, who administers anesthesia for a covered Surgical Procedure.

### Emergency Ground Ambulance

Limited to a one-way trip when responding to a medical emergency where other means of transportation will endanger the patient's life or special medical equipment must be used en route to the closest medical facility available to provide the required level of care that results in an inpatient admission. Emergency ground ambulance transportation must be Medically Necessary. The use of ambulance Services for the convenience of an Insured Person, which are not Medically Necessary, will not be considered a Covered Service.

## Outpatient Care

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*It is indicated that these services be performed in an In-Network Physician's office or in an In-Network free standing diagnostic center to maximize your benefit, reduce your costs and avoid Site of Service Differential costs.*

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### Urgent care clinic / facility

Services for non-critical but urgent care needs. You will be able to reduce your expenses and, in many cases, your wait time for care by using a Convenience Care Clinic. All Convenience Care Clinics maintain extended weekday and weekend hours and treat non-Emergency conditions such as:

- Animal bites
  - Cuts, scrapes and minor wounds
  - Minor burns
  - Minor eye irritations or infections
  - Rash, poison ivy, or allergies
  - Sprains, strains, dislocations and minor fractures
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### Outpatient ambulatory surgical facility & surgical care

Surgeries that are deemed Medically Necessary. This benefit covers use of the operating room and recovery room, all Providers fees, surgical procedures, prescribed drugs, and Surgical Supplies and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and Procedures related to the surgery. However, certain expenses will not be covered due to the following:

1. When multiple Surgeries are performed in addition to the primary Surgery, on the same or different areas of the body, during the same operative session, our payment will be based on 50% of URC for any secondary Surgery performed and is subject to the Cost Share amount (if any). This limitation applies to all bilateral Procedures and all Surgery Procedures performed on the same date of service.
  2. Payment for incidental Surgery Procedures is limited to the URC for the primary Procedure, and there is no additional payment for any incidental Surgical Procedure. An "incidental Surgical Procedure" includes Surgery where one, or more than one, Surgery is performed through the same incision or operative approach as the primary Surgery, which, in our opinion, is not clearly identified and/or does not add significant time or complexity to the Surgical session. For example, the removal of a normal appendix performed in conjunction with a Medically Necessary hysterectomy is an incidental Surgical Procedure (there is no payment for the removal of the normal appendix in this example).
  3. Surgeon's fees for Medically Necessary Treatments related to Injury or Illness will be covered.
  4. Some complex medical procedures may require an assistant surgeon or co-surgeon performing services. This applies only to procedures for which an assistant surgeon or co-surgeon is indicated by Medical Necessity and in accordance with evidence-based medicine. Claims in the United States will be paid based on AMA guidelines for assistant surgeons and surgery reimbursements. International Claims will be paid based on URC.
  5. Benefits are also provided for the Services of an Anesthesiologist, other than the operating Surgeon or Assistant Surgeon, who administers anesthesia for a covered Surgical Procedure.
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**Not covered:** Reconstructive Surgery

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### Routine X-rays and Laboratory tests

These Services (other than laboratory tests) should be performed in an In-Network Physician's office or in an In-Network free-standing facility and must be Medically Necessary for the Treatment or Diagnosis of an Injury or Illness. Our In-Network free standing facilities are conveniently located. For laboratory tests, use an independent free-standing laboratory. When Services are not performed as indicated, a Site of Service Differential cost will apply.

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### Advanced diagnostic imaging and interventional radiology services

These Services should be performed in an In-Network free-standing facility, e.g., MRI, CT scans, PET scans, MRA, endoscopies, biopsies. All Treatment must be Medically Necessary for the Treatment of an Injury or Illness. Our In-Network free standing facilities are conveniently located. When these Services are not performed as indicated, a Site of Service Differential cost will apply.

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## Outpatient Care

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*It is indicated that these services be performed in an In-Network Physician's office or in an In-Network free standing diagnostic center to maximize your benefit, reduce your costs and avoid Site of Service Differential costs.*

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### Outpatient physical therapy

Physical Therapy Services is covered for the purpose of aiding in the restoration of normal physical function lost due to a covered Injury or Illness or to acquire or attain an age-appropriate bodily function necessary to participate in Activities of Daily Living. Physical Therapy Services require a Physician's Treatment plan which must include the frequencies and duration of such therapy. Services must be rendered by a Physician or registered physical therapist, be Medically Necessary and relate specifically to the Physician's written Treatment plan, containing long term and short-term goals. Physical therapy must produce significant improvement in the Insured Person's condition in a reasonable and predictable period of time for the Services to be eligible for payment. Physical therapy must have a level of complexity and sophistication that the required therapy can safely and effectively be performed by the patient in order to obtain maximum results.

Your Policy will cover interventions/modalities/therapeutic procedures (therapeutic modalities) per visit as long as the therapeutic modalities are consistent with the Insured Person's plan of Treatment for the same Condition. More than one (1) therapeutic modality may be billed as long it is identifiable by the type of Treatment and consistent with the Treatment plan. The therapeutic modalities must be electrical, thermal or mechanical energy that causes physiological changes, and a therapist must provide direct, one-on-one therapy for at least eight minutes to receive reimbursement for one unit of a time-based treatment code.

**Not covered:** maintenance therapy

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### Emergency Dental Treatment

Dental care Services are limited to an Accidental Injury of sound, natural teeth sustained while covered under this Policy. The Treatment must be received within 72 hours of the Emergency event (Accidental Injury does not include damage to teeth Incurred while chewing food or foreign objects) and you must provide proof of the Accident through a medical or police report.

**Not covered:** follow-up dental Treatment, dental Surgery, dental prostheses, orthodontics or periodontics.

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## Physician Services

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*It is indicated that these services be performed in an In-Network Physician's office or in an In-Network free standing diagnostic center to maximize your benefit, reduce your costs and avoid Site of Service Differential costs.*

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### Telemedicine consultations and visits

Access to a doctor anytime; receive quality care via phone, video or mobile application. By using telemedicine, your Cost Share amount is less than if you visit an Emergency Room or Urgent Care Facility. A telemedicine Physician will only provide consultations, if medically appropriate, for the following illnesses: cold & flu symptoms, allergies, pink eye, respiratory infection, sinus problems and skin problems.

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### Primary care visit

One (1) visit per day per specialty (either in person or via e-health, if medically appropriate) for Treatment of an Injury or Illness. Includes physicians, osteopaths, general or family practitioner and gynecologist when designated as the primary care physician (who provides the first contact for an individual with an undiagnosed health issue). All Services conducted at a Physician's or Osteopath's office and billed as an office setting or Outpatient visit setting.

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### Specialist visit

One (1) visit per day per specialty (either in person or via e-health, if medically appropriate) for Treatment of an Injury or Illness. All Services conducted at a Physician's or Osteopath's office and billed as an office setting or Outpatient visit setting. Services must be medically indicated when your medical condition or diagnosis requires that you are treated by a physician with specific training for your condition or diagnosis.

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### Outpatient Physician/Psychologist/Psychotherapist mental illness visit

Coverage is based on Medical Necessity. Visits and Treatment (either in person or via e-health) must be provided by a licensed practitioner with a master's degree or higher (i.e., Psychologist, psychotherapist, Psychiatric Physician or other Specialist with appropriate qualifications in the field of psychiatry, psychotherapy or psychoanalysis). Services may be provided at the Student Health Center if available. When medically indicated, the Psychologist, psychotherapist or other Specialist must refer the Insured Person to a Physician for appropriate prescribed medications if indicated. Services resulting from Self-Inflicted Illnesses or Injuries, suicide or attempted suicide are a covered benefit under this Policy.

**Not covered:** (i) Services for education or job training whether or not given in a Facility that also provides medical or Psychiatric Treatment; (ii) Treatment for learning disabilities or difficulties, any developmental or behavioral problems, any care for autistic disease of childhood, hyperkinetic syndromes, or for environmental or social change; (iii) Inpatient (overnight) mental health Services received in a residential treatment facility; or (iv) Services for, or in connection with marriage, family, child, career, social adjustment or addictive behavioral, pastoral, or financial counseling.

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# Outpatient Medication Program

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## Prescription Drug Benefits

In the United States, coverage is provided for Outpatient Prescription Drugs and Supplies listed in our Medication Guide when dispensed by a participating pharmacy in the network of our Pharmacy Benefit Manager (PBM). This Policy covers Generic and certain Brand medications. Generic will always be dispensed under this benefit. Certain Brand medications will only be dispensed when the following requirements are met: (a) be Medically Necessary; (b) requested when Generic is not available; and (c) specifically ordered by a Physician in place of the Generic medication. If the Generic medication is available or exists, this Policy will pay for Brand medication up to the equivalent cost of the Generic medication. The use of biosimilars (the preferred therapy based on step therapy requirements) must be exhausted first before a Brand medication is prescribed. In certain circumstances, Pre-Authorization may be required. The Medication Guide is subject to change at any time. The most up-to-date information about modifications to the medications listed in the Medication Guide can be found by contacting your ConciergeCare Counselor.

## Covered Prescription Drugs & Supplies

A Prescription Drug is covered only if it is:

1. Prescribed by a Physician or other health care professional (except a pharmacist) acting within the scope of his or her license, except for vaccines, which are covered when prescribed and administered by a pharmacist who is certified in immunization administration;
2. Dispensed by a pharmacist acting within the scope of his or her license;
3. Medically Necessary;
4. A Prescription Drug contained in an anaphylactic kit, such as Epi-Pen, Epi-Pen Jr., Ana-Kit;
5. Authorized for coverage by us, if prior coverage authorization is required as indicated with a unique identifier in the Medication Guide, then in effect;
6. Not specifically or generally limited or excluded as stated in this Policy; and
7. Approved by the applicable regulatory body in the United States, the FDA and assigned a National Drug Code.

A Supply is covered under this section only if it is:

1. A covered Prescription Supply;
2. Prescribed by a Physician or other health care professional (except a pharmacist) acting within the scope of his or her license;
3. Medically Necessary; and
4. Not specifically or generally limited or excluded as stated in this Policy.

**Note:** certain generic oral contraceptives (30-day supply) or an implantable (one per lifetime) will only be covered when using the In-Network Medication Program and purchased through an EHIM contracted pharmacy.

**Not Covered:** (i) any Prescription Drug filled in excess of the quantity limit or day supply limit covered by this Policy; (ii) any Prescription Drug refilled in excess of the number specified by the Physician, or any refill dispensed after one (1) year from the Physician's original order; (iii) Compounded Prescription Drugs that do not contain at least one (1) ingredient that has been approved by the FDA and requires a prescription for refill; (iv) Compounded Prescription Drugs that are available as a similar commercially available Prescription Drug; (v) any product for which the primary use is a source of nutrition or dietary management of disease, even when used for the Treatment of an Illness or Injury; (vi) vitamins, minerals, herbs, supplements, aspirin, cold remedies, special infant formula, and any other over the counter medicine or medical Supply even if medically recommended, prescribed or acknowledged as having therapeutic effects; (vii) medication which is to be taken by or administered to an individual, in whole or in part, while he/she is a patient in a licensed Hospital, rest home, sanitarium, Extended Care Facility, convalescent Hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a Facility for dispensing pharmaceuticals; (viii) Prescription Drugs refilled before 85% of the previous filling has been used; (ix) Prescription Drug scripts or orders that are forged or otherwise wrongfully obtained; (x) growth hormones; (xi) hormone therapy Treatment; (xii) contraceptive intrauterine device, diaphragm, ring and injectable (only generic oral contraceptives for a 28 or 30-day supply and one implantable per lifetime are covered under this Policy); (xiii) smoking cessation medications; (xiv) retinoids such as Retin-A and their generic or therapeutic equivalents; (xv) certain Prescription Drugs and Supplies that require prior authorization in order to be covered; (xvi) diabetic medical Supplies; or (xvii) Specialty Drugs.

## Worldwide Coverage

### *(outside the United States)*

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If the Insured Person travels during a college/university scheduled winter, spring or summer break or if the Policyholder enrolls in a study abroad program outside the United States which is sponsored by the student's college or university, this Policy will provide worldwide coverage for the duration of the travel or the study abroad program, as applicable (*the student will be required to provide documentation of the study abroad enrollment and any other relevant documentation requested by Insurer*).

Services provided outside the United States (*excluding the Home Country and Restricted Areas*), are covered per Insured Person for those Services stated in the section titled "What Your Plan Covers." All Services must be Medically Necessary and all benefits are subject to Usual, Reasonable and Customary Charges. Your Deductible, Copayment and Coinsurance (Cost Share) amounts will be the same as your In-Network Cost Share amounts in the United States for the Insured Person. We will reimburse you 80% of Usual, Reasonable and Customary Charges for covered Outpatient Prescription Medication. We will attempt at all times to settle the costs directly with a Provider; however, it is in the Provider's discretion to accept direct payment from us. In the event a direct settlement is not accepted by the Provider, the Insured Person must settle the invoices in full directly with the Provider. The Insured Person may submit the invoices for reimbursement; provided, however, reimbursement will be in the amount of the Usual, Reasonable and Customary Charges for such Services. All reimbursement requests must be done in accordance with this Policy.

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## Accidental Death and Dismemberment

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### Accidental death

Benefits may be paid if the Policyholder sustains an Accidental death during the Policy Period. The death of the Policyholder must occur within ninety (90) days from the date of the covered Accident. Compensation for the Accidental death of the Policyholder will be paid to the Policyholder's natural parents or to the legal heirs. This benefit will not be paid if the Policyholder's cause of death is expressly excluded as set forth in the Exclusions and Limitations section of the Policy. In the case of death related to a covered Illness, only Repatriation of Remains will be covered.

**Not covered:** an Accidental death resulting from Self-Inflicted Illnesses or Injuries, suicide or attempted suicide, while sane or insane or arising out of, contributed to, caused by, resulting from, or in connection with, directly or indirectly, self-exposure to peril or bodily Injury; or resulting from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed.

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### Dismemberment

In the event of a Policyholder's dismemberment resulting from an Accidental Injury (not Illness), the Policyholder may be eligible for a covered loss. The Policyholder must receive initial Treatment or Services within thirty (30) days from the date of the Accident. If the Policyholder sustains more than one loss of a member (hand, foot or eye) from the same Accident, the Policyholder will only receive the Maximum Benefit amount for one member. The Policyholder will not be entitled to the benefit amount multiplied by each loss of a member for the same Accident. If a Third Party is responsible for the Accident leading to the dismemberment, the Insurer will exercise any and all of its rights of subrogation. This benefit will not be paid if the Policyholder's cause of dismemberment is expressly excluded as set forth in the Exclusions and Limitations section of the Policy or if the dismemberment is the result of an Illness.

For purposes of this benefit:

- Loss of a hand or foot must be the complete severance through or above the wrist or ankle joint. Severance means the complete separation and dismemberment of the part from the body.
- Loss of use of a hand or foot must be the total loss of all ability to move the hand or foot, within 365 days of an Accident, which continues for 6 months and is expected to continue for the remainder of the Policyholder's lifetime.
- Loss of sight must be the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

**Not covered:** dismemberment resulting from Self-Inflicted Illnesses or Injuries, suicide or attempted suicide, while sane or insane or arising out of, contributed to, caused by, resulting from, or in connection with, directly or indirectly, self-exposure to peril or bodily Injury; or resulting from alcohol or illegal drug abuse or other addiction, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed.

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## Evacuation & Repatriation

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### Emergency medical evacuation

In the event of a life threatening Emergency, when appropriate Treatment is not available locally or if adequately screened blood is unavailable, Emergency Medical Transportation will be provided to the closest medical Facility capable of providing the required care by ambulance, helicopter or airplane. The Emergency Medical Transportation, which should be requested by the treating physician (along with a fit-to-fly certificate), will be carried out in the most economical way with regard to the medical condition. In the event of such Emergency, the Plan Administrator reserves the right to determine the medical Facility to which the Insured Person shall be transported and the means of transportation. If the Insured Person chooses not to be treated at the Facility and location arranged by the Plan Administrator, the transportation expenses shall be the responsibility of the Policyholder or Insured Person. Should Treatment be available locally, but the Insured Person chooses to be treated elsewhere, transportation expenses shall be the responsibility of the Insured Person.

1. This benefit is subject to Pre-Authorization by Plan Administrator in conjunction with our medical advisors. Failure to obtain Pre-Authorization will result in denial of the claim.
2. The Insured Person must contact the Plan Administrator at the first indication that Emergency Medical Transportation is required. From this point onward, the Plan Administrator will organize and coordinate all stages of the transportation until the Insured Person is safely received into care at his/her destination. In the event that transportation Services are not organized by the Plan Administrator, all costs incurred will not be covered.
3. Insurer and its agents accept no liability in the event that such endeavors were unsuccessful or in the event that contaminated blood or equipment is used by the treating Facility.

**Not Covered:** (i) any and all Services, accommodation fees, travel tickets, taxis or any other transportation costs which is not provided under this benefit and which has not been Pre-Authorized in writing by the Plan Administrator; or (ii) any expenses relating to search and rescue operations to find an Insured Person in mountains, at sea, from a cruise ship, in the desert, in the jungle or similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea.

### Medical Repatriation

In the event the Policyholder suffers an Illness or Injury and is no longer able to carry out his/her daily activities, the Policyholder will be repatriated back to his/her Home Country for Services and any rehabilitation. The Insurance Company reserves the right to review and repatriate any case in which the Insured Person is medically stable. Upon advice of WellAway and the Attending Medical Doctor, the Insured Person will be repatriated at the Insurance Company's sole discretion to the Insured Person's Home Country. In such case, any Services, Treatment or Procedures will be delayed until the Insured Person returns to his/her Home Country. Refusal to accept repatriation when medically stabilized will result in the denial of further medical coverage and benefits. WellAway will coordinate the repatriation of the Insured Person back to his/her Home Country. The benefits payable will be the cost of a roundtrip economy airfare which: (i) must be used within three (3) months from the date of the Illness or Injury; (ii) within the program period; and (iii) you must return to the host country to take an examination required for future studies. The Plan Administrator must organize and coordinate the medical repatriation until the Insured Person is safely in his/her Home Country. In the event that transportation Services are not organized by the Plan Administrator, all costs incurred will not be covered.

### Repatriation of mortal remains

In the event of death from an Accident or Injury, we will provide coverage for:

- The cost of transportation of the body or ashes of an Insured Person to his/her Home Country, including all necessary documentation; or
- The cost of sending the urn to the Home Country.

**Limitations:** This benefit is subject to the following limitations:

1. Coverage is limited to expenses for embalming, a container legally appropriate for transportation, shipping costs and necessary government authorizations.
2. Funeral costs are not covered.
3. This benefit is subject to Pre-Authorization by the Plan Administrator.
4. The original death certificate must be provided along with copies of any payment of cremation Services of the Insured Person when a request for Reimbursement is made.

**Not covered:** fees for return of personal effects, religious or secular memorial services, clergymen, flowers, music, announcements, guest expenses and similar personal burial preferences.



This material is for informational purposes only and is subject to change. If you decide to purchase a Kimber Health/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.