

KIMBER[®] STUDENT HEALTH INSURANCE

Affordable national health insurance
coverage for students.

KIMBER[®] STUDENT HEALTH INSURANCE

THE CROMO SERIES

Affordable national health insurance
coverage for students.

ABOUT KIMBER HEALTH

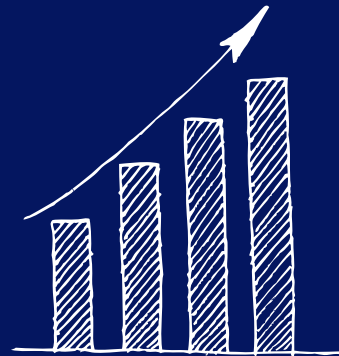
We strive to provide affordable or \$0 healthcare to international students nationwide.

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.



CROMO AND ROYAL INSURANCE SERIES

UNITED HEALTHCARE® PPO



CROMO

\$412/YR

AGES 17-24

\$682/YR

AGES 25-29

\$100,000 Maximum Limit
\$100/Illness or Injury Deductible (In-Network)
Unlimited Out-of-Pocket Maximum
80% Co-Insurance

ROYAL 1500

\$919/YR

AGES 17-24

\$1299/YR

AGES 25-29

Unlimited Maximum Limit
\$1,500 Deductible (In-Network)
\$8,000 Out-of-Pocket Maximum
80% Co-Insurance (In-Network)

ROYAL 100

\$1314/YR

AGES 17-24

\$1781/YR

AGES 25-29

Unlimited Maximum Limit
\$100 Deductible (In-Network)
\$6,000 Out-of-Pocket Maximum
80% Co-Insurance (In-Network)

ROYAL PLUS

\$1843/YR

AGES 17-24

\$2602/YR

AGES 25-29

Unlimited Maximum Limit
\$0 Deductible (In-Network)
\$6,000 Out-of-Pocket Maximum
100% Co-Insurance (In-Network)

For pricing on royal plans for individuals above the age of 29, please contact us.



CROMO PLAN

\$100,000 MAXIMUM LIMIT

\$412/YR(AGES 17-24)

\$685/YR(AGES 25-29)

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 30% 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.”**

Area of Coverage	Worldwide excluding Home Country
Maximum Limit per Illness or Injury	\$100,000
Pre-Existing Condition limitation	Students: Yes (6-month Waiting Period) Dependents: Yes (24-month Waiting Period)

Deductible	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
In-Network and Out-of-Network Deductibles accrue separately	\$100 per Injury or Illness	\$200 per Injury or Illness
Copayments do not apply towards Deductible		

Copayments		
Student Health Center	\$0	\$0
Office Visit	\$25	\$25
Urgent Care	\$45	\$45
Hospital Emergency Room	\$250 (waived if admitted)	\$250 (waived if admitted)
Hospital	\$0	\$0

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

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

Out-of-Pocket Maximum		
Deductible and Copayments (including Prescription Medication) do not apply towards Out-of-Pocket Maximum	\$6,950 per Insured Person \$13,990 per Family	Unlimited per Insured Person Unlimited per Family

Outpatient Medication Program	
EHIM In-Network Pharmacy / On-Campus Pharmacy	Tier 1: \$20 Copayment Tier 2: \$40 Copayment Tier 3: \$60 Copayment
Out-of-Network	Not covered

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**In-Network
In-Network Physician
and In-Network Facility**

**Out-of-Network
(subject to Usual, Reasonable and
Customary charges (URC))**

Pre-Attendance University Requirements

(Deductible does not apply)

Immunizations (must be obtained at the Student Health Center or at an EHIM In-Network pharmacy)	100% of Allowable Charges	Not covered
TB Testing (Policyholder only and must be performed in an independent free-standing laboratory or student health center)	100% of Allowable Charges	Not covered

Services That Require Hospitalization

Pre-admission Testing	80% of Allowable Charges	60% of URC
Hospitalization	80% of Allowable Charges	60% of URC
Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care	80% of Allowable Charges	60% of URC
Inpatient Treatment For Mental Illness	80% of Allowable Charges	60% of URC
Emergency Medical Services in an Emergency Room If you use an emergency room in the Hospital for a non-emergency service, the services will not be covered.	80% of Allowable Charges \$250 Copayment (waived if admitted)	60% of URC \$250 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist Services	80% of Allowable Charges	60% of URC
Inpatient Ancillary Hospital Services	80% of Allowable Charges	60% of URC
Inpatient Oncology Treatment	80% of Allowable Charges	60% of URC
Inpatient Reconstructive Surgery	80% of Allowable Charges	60% of URC
Inpatient Surgical Procedures	80% of Allowable Charges	60% of URC
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	80% of Allowable Charges	60% of URC
Emergency Ground Ambulance	80% of Allowable Charges	

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.

Urgent Care Clinic / Facility	80% of Allowable Charges and \$45 Copayment	60% of URC and \$45 Copayment
Outpatient Ambulatory Surgical Facility & Surgical Care	80% of Allowable Charges	60% of URC
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.	80% of Allowable Charges	60% of URC
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.	80% of Allowable Charges	60% of URC

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**In-Network
In-Network Physician
and In-Network Facility**

**Out-of-Network
(subject to Usual, Reasonable and
Customary charges (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.

Outpatient Physical Therapy	80% of Allowable Charges and \$25 Copayment Limited to 12 visits	60% of URC and \$25 Copayment Limited to 12 visits
Outpatient Oncology Treatment	80% of Allowable Charges	60% of URC
Outpatient Reconstructive Surgery	80% of Allowable Charges	60% of URC
Diabetic Medical Supplies	80% of Allowable Charges Maximum Benefit \$2,500	60% of URC Maximum Benefit \$2,500
Emergency Dental Treatment	80% of Allowable Charges Maximum Benefit \$500	60% of URC Maximum Benefit \$500

Physician Services

(Copayment waived at Student Health Center)

Telemedicine Consultations and Visits	No Copayment Limited to 10 consults/visits	
Primary Care Visit	80% of Allowable Charges and \$25 Copayment	60% of URC and \$25 Copayment
Specialist Visit	80% of Allowable Charges and \$25 Copayment	60% of URC and \$25 Copayment
Outpatient Mental Illness Visit	80% of Allowable Charges and \$25 Copayment	60% of URC and \$25 Copayment

Other Services

Alcohol and Substance Abuse (rehabilitative only)	80% of Allowable Charges subject to (i) all inpatient maximum benefits and limited to 30 days; and (ii) outpatient maximum benefit \$50 per visit and limited to 15 visits	60% of URC subject to (i) all inpatient maximum benefits and limited to 30 days; and (ii) outpatient maximum benefit \$50 per visit and limited to 15 visits
Durable Medical Equipment	80% of URC	60% of URC

Worldwide Coverage

(outside the United States, excluding your Home Country and M1/M2 visa holders)

80% of URC

Accidental Death and Dismemberment

Accidental Death	Sum amount \$10,000
Dismemberment	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

Evacuation & Repatriation

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



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.