

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

Affordable national health insurance  
coverage for students.

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

## **THE ROYAL SERIES**

Affordable national health insurance  
coverage for students.

# ABOUT KIMBER HEALTH

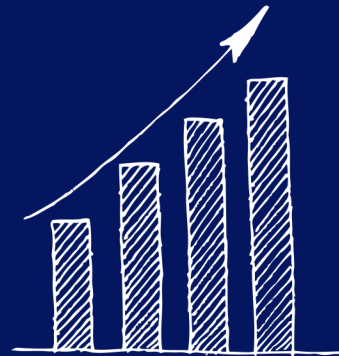
**We strive to provide affordable or \$0 healthcare to international students nationwide.**

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.



# NON-ACA & NO MAXIMUM LIMIT ROYAL INSURANCE SERIES

## UNITED HEALTHCARE® PPO



<p><b>ROYAL 1500</b> <b>\$919/YR</b> AGES 17-24 <b>\$1299/YR</b> AGES 25-29</p>	<p>Unlimited Maximum Limit \$1,500 Deductible (In-Network) \$8,000 Out-of-Pocket Maximum 80% Co-Insurance (In-Network)</p>
<p><b>ROYAL 500</b> <b>\$967/YR</b> AGES 17-24 <b>\$1372/YR</b> AGES 25-29</p>	<p>Unlimited Maximum Limit \$500 Deductible (In-Network) \$8,000 Out-of-Pocket Maximum 80% Co-Insurance (In-Network)</p>
<p><b>ROYAL 100</b> <b>\$1314/YR</b> AGES 17-24 <b>\$1781/YR</b> AGES 25-29</p>	<p>Unlimited Maximum Limit \$100 Deductible (In-Network) \$6,000 Out-of-Pocket Maximum 80% Co-Insurance (In-Network)</p>
<p><b>ROYAL PLUS</b> <b>\$1843/YR</b> AGES 17-24 <b>\$2602/YR</b> AGES 25-29</p>	<p>Unlimited Maximum Limit \$0 Deductible (In-Network) \$6,000 Out-of-Pocket Maximum 100% Co-Insurance (In-Network)</p>

For pricing on royal plans for individuals above the age of 30, please contact us.



# ROYAL 1500

Unlimited MAXIMUM LIMIT

**\$919/YR(AGES 17-24)**

\$1299/YR(AGES 25-29)

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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 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.”**

<b>Area of Coverage</b>	Worldwide excluding Home Country
<b>Maximum Limit</b>	Unlimited
<b>Pre-Existing Condition limitation</b>	Students: No limitation Dependents: Yes (24-month Waiting Period)

<b>Deductible</b>	<b>In-Network</b> In-Network Physician and In-Network Facility	<b>Out-of-Network</b> (subject to Usual, Reasonable and Customary charges (URC))
In-Network and Out-of-Network Deductibles accrue separately	\$1,500	\$1,800
Copayments do not apply towards Deductible		

<b>Copayments</b>		
Student Health Center	\$0	\$0
Office Visit	\$30 per visit	\$30 per visit
Urgent Care	\$50 per visit	\$50 per visit
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.**

<b>Coinsurance</b>	
In-Network Physician and Facility	80% of Allowable Charges (unless otherwise stated)
Out-of-Network Providers	60% of URC

<b>Out-of-Pocket Maximum</b>		
Copayments (excluding Prescription Medication) apply towards Out-of-Pocket Maximum	\$8,000 per Insured Person / \$12,000 per Family	Unlimited per Insured Person / Unlimited per Family

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

**Royal 1500**

**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)

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

**Wellness and Preventive Services**

(Deductible does not apply)

<b>Adult Wellness Visit and Preventive Services</b>	100% (Student Health Center payable at URC)	Not covered
<b>Well Childcare Visits</b> (children 0-12 months, 9 visits maximum per policy period)		

**Services That Require Hospitalization**

<b>Pre-admission Testing</b>	80% of Allowable Charges	60% of URC
<b>Hospitalization</b>	80% of Allowable Charges	60% of URC
<b>Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care</b>	80% of Allowable Charges	60% of URC
<b>Inpatient Treatment For Mental Illness</b>	80% of Allowable Charges	60% of URC
<b>Emergency Medical Services in an Emergency Room</b> If you use an emergency room in the Hospital for a non-emergency service, it will not be covered.	80% of Allowable Charges \$250 Copayment (waived if admitted)	60% of URC \$250 Copayment (waived if admitted)
<b>Inpatient Physician, Osteopath and Specialist Services</b>	80% of Allowable Charges	60% of URC
<b>Inpatient Ancillary Hospital Services</b>	80% of Allowable Charges	60% of URC
<b>In-hospital Advanced Diagnostic Services</b>	80% of Allowable Charges	60% of URC
<b>Routine X-Ray and Lab Tests</b>	80% of Allowable Charges	60% of URC
<b>Inpatient Oncology Treatment</b>	80% of Allowable Charges	60% of URC
<b>Inpatient Reconstructive Surgery</b>	80% of Allowable Charges	60% of URC
<b>Inpatient Rehabilitation</b>	80% of Allowable Charges Maximum Benefit 45 days	60% of URC Maximum Benefit 45 days
<b>Inpatient Surgical Procedures</b>	80% of Allowable Charges	60% of URC
<b>Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist</b>	80% of Allowable Charges	60% of URC
<b>Emergency Ground Ambulance</b>	80% of Allowable Charges	

**Royal 1500**

**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.*

<b>Urgent Care Clinic / Facility</b>	80% of Allowable Charges and \$50 Copayment	60% of URC and \$50 Copayment
<b>Outpatient Ambulatory Surgical Facility &amp; Surgical Care</b>	80% of Allowable Charges	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 Allowable Charges	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 Allowable Charges	60% of URC
<b>Outpatient Therapeutic Services</b>	80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit 12 visits	60% of URC and \$30 Copayment per visit Maximum Benefit 12 visits
<b>Outpatient Oncology Treatment</b>	80% of Allowable Charges	60% of URC
<b>Outpatient Reconstructive Surgery</b>	80% of Allowable Charges	60% of URC
<b>Diabetic Medical Supplies</b>	80% of Allowable Charges Maximum Benefit \$7,500	60% of URC Maximum Benefit \$7,500
<b>Emergency Dental Treatment</b>	80% of Allowable Charges Maximum Benefit \$250 per tooth up to \$1,000	60% of URC Maximum Benefit \$250 per tooth up to \$1,000
<b>Palliative Dental Treatment</b>	80% of Allowable Charges Maximum Benefit \$600	60% of URC Maximum Benefit \$600

**Physician Services**

(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 Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit
<b>Specialist Visit</b>	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit
<b>Outpatient Mental Illness Visit</b>	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit
<b>Alternative Medicine</b>	80% of Allowable Charges and \$30 Copayment per visit Maximum Benefit \$500	60% of URC and \$30 Copayment per visit Maximum Benefit \$500

**Other Services**

<b>Recreational Activities or Amateur Sports Benefit</b>	80% of Allowable Charges	60% of URC
<b>HIV/AIDS</b>	80% of Allowable Charges	60% of URC
<b>Alcohol and Substance Abuse</b> (rehabilitative only)	80% of Allowable Charges \$30 Copayment (outpatient)	60% of URC \$30 Copayment (outpatient)
<b>Home Health Care</b>	80% of Allowable Charges immediately following hospital discharge of at least 3 days	60% of URC immediately following hospital discharge of at least 3 days
<b>Hospice or Palliative Care</b>	80% of Allowable Charges Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)	60% of URC Maximum Benefit 45 days (inpatient) Maximum Benefit \$5,000 (outpatient)
<b>Durable Medical Equipment</b>	80% of Allowable Charges	60% of URC



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**In-Network**  
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**Out-of-Network**  
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**Maternity Care and Birth Benefits**

<b>Maternity Care</b> (subject to notification within 30 days of pregnancy confirmation and 10-month waiting period for dependent spouse)	80% of Allowable Charges	60% of URC
<b>Elective Medical Abortions</b>	80% of Allowable Charges Maximum Benefit \$1,500	60% of URC Maximum Benefit \$1,500
<b>Worldwide Coverage</b> (outside the United States, excluding your Home Country and M1/M2 visa holders)	80% of URC	

**Accidental Death and Dismemberment**

<b>Accidental Death</b>	Sum amount \$30,000
<b>Dismemberment</b>	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**

<b>Emergency Medical Evacuation and Medical Repatriation</b>	Combined Maximum Benefit \$100,000
<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.*



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.