

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

Affordable national health insurance  
coverage for students.

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

## **USC WORLD ELITE SERIES**

Affordable national health insurance  
coverage for USC F-1 students.

# ABOUT KIMBER HEALTH

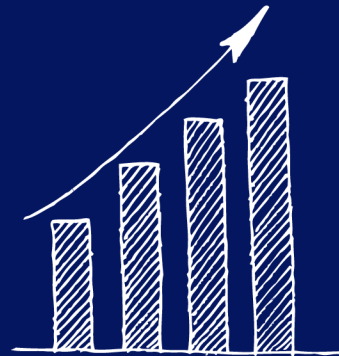
**We strive to provide affordable or \$0 healthcare to international students nationwide.**

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.

# UNIVERSITY OF SOUTHERN CALIFORNIA WORLD ELITE INSURANCE SERIES

**AETNA PPO & ACA COMPLIANT**



## USC WORLD ELITE 450

**\$1500/YR**

AGES 17-25

**\$2088/YR    \$3048/YR**

AGES 26-27

AGES 28-29

Unlimited Maximum Limit  
\$450 Deductible (In-Network)  
\$5,000 Out-of-Pocket Maximum  
90% Co-Insurance (In-Network)

## USC WORLD ELITE 250

**\$1740/YR**

AGES 17-25

**\$2232/YR    \$3516/YR**

AGES 26-29

AGES 28-29

Unlimited Maximum Limit  
\$250 Deductible (In-Network)  
\$5,500 Out-of-Pocket Maximum  
90% Co-Insurance (In-Network)

## USC WORLD ELITE PLUS

**\$2136/YR**

AGES 17-25

**\$2460/YR    \$4464/YR**

AGES 26-29

AGES 28-29

Unlimited Maximum Limit  
\$0 Deductible (In-Network)  
\$5,000 Out-of-Pocket Maximum  
100% Co-Insurance (In-Network)

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



# USC WORLD ELITE 450

Unlimited MAXIMUM LIMIT

**\$1500/YR (AGES 17-25)**

\$2088/YR (AGES 26-27)

\$3048/YR (AGES 28-29)

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## WellAway World Elite International Student 450 Summary of Benefits

This Summary of Benefits will tell you about certain coverages and features of this plan. However, it is important that you read and understand the Policy (which contains a complete description of the terms and conditions), to make sure you are aware of any conditions, limitations and exclusions to your coverage. Benefits may be subject to Deductible, Coinsurance, and Copayment amounts. For questions about your coverage, contact a ConciergeCare Counselor: +1-855-773-7810, International +1-786-453-4008 (collect) or e-mail: [Conciergecare@payerfusion.com](mailto:Conciergecare@payerfusion.com).

### USC Student Health Centers

USC Student Health is dedicated to providing students all their basic primary care needs and other covered services through the USC Student Health Fee, which is paid each semester by students attending on-campus programs. For a complete list of services provided at the USC Student Health Centers visit <https://studenthealth.usc.edu/our-services>. For medical services which are not provided by the USC Student Health Center or the USC PBHS, please schedule an appointment with a Keck provider. **To find a Keck Provider, click here** - [Find a Provider | Find a provider by condition, specialty or name. We are home to more than 900 exceptional health care providers. \(keckmedicine.org\)](#)

### Mental Health Care On-Campus Services

*When you receive these services at a USC Student Health Center or USC PBHS, your Deductible will be waived, and you will not pay any Coinsurance or Copayments.*

<b>USC Student Health Center</b> (individual counseling, group counseling, referral appointments and crisis intervention sessions, workshops, psychiatry)	Your plan pays 100% if not covered by your Student Health Fee
<b>USC Psychiatry and Behavioral Health Services (PBHS)</b> Students will not require an initial evaluation and referral from USC Student Health. Students may refer themselves to PBHS for scheduling.	Your plan pays 100%

### Mental Health Care Off-Campus Services

	USC Designated Providers* Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
<b>Physician, Psychologist or Mental Health Professional Services Behavioral health</b> (includes office visit/e-visit with a physician, psychologist, or mental health professional, diagnostic evaluation, psychiatric treatment, individual therapy, and group therapy)	Your plan pays 100%	Deductible then \$20 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Outpatient Behavioral health services*</b> (outpatient facility for mental health & substance use disorder services)	Your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Inpatient Behavioral health services*</b> (mental health & substance use disorder services)	Your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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\*Prior Coverage Authorization required



## Medical Care and Specialty Services at the USC Student Health Centers

When you receive these services at a USC Student Health Center, your Deductible will be waived, and you will not pay any Coinsurance or Copayments.

<b>Primary Care</b> (physicals, illness/injury, reproductive/sexual health)	Your plan pays 100% if not covered by your Student Health Fee
<b>Specialty services</b> – require a referral from a USC Student Health provider (nutrition, orthopedics, dermatology)	Your plan pays 100% if not covered by your Student Health Fee
<b>Allergy Clinic</b> (includes consultation, testing and desensitization)	Your plan pays 100% if not covered by your Student Health Fee
<b>Immunization Clinic</b> The following immunizations and vaccines are covered: Diphtheria, Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus (HPV), Influenza (flu shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, Varicella (Chickenpox), COVID-19.	Your plan pays 100% if not covered by your Student Health Fee
<b>Laboratory Services</b>	Your plan pays 100% if not covered by your Student Health Fee
<b>Medical Equipment</b>	Your plan pays 100% if not covered by your Student Health Fee
<b>Medications</b>	Your plan pays 100% if not covered by your Student Health Fee
<b>Radiology services</b>	Your plan pays 100% if not covered by your Student Health Fee
<b>Physical Therapy</b>	Your plan pays 100% if not covered by your Student Health Fee
<b>Occupational Therapy</b>	Your plan pays 100% if not covered by your Student Health Fee

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## Pre-Attendance University Requirements

<b>Immunizations</b>	Your plan pays 100% if not covered by your Student Health Fee (must be obtained at the USC Student Health Center or an In-Network pharmacy)
<b>TB Testing</b>	Your plan pays 100% if not covered by your Student Health Fee (Policyholder only and must be performed in an In-Network independent free-standing laboratory or the USC Student Health Center)

## Limit & Cost Sharing

	In-Network	Out-of-Network	Worldwide
<b>Annual limit</b>	Unlimited	Unlimited	\$1,000,000
<b>Deductible</b>	\$450	\$500	\$450
<b>Coinsurance (WellAway cost share)</b>			
Tier 1: USC Designated Providers*	Tier 1: 100% for Physician services and 90% for all other provider services	N/A	N/A
Tier 2: In-Network Providers	Tier 2: 80%	N/A	N/A
Tier 3: Out-of-Network Providers	N/A	Tier 3: 60%	N/A
Tier 4: Worldwide	N/A	N/A	Tier 4: 100%
<b>Out-of-pocket maximum</b>	Combined Tier 1 and Tier 2 \$5,000	\$5,500	\$0

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## Wellness and Preventive Services

	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
<b>Adult Wellness Care</b>				
Periodic routine health exams, routine gynecological exams, immunizations and related preventive services such as prostate specific antigen (PSA), routine mammograms, pap smears and colonoscopies for colorectal cancer screenings (please refer to benefit description for Preventive Services in this Policy).	Your plan pays 100%	Your plan pays 100%	Deductible then your plan pays 60%	Your plan pays 100%
Your physician will measure your height, weight, blood pressure and take other routine measurements; review your medical and family history; assess your risk factors and treatment options; review your health risk assessment questionnaire; update your list of providers and prescriptions; look for signs of cognitive impairment; and set up a screening schedule for appropriate preventive services.				
<b>Child Wellness Care</b>				
Periodic age specific physical examinations and developmental assessments; office visit; health history; hearing examinations; age related diagnostic tests; vaccination and immunization necessary for prevention; and track growth and development in accordance with pediatric guidelines.	Your plan pays 100%	Your plan pays 100%	Deductible then your plan pays 60%	Your plan pays 100%
Preventive dental services for children under 19 (includes oral exams, cleaning and fluoride treatment every 6 months, sealants every 36 months, space maintainers, and x-rays every 6 months)	Your plan pays 100%	Your plan pays 100%	Deductible then your plan pays 60%	Your plan pays 100%
Eye exams and eye glasses for children under 19 (includes one eye exam and one pair of glasses every benefit period)	Your plan pays 100%	Your plan pays 100%	Deductible then your plan pays 60%	Your plan pays 100%

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## Services that Require Hospitalization

	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
<b>Hospitalization*</b>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Emergency room</b> When your symptoms are severe and your health is in jeopardy, causing loss of life, limb or death (medically necessary). If you use an emergency room in the Hospital for a non-emergency service, the Services will not be covered.	Deductible and \$200 copayment per visit (waived if admitted)	Deductible and \$200 copayment per visit (waived if admitted)	Deductible and \$200 copayment per visit (waived if admitted)	Deductible then your plan pays 100%
<b>Rehabilitative services*</b> (treatment of CVA, head injury, spinal cord injury, or as required as a result of post-operative brain surgery when certain criteria are met)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Habilitative services*</b> (occupational, physical and speech therapy when certain criteria are met)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Physician services</b> (consultations by a physician or specialist while inpatient only when medically necessary)	Deductible then your plan pays 100%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Surgical procedures and surgeon fees (inpatient)*</b> <ul style="list-style-type: none"> <li>Refers to the fees charged by the main surgeon that performed the surgical procedure.</li> <li>Some complex medical procedures may require an assistant surgeon or co-surgeon performing services when indicated by evidence based medicine.</li> <li>Services provided by an anesthesiologist during a covered surgical procedure is a covered service.</li> </ul>	Deductible then your plan pays 100%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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## Services that Require Hospitalization

	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
<p><b>Oncology treatment, drugs &amp; reconstructive surgery*</b></p> <ul style="list-style-type: none"> <li>Oncology treatment includes chemotherapy, radiation or pharmaceutical treatments which have approved efficacy and market distribution.</li> <li>Reconstructive surgery due to illness or injury e.g., breast reconstruction or other bodily reconstruction due to trauma, infection, tumors or disease that will improve function and ability.</li> </ul>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p><b>Organ transplant*</b> (includes heart, lung, heart and lung, kidney, pancreas, kidney and pancreas, liver, cornea, allogenic and autologous bone marrow and peripheral stem cell transplants)</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p><b>Emergency ambulance services</b> (from emergency location to nearest facility, from one hospital to another, or from hospital to your home or skilled nursing facility)</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 80%	Deductible then your plan pays 100%

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<b>Outpatient Care</b>	<b>USC Designated Providers Tier 1</b>	<b>In-Network Tier 2</b>	<b>Out-of-Network Tier 3</b>	<b>Worldwide Tier 4</b>
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*All ambulatory services must be performed in a free-standing independent ambulatory facility. If ambulatory services are not performed in a free-standing independent facility a Site of Service Differential will apply. It is indicated that the services below be performed in an In-Network Physician's office or in an In-Network free standing independent facility to maximize your benefit, reduce your costs and avoid Site of Service Differential costs.*

<p><b>Urgent care center</b> If you use an urgent care facility for a non-urgent service, the Services will not be covered.</p>	Deductible then \$50 copayment	Deductible then \$50 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p><b>Outpatient ambulatory surgical facility &amp; surgical care*</b></p>	Deductible then your plan pays 90%	Deductible then your plan pays 80% (free-standing only)	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p><b>Surgeon Fees</b></p> <ul style="list-style-type: none"> <li>Some complex medical procedures may require an assistant surgeon or co-surgeon performing services when indicated by evidence based medicine.</li> <li>Services provided by an anesthesiologist during a covered surgical procedure is a covered service.</li> </ul>	Deductible then your plan pays 100%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p><b>Oncology treatment, drugs &amp; reconstructive surgery*</b></p> <ul style="list-style-type: none"> <li>Oncology treatment includes chemotherapy, radiation or pharmaceutical treatments which have approved efficacy and market distribution.</li> <li>Reconstructive surgery due to illness or injury e.g., breast reconstruction or other bodily reconstruction due to trauma, infection, tumors or disease that will improve function and ability.</li> </ul>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p><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.</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p><b>Advanced diagnostic and interventional radiology services*</b> When not performed in a free-standing non-hospital facility a Site of Service Differential cost will apply.</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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# Outpatient Care

USC Designated  
Providers  
Tier 1

In-Network  
Tier 2

Out-of-Network  
Tier 3

Worldwide  
Tier 4

All ambulatory services must be performed in a free-standing independent ambulatory facility. If ambulatory services are not performed in a free-standing independent facility a Site of Service Differential will apply. It is indicated that the services below be performed in an In-Network Physician's office or in an In-Network free standing independent facility to maximize your benefit, reduce your costs and avoid Site of Service Differential costs.

<p><b>Rehabilitative services*</b> (for treatment of CVA, head injury, spinal cord injury, or as required as a result of post-operative brain surgery when certain criteria are met)</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p><b>Habilitative services*</b> (limited to occupational, physical and speech therapy when certain criteria are met)</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p><b>Outpatient physical therapy*</b> (physical therapy and spinal manipulation when restoring function loss due to a medical condition or to attain age appropriate function for activities of daily living - treatment plan must be provided)</p>	Deductible then \$15 copayment	Deductible then \$30 copayment	Deductible then your plan pays 60% (limited to 40 visits per benefit period)	Deductible then your plan pays 100%
<p><b>Outpatient chiropractic &amp; spinal manipulation*</b> (chiropractic services and spinal manipulation <i>(to correct a slight dislocation of a bone or joint that is demonstrated by x-ray)</i> when restoring function loss due to a medical condition or to attain age-appropriate function for activities of daily living - treatment plan must be provided)</p>	Deductible then \$15 copayment (limited to combined 15 visits per benefit period)	Deductible then \$30 copayment (limited to combined 15 visits per benefit period)	Deductible then your plan pays 60% (limited to combined 15 visits per benefit period)	Deductible then your plan pays 100% (limited to combined 15 visits per benefit period)
<p><b>Alternative medicine (combined benefit limits)</b> Acupuncture, homeopathy, Chinese Medicine</p>	Deductible then \$15 copayment (limited to combined 15 visits per benefit period)	Deductible then \$30 copayment (limited to combined 15 visits per benefit period)	Not covered	Deductible then your plan pays 100% (limited to combined 15 visits per benefit period)
<p><b>Emergency dental services</b> (due to damage to natural sound teeth which is treated within 90 days of the accidental dental injury)</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<p><b>Vision services</b> (for the treatment of aphakia, injury to or diseases of the eyes and glasses or lenses following cataract surgery)</p>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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<b>Physician Services</b>	<b>USC Designated Providers Tier 1</b>	<b>In-Network Tier 2</b>	<b>Out-of-Network Tier 3</b>	<b>Worldwide Tier 4</b>
<i>Cost Share amounts are waived at USC Student Health Center.</i>				
<b>Telemedicine consultations</b> (in the United States for illnesses of cold & flu symptoms, allergies, pink eye, respiratory infection, sinus problems and skin problems)	Your plan pays 100%	\$10 copayment Limited to 12 visits per benefit period	Not covered	Deductible then your plan pays 100%
<b>Physician E-Visits</b> (E-visits are available for established patients and should not exceed 1 visit in a 7 day period. E-Visits are limited to 1 per day per Physician and must be legally authorized in your state of residence. E-visits for mental health are covered under a different benefit)	Your plan pays 100%	Deductible then \$30 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Primary care</b> (includes general consultation, primary care visit, check-ups, office visits, and gynecologist when designated as your primary care physician)	Your plan pays 100%	Deductible then \$30 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Specialist consultation</b>	Your plan pays 100%	Deductible then \$30 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Allergy testing &amp; treatment</b> (includes injections for allergies, may include desensitization therapy and the cost of hypo-sensitization serum)	Your plan pays 100%	Deductible then \$30 copayment	Deductible then your plan pays 60%	Deductible then your plan pays 100%

<b>Maternity Care</b>	<b>USC Designated Providers Tier 1</b>	<b>In-Network Tier 2</b>	<b>Out-of-Network Tier 3</b>	<b>Worldwide Tier 4</b>
<b>Prenatal and postnatal physician consultations</b>	Your plan pays 100%	Your plan pays 100%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Labor and delivery</b> Hospital stay minimum 48 hours for normal delivery and 96 hours for c-section (includes hospital, obstetrician, midwife, anesthesiologist, pediatrician (well baby) for a normal delivery)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Complications of Pregnancy</b> (mother only) miscarriage, preeclampsia, ectopic pregnancy and c-section	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Birthing center</b>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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## Maternity Care

	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
<b>Newborn care</b> (a newborn child who is properly enrolled will be covered from the moment of birth for injury or illness, including routine care, and the necessary care or treatment of medically diagnosed congenital defects, birth abnormalities and premature birth)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Infertility treatment</b>	Not covered	Not covered	Not covered	Not covered
<b>Sterilization</b> (surgical sterilizations, tubal ligations and vasectomies only)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Abortion</b>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

## Other Services

	USC Designated Providers Tier 1	In-Network Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
<b>Skilled nursing facility*</b>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Home healthcare*</b> (care must begin within 14 days following your hospital stay, prescribed by a physician and provided under the supervision of a registered nurse)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Hospice*</b> (accommodation, nursing care and support for the treatment of end of life stages which must be approved by a physician)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Dialysis*</b> (includes equipment, training and medical supplies at a licensed provider location or dialysis center)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Durable medical equipment</b> (helps to complete your daily activity and includes walker, wheelchair, crutches, canes, oxygen equipment or other equipment that can withstand repeated use which must be medically necessary and prescribed by a physician)	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%
<b>Prosthetic Devices</b>	Deductible then your plan pays 90%	Deductible then your plan pays 80%	Deductible then your plan pays 60%	Deductible then your plan pays 100%

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\*Prior Coverage Authorization required



## Prescription Drugs

	USC Pharmacy Tier 1	In-Network Pharmacy Tier 2	Out-of-Network Tier 3	Worldwide Tier 4
<b>Preventive</b> (including generic oral contraceptives)	100%	100%	Not covered	Deductible then your plan pays 100%
<b>Generic</b>	\$15 copayment	\$15 copayment	\$15 copayment then your plan pays 60%	Deductible then your plan pays 100%
<b>Brand</b>	\$40 copayment	\$40 copayment	\$40 copayment then your plan pays 60%	Deductible then your plan pays 100%
<b>Non-preferred brands</b>	\$75 copayment	\$75 copayment	\$75 copayment then your plan pays 60%	Deductible then your plan pays 100%
<b>Specialty</b>	\$100 copayment	\$100 copayment	\$100 copayment then your plan pays 60%	Deductible then your plan pays 100%

## Evacuation & Repatriation\*

<b>Medical evacuation</b>	Paid in full up to \$120,000 limit per covered person, per benefit period
<b>Medical repatriation</b>	Paid in full up to \$50,000 lifetime limit per covered person
<b>Repatriation of mortal remains</b>	Paid in full up to \$25,000 lifetime limit per covered person

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