

KIMBER[®] STUDENT HEALTH INSURANCE

Affordable national health insurance
coverage for students.

KIMBER[®] STUDENT HEALTH INSURANCE

Violet Exclusive

Affordable national health insurance
coverage for NYU students.

ABOUT KIMBER HEALTH

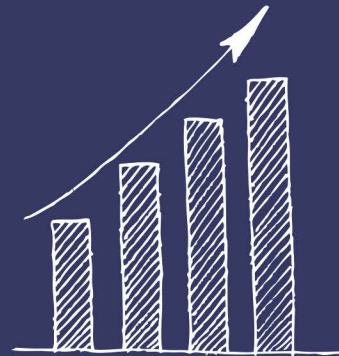
We strive to provide affordable or \$0 healthcare to international students nationwide.

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.



PLANS FOR NYU STUDENTS

UNITED HEALTHCARE® PPO



Violet Exclusive

\$828/YR

AGES 17-24

\$1168/YR

AGES 25-29

Unlimited Maximum Limit
\$1,250 Deductible (In-Network)
\$6,000 Out-of-Pocket Maximum
80% Co-Insurance (In-Network)

ROYAL 500

\$967/YR

AGES 17-24

\$1372/YR

AGES 25-29

Unlimited Maximum Limit
\$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 violet exclusive and royal plans for individuals above the age of 30, please contact us.



VIOLET EXCLUSIVE

Unlimited MAXIMUM LIMIT

\$828/YR(AGES 17-24)

\$1168/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	Unlimited
Pre-Existing Condition limitation	Students: No limitation

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	\$1,250	\$1,500
Copayments do not apply towards Deductible		

Copayments		
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	\$100	\$100

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 (unless otherwise stated)
Out-of-Network Providers	60% of URC

Out-of-Pocket Maximum		
Copayments (excluding Prescription Medication) apply towards Out-of-Pocket Maximum	\$6,000	Unlimited

Outpatient Medication Program	
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

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**In-Network
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**Out-of-Network
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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

Wellness and Preventive Services

(Deductible does not apply)

Adult Wellness Visit and Preventive Services	100% (Student Health Center payable at URC)	Not covered
Well Childcare Visits		

Services That Require Hospitalization

Pre-admission Testing	80% of Allowable Charges	60% of URC
Hospitalization	80% of Allowable Charges \$100 Copayment per admission	60% of URC \$100 Copayment per admission
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, it will not be covered.	80% of Allowable Charges \$250 Copayment (waived if admitted)	60% of Allowable Charges \$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
In-hospital Advanced Diagnostic Services	80% of Allowable Charges	60% of URC
Routine X-Ray and Lab Tests	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 Rehabilitation	80% of Allowable Charges Maximum Benefit 45 days	60% of URC Maximum Benefit 45 days
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	

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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 \$50 Copayment	60% of URC and \$50 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
Outpatient Therapeutic Services	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
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 \$7,500	60% of URC Maximum Benefit \$7,500
Emergency Dental Treatment	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
Palliative Dental Treatment	80% of Allowable Charges Maximum Benefit \$600	60% of URC Maximum Benefit \$600

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 \$30 Copayment per visit	60% of URC and \$30 Copayment per visit
Specialist Visit	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit
Outpatient Mental Illness Visit	80% of Allowable Charges and \$30 Copayment per visit	60% of URC and \$30 Copayment per visit
Alternative Medicine	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

Recreational Activities or Amateur Sports Benefit	80% of Allowable Charges	60% of URC
HIV/AIDS	80% of Allowable Charges	60% of URC
Alcohol and Substance Abuse (rehabilitative only)	80% of Allowable Charges \$30 Copayment (outpatient)	60% of URC \$30 Copayment (outpatient)
Home Health Care	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
Hospice or Palliative Care	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)
Durable Medical Equipment	80% of Allowable Charges	60% of URC

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Maternity Care and Birth Benefits

Maternity Care <i>(subject to notification within 30 days of pregnancy confirmation)</i>	80% of Allowable Charges	60% of URC
Elective Medical Abortions	80% of Allowable Charges Maximum Benefit \$1,500	60% of URC Maximum Benefit \$1,500
Worldwide Coverage <i>(outside the United States, excluding your Home Country and M1 visa holders)</i>	80% of URC	
Accidental Death and Dismemberment		
Accidental Death	Sum amount \$30,000	
Dismemberment	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		
Emergency Medical Evacuation and Medical Repatriation	Combined Maximum Benefit \$100,000	
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.