

Certificate of Coverage



WellAway Limited hereby certifies that the Policy listed below has been issued to the Policyholder named below, under the WellAway World Elite Student Plan, for the Benefit Period indicated. The coverage provided by the Policy described below is subject to all terms, conditions and exclusions of the Policy and any limits indicated may be reduced by paid claims.

Name	Plan ID	
Rishita Yadav	WellAway World Elite Plus	
Member ID	Policy Number	
626083776137	83776137	
Benefit Period:	08/15/2024	08/14/2025
	From (mm/dd/yyyy)	To (mm/dd/yyyy)

Coverage For complete benefit details, please refer to your Summary of Benefits.

Annual Limit:	Unlimited	Deductible:	\$0
Out-of-Pocket Maximum:	In-Network \$5,000	Out-of-Network Unlimited	
Co-insurance:	In-Network (USA)	Out-of-Network (USA)	Outside the USA
Your share:	0%	40%	0%
WellAway's Share:	100%	60%	100%
Copayments:			
Office Visit In-Network:	\$25 Copayment	Urgent Care In-Network:	\$50 Copayment
Office Visit Out-of-Network:	Your plan pays 60% Coinsurance	Urgent Care Out-of-Network:	Your plan pays 60% Coinsurance
Medical Evacuation:	\$120,000	Medical Repatriation:	\$50,000 lifetime
Repatriation of Mortal Remains:	\$25,000		

In order to minimize your expenses, it is important you seek care from medical providers who are In-Network. If you have any questions about your coverage or need help making informed decisions, you may reach a ConciergeCare counselor by calling:

- Toll-free (USA/Canada) +1 (855) 773-7810
- Toll-free (International) +1 (786) 453-4008

This Policy is designed to provide ACA compliant health care coverage in the United States which has been approved under Title I of the Affordable Care Act and meets and exceeds minimum essential coverage, as applicable to non-grandfathered plans, pursuant to Section 5000A of the Internal Revenue Code and in the final regulations set forth in 45 CFR 156.604 pursuant to the authority granted to the Secretary of Health and Human Services under Section 5000A(f)(1)(E) and delegated to the Centers for Medicare & Medicaid Services.

The plan is underwritten by Davies Insurance Limited for and on behalf of the WellAway Limited Segregated Account, Bermuda. It is reinsured by Arch Reinsurance Europe Underwriting dac rated "A+" (Excellent) by Standard & Poor's and Fitch ratings. The Plan administrator is PayerFusion Holdings, LLC, a licensed third-party administrator in the United States.

Issuer (80840) 911-87601-04
Group Number: 76570074
Member ID: 626083776137
Start Date: 08/15/2024
End Date: 08/14/2025
Plan Name: WellAway World Elite Plus
Deductible: \$0.00

Rx BIN: 005285
Rx GRP: 50002701-01
Rx PCN: ACB
Pharmacy Help desk: +1-800-311-3446
www.ehimrx.com

To submit medical claims: **Payer ID: 27048**

Member Name(s):
Rishita Yadav

Co-ins: In-Network: 100%

Co-pay:
Office Visit In-Network: \$25
Urgent Care In-Network: \$50

Electronic eligibility/claim status verification available from
Change Healthcare at Payer ID: 27048 c/o payerfusion
To verify Eligibility/claims status over the phone call **+1-786-453-4008**

Medical Benefits Network

For emergencies, please seek treatment immediately and notify us within 48 hours.
Notice to Provider(s): Collect for co-insurance, copay, deductible, and any non-covered services only.
For pre-authorization and/or guarantee of payment, please contact:
U.S.: +1-855-773-7810
Outside of the U.S.: +1-786-453-4008 (collect)
For assistance locating providers outside of the U.S., please contact WellAway ConciergeCare.
To locate an in-network provider in the U.S., please visit: <https://www.wellaway.com/en/providers/>

To submit medical claims: **Payer ID: 27048**

Pharmacy Benefits Call
+1-800-311-3446

For medical paper claims:
SPNRT PO Box 981643,
El Paso, TX 79998-1643

For claims outside of the U.S.:
Please call +1-786-453-4008 (collect)

PROVIDERS: Preadmission certification is required. Refer all outpatient diagnostic work to in-network outpatient DX facility.

Possession of this card does not guarantee eligibility for benefits.