

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
Dattateja Reddy Anakala	WWE0PLUS
Member ID	Policy Number
248120711	24812071
Benefit Period:	01/19/2024 01/18/2025
	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 \$10,000	
Co-insurance:	In-Network (USA)	Out-of-Network (USA)	Outside the USA
Your share:	0%	Not applicable	0%
WellAway's Share:	100%	Not applicable	100%
Co-payments for Premium Care Physician and In-Network (USA):			
Office Visit In-Network:	\$25 Copayment	Urgent Care In-Network:	\$50 Copayment
Office Visit Out-of-Network:	Not covered	Urgent Care Out-of-Network:	Not covered

WellAway World Elite Student covers COVID-19 the same as any other illness.

In order to minimize your expenses, it is important you seek care from medical providers who are Premium Care Physicians and 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**

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.

This plan meets the minimum essential coverage (MEC) required by the Affordable Care Act. For more information about the approval of our plan under the Affordable Care Act, please visit: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Downloads/MEC-Approved-Plans.pdf>.



Network ID: 60054
Group Number: 0863949-040-00100
Start Date: 01/19/2024
End Date: 01/18/2025
Plan Name: WellAway World Elite Plus
Deductible: 0.00
Co-ins: 100%
Co-Pay: Office Visit \$25
Urgent Care \$50
Emergency Room \$200



Member Name **Member ID**
Dattateja Reddy Anakala 248120711

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



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

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 **+1-855-773-7810**

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://payerfusion.com/provider-search/#myprovidersearch>

Pharmacy Benefits Call
+1-800-311-3446



Submit Electronic Medical Claims to:
Network ID 60054
Submit Paper Medical Claims to:
P.O. Box 981543, El Paso, TX 79998-1543
For claims outside of the U.S.:
Please call +1-786-453-4008 (collect)

Possession of this card does not guarantee eligibility for benefits.

