

Certificate of Coverage



WellAway Limited certifies that the Policy listed below has been issued to the Policyholder under the terms of the specified plan for the Policy Period indicated. The Policy includes coverage for a range of benefits and is subject to all terms, conditions, limitations and exclusions of the Policy.

Policyholder
Niharika Modugu

Member ID
626018486311

Plan Name
OPT

Policy Period: 12/21/2024 12/20/2025
From (mm/dd/yyyy) To (mm/dd/yyyy)

Coverage

Maximum Limit per Illness or Injury: \$100,000

In-Network Deductible per Illness or Injury: \$500

In-Network Coinsurance: 20%

In-Network Out-of-Pocket Maximum: Unlimited

In the USA, refer to your Policy terms and conditions for out-of-network deductible, coinsurance and out-of-pocket maximum amounts.

Emergency Medical Evacuation and Medical Repatriation (combined maximum benefit): (Combined \$50,000)

Repatriation of Mortal Remains: \$25,000

In the USA, we highly recommend that you use a Premium Care Physician and In-Network Facility in order to minimize your health care costs. Contact a ConciergeCare counselor at the number on the back of your ID Card to assist you in locating a Premium Care Physician and In-Network Facility. For verification of your medical or pharmacy benefits, please present your WellAway ID card to avoid paying any additional Out-of-Pocket Costs. For complete benefit details, refer to your Policy terms and conditions.

Griselle Chernys, CEO
WellAway Limited

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: 626018486311
Start Date: 12/21/2024
End Date: 12/20/2025
Plan Name: OPT
Deductible per Illness or Injury: 500
Co-ins: 20%
Co-Pay: Office Visit \$50
Urgent Care \$50
Emergency Room \$350



To submit medical claims to UHC:
Payor ID: USN01



Member Name(s):
Niharika Modugu

Rx BIN: 005285
Rx GRP: 50002100-01
Rx PCN: ACB
Pharmacy Help desk: +1-800-311-3446
www.ehimrx.com



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://www.wellaway.com/en/providers/>

To submit medical claims to UHC: **Payor ID: USN01**

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.

