

# **KIMBER™ STUDENT HEALTH INSURANCE**

## **THE ROYAL SERIES**

Affordable national health insurance  
coverage for students.

# ABOUT KIMBER HEALTH

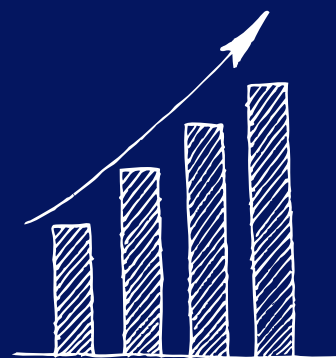
**We strive to provide affordable or \$0 healthcare to international students nationwide.**

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  
**97** countries



**No.1 largest** agency for  
United Healthcare's  
Essential Plan in 2022

# 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 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.

# NON-ACA & NO MAXIMUM LIMIT INSURANCE PLAN

**UNITED HEALTHCARE® PPO**



## ROYAL 1500

**\$767/YR**

AGES 17-24

**\$1084/YR**

AGES 25-29

Unlimited Maximum Limit  
\$1,500 Deductible (In-Network)  
\$8,000 Out-of-Pocket Maximum  
80% Co-Insurance (In-Network)

## ROYAL 100

**\$1095/YR**

AGES 17-24

**\$1486/YR**

AGES 25-29

Unlimited Maximum Limit  
\$100 Deductible (In-Network)  
\$6,000 Out-of-Pocket Maximum  
80% Co-Insurance (In-Network)

## ROYAL PLUS

**\$1537/YR**

AGES 17-24

**\$2168/YR**

AGES 25-29

Unlimited Maximum Limit  
\$0 Deductible (In-Network)  
\$6,950 Out-of-Pocket Maximum  
100% Co-Insurance (In-Network)

For pricing on royal plans for individuals above the age of 29, please contact us.



# ROYAL 1500

UNLIMITED MAXIMUM LIMIT

**\$767/YR(AGES 17-24)**

**\$1084/YR(AGES 25-29)**

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## Summary of Benefits - Royal 1500

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.

<b>Area of Coverage</b>	Worldwide excluding Home Country
<b>Maximum Limit per Illness or Injury</b>	Unlimited
<b>Pre-Existing Condition limitation</b>	Students: No limitation Dependents: Yes (24-month Waiting Period if applicable)
<b>Pre-Authorization</b>	Services and Procedures that require Pre-Authorization are indicated by an asterisk

<b>Deductible</b>	<b>In-Network</b> In-Network Physician and In-Network Facility	<b>Out-of-Network</b> (subject to Usual, Reasonable and Customary charges (URC))
In-Network and Out-of-Network Deductibles accrue separately	\$1,500	\$1,800
Copayments do not apply towards Deductible		

<b>Copayments</b>		
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	\$0	\$0

**Deductible waived when Treatment is rendered at the Student Health Center.**

<b>Coinsurance</b>	
In-Network Physician and Facility	80% of Allowable Charges

**Coinsurance**

Out-of-Network Providers	50% of URC
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**Out-of-Pocket Maximum**

Deductible and Copayments (including Prescription Medication) do not apply towards Out-of-Pocket Maximum	\$8,000 per Insured Person / \$12,000 per Family	Unlimited per Insured Person / Unlimited per Family
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**Outpatient Medication Program**

EHIM In-Network Pharmacy/Student Health Center	Tier 1: \$10 Copayment Tier 2: \$20 Copayment Tier 3: \$40 Copayment
Out-of-Network	Not covered



## Royal 1500

**In-Network**  
In-Network Physicians and  
In-Network Facility

**Out-of-Network**  
(subject to Usual,  
Reasonable and Customary  
charges (URC))

### Wellness and Preventive Services

(Deductible does not apply)

<b>Adult Wellness Visit and Preventive Services</b>	100% (Student Health Center payable at URC)	Not covered
<b>Well Childcare Visits</b> (Children 0-12 months, 9 visits maximum per policy period)		

### Services That Require Hospitalization

<b>Pre-admission Testing</b>	80% of Allowable Charges	50% of URC
<b>Hospitalization*</b>	80% of Allowable Charges	50% of URC
<b>Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/ Trauma/Pediatric Intensive Care*</b>	80% of Allowable Charges	50% of URC
<b>Inpatient Treatment for Mental Illness*</b>	80% of Allowable Charges	50% of URC
<b>Emergency Medical Services in an Emergency Room</b> If you use an emergency room in the Hospital for a non-emergency service, Coinsurance will be reduced to 60%.	80% of Allowable Charges \$250 Copayment (waived if admitted)	80% of URC \$250 Copayment (waived if admitted)
<b>Inpatient Physician, Osteopath and Specialist Services</b>	80% of Allowable Charges	50% of URC
<b>Inpatient Ancillary Hospital Services</b>	80% of Allowable Charges	50% of URC
<b>In-hospital Advanced Diagnostic Services</b>	80% of Allowable Charges	50% of URC
<b>Routine X-Ray and Lab Tests</b>	80% of Allowable Charges	50% of URC
<b>Inpatient Oncology Treatment*</b>	80% of Allowable Charges	50% of URC
<b>Inpatient Reconstructive Surgery*</b>	80% of Allowable Charges	50% of URC
<b>Inpatient Rehabilitation*</b>	80% of Allowable Charges 45-day limit per policy period	50% of URC 45-day limit per period policy
<b>Inpatient Surgical Procedures*</b>	80% of Allowable Charges	50% of URC

<b>Royal 1500</b>	<b>In-Network In-Network Physicians and In-Network Facility</b>	<b>Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))</b>
<b>Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist</b>	80% of Allowable Charges	50% of URC
<b>Emergency Ground Ambulance</b>	80% of Allowable Charges	50% of URC

<b>Royal 1500</b>	<b>In-Network In-Network Physicians and In- Network Facility</b>	<b>Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))</b>
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**Outpatient Care**

*It is recommended that these services to be performed in an In-Network Physician's office or in an In-Network free standing diagnostic centre to maximize your benefit and reduce your costs.*

<b>Urgent Care Clinic/Facility</b>	80% of Allowable Charges and \$50 Copayment	50% of URC and \$50 Copayment
<b>Outpatient Ambulatory Surgical Facility &amp; Surgical Care*</b>	80% of Allowable Charges	50% of URC
<b>Basic Diagnostic Services</b>	80% of Allowable Charges	50% of URC
<b>Advanced Diagnostic and Imaging Services</b>	80% of Allowable Charges	50% of URC
<b>Outpatient Therapeutic Services</b>	80% of Allowable Charges and \$30 Copayment limited to 12 visits per Injury or Illness	50% of URC and \$30 Copayment limited to 12 visits per Injury or Illness
<b>Outpatient Oncology Treatment*</b>	80% of Allowable Charges	50% of URC
<b>Outpatient Reconstructive Surgery*</b>	80% of Allowable Charges	50% of URC
<b>Emergency Dental Treatment</b>	80% of Allowable Charges maximum benefit \$250 per tooth and \$1,000 per policy period	50% of URC maximum benefit \$250 per tooth and \$1,000 per policy period
<b>Palliative Dental Treatment</b>	80% of Allowable Charges maximum benefit amount \$600	50% of URC maximum benefit amount \$600

## Royal 1500

**In-Network**  
In-Network Physicians and In-Network Facility

**Out-of-Network**  
(subject to Usual, Reasonable and Customary charges (URC))

### Physician Services

(Copayment waived at Student Health Center)

<b>Teledoc® Consultations</b>	No Copayment Limited to 8 consults per policy period	
<b>Primary Care Visit</b>	80% of Allowable Charges and \$30 Copayment per visit	50% of URC and \$30 Copayment per visit
<b>Specialist Visit</b>	80% of Allowable Charges and \$30 Copayment per visit	50% of URC and \$30 Copayment per visit
<b>Outpatient Mental Illness</b>	80% of Allowable Charges and \$30 Copayment per visit	50% of URC and \$30 Copayment per visit
<b>Alternative Medicine</b>	80% of Allowable Charges and \$30 Copayment per visit limited to \$500 per policy period	50% of URC and \$30 Copayment per visit limited to \$500 per policy period

### Other Services

<b>Recreational Activities or Amateur Sports Benefit</b>	80% of Allowable Charges	50% of URC
<b>HIV/AIDS</b>	80% of Allowable Charges	50% of URC
<b>Alcohol and Substance Abuse*</b> (rehabilitative only)	80% of Allowable Charges	50% of URC
<b>Home Health Care*</b>	80% of Allowable Charges immediately following hospital discharge of at least 3 days	50% of URC immediately following hospital discharge of at least 3 days
<b>Hospice or Palliative Care*</b>	80% of Allowable Charges maximum benefit 45 days inpatient maximum benefit \$5,000 outpatient	50% of URC maximum benefit 45 days inpatient maximum benefit \$5,000 outpatient
<b>Durable Medical Equipment</b>	80% of Allowable Charges	50% of URC

### Maternity Care and Birth Benefits

<b>Maternity Care*</b> (Subject to notification within 30 days of pregnancy confirmation)	80% of Allowable Charges	50% of URC
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## Royal 1500

	<b>In-Network</b> In-Network Physicians and In-Network Facility	<b>Out-of-Network</b> (subject to Usual, Reasonable and Customary charges (URC))
<b>Elective Medical Abortions*</b>	80% of Allowable Charges maximum benefit amount \$1,500	50% of URC maximum benefit amount \$1,500
<b>Worldwide Coverage</b> (Outside the United States)	80% of URC	
<b>Accidental Death and Dismemberment</b>		
<b>Accidental Death and Dismemberment</b>	Sum amount \$30,000	
<b>Dismemberment</b>	Sum amount \$30,000 Loss of both hands, feet or total sight Sum amount \$15,000 Loss of one hand, foot or one eye	
<b>Evacuation &amp; Repatriation</b>		
<b>Emergency Medical Evacuation*</b>	Maximum benefit \$50,000	
<b>Medical Repatriation*</b>	Maximum benefit \$25,000	
<b>Repatriation of Mortal Remains*</b>	Maximum benefit \$25,000	

\*Pre-authorization required.

***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 counsellor at the humber on the back of your ID Card to assist you in locating an In-Network Physician and In-Network Facility. In-Network benefits will be paid at the In-Network Coinsurance percentage, subject to Usual, Reasonable and Customary Charges and Maximum Benefit amounts.***



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.