KIMBER STUDENT HEALTH INSURANCE

Affordable national health insurance coverage for students.

The Royal Series

Kimber Health
by NYWPG

ABOUT KIMBER HEALTH

We strive to provide affordable or free 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
93 Countries

#1 in Growth & **#2** in Total Enrollees
For UnitedHealthcare®'s
Essential Plan in 2021

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 & UNLIMITED MAXIMUM LIMIT

UNITED HEALTHCARE® PPO

ROYAL 1500

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

$697/YR
AGES 17-24

ROYAL 100

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

$997/YR
AGES 17-24

ROYAL PLUS

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

$1399/YR
AGES 17-24

For pricing on royal plans for individuals above the age of 24, please contact us.

ROYAL 1500

UNLIMITED MAXIMUM LIMIT

$697/YR (AGES 17-24)

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.

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

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	$1,500	$1,800
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	$0	$0

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
Out-of-Network Providers	50% of URC

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

Outpatient Medication Program	
EHIM In-Network Pharmacy/ Student Health Center	Tier 1 $10 Copayment per prescription Tier 2 $20 Copayment per prescription Tier 3 $40 Copayment per prescription
Out-of-Network	Not covered

Royal 1500	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
Wellness and Preventive Services (Deductible does not apply)		
Adult Wellness Visit and Preventive Services Well Childcare Visits (children 0-12 months, 9 visits maximum per policy period)	100% (Student Health Center payable at URC)	Not covered
Services That Require Hospitalization		
Pre-admission Testing	80% of Allowable Charges	50% of URC
Hospitalization*	80% of Allowable Charges	50% of URC
Intensive Care Unit/Telemetry/ Surgical Intensive Care/Medical Intensive Care/ Trauma/Pediatric Intensive Care*	80% of Allowable Charges limited to 90 days per policy period	50% of URC limited to 90 days per policy period
Inpatient Treatment For Mental Illness*	80% of Allowable Charges	50% of URC
Emergency Medical Services in an Emergency Room If you use an emergency room in the Hospital for a non-emergency service Coinsurance will be reduced to 70%.	80% of Allowable Charges $250 Copayment (waived if admitted)	80% of URC $250 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist Services	80% of Allowable Charges	50% of URC
Inpatient Ancillary Hospital Services	80% of Allowable Charges	50% of URC
In-hospital Advanced Diagnostic Services	80% of Allowable Charges	50% of URC
Routine X-Ray and Lab Tests	80% of Allowable Charges	50% of URC
Inpatient Oncology Treatment*	80% of Allowable Charges	50% of URC
Inpatient Reconstructive Surgery*	80% of Allowable Charges	50% of URC
Inpatient Rehabilitation*	80% of Allowable Charges 45 day limit per policy period	50% of URC 45-day limit per policy
Inpatient Surgical Procedures*	80% of Allowable Charges	period
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	80% of Allowable Charges	50% of URC
Emergency Ground Ambulance	80% of Allowable Charges	50% of URC

Royal 1500	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
Outpatient Care		
It is recommended 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.		
Urgent Care Clinic / Facility	80% of Allowable Charges and $50 Copayment	50% of URC and $50 Copayment
Outpatient Ambulatory Surgical Facility & Surgical Care*	80% of Allowable Charges	50% of URC
Basic Diagnostic Services	80% of Allowable Charges	50% of URC
Advanced Diagnostic and Imaging Services	80% of Allowable Charges	50% of URC
Outpatient Therapeutic Services	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
Outpatient Oncology Treatment*	80% of Allowable Charges	50% of URC
Outpatient Reconstructive Surgery*	80% of Allowable Charges	50% of URC
Emergency Dental Treatment	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
Palliative Dental Treatment	80% of Allowable Charges maximum benefit amount $600	50% of URC maximum benefit amount $600
Physician Services (Copayment waived at Student Health Center)		
Teladoc® Consultations	80% of Allowable Charges and $30 Copayment per visit	50% of URC and $30 Copayment per visit
Primary Care Visit	80% of Allowable Charges and $30 Copayment per visit	50% of URC and $30 Copayment per visit
Specialist Visit	80% of Allowable Charges and $30 Copayment per visit	50% of URC and $30 Copayment per visit
Outpatient Mental Illness	80% of Allowable Charges and $30 Copayment per visit	50% of URC and $30 Copayment per visit
Alternative Medicine	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		
Recreational Activities or Amateur Sports Benefit	80% of Allowable Charges	50% of URC
HIV/AIDS	80% of Allowable Charges	50% of URC

Royal 1500	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
Alcohol and Substance Abuse* (rehabilitative only)	80% of Allowable Charges	50% of URC
Home Health Care	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
Hospice or Palliative Care*	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
Durable Medical Equipment	80% of Allowable Charges	50% of URC
Maternity Care and Birth Benefits		
Maternity Care* (subject to notification within 30 days of pregnancy confirmation)	80% of Allowable Charges	50% of URC
Elective Medical Abortions*	80% of Allowable Charges maximum benefit amount $1,500	50% of URC maximum benefit amount $1,500
Worldwide Coverage (outside of United States)	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*	$50,000	
Medical Repatriation*	$25,000	
Repatriation of Mortal Remains*	$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 counselor at the number 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.

ROYAL 100

UNLIMITED MAXIMUM LIMIT

$997/YR (AGES 17-24)

Summary of Benefits - Royal 100

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.

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

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	$100	$200
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	$0	$0

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	
Out-of-Network Providers	50% of URC	
Out-of-Pocket Maximum		
Deductible and Copayments (including Prescription Medication) do not apply towards Out-of-Pocket Maximum	$8,000 per Insured Person	Unlimited per Insured Person
Outpatient Medication Program		
EHIM In-Network Pharmacy/ Student Health Center	Tier 1 $10 Copayment per prescription Tier 2 $20 Copayment per prescription Tier 3 $40 Copayment per prescription	
Out-of-Network	Not covered	

Royal 100	**In-Network** In-Network Physician and In-Network Facility	**Out-of-Network** (subject to Usual, Reasonable and Customary charges (URC))
Wellness and Preventive Services (Deductible does not apply)		
Adult Wellness Visit and Preventive Services Well Childcare Visits (children 0-12 months, 9 visits maximum per policy period)	100% (Student Health Center payable at URC)	Not covered
Services That Require Hospitalization		
Pre-admission Testing	80% of Allowable Charges	50% of URC
Hospitalization*	80% of Allowable Charges	50% of URC
Intensive Care Unit/Telemetry/ Surgical Intensive Care/Medical Intensive Care/ Trauma/Pediatric Intensive Care*	80% of Allowable Charges limited to 90 days per policy period	50% of URC limited to 90 days per policy period
Inpatient Treatment For Mental Illness*	80% of Allowable Charges	50% of URC
Emergency Medical Services in an Emergency Room If you use an emergency room in the Hospital for a non-emergency service Coinsurance will be reduced to 70%.	80% of Allowable Charges $250 Copayment (waived if admitted)	80% of Allowable Charges $250 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist Services	80% of Allowable Charges	50% of URC
Inpatient Ancillary Hospital Services	80% of Allowable Charges	50% of URC
In-hospital Advanced Diagnostic Services	80% of Allowable Charges	50% of URC
Routine X-Ray and Lab Tests	80% of Allowable Charges	50% of URC
Inpatient Oncology Treatment*	80% of Allowable Charges	50% of URC
Inpatient Reconstructive Surgery*	80% of Allowable Charges	50% of URC
Inpatient Rehabilitation*	80% of Allowable Charges 45 day limit per policy period	50% of URC 45-day limit per policy
Inpatient Surgical Procedures*	80% of Allowable Charges	period
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	80% of Allowable Charges	50% of URC
Emergency Ground Ambulance	80% of Allowable Charges	50% of URC

Royal 100	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
Outpatient Care		
It is recommended 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.		
Urgent Care Clinic / Facility	80% of Allowable Charges and $50 Copayment	50% of URC and $50 Copayment
Outpatient Ambulatory Surgical Facility & Surgical Care*	80% of Allowable Charges	50% of URC
Basic Diagnostic Services	80% of Allowable Charges	50% of URC
Advanced Diagnostic and Imaging Services	80% of Allowable Charges	50% of URC
Outpatient Therapeutic Services	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
Outpatient Oncology Treatment*	80% of Allowable Charges	50% of URC
Outpatient Reconstructive Surgery*	80% of Allowable Charges	50% of URC
Emergency Dental Treatment	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
Palliative Dental Treatment	80% of Allowable Charges maximum benefit amount $600	50% of URC maximum benefit amount $600
Physician Services (Copayment waived at Student Health Center)		
Teladoc® Consultations	80% of Allowable Charges and $30 Copayment per visit	50% of URC and $30 Copayment per visit
Primary Care Visit	80% of Allowable Charges and $30 Copayment per visit	50% of URC and $30 Copayment per visit
Specialist Visit	80% of Allowable Charges and $30 Copayment per visit	50% of URC and $30 Copayment per visit
Outpatient Mental Illness	80% of Allowable Charges and $30 Copayment per visit	50% of URC and $30 Copayment per visit
Alternative Medicine	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		
Recreational Activities or Amateur Sports Benefit	80% of Allowable Charges	50% of URC
HIV/AIDS	80% of Allowable Charges	50% of URC

Royal 100	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
Alcohol and Substance Abuse* (rehabilitative only)	80% of Allowable Charges	50% of URC
Home Health Care	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
Hospice or Palliative Care*	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
Durable Medical Equipment	80% of Allowable Charges	50% of URC
Maternity Care and Birth Benefits		
Maternity Care* (subject to notification within 30 days of pregnancy confirmation)	80% of Allowable Charges	50% of URC
Elective Medical Abortions*	80% of Allowable Charges maximum benefit amount $1,500	50% of URC maximum benefit amount $1,500
Worldwide Coverage (outside of United States)	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*	$50,000	
Medical Repatriation*	$25,000	
Repatriation of Mortal Remains*	$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 counselor at the number 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.

ROYAL PLUS

UNLIMITED MAXIMUM LIMIT

$1399/YR (AGES 17-24)

Summary of Benefits - Royal Plus

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.

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	$0	$200
Copayments do not apply towards Deductible		
Copayments		
Student Health Center	$0	$0
Office Visit	$25 per visit	$25 per visit
Urgent Care	$50 per visit	$50 per visit
Hospital Emergency Room	$200 (waived if admitted)	$200 (waived if admitted)
Hospital	$0	$0

Deductible and Copayments will be waived when Treatment is rendered at the Student Health Center.

Coinsurance		
In-Network Physician and Facility	100% of Allowable Charges	
Out-of-Network Providers	80% of URC	
Out-of-Pocket Maximum		
Deductible and Copayments (including Prescription Medication) do not apply towards Out-of-Pocket Maximum	$6,950	Unlimited
Outpatient Medication Program		
EHIM In-Network Pharmacy/ Student Health Center	Tier 1 $10 Copayment per prescription Tier 2 $20 Copayment per prescription Tier 3 $40 Copayment per prescription	
Out-of-Network	Not covered	

Royal Plus	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
Wellness and Preventive Services (Deductible does not apply)		
Adult Wellness Visit and Preventive Services Well Childcare Visits (children 0-12 months, 9 visits maximum per policy period)	100% (Student Health Center payable at URC)	Not covered
Services That Require Hospitalization		
Pre-admission Testing	100% of Allowable Charges	50% of URC
Hospitalization*	100% of Allowable Charges	50% of URC
Intensive Care Unit/Telemetry/ Surgical Intensive Care/Medical Intensive Care/ Trauma/Pediatric Intensive Care*	100% of Allowable Charges	50% of URC limited to 90 days per policy period
Inpatient Treatment For Mental Illness*	100% of Allowable Charges	50% of URC
Emergency Medical Services in an Emergency Room If you use an emergency room in the Hospital for a non-emergency service Coinsurance will be reduced to 70%.	100% of Allowable Charges $200 Copayment (waived if admitted)	80% of Allowable Charges $200 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist Services	100% of Allowable Charges	50% of URC
Inpatient Ancillary Hospital Services	100% of Allowable Charges	50% of URC
In-hospital Advanced Diagnostic Services	100% of Allowable Charges	50% of URC
Routine X-Ray and Lab Tests	100% of Allowable Charges	50% of URC
Inpatient Oncology Treatment*	100% of Allowable Charges	50% of URC
Inpatient Reconstructive Surgery*	100% of Allowable Charges	50% of URC
Inpatient Rehabilitation*	100% of Allowable Charges 45 day limit per policy period	50% of URC 45-day limit per policy
Inpatient Surgical Procedures*	100% of Allowable Charges	period
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	100% of Allowable Charges	50% of URC
Emergency Ground Ambulance	100% of Allowable Charges	50% of URC

Royal Plus	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
Outpatient Care		
It is recommended 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.		
Urgent Care Clinic / Facility	100% of Allowable Charges and $50 Copayment	80% of URC and $50 Copayment
Outpatient Ambulatory Surgical Facility & Surgical Care*	100% of Allowable Charges	80% of URC
Basic Diagnostic Services	100% of Allowable Charges	80% of URC
Advanced Diagnostic and Imaging Services	100% of Allowable Charges	80% of URC
Outpatient Therapeutic Services	100% of Allowable Charges and $25 Copayment limited to 12 visits per Injury or Illness	80% of URC and $25 Copayment limited to 12 visits per Injury or Illness
Outpatient Oncology Treatment*	100% of Allowable Charges	80% of URC
Outpatient Reconstructive Surgery*	100% of Allowable Charges	80% of URC
Emergency Dental Treatment	100% of Allowable Charges maximum benefit $250 per tooth and $1,000 per policy period	80% of URC maximum benefit $250 per tooth and $1,000 per policy period
Palliative Dental Treatment	100% of Allowable Charges maximum benefit amount $600	80% of URC maximum benefit amount $600
Physician Services (Copayment waived at Student Health Center)		
Teladoc® Consultations	100% of Allowable Charges and $25 Copayment per visit	80% of URC and $25 Copayment per visit
Primary Care Visit	100% of Allowable Charges and $25 Copayment per visit	80% of URC and $25 Copayment per visit
Specialist Visit	100% of Allowable Charges and $25 Copayment per visit	80% of URC and $25 Copayment per visit
Outpatient Mental Illness	100% of Allowable Charges and $25 Copayment per visit	80% of URC and $25 Copayment per visit
Alternative Medicine	100% of Allowable Charges and $25 Copayment per visit limited to $500 per policy period	80% of URC and $25 Copayment per visit limited to $500 per policy period
Other Services		
Recreational Activities or Amateur Sports Benefit	100% of Allowable Charges	80% of URC
HIV/AIDS	100% of Allowable Charges	80% of URC

Royal Plus	In-Network In-Network Physician and In-Network Facility	Out-of-Network (subject to Usual, Reasonable and Customary charges (URC))
Alcohol and Substance Abuse* (rehabilitative only)	100% of Allowable Charges	80% of URC
Home Health Care	100% of Allowable Charges immediately following hospital discharge of at least 3 days	80% of URC immediately following hospital discharge of at least 3 days
Hospice or Palliative Care*	100% of Allowable Charges maximum benefit 45 days inpatient maximum benefit $5,000 outpatient	80% of URC maximum benefit 45 days inpatient maximum benefit $5,000 outpatient
Durable Medical Equipment	100% of Allowable Charges	80% of URC
Maternity Care and Birth Benefits		
Maternity Care* (subject to notification within 30 days of pregnancy confirmation)	100% of Allowable Charges	80% of URC
Elective Medical Abortions*	100% of Allowable Charges maximum benefit amount $1,500	50% of URC maximum benefit amount $1,500
Worldwide Coverage (outside of United States)	100% 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*	maximum benefit $50,000	
Medical Repatriation*	maximum benefit $25,000	
Repatriation of Mortal Remains*	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 counselor at the number 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.

Kimber Health
by NYWPG

BEYOND AFFORDABLE CARE

www.kimberhealth.com

The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by WellAway using the United Healthcare network. This document is for informational purposes only and is subject to change. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/ exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you, Kimber Health by NYWPG, WellAway nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document.

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