

Member Guide

Accessing Your Member Portal

Wellaway Limited Summer 2022

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How to Create & Access Your Personal Account

When your policy became active, you received an email inviting you to **"create a Member Portal Account"**. Click on this link and follow the instructions. Please note that you must use the email address to which this email was sent, to set up the account.



Dear @FirstName,

Welcome to WellAway! Your application has been approved and you may now begin to enjoy the benefits of being a WellAway member.

Please <u>create a Member Portal Account</u> (portal account must be created using the email address to which this message was delivered). To guide your through this process, we have attached our Member Portal Guide with step-by-step instructions.

Your member portal is a secure place to access your policy documents, as well as other important forms. At WellAway, we care about the environment and we encourage you to review all your documents when you log in to your member portal. This is the easiest and fastest way for you to obtain important information about your coverage. Your ID card will be mailed to you. If you would like us to send your policy documents by post as well, please let us know.

We provide a ten (10) day free look period from the effective date of your policy. Please review your policy carefully to familiarize yourself with the terms and conditions of the insurance product you have purchased.

If you have any questions about your coverage or setting up your member portal, you may reach a ConciergeCare counselor by calling +1(855) 773-7810 in the USA (can also be used via Skype from anywhere in the world). If you are outside the USA, you may call collect +1(786) 453-4008 or email ConciergeCare at <u>conciergecare@wellaway.com</u>.

Thank you for choosing WellAway.

The WellAway Team

Create Your Account Password

Important: Please note that you must use the email address to which this email was sent. This is the email address we have on file for your account and this is to ensure the security of your account.

How to create a good password:

- Must be at least 9 digits
- Use at least 1 capital letter (A, B, C,)
- Use at least 1 number (1, 2,3, ...)
- Use at least 1 special character (!, @, #, \$, *,&, ...)

Strong password: Well@way2016!

Weak password: wellawaylimited

When you're done click on "Create My account" and you will access your Member Portal.

How to Log-In to Your Account

- Step 1: Visit our website, www.wellaway.com
- Step 2: Click on Login at the top righthand corner of the page
- Step 3: Enter your account email address and password

*Our site is mobile friendly! Access your portal on the go!



Your Account - What is in the Member Portal?

Your Member Portal has been specially design to help you navigate through all your policy information. Within your Member Portal, you can...

- View your basic account information
- View your policy documents as well as retrieve a copy of your ID card and certificate of coverage as well as any forms you may need
- View your claims, your out of pocket costs, deductibles and download your Explanations of Benefits (EOB)
- Review transactions and know when your next payment is due. You can also update your credit card on file, and make a payment instantly- directly on our secure portal
- Search for a nearby provider or pharmacy
- Send us a message directly through the portal

We are always available to answer any questions. Phone: +1-855-773-7810 or +1-786-453-4008 Email: conciergecare@wellaway.com

My Account

Review your basic information on file with WellAway, by clicking on the '**My Account**' box at the top of the home page. Within this dashboard you can:

- view your general plan information
- view both your permanent address and address of destination
- view members covered under your policy
- view payment history, view pending payments, update the credit card on file or make a single payment

My Account

WellAway	My ID × 3	My Account		WellAway		My ID • A =	1 My Account 🗮 Make Payment
	· · · · · · · · · · · · · · · · · · ·	- (Home Payments			- /
Home Payments Welcome John!		Need Help		Welcome John!			Need Help
				John Doe			
PAYMENT INFOR	MATION			Address of origin		Communication Preferences	
Your next payment of \$10.1	00 is due on 12/01/2020, to make a payment click here!			18 Avenue Félix Faure Paris, Franche-Comte 69007 Edit address		I prefer electronic communication.	
Deductible	Out-of-Pocket Maximum	My Payments		Address of destination 123 test		Email Address	
		Your next payment of \$10.00 is due on 12/01/2020.		123 test miami , Florida 33126 If your address of destination has changed, pi	lease contact us as soon as possible at here.	jdoe@yah.com Edit email	
0%	0%	My Payments					
				Members			
				Policy Holder	John Doe	01/01/1990	
You have spent \$0.00 dollars towards your in-Network deductible of	You have spent \$0.00 dollars towards your out of pocket maximum of	Saved to Date		Payments			
\$0.00. View Details	\$0.00. View Details	\$0.00		Recurring amount: \$10.00		Make a single payment	
In-Network, Out-Network, & Non-Covered Com		This is the amount you have saved by subscribing to		Credit card: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX6329	Invoice	
\$0.00 \$0.00	\$0.00	- WelAwayi		Next payment due: Dec 01, 20 Update Credit Car			\$
In Network Out of Network		\sim		Prefer to pay your premium via wire tr		🗖 Process Payment	
		Providers					
in-Network providers. out of Network pro-				Payment History			
View Details View Details	View Details	((솔금))		Transaction Date A	mount Status		
Beerland Bell Aller				05/08/2020 \$	5.00 Transaction is approved.		
Recent Paid Claims		Search Providers			5.00 Transaction is approved.		
Start Date End Date Prov	der Claim Charge EOB			05/01/2020 \$	10.00 Transaction is approved.	View Invoices	
	View More	Contact					
				Plan Information Application Date: August 10, 201	•		
Pending Claims				Effective Date: May 01, 2020 Product: ORBE	1		
Start Date End Date	Provider Claim Charge			Plan: Gold			
	View More	Contact Us		Zone: 1 Status: Active			
Mr Desuments							
My Documents Medication Guide	Getting Started with Teladoc	Your Tax Statement					
UnitedHealthcare Welcome Guide	Policy Terms and Conditions						
Identification Card	Certificate						
View More							
		Get your 1095-B	(🧿 Help				

Home Dashboard

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Claims

Within the Member Portal, there are several ways to access your claims information. You can reach the claims search dashboard by clicking '**Recent Paid Claims**' or '**Pending Claims**'.

Deductible		Out-of-Pocke	t Maximum	My Payments	
0%			0%		0.00 is due on 12/01/2020. My Payments
You have spent \$0.00 dollars towards your in- \$0.00. View Details	Network deductible of	You have spent \$0.0 \$0.00. View Details	0 dollars towards your out of pocket maximum of	Saved to Date	\$0.00
View Details		View Details			This is the amount you have
In-Network, Out-Network, & N	on-Covered Comp	arison			saved by subscribing to WellAway!
\$0.00	\$0.00		\$0.00	33	
In Network	Out of Network		Non-Covered		
				Providers	
You have spent \$0.00 dollars towards your in-Network providers.	You have spent \$0.0 out of Network provid) dollars towards your lers.	You have spent \$0.00 dollars in non- covered services		\frown
View Details	View Details		View Details		
Recent Paid Claims				Se	arch Providers
Start Date End Date	e Provid	er	Claim Charge EOB		
			View More	Contact	
Pending Claims					
Start Date End	Date P	rovider	Claim Charge		C
			View More		Contact Us
My Documents				Your Tax Stateme	ent
		Getting Started wit			

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Claims

Within the claims dashboard you can search by date of service of the claim. You can also filter by claim type.



Within the dashboard, you can also find instructions to submit a claim by clicking 'How Do I Submit a Claim?' in the upper left hand corner of the screen. Fill out the applicable claim form and upload the form securely within the portal. We will receive the claim and be in touch with you about the status.

Submit Document
International Claim Form
This form should be submitted when making a claim for a covered service you received outside of the United States. For instructions on submitting a claim, click here.
US Claim Form
This form should be submitted when making a claim for a covered service you received for Dental and Vision services. Claims for medical services in the U.S. should be submitted directly by the provider.
Policy Change Form - English
Policy Change Form - French
If you would like to request to terminate coverage, add/remove a dependent, add/remove dental or vision benefits or add/remove maternity coverage from your current plan, please complete and return this form.
Document Type File Choose File no file selected Submit

My Deductible, Out-of-Pocket and Network Use (USA Only)

On your Member Portal, you can easily see how much money has been applied towards your deductible & out-of-pocket maximum.

Our system also considers whether an in-network or out-of-network provider was used and how much you were able to save.

Please note that these metrics are only applicable for services rendered in the United States.

You can reach these dashboards by clicking on the 3 options shown:

Deductible		Out-of-Pocket	Maximum
You have spent \$0.00 dollars towards your in-Netw \$0.00. View Details	vork deductible of	You have spent \$0.00 \$0.00. View Details	dollars towards your out of pocket maximum of
In-Network, Out-Network, & Non	-Covered Compar	ison	
\$0.00	\$0.00		\$0.00
In Network 📒	Out of Network 📒		Non-Covered
You have spent \$0.00 dollars towards your in-Network providers.	You have spent \$0.00 d out of Network provider		You have spent \$0.00 dollars in non- covered services
View Details	View Details		View Details

My Deductible, Out-of-Pocket and Network Use (USA Only)

The dashboards detail expenditures for each category for each member covered under the policy. You can also view claims.

Deductible	In Network	Out of Network
Family Deductible	\$0.00	
Family Deductible paid	\$0.00	21/
Remaining Family Deductible	\$0.00	0%
Coinsurance	0.00 %	
Out-of-Pocket Max	In Network	Out of Network
Family Out-of-Pocket Max:	\$0.00	
Family Out-of-Pocket Max paid	\$0.00	
Remaining Family Out-of-Pocket Max:		0%
Non-Covered	In Network	Out of Network
Non-Covered:	\$0.00	
ndividual Family Member D	etails	
John John John John John John John John	etails nn's Deductible and	l Out-of-Pocket
\frown		
Joh	nn's Deductible and	Out-of-Pocket 0 You have spent \$0.00 dollars towards your in-Network deductible of \$0.00.
John John John John John John John John	nn's Deductible and	0
John John John John John John John John	nn's Deductible and	0
John John John John John John John John	nn's Deductible and Deductible Met Dut-of-Pocket Spent	o You have spent \$0.00 dollars towards your in-Network deductible of \$0.00.
Joh View Claims	nn's Deductible and Deductible Met Dut-of-Pocket Spent	You have spent \$0.00 dollars towards your in-Network deductible of \$0.00. O You have spent \$0.00 dollars towards your out of pocket maximum of \$0.00.
John John John John John John John John	nn's Deductible and Deductible Met Dut-of-Pocket Spent	You have spent \$0.00 dollars towards your in-Network deductible of \$0.00. You have spent \$0.00 dollars towards your out of pocket maximum of \$0.00. You have spent \$0.00 dollars towards your out of pocket maximum of \$0.00.
John John John John John John John John	nn's Deductible and Deductible Met Dut-of-Pocket Spent	You have spent \$0.00 dollars towards your in-Network deductible of \$0.00. 0 You have spent \$0.00 dollars towards your out of pocket maximum of \$0.00.

Documents and Forms

Your Policy documents and important forms can be found on the home page by clicking 'View More' under the 'My Documents' section.

					Search Providers
Start Date	End Date	Provider	Claim Charge	EOB	
					Contact
				View More	
Pending Claims					
Start Date	End Date	Provider	Claim Ch	2750	
		rionder			
				View More	Contact Us
My Documents					Your Tax Statement
Medication Guide		Getting Starte	d with Teladoc		\frown
UnitedHealthcare Welc	ome Guide	Policy Terms	and Conditions		
Identification Card		Certificate			
View More					
					Get your 1095-B
Appeals					

Your Policy Documents Include:

- Policy Terms and Conditions
- ID Card
- Certificate of Coverage
- Medication Guide (if applicable)
- Other useful documents

Forms Include:

- Claim Forms
- Release of Health Information
- Policy Change Form
- Change of Contact Information form
- ACH Form
- Wire Instructions

Documents and Forms

WellAway.com				Logout	
WellAway		MyID►R≣	L My Account	🖬 Make Payment	
Documents				Need Help 💡	
My Documents		Forms			
Medication Guide	Getting Started with Teladoc	US Claim Form			
UnitedHealthcare Welcome Guide	Policy Terms and Conditions	This form should be submitted when making a States. For instructions on submitting a claim,		ived outside of the United	
Identification Card	Certificate	International Claim Form			
		This form should be submitted when making a States. For instructions on submitting a claim,		ived outside of the United	

Authorization for Release of Health Information

If you would like someone other than yourself to communicate with providers about your care, this form is required to be completed and submitted.

Policy Change Form - English

If you would like to request to terminate coverage, add/remove a dependent, add/remove dental or vision benefits or add/remove maternity coverage from your current plan, please complete and return this form.

Policy Change Form - French

If you would like to request to terminate coverage, add/remove a dependent, add/remove dental or vision benefits or add/remove maternity coverage from your current plan, please complete and return this form.

Wire Instructions

If you would like to pay your premium by wire, these are the instructions to make a payment to our bank.

Change of Contact Information

If you need to update your contact information, please complete and submit this form.

International ACH Form (outside the USA)

To receive reimbursements directly deposited into your international account, please complete and submit this form.

ACH Form (in USA)

To receive reimbursements directly deposited into your account in the United States, please complete and submit this form.

Payments

There are several ways to access the payment dashboard on your portal.

On the top of the home page, you can see the payment information banner indicating when your next payment is due and the amount. You can also access the dashboard by clicking:

- on the '**Payments**' link, next to Home on the top left corner of the home page
- by clicking 'Make Payment' on the top right corner of the home page
- by clicking the box on the right-hand side called 'My Payments'
- by clicking on "My Account"

Wellaway Hom Payments Welsome John			My ID⊁ 👧		My Account
PAY	MENT INFORMA	TION			
Your r	ext payment of \$10.00 is	due on 12/01/2020,	to make a payment click here!	\frown	
Deductible		Out-of-Pocke	t Maximum	Wy Payments Your next payment of	\$10.00 is due on 12/01/2020. My Payments
You have spent \$0.00 dollars towards your in-N \$0.00. View Details In-Network, Out-Network, & No		\$0.00. View Details	0 dollars towards your out of pocket maximum of	Saved to Date	\$0.00 This is the amount you have saved by subscribing to
\$0.00	\$0.00 Out of Network		\$0.00 Non-Covered	- A A A A A A A A A A A A A A A A A A A	WellAway!
You have spent \$0.00 dollars towards your in-Network providers. View Details	You have spent \$0.00 do out of Network providers View Details		You have spent \$0.00 dollars in non- covered services View Details	Providers	

Payments

Within the payment dashboard, you can view your transaction history, make a single payment and update your credit card on file.

Payments			
Recurring amount: Credit card: Next payment due:	\$10.00 XXXXXXXXXXXX6329 Dec 01, 2020		Make a single payment Invoice
Update	Credit Card		
Prefer to pay your premi	um via wire transfer?		🚍 Process Payment
Payment History Transaction Date	Amount	Status	
Transaction Date	Amount \$5.00	Status Transaction is approved.	

Finding a Provider

To search for providers, use our Provider Search.

• There are 2 places to access the provider search links on the home page:

Home dashboard



Right side on main dashboard

• You will then be redirected to our provider search site, where you can select the applicable search that is needed.

We are always available to answer any questions. Phone: +1-855-773-7810 or +1-786-453-4008 Email: conciergecare@wellaway.com

How to Add Our Portal to Your Mobile Device

iPad or iPhone

- 1. Launch "Safari" app. This does not work from the "Chrome" app.
- 2. Enter into the address field https://portal.wellaway.com/login. Tap "Go."
- 3. Tap the icon featuring a right-pointing arrow coming out of a box along the top of the Safari window to open a drop-down menu.
- 4. Tap "Add to Home Screen." The Add to Home dialog box will appear, with the icon that will be used for this website on the left side of the dialog box.
- 5. Enter the name for the shortcut using the on-screen keyboard and tap "Add." Safari will close automatically and you will be taken to where the icon is located on your iPad's desktop.

Android

- 1. Launch "Chrome" app.
- 2. Open https://portal.wellaway.com/login.
- 3. Tap the menu icon (3 dots in upper right-hand corner) and tap Add to homescreen.
- 4. You'll be able to enter a name for the shortcut and then Chrome will add it to your home screen.

You may reach a ConciergeCare counselor at any time by calling +1-855-773-7810 in the U.S. or if you are outside of the U.S., you may call us collect at +1-786-453-4008 or email ConciergeCare at conciergecare@payerfusion.com.

Thank You!

If you have any questions regarding your member portal, please contact your ConciergeCare counselor at conciergecare@wellaway.com

