



**New American  
Premier Freedom 4500  
Brochure**

[wellaway.com](http://wellaway.com)

**WellAway**

January 2023

# Why choose Wellaway?

**WellAway is a truly international private medical insurance company with health plans for today's global citizen.**

You are always our priority. Our cultural diversity allows members to be serviced with the utmost consideration for their expatriate lifestyle. With worldwide coverage and access to the UnitedHealthcare Global network of over 1.2M+ providers in the U.S., we aim to provide stability and security for individuals, families and groups on the forefront of health insurance globalization.



- ✓ **Emergency Medical Assistance**
- ✓ **Multi-Lingual Customer Service**
- ✓ **Telemedicine Services**
- ✓ **Competitive Prices**
- ✓ **Customizable Group Plans**

## 24/7 ConciergeCare

### Professional customer support

WellAway provides white glove customer service and expertise in international medical insurance with innovative benefits and resources. Our 24/7 multi-lingual ConciergeCare services are designed with you in mind. Let us help with setting up appointments, go in-depth with explanation of benefits or find a provider that's right for you.

- Provider search assistance
- Disease management
- 24/7 emergency medical assistance & evacuation
- Appointment setting with best-in-class providers
- White glove customer service
- Multi-lingual



Our Health Partner: Teladoc



# Access to your doctor 24/7 (USA only)

Teladoc Health transforms how people access healthcare globally. Providing a new kind of healthcare experience, one with better convenience, outcomes and value.

- Talk to a doctor anytime, when you are in the USA.
- Receive quality care via phone, video or mobile app.
- Prompt treatment. Talk to your doctor in minutes.
- A network of doctors that can treat every member of the family.
- Prescriptions sent to pharmacy of choice if medically necessary.
- Teladoc is less expensive than the ER or urgent care.

## Get The Care You Need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!



Talk to a doctor any time! [Teladoc.com](http://Teladoc.com) 1-800-TELADOC (835-2362)

Available on the iPhone ANDROID APP ON

Our Health Partner: UnitedHealthcare Global



# Networks that deliver greater accountability and value.

With nearly 1.2M+ providers across the country, we have networks designed to help you better control costs and meet the unique healthcare needs of our members.



**643**  
Centers of Excellence



**1,800+**  
Convenience Care Centers



**6,500+**  
Hospitals



**111K+**  
UnitedHealth Premium®  
Care Physicians  
(Those meeting UnitedHealth Premium  
Quality and Cost Efficiency Criteria)



**1.2M+**  
Doctors and Health Professionals

# New American Premier Freedom 4500

**ACA-compliant coverage specifically for US-bound expatriates with international coverage for up to 180 days.**

The New American is an all-encompassing health & lifestyle product designed to meet the needs of US-bound expatriates. Our comprehensive health product has USA-compliant coverage and support tools that allow members to rest assured that they are abiding by the United States' health insurance mandates. All plans meet the minimum essential coverage required by the Affordable Care Act, including unlimited annual maximums.

Our members are comforted knowing that home is always with them in all matters relating to their health and well-being. The New American provides health benefits, wellness tools and access to medical services designed for the expatriate lifestyle. Feel empowered with WellAway's assistance in finding the right medical provider in your area from our expansive network of healthcare professionals or allowing you to request second medical opinions for complex diagnoses. We are committed to developing a complete support system for foreign nationals.

## Coverage Highlights

Annual Limit:  
**UNLIMITED**

**For US-bound expatriates seeking health and wellness solutions to maintain their expat lifestyles.**

- Fully accredited plan for coverage in the USA, meeting all Minimum Essential Coverage requirements as mandated by the Affordable Care Act.
- Deductible: \$4,500 individual, \$9,000 family  
Annual Out-of-Pocket Maximum: \$7,150 individual, \$14,300 family
- Provider Access within the U.S.: as an exclusive member, you are covered at 100% of Usual, Reasonable and Customary charges when receiving care by Premium Care Physicians and at In-Network Facilities with UnitedHealthcare Global.
- Worldwide coverage available for up to 180 days per benefit period. 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.
- Our plans are flexible to meet your needs. Dental & vision coverage are available.
- Unmarried dependent children are covered up to age 26.
- 24/7 multi-lingual ConciergeCare service included at no extra cost.

# New American Premier Freedom 4500 Summary of Benefits

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All benefits are subject to Usual, Reasonable and Customary Charges. Our ConciergeCare team will help you locate the most appropriate Provider for you and assist you in scheduling an appointment.

## Important Points You Should Know

- The UnitedHealth Premium® program has a wide network of providers which have been evaluated based on cost and quality of health care. The program evaluates physicians in various specialties using evidence-based medicine and national standardized measures to help you locate quality and cost-efficient providers. It's easy to find a UnitedHealth Premium Care Physician when you visit <https://www.wellaway.com/provider-search/> and click on UnitedHealthcare. Click **Find a Doctor** and look for the blue hearts.
- When Premium Care Physicians and/or In-Network Facilities with UnitedHealthcare Global are not available within a 50-mile radius of your local residence, claims will be reimbursed at the applicable Premium Care Physician and/or In-Network Facility amount as specified under your Summary of Benefits.
- Benefits are shown per person, per benefit period.

## USA Benefits

- Maximum amounts apply to certain services.
- All benefits are subject to Usual, Reasonable and Customary charges based on the geographic location where services are rendered.
- Pre-authorization is required for certain services. Please refer to the terms and conditions of the policy.
- You have access to special claims and administrative services within the USA.
- We provide you with access to more than 1.2M+ providers with UnitedHealthcare Global.

## Worldwide Benefits (Available for up to 180 days per benefit period)

- Maximum amounts apply to certain services.
- All benefits are subject to Usual, Reasonable and Customary Fees based on the geographic location where services are rendered.
- Pre-authorization is required for certain services. Please refer to the terms and conditions of the policy.
- Guarantee of Payment available upon hospital discretion to accept payment from WellAway.

# Limit & Cost Sharing

	Worldwide	Premium Care Physician and In-Network Facility	Out-of-Network
<b>Annual limit</b>	\$1,000,000	Unlimited	Unlimited
<b>Deductible</b>	No Deductible	\$4,500 individual \$9,000 family	\$9,000 individual \$18,000 family
<b>Coinsurance</b>	30%	30%	50%
<b>Out-of-pocket maximum</b>	\$0	\$7,150 individual \$14,300 family	\$14,300 individual \$28,600 family

# Wellness Care

*These services must be performed in a Premium Care Physician's office or in an In-Network, free standing diagnostic center. This will maximize your benefit and reduce your costs.*

	Worldwide	Premium Care Physician and In-Network Facility	Out-of-Network
<b>Adult Wellness Care</b>  Periodic routine health exams, routine gynecological exams, immunizations and related preventive services such as prostate specific antigen (PSA), routine mammograms and pap smears. Your physician will measure your height, weight, blood pressure and take other routine measurements; review your medical and family history; assess your risk factors and treatment options; review your health risk assessment questionnaire; update your list of providers and prescriptions; look for signs of cognitive impairment; and set up a screening schedule for appropriate preventive services.	30% Coinsurance	100%	Not covered
<b>Child Wellness Care</b>  Periodic age specific physical examinations and developmental assessments; office visit; health history; hearing examinations; age related diagnostic tests; vaccination and immunization necessary for prevention; and track growth and development in accordance with pediatric guidelines.	30% Coinsurance	100%	Deductible then 50% Coinsurance
Preventive dental services for children under 19 (includes oral exams, cleaning and fluoride treatment every 6 months, sealants every 36 months, space maintainers, and x-rays every 6 months)	30% Coinsurance	100%	Deductible then 50% Coinsurance
Eye exams and eye glasses for children under 19 (includes one eye exam and one pair of glasses every benefit period)	30% Coinsurance	100%	Deductible then 50% Coinsurance

# Services that Require Hospitalization

	Worldwide	Premium Care Physician and In-Network Facility	Out-of-Network
<b>Hospitalization*</b>	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Emergency room*</b> When your symptoms are severe and your health is in jeopardy, causing loss of life, limb or death (medically necessary)	30% Coinsurance	\$260 co-payment	\$260 co-payment then 50% Coinsurance
<b>Rehabilitative services*</b> (treatment of CVA, head injury, spinal cord injury, or as required as a result of post-operative brain surgery when certain criteria are met)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Habilitative services*</b> (occupational, physical and speech therapy when certain criteria are met)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Physician services</b> (consultations by a physician or specialist while inpatient only when medically necessary)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Behavioral health services*</b> (mental health & substance use disorder services)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Surgical procedures and surgeon fees (inpatient)*</b> <ul style="list-style-type: none"> <li>Refers to the fees charged by the main surgeon that performed the surgical procedure</li> <li>Some complex medical procedures may require an assistant surgeon or co-surgeon performing services (maximum coverage amount is 20% of the approved fees for the main surgeon). This applies only to procedures for which an assistant surgeon or co-surgeon is indicated by evidence based medicine.</li> <li>Services provided by an anesthesiologist during a covered surgical procedure is a covered service by an in-network provider (maximum coverage amount is 30% of the approved fees for the main surgeon).</li> </ul>	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Oncology treatment, drugs &amp; reconstructive surgery*</b> <ul style="list-style-type: none"> <li>Oncology treatment includes chemotherapy, radiation or pharmaceutical treatments which have approved efficacy and market distribution</li> <li>Reconstructive surgery due to illness or injury e.g., breast reconstruction or other bodily reconstruction due to trauma, infection, tumors or disease that will improve function and ability</li> </ul>	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Organ transplant</b> (includes heart, lung, heart and lung, kidney, pancreas, kidney and pancreas, liver, cornea, allogenic and autologous bone marrow and peripheral stem cell transplants)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Emergency ambulance services</b> (from emergency location to nearest facility, from one hospital to another, or from hospital to your home or skilled nursing facility)	30% Coinsurance	\$110 co-payment	

\* Pre-authorization required

# Outpatient Care

**Worldwide**      **Premium Care Physician and In-Network Facility**      **Out-of-Network**

*These services must be performed in a Premium Care Physician's office or in an In-Network, free standing diagnostic center. This will maximize your benefit and reduce your costs.*

	Worldwide	Premium Care Physician and In-Network Facility	Out-of-Network
<b>Urgent care center</b>	30% Coinsurance	\$60 co-payment	\$110 co-payment
<b>Outpatient ambulatory surgical facility &amp; surgical care*</b> <ul style="list-style-type: none"> <li>Free-standing only</li> <li>Some complex medical procedures may require an assistant surgeon or co-surgeon performing services (maximum coverage amount is 20% of the approved fees for the main surgeon). This applies only to procedures for which an assistant surgeon or co-surgeon is indicated by evidence based medicine.</li> <li>Services provided by an anesthesiologist during a covered surgical procedure is a covered service by an in-network provider (maximum coverage amount is 30% of the approved fees for the main surgeon)</li> </ul>	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Oncology treatment, drugs &amp; reconstructive surgery*</b> <ul style="list-style-type: none"> <li>Oncology treatment includes chemotherapy, radiation or pharmaceutical treatments which have approved efficacy and market distribution</li> <li>Reconstructive surgery due to illness or injury e.g., breast reconstruction or other bodily reconstruction due to trauma, infection, tumors or disease that will improve function and ability</li> </ul>	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Basic diagnostic services and laboratory tests</b> When performed in a physician's office or in a free-standing non-hospital facility, e.g., x-rays, ultrasounds, EKG, colonoscopy, heart cardiac test, echocardiography, stress test (this list is not exclusive)	30% Coinsurance	\$60 co-payment	Deductible then 50% Coinsurance
<b>Advanced diagnostic and imaging services*</b> When performed in a free-standing non-hospital facility, e.g., MRI, CT scans, PET scans, MRA, angiography, nuclear imaging, biopsy, CTA, CT coronary angioplasty, diagnostic colonoscopy/endoscopy (this list is not exclusive)	30% Coinsurance	\$110 co-payment	Deductible then 50% Coinsurance
<b>Rehabilitative services</b> (for treatment of CVA, head injury, spinal cord injury, or as required as a result of post-operative brain surgery when certain criteria are met)	30% Coinsurance (limited to 20 visits per benefit period)	\$40 co-payment (limited to 20 visits per benefit period)	Deductible then 50% Coinsurance (limited to 20 visits per benefit period)
<b>Habilitative services</b> (limited to occupational, physical and speech therapy when certain criteria are met)	30% Coinsurance (limited to 20 visits per benefit period)	\$40 co-payment (limited to 20 visits per benefit period)	Deductible then 50% Coinsurance (limited to 20 visits per benefit period)

\* Pre-authorization required



# Outpatient Care

Worldwide

Premium Care  
Physician and  
In-Network Facility

Out-of-Network

These services must be performed in a Premium Care Physician's office or in an In-Network, free standing diagnostic center. This will maximize your benefit and reduce your costs.

<b>Outpatient physical therapy</b> (physical therapy and spinal manipulation when restoring function loss due to a medical condition or to attain age appropriate function for activities of daily living - treatment plan must be provided)	30% Coinsurance (limited to 40 visits per benefit period)	Deductible then 30% Coinsurance (limited to 40 visits per benefit period)	Deductible then 50% Coinsurance (limited to 40 visits per benefit period)
<b>Outpatient chiropractic &amp; spinal manipulation</b> (chiropractic services and spinal manipulation <i>(to correct a slight dislocation of a bone or joint that is demonstrated by x-ray)</i> when restoring function loss due to a medical condition or to attain age appropriate function for activities of daily living - treatment plan must be provided)	30% Coinsurance (limited to combined 15 visits per benefit period)	Deductible then 30% Coinsurance (limited to combined 15 visits per benefit period)	Deductible then 50% Coinsurance (limited to combined 15 visits per benefit period)
<b>Behavioral health services*</b> (outpatient facility for mental health & substance use disorder services)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Emergency dental services</b> (due to damage to natural sound teeth which is treated within 62 days of the accidental dental injury)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Vision services</b> (for the treatment of aphakia, injury to or diseases of the eyes and glasses or lenses following cataract surgery)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance

# Physician Services

<b>Teladoc® consultations</b> (for illnesses including cold & flu symptoms, allergies, pink eye, respiratory infection, sinus problems and skin problems)	Not available	\$10 co-payment Limited to 12 visits per benefit period	Not covered
<b>Primary care</b> (includes general consultation, primary care visit, check-ups, office visits, and gynecologist when designated as your primary care physician)	30% Coinsurance	\$30 co-payment	Deductible then 50% Coinsurance
<b>Specialist consultation</b>	30% Coinsurance	\$50 co-payment	Deductible then 50% Coinsurance
<b>Behavioral health*</b> (includes office visit, diagnostic evaluation, psychiatric treatment, individual therapy, and group therapy rendered to you by a physician, psychologist or mental health professional for the treatment of a mental health illness or substance use disorder)	30% Coinsurance	\$50 co-payment	Deductible then 50% Coinsurance
<b>Allergy testing &amp; treatment*</b> (includes injections for allergies, may include desensitization therapy and the cost of hypo-sensitization serum)	30% Coinsurance	\$50 co-payment	Deductible then 50% Coinsurance

\* Pre-authorization required

# Maternity Care

(member must notify WellAway within 30 days of pregnancy confirmation)

**Worldwide**

**Premium Care  
Physician and  
In-Network Facility**

**Out-of-Network**

<b>Prenatal and postnatal physician consultations</b>	30% Coinsurance	Paid in Full	Deductible then 50% Coinsurance
<b>Labor and delivery</b> Hospital stay minimum 48 hours for normal delivery and 96 hours for c-section (includes hospital, obstetrician, midwife, anesthesiologist, pediatrician (well baby) for a normal delivery)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Complications of Pregnancy</b> (mother only) miscarriage, preeclampsia, ectopic pregnancy and c-section	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Birth center</b>	30% Coinsurance	\$310 co-payment	Deductible then 50% Coinsurance
<b>Newborn care</b> (a newborn child who is properly enrolled will be covered from the moment of birth for injury or illness, including routine care, and the necessary care or treatment of medically diagnosed congenital defects, birth abnormalities and premature birth)	30% Coinsurance	Deductible then 30% Coinsurance	Not covered
<b>Infertility treatment</b>	Not covered	Not covered	Not covered
<b>Sterilization</b> (surgical sterilizations, tubal ligations and vasectomies only)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance

# Prescription Drugs

**Worldwide**

**EHIM In-Network  
Pharmacy**

**Out-of-Network**

<b>Preventive</b>	30% Coinsurance	100%	Not covered
<b>Generic</b>	30% Coinsurance	\$15 co-payment	Not covered
<b>Brand</b>	30% Coinsurance	\$30 co-payment	Not covered
<b>Non-preferred brands</b>	30% Coinsurance	\$60 co-payment	Not covered
<b>Specialty</b>	30% Coinsurance	\$110 co-payment	Not covered

## Other Services

	Worldwide	Premium Care Physician and In-Network Facility	Out-of-Network
<b>Skilled nursing facility*</b> (care must begin within 14 days following your hospital stay)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Home healthcare*</b> (care must begin within 14 days following your hospital stay, prescribed by a physician and provided under the supervision of a registered nurse)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Hospice*</b> (accommodation, nursing care and support for the treatment of end of life stages which must be approved by a physician)	30% Coinsurance	Deductible then 30% Coinsurance	Not covered
<b>Dialysis</b> (includes equipment, training and medical supplies at a licensed provider location or dialysis center)	30% Coinsurance	\$310 co-payment	Deductible then 50% Coinsurance
<b>Durable medical equipment</b> (helps to complete your daily activity and includes walker, wheelchair, crutches, canes, oxygen equipment, hearing aids or other equipment that can withstand repeated use which must be medically necessary and prescribed by a physician)	30% Coinsurance	Deductible then 30% Coinsurance	Deductible then 50% Coinsurance
<b>Cryotherapy</b>	up to \$100 per session limited to \$500 per benefit period		

## Evacuation & Repatriation

<b>Medical evacuation</b>	Paid in full up to \$120,000 limit per covered person, per benefit period
<b>Medical repatriation</b>	Paid in full up to \$50,000 lifetime limit per covered person
<b>Repatriation of mortal remains</b>	Paid in full up to \$25,000 lifetime limit per covered person

\* Pre-authorization required

# Dental and Vision Coverage (Optional)

Dental & Vision benefits are offered as a package and may **not** be purchased separately

**Maximum Benefits** \$3,500 per Policy Year

**Deductible** \$100 Lifetime

**Preventative** 100%  
(deductible not applicable)

Dental Benefit	First Year	Second Year	Third Year
<b>Basic Routine</b>	65%	80%	90%
<b>Major Restorative</b>	25%	50%	65%
<b>Orthodontic treatment</b> (subject to 6 month waiting period, \$1,200 Lifetime maximum per child and \$600 Annual Limit)	10%	25%	50%

## Vision Benefit (Available after member has been covered for 6 months)

<b>Routine Vision Exam</b> One Vision Exam per year. Includes any fees for contact lens fitting.	\$75 \$10 copay
<b>Frames</b> Limited to one per benefit period.	Paid in full up to \$225
<b>Lenses</b> Single vision, bifocal, trifocal Limited to one every 24 months.	Paid in full up to \$200
<b>Contact Lenses</b> In lieu of frames	Paid in full up to \$225

# WellAway

Keeping You Well, While You're Away.®



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