



Helio & Cromo Plans Comparison & Benefit Highlights

PLANS BENEFITS HIGHLIGHTS	Helio 100	Helio 100+	Helio 500	Cromo	Cromo Plus
Worldwide Coverage (excluding country of origin)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Eligibility	valid F-1 and M-1 visas in USA / ages 17 to 45 / Non-US citizen	valid F-1 and M-1 visas in USA / ages 17 to 45 / Non-US citizen	valid F-1 and M-1 visas in USA / ages 17 to 45 / Non-US citizen	valid F-1 and M-1 visas in USA / ages 17 to 45 / Non-US citizen	valid F-1 and M-1 visas in USA / ages 17 to 45 / Non-US citizen
Limit & Cost Sharing					
Policy Limit	Unlimited	Unlimited	Unlimited	\$250,000 (\$100,000 per illness or injury)	\$500,000 (\$250,000 per illness or injury)
Deductible	\$100	\$100	\$500	\$100 per injury	\$100 per injury
Coinsurance	20%	10%	20%	0%	0%
Out-of-Pocket Maximum	\$5,000 per Insured Person/ \$10,000 per Family	\$2,500 per Insured Person/ \$10,000 per Family	\$5,000 per Insured Person/ \$10,000 per Family	Unlimited	Unlimited
Pre-existing conditions	Students: No limitation / Dependents: 24-month Waiting Period	Students: No limitation / Dependents: 24-month Waiting Period	Students: No limitation / Dependents: 24-month Waiting Period	Students: 6-month Waiting / Dependents: 24-month Waiting Period	Students: 6-month Waiting / Dependents: 24-month Waiting Period
Medical					
Hospitalization	covered	covered	covered	covered	covered
Emergency Room Copayment	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 (waived if admitted)	\$250 (waived if admitted)	\$250 (waived if admitted)
Inpatient & Outpatient Mental Illness	covered	covered	covered	covered	covered
Outpatient Ambulatory Surgery	covered	covered	covered	covered	covered
Outpatient Physician	\$25 copayment (waived at Student Health Center)	\$25 copayment (waived at Student Health Center)	\$25 copayment (waived at Student Health Center)	covered	covered
Alternative Medicine	\$500	\$500	\$500	N/A	N/A
Outpatient therapeutic services	Limited to 12 visits per injury or illness	Limited to 12 visits per injury or illness	Limited to 12 visits per injury or illness	Limited to \$35 per visit and maximum 12 visits	Limited to \$35 per visit and maximum 12 visits
Pharmacy Benefits (including contraceptives)	\$10 Copayment Generic and \$40 Copayment Brand	\$10 Copayment Generic and \$40 Copayment Brand	\$10 Copayment Generic and \$40 Copayment Brand	\$100 per illness or Injury \$20 Copayment Generic and \$40 Copayment Brand	\$100 per illness or Injury \$20 Copayment Generic and \$40 Copayment Brand

PLANS BENEFITS HIGHLIGHTS	Helio 100	Helio 100+	Helio 500	Cromo	Cromo Plus
Wellness, Preventive Services & Immunizations	covered and deductible does not apply	covered and deductible does not apply	covered and deductible does not apply	N/A	up to \$250 maximum
Dental					
Emergency Dental Coverage	\$1,000 per policy period and \$250 per tooth	\$1,000 per policy period and \$250 per tooth	\$1,000 per policy period and \$250 per tooth	\$500 per tooth	\$500 per tooth
Palliative Dental Treatment	\$600 per period of insurance	\$600 per period of insurance	\$600 per period of insurance	N/A	N/A
Sports					
Amateur/Recreational Sports Coverage	covers injuries arising from Interscholastic, Intramural, and Club sports	covers injuries arising from Interscholastic, Intramural, and Club sports	covers injuries arising from Interscholastic, Intramural, and Club sports	N/A	N/A
Maternity					
Pregnancy and Newborn Care	covered	covered	covered	\$5,000 for normal delivery and \$7,500 for medically necessary c-section	\$5,000 for normal delivery and \$7,500 for medically necessary c-section
Transportation/Evacuation					
Emergency Ground Ambulance	covered	covered	covered	covered	covered
Medical Evacuation and Repatriation	100%	100%	100%	100%	100%
Repatriation of Mortal Remains	100%	100%	100%	100%	100%
Accidental Death & Disability					
Accidental Death & Dismemberment	\$30,000 / \$15,000	\$30,000 / \$15,000	\$30,000 / \$15,000	\$10,000 / \$5,000	\$10,000 / \$5,000

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