



Cromo
Brochure

wellaway.com

WellAway^o

07/01/2024-06/30/2025

Why choose Wellaway?

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

You are always our priority. Our cultural diversity allows members to be serviced with the utmost consideration for their expatriate lifestyle. With access to the UnitedHealthcare Options PPO network of over 1.2M+ providers in the U.S., we aim to provide stability and security for international students.



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

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



💰 **ConciergeCare services are at no extra cost to you.**

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 1-800-TELADOC (835-2362)

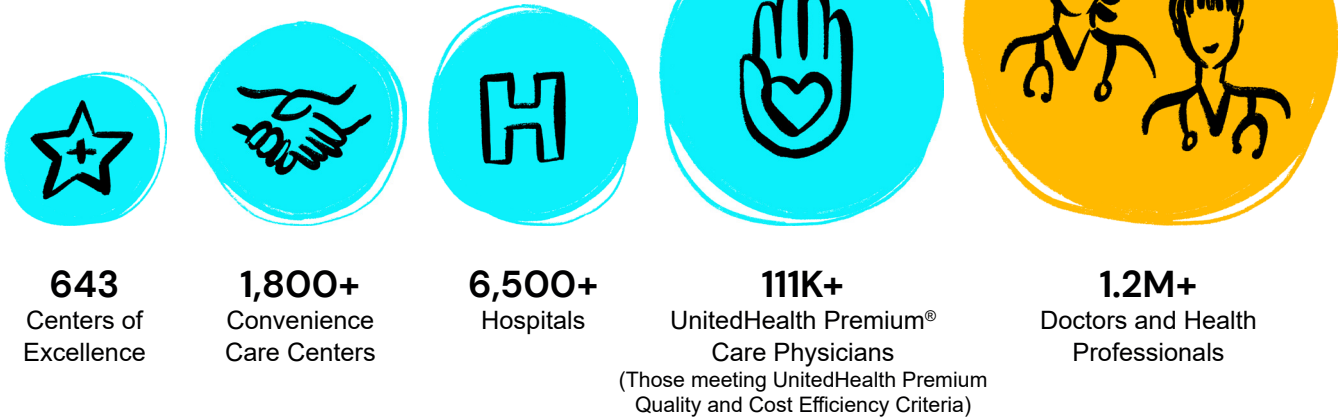



Our Health Partner: UnitedHealthcare Options PPO



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 health care needs of our members.



Cromo Plans

(U.S. bound students only)

Our Cromo plans are dedicated to students with F-1, J-1 or M-1 visas and offer comprehensive and very affordable health insurance to students going to the USA for an undergraduate or graduate program.

We understand the importance of education and how peace of mind and well-being directly impact learning and personal growth. Cromo provides the vital benefits and more, to seamlessly navigate your world with wellness and security. We have knowledge and experience with reliable solutions you can trust.

Cromo is designed to keep health expenses low, while meeting university requirements and the U.S. Department of State regulations.

Coverage Highlights

Annual aggregate maximum:

Cromo: \$250,000 (\$100,000 per illness or injury)
Cromo Plus: \$500,000 (\$250,000 per illness or injury)

Let us care for your health while you care for your goals. Stable and secure coverage for students and scholars.

- Meets minimum U.S. health insurance requirements for valid F-1, M-1 or J-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 by Premium Care Physicians and at In-Network Facilities with UnitedHealthcare Options PPO
- Worldwide Coverage (excluding Home Country) Please note that M1/M2 visa holders are not eligible for worldwide coverage outside the United States.
- 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.
- 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 (Students: 6-month Waiting Period / Dependents: 24-month Waiting Period)
- 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.

Cancelation 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.

Benefits

| | Cromo | Cromo Premier |
|--|---|---|
| Area of Coverage | Worldwide excluding Home Country | Worldwide excluding Home Country |
| Maximum Limit per Illness or Injury | \$100,000 | \$250,000 |
| Pre-Existing Condition limitation | Students: Yes (6-month Waiting Period) Dependents: Yes (24-month Waiting Period) | Students: Yes (6-month Waiting Period) Dependents: Yes (24-month Waiting Period) |

| Deductible | Cromo | | Cromo Premier | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| In-Network and Out-of-Network Deductibles accrue separately | \$100 per Injury or Illness | \$200 per Injury or Illness | \$100 per Injury or Illness | \$200 per Injury or Illness |
| Copayments do not apply towards Deductible | | | | |

| Copayments | Cromo | Cromo Premier |
|-------------------------|----------------------------|----------------------------|
| Student Health Center | \$0 | \$0 |
| Office Visit | \$25 | \$0 |
| Urgent Care | \$45 | \$0 |
| 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 | Cromo | Cromo Premier |
|-----------------------------------|--------------------------|--|
| In-Network Physician and Facility | 80% of Allowable Charges | 80% of Allowable Charges (unless otherwise stated) |
| Out-of-Network Providers | 60% of URC | 60% of URC |

| Out-of-Pocket Maximum | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Reasonable and Customary charges (URC)) | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Reasonable and Customary charges (URC)) |
|--|---|---|---|---|
| Deductible and Copayments (including Prescription Medication) do not apply towards Out-of-Pocket Maximum | \$6,950 per Insured Person \$13,990 per Family | Unlimited per Insured Person Unlimited per Family | \$6,950 per Insured Person \$13,990 per Family | Unlimited per Insured Person Unlimited per Family |

| Outpatient Medication Program | |
|---|--|
| EHIM In-Network Pharmacy / On-Campus Pharmacy | Tier 1: \$20 Copayment Tier 2: \$40 Copayment Tier 3: \$60 Copayment |
| Out-of-Network | Not covered |

| Benefits | Cromo | | Cromo Premier | |
|----------|---|---|---|---|
| | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Reasonable and Customary charges (URC)) | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Reasonable and Customary charges (URC)) |

Pre-Attendance University Requirements

(Deductible does not apply)

| | | | | |
|--|---------------------------|-------------|---------------------------|-------------|
| Immunizations (must be obtained at the Student Health Center or at an EHIM In-Network pharmacy) | 100% of Allowable Charges | Not covered | 100% of Allowable Charges | Not covered |
| TB Testing (Policyholder only and must be performed in an independent free-standing laboratory or student health center) | 100% of Allowable Charges | Not covered | 100% of Allowable Charges | Not covered |

Wellness and Preventive Services

(Deductible does not apply)

| | | | | |
|---|-------------|-------------|-------------------------------|-------------|
| Adult Wellness Visit and Preventive Services | Not covered | Not covered | 100% Maximum benefit \$250 | Not covered |
| Well Childcare Visits | | | | |

Services That Require Hospitalization

| | | | | |
|---|---|---|---|---|
| Pre-admission Testing | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Hospitalization | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Inpatient Treatment For Mental Illness | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Emergency Medical Services in an Emergency Room If you use an emergency room in the Hospital for a non-emergency service, the services will not be covered. | 80% of Allowable Charges \$250 Copayment (waived if admitted) | 60% of URC \$250 Copayment (waived if admitted) | 80% of Allowable Charges \$250 Copayment (waived if admitted) | 60% of URC \$250 Copayment (waived if admitted) |
| Inpatient Physician, Osteopath and Specialist Services | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Inpatient Ancillary Hospital Services | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Inpatient Oncology Treatment | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Inpatient Reconstructive Surgery | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Inpatient Surgical Procedures | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Emergency Ground Ambulance | 80% of Allowable Charges | | 80% of Allowable Charges | |

Cromo

Cromo Premier

Benefits

| | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Reasonable and Customary charges (URC)) | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Reasonable and Customary charges (URC)) |
|--|--|--|--|--|
|--|--|--|--|--|

Outpatient Care

It is indicated 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 and avoid Site of Service Differential costs.

| | | | | |
|---|--|--|---|---------------------------------------|
| Urgent Care Clinic / Facility | 80% of Allowable Charges and \$45 Copayment | 60% of URC and \$45 Copayment | 80% of Allowable Charges | 60% of URC |
| Outpatient Ambulatory Surgical Facility & Surgical Care | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Routine X-rays and Laboratory tests When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply. | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Advanced Diagnostic and Interventional Radiology Services When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply. | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Outpatient Physical Therapy | 80% of Allowable Charges and \$25 Copayment Limited to 12 visits | 60% of URC and \$25 Copayment Limited to 12 visits | 80% of Allowable Charges Limited to 12 visits | 60% of URC Limited to 12 visits |
| Outpatient Oncology Treatment | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Outpatient Reconstructive Surgery | 80% of Allowable Charges | 60% of URC | 80% of Allowable Charges | 60% of URC |
| Diabetic Medical Supplies | 80% of Allowable Charges Maximum Benefit \$2,500 | 60% of URC Maximum Benefit \$2,500 | 80% of Allowable Charges Maximum Benefit \$3,000 | 60% of URC Maximum Benefit \$3,000 |
| Emergency Dental Treatment | 80% of Allowable Charges Maximum Benefit \$500 | 60% of URC Maximum Benefit \$500 | 80% of Allowable Charges Maximum Benefit \$500 | 60% of URC Maximum Benefit \$500 |

Physician Services

(Copayment waived at Student Health Center)

| | No Copayment Limited to 10 consults/visits | | No Copayment Limited to 10 consults/visits | |
|--|---|-------------------------------|---|------------|
| Telemedicine Consultations and Visits | | | | |
| Primary Care Visit | 80% of Allowable Charges and \$25 Copayment | 60% of URC and \$25 Copayment | 80% of Allowable Charges | 60% of URC |
| Specialist Visit | 80% of Allowable Charges and \$25 Copayment | 60% of URC and \$25 Copayment | 80% of Allowable Charges | 60% of URC |
| Outpatient Mental Illness Visit | 80% of Allowable Charges and \$25 Copayment | 60% of URC and \$25 Copayment | 80% of Allowable Charges | 60% of URC |

Other Services

| | | | | |
|---|---|---|---|---|
| Alcohol and Substance Abuse (rehabilitative only) | 80% of Allowable Charges subject to (i) all inpatient maximum benefits and limited to 30 days; and (ii) outpatient maximum benefit \$50 per visit and limited to 15 visits | 60% of URC subject to (i) all inpatient maximum benefits and limited to 30 days; and (ii) outpatient maximum benefit \$50 per visit and limited to 15 visits | 80% of Allowable Charges subject to (i) all inpatient maximum benefits and limited to 30 days; and (ii) outpatient maximum benefit \$50 per visit and limited to 15 visits | 60% of URC subject to (i) all inpatient maximum benefits and limited to 30 days; and (ii) outpatient maximum benefit \$50 per visit and limited to 15 visits |
| Durable Medical Equipment | 80% of URC | 60% of URC | 80% of URC | 60% of URC |

| Benefits | Cromo | | Cromo Premier | |
|--|---|---|---|---|
| | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Reasonable and Customary charges (URC)) | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Reasonable and Customary charges (URC)) |
| Maternity Care and Birth Benefits | | | | |
| Maternity Care (subject to notification within 30 days of pregnancy confirmation and 10-month waiting period for dependent spouse) | Not covered | Not covered | 80% of Allowable Charges | 60% of URC |
| Worldwide Coverage (outside the United States, excluding your Home Country and M1/M2 visa holders) | 80% of URC | | 80% of URC | |
| Accidental Death and Dismemberment | | | | |
| Accidental Death | Sum amount \$10,000 | | Sum amount \$10,000 | |
| Dismemberment | Sum amount \$10,000 loss of both hands, feet or total sight Sum amount \$5,000 loss of one hand, one foot or one eye | | Sum amount \$10,000 loss of both hands, feet or total sight Sum amount \$5,000 loss of one hand, one foot or one eye | |
| Evacuation & Repatriation | | | | |
| Emergency Medical Evacuation and Medical Repatriation | Combined Maximum Benefit \$50,000 | | Combined Maximum Benefit \$50,000 | |
| Repatriation of Mortal Remains | Maximum Benefit \$25,000 | | Maximum Benefit \$25,000 | |

Certain benefits require pre-authorization. Please refer to the Policy Terms and Conditions.

WellAway

Keeping You Well, While You're Away.®

UnitedHealthcare®

TELADOC®

payerfusion®

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