



Cromo
Brochure

wellaway.com

WellAway

07/01/2025-06/30/2026

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](https://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.



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

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: \$200,000 (\$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 certain 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:

1. Your waiver is not approved by your educational institution: (i) because your Policy benefits do not meet the educational institution's minimum insurance requirements; and (ii) your waiver was submitted within the time period required by the educational institution. You must provide written notification to WellAway of your refund request within 15 days of receipt of your waiver denial along with written proof that your educational institution has denied your waiver and which states the reason for the denial. Note: You will not be eligible for a refund if there are any claims on file during your Policy Period.
2. You withdraw from classes under a school-approved leave of absence. You must provide written notification to WellAway of your refund request within 15 days of receipt of your approved leave of absence along with: (i) written proof from the educational institution of your approved leave of absence; and (ii) written proof of your return date to your Home Country. If the Insurer determines that you are eligible to cancel your Policy, you will only be entitled to a pro-rata refund (based on the number of months remaining in your Policy Period) less an early termination fee of \$50. Note: You will not be eligible for a refund if there are any claims on file during your Policy Period.

If you cancel your Policy for any reason other than as stated in paragraphs 1 or 2 above, you will not be entitled to a refund of your Premium. A Force Majeure event will not operate to automatically entitle any Insured Person to a refund of Premium previously paid and will also not operate to extend the Policy Period.

Benefits

| | Cromo | Cromo Premier |
|-------------------------------------|---|---|
| Area of Coverage | Worldwide excluding Home Country | Worldwide excluding Home Country |
| Lifetime Maximum | \$200,000 | \$500,000 |
| 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 | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR)) | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR)) |
|--|---|---|---|---|
| In-Network and Out-of-Network Deductibles | \$100 per Illness or Injury | \$200 per Illness or Injury | \$100 per Illness or Injury | \$200 per Illness or Injury |
| Copayments do not apply towards Deductible | | | | |

| Copayments | | |
|-------------------------|----------------------------|----------------------------|
| 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 |

Cost Share amounts will be waived when Treatment is rendered at the Student Health Center.

| Coinsurance | | |
|-----------------------------------|--------------------------|---|
| In-Network Physician and Facility | 80% of Allowable Charges | 80% of Allowable Charges (unless otherwise stated) |
| Out-of-Network Providers | 60% of UCR | 60% of UCR |

| Out-of-Pocket Maximum | | | | |
|--|----------------------------|------------------------------|----------------------------|------------------------------|
| Coinsurance is the only Cost Share that applies towards the Out-of-Pocket Maximum. | \$6,950 per Insured Person | Unlimited per Insured Person | \$6,950 per Insured Person | Unlimited per Insured Person |
| | \$13,990 per Family | Unlimited per Family | \$13,990 per Family | 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, Customary and Reasonable charges (UCR)) | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR)) |
| Pre-Attendance University Requirements (Cost Share amounts do not apply) | | | | |
| Immunizations (limited to certain immunizations stated in the Policy which must be obtained at the Student Health Center or at an EHIM In-Network pharmacy) | 100% of Allowable Charges Maximum Benefit \$300 | Not covered | 100% of Allowable Charges Maximum Benefit \$300 | Not covered |
| TB Testing (Policyholder only and must be performed in an In-Network independent free-standing laboratory or Student Health Center) | 100% of Allowable Charges | Not covered | 100% of Allowable Charges | Not covered |
| Wellness and Preventive Services (Cost Share amounts do 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 UCR | 80% of Allowable Charges | 60% of UCR |
| Hospitalization | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| Inpatient Treatment Mental Illness | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| 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 UCR \$250 Copayment (waived if admitted) | 80% of Allowable Charges \$250 Copayment (waived if admitted) | 60% of UCR \$250 Copayment (waived if admitted) |
| Inpatient Physician, Osteopath and Specialist Services | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| Inpatient Ancillary Hospital Services | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| Inpatient Oncology Treatment | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| Inpatient Reconstructive Surgery | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| Inpatient Surgical Procedures | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| Emergency Ground Ambulance | 80% of Allowable Charges | | 80% of Allowable Charges | |

| Benefits | Cromo | | Cromo Premier | |
|--|---|---|---|---|
| | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR)) | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR)) |
| Outpatient Care | | | | |
| <i>It is indicated that the services below be performed in an In-Network Physician's office or in an In-Network free-standing independent facility to maximize your benefit, reduce your costs and avoid Site of Service Differential costs.</i> | | | | |
| Urgent Care Clinic / Facility | 80% of Allowable Charges and \$45 Copayment | 60% of UCR and \$45 Copayment | 80% of Allowable Charges | 60% of UCR |
| Outpatient Ambulatory Surgical Facility & Surgical Care When not performed in a free-standing independent ambulatory facility, a Site of Service Differential cost will apply. | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| 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 UCR | 80% of Allowable Charges | 60% of UCR |
| 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 UCR | 80% of Allowable Charges | 60% of UCR |
| Outpatient Physical Therapy | 80% of Allowable Charges and \$25 Copayment Limited to 12 visits | 60% of UCR and \$25 Copayment Limited to 12 visits | 80% of Allowable Charges Limited to 12 visits | 60% of UCR Limited to 12 visits |
| Outpatient Oncology Treatment | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| Outpatient Reconstructive Surgery | 80% of Allowable Charges | 60% of UCR | 80% of Allowable Charges | 60% of UCR |
| Diabetic Medical Supplies | 80% of Allowable Charges Maximum Benefit \$2,500 | 60% of UCR Maximum Benefit \$2,500 | 80% of Allowable Charges Maximum Benefit \$3,000 | 60% of UCR Maximum Benefit \$3,000 |
| Emergency Dental Treatment | 80% of Allowable Charges Maximum Benefit \$500 | 60% of UCR Maximum Benefit \$500 | 80% of Allowable Charges Maximum Benefit \$500 | 60% of UCR Maximum Benefit \$500 |
| Physician Services (Cost Share amounts are waived at Student Health Center) | | | | |
| Telemedicine Consultations and Visits | No Copayment Limited to 10 consults/visits | | No Copayment Limited to 10 consults/visits | |
| Primary Care Visit | 80% of Allowable Charges and \$25 Copayment | 60% of UCR and \$25 Copayment | 80% of Allowable Charges | 60% of UCR |
| Specialist Visit | 80% of Allowable Charges and \$25 Copayment | 60% of UCR and \$25 Copayment | 80% of Allowable Charges | 60% of UCR |
| Outpatient Mental Illness Visit | 80% of Allowable Charges and \$25 Copayment | 60% of UCR and \$25 Copayment | 80% of Allowable Charges | 60% of UCR |

| Benefits | Cromo | | Cromo Premier | |
|---|---|---|---|---|
| | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR)) | In-Network In-Network Physician and In-Network Facility | Out-of-Network (subject to Usual, Customary and Reasonable charges (UCR)) |
| 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 UCR 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 UCR 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 UCR | 60% of UCR | 80% of UCR | 60% of UCR |
| 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 Maximum Benefit \$7,000 | 60% of UCR Maximum Benefit \$7,000 |
| Worldwide Coverage (outside the United States, excluding your Home Country and M1/M2 visa holders) | 80% of UCR | | 80% of UCR | |
| 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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