



Cromo
Brochure

wellaway.com

WellAway

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.



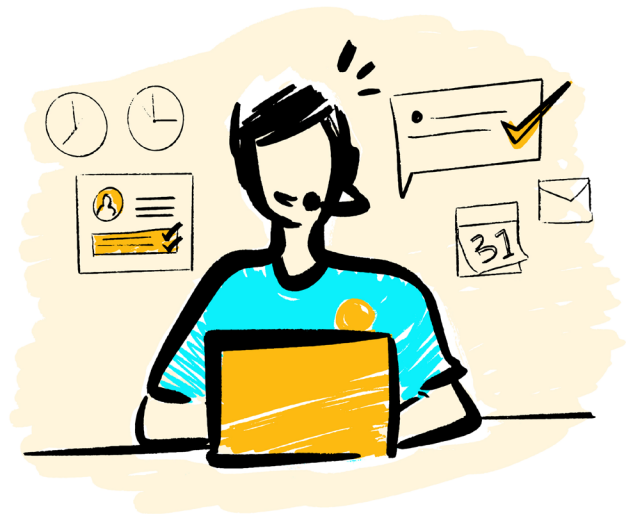
- ✓ **Emergency Medical Assistance**
- ✓ **Multi-Lingual Customer Service**
- ✓ **Telemedicine Services**
- ✓ **Competitive Prices**

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)

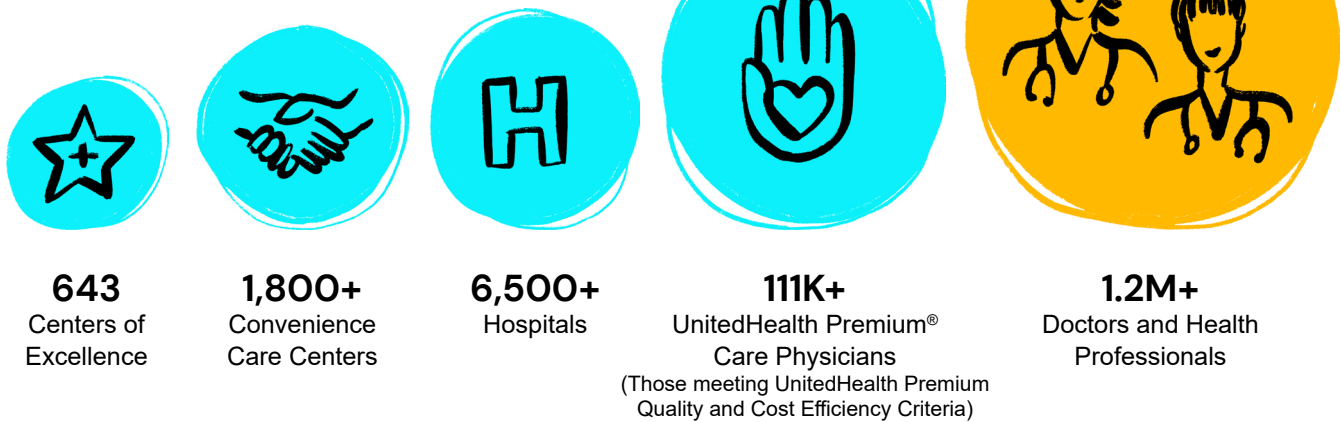
Available on the iPhone ANDROID APP ON

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 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	\$500 per Injury or Illness	\$100 per Injury or Illness
Copayments do not apply towards Deductible		

Copayments	Cromo	Cromo Premier
Student Health Center	\$0	\$0
Office Visit	\$0	\$0
Urgent Care	\$0	\$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 (unless otherwise stated)	80% of Allowable Charges (unless otherwise stated)
Out-of-Network Providers	50% of URC	50% 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	Unlimited	Unlimited	Unlimited	Unlimited

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))

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	50% of URC	80% of Allowable Charges	50% of URC
Hospitalization	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Inpatient Treatment For Mental Illness	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% 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)	50% of URC \$250 Copayment (waived if admitted)	80% of Allowable Charges \$250 Copayment (waived if admitted)	50% of URC \$250 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist Services	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Inpatient Ancillary Hospital Services	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Inpatient Oncology Treatment	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Inpatient Reconstructive Surgery	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Inpatient Surgical Procedures	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Emergency Ground Ambulance	80% of Allowable Charges		80% of Allowable Charges	

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	50% of URC	80% of Allowable Charges	50% of URC
Outpatient Ambulatory Surgical Facility & Surgical Care	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% 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	50% of URC	80% of Allowable Charges	50% 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	50% of URC	80% of Allowable Charges	50% of URC
Outpatient Physical Therapy	80% of Allowable Charges Limited to 12 visits	50% of URC Limited to 12 visits	80% of Allowable Charges Limited to 12 visits	50% of URC Limited to 12 visits

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))
Outpatient Care				
<i>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.</i>				
Outpatient Oncology Treatment	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Outpatient Reconstructive Surgery	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Diabetic Medical Supplies	80% of Allowable Charges Maximum Benefit \$2,500	50% of URC Maximum Benefit \$2,500	80% of Allowable Charges Maximum Benefit \$3,000	50% of URC Maximum Benefit \$3,000
Emergency Dental Treatment	80% of Allowable Charges Maximum Benefit \$500	50% of URC Maximum Benefit \$500	80% of Allowable Charges Maximum Benefit \$500	50% of URC Maximum Benefit \$500
Physician Services (Copayment waived at Student Health Center)				
Telemedicine Consultations	No Copayment Limited to 8 consults		No Copayment Limited to 8 consults	
Primary Care Visit	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Specialist Visit	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% of URC
Outpatient Mental Illness Visit	80% of Allowable Charges	50% of URC	80% of Allowable Charges	50% 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	50% 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	50% 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	50% of URC	80% of URC	50% of URC
Maternity Care and Birth Benefits				
Maternity Care (subject to notification within 30 days of pregnancy confirmation)	Not covered	Not covered	80% of Allowable Charges Maximum Benefit \$7,500 for normal delivery and complications of pregnancy (excluding elective c-sections)	Not covered
Worldwide Coverage (outside the United States, excluding M1/M2 visa holders)	100% of URC		100% 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))
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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