

Cromo Brochure

wellaway.com

WellAway

07/01/2026-06/30/2027

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.

Telehealth

Access to your doctor 24/7

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

- Receive quality care via phone, video or mobile app.
- Prompt treatment. Talk to your doctor in minutes.



Get The Care You Need

Using Telehealth to speak with your doctors can treat many medical conditions, including:

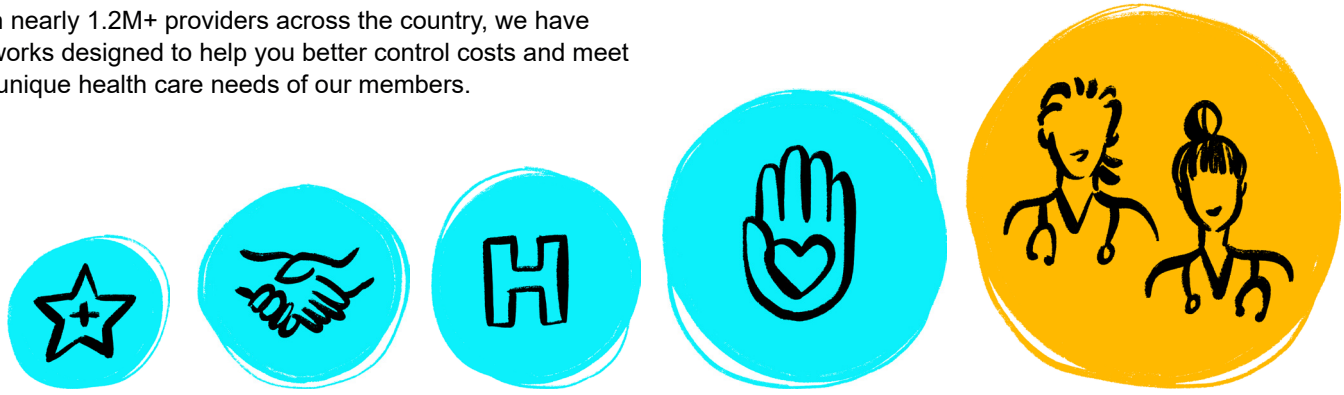
- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

Our Health Partner: UnitedHealthcare Options PPO

Networks that deliver greater accountability and value.

UnitedHealthcare®

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 Premier: $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 wavier 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 you pay	20% of Allowable Charges	20% of Allowable Charges (unless otherwise stated)
Out-of-Network Providers you pay	40% of UCR	40% 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 $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, 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	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Hospitalization	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/ Trauma/Pediatric Intensive Care	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Treatment Mental Illness	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% 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.	20% of Allowable Charges $250 Copayment (waived if admitted)	40% of UCR $250 Copayment (waived if admitted)	20% of Allowable Charges $250 Copayment (waived if admitted)	40% of UCR $250 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist Services	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Ancillary Hospital Services	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Oncology Treatment	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Reconstructive Surgery	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Surgical Procedures	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Emergency Ground Ambulance	20% of Allowable Charges		20% 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				
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.				
Urgent Care Clinic / Facility	20% of Allowable Charges and $45 Copayment	40% of UCR and $45 Copayment	20% of Allowable Charges	40% 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.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% 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.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% 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.	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Outpatient Physical Therapy	20% of Allowable Charges and $25 Copayment Limited to 12 visits	40% of UCR and $25 Copayment Limited to 12 visits	20% of Allowable Charges Limited to 12 visits	40% of UCR Limited to 12 visits
Outpatient Oncology Treatment	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Outpatient Reconstructive Surgery	20% of Allowable Charges	40% of UCR	20% of Allowable Charges	40% of UCR
Diabetic Medical Supplies	20% of Allowable Charges Maximum Benefit $2,500	40% of UCR Maximum Benefit $2,500	20% of Allowable Charges Maximum Benefit $3,000	40% of UCR Maximum Benefit $3,000
Emergency Dental Treatment	20% of Allowable Charges Maximum Benefit $500	40% of UCR Maximum Benefit $500	20% of Allowable Charges Maximum Benefit $500	40% 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	20% of Allowable Charges and $25 Copayment	40% of UCR and $25 Copayment	20% of Allowable Charges	40% of UCR
Specialist Visit	20% of Allowable Charges and $25 Copayment	40% of UCR and $25 Copayment	20% of Allowable Charges	40% of UCR
Outpatient Mental Illness Visit	20% of Allowable Charges and $25 Copayment	40% of UCR and $25 Copayment	20% of Allowable Charges	40% 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)	20% 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	40% 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	20% 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	40% 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	20% of UCR	40% of UCR	20% of UCR	40% 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	20% of Allowable Charges Maximum Benefit $7,000	40% of UCR Maximum Benefit $7,000
Worldwide Coverage (outside the United States, excluding your Home Country and M1/M2 visa holders)	20% of UCR		20% 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 $50,000	

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

WellAway

Keeping You Well, While You're Away.®

UnitedHealthcare®

payerfusion®

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