



**New American  
Premier Freedom 4500  
Brochure**

[wellaway.com](http://wellaway.com)

**WellAway**<sup>o</sup>

# Why choose Wellaway?

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

You are always our priority. Our cultural diversity allows members to be serviced with the utmost consideration for their expatriate lifestyle. With coverage in over 180 Countries and a UnitedHealthcare Global network of over 1.2M+ providers in the U.S., we aim to provide stability and security for individuals, families and groups on the forefront of health insurance globalization.



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

## 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](http://Teladoc.com) 1-800-TELADOC (835-2362)

Available on the iPhone Available on the Android App Store

Our Health Partner: UnitedHealthcare Global



# Networks that deliver greater accountability and value.

With nearly 1,100,000 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

## Our network strategy is built on:



### Delivering Value

- Affordability
- Quality
- Connectivity



### Transforming Health Care Delivery

- Affordability
- Quality
- Connectivity

\*As of Q4 2017

# New American Premier Freedom 4500

**ACA-compliant coverage specifically for US-bound expatriates with international coverage for up to 180 days.**

The New American is an all-encompassing health & lifestyle product designed to meet the needs of US-bound expatriates. Our comprehensive health product has USA-compliant coverage and support tools that allow members to rest assured that they are abiding by the United States' health insurance mandates. All plans meet the minimum essential coverage required by the Affordable Care Act, including unlimited annual maximums.

Our members are comforted knowing that home is always with them in all matters relating to their health and well-being. The New American provides health benefits, wellness tools and access to medical services designed for the expatriate lifestyle. Feel empowered with WellAway's assistance in finding the right medical provider in your area from our expansive network of healthcare professionals or allowing you to request second medical opinions for complex diagnoses. We are committed to developing a complete support system for foreign nationals.

## Coverage Highlights

Annual Limit:  
**UNLIMITED**

**For US-bound expatriates seeking health and wellness solutions to maintain their expat lifestyles.**

- Fully accredited plan for coverage in the USA, meeting all Minimum Essential Coverage requirements as mandated by the Affordable Care Act.
- Deductible: \$4,500 individual, \$9,000 family  
Annual Out-of-Pocket Maximum: \$7,150 individual, \$14,300 family
- Provider Access within the U.S.: as an exclusive member, you are covered at 100% of Usual, Reasonable and Customary charges when receiving care by Premium Care Physicians and at In-Network Facilities with UnitedHealthcare Global.
- Worldwide coverage available for up to 180 days per benefit period. 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.
- Our plans are flexible to meet your needs. Dental & vision coverage are available.
- Unmarried dependent children are covered up to age 26.
- 24/7 multi-lingual ConciergeCare service included at no extra cost.

# New American Premier Freedom 4500 Summary of Benefits

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All benefits are subject to Usual, Reasonable and Customary Charges. Our ConciergeCare team will help you locate the most appropriate Provider for you and assist you in scheduling an appointment.

## Important Points You Should Know

- The UnitedHealth Premium® program has a wide network of providers which have been evaluated based on cost and quality of health care. The program evaluates physicians in various specialties using evidence-based medicine and national standardized measures to help you locate quality and cost-efficient providers. It's easy to find a UnitedHealth Premium Care Physician when you visit <https://www.wellaway.com/provider-search/> and click on UnitedHealthcare. Click **Find a Doctor** and look for the blue hearts.
- When Premium Care Physicians and/or In-Network Facilities with UnitedHealthcare Global are not available within a 50-mile radius of your local residence, claims will be reimbursed at the applicable Premium Care Physician and/or In-Network Facility amount as specified under your Summary of Benefits.
- Benefits are shown per person, per benefit period.

### USA Benefits

- Maximum amounts apply to certain services.
- All benefits are subject to Usual, Reasonable and Customary charges based on the geographic location where services are rendered.
- Pre-authorization is required for certain services. Please refer to the terms and conditions of the policy.
- You have access to special claims and administrative services within the USA.
- We provide you with access to more than 1.2M+ providers with UnitedHealthcare Global.
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### Worldwide Benefits (Available for up to 180 days per benefit period)

- Maximum amounts apply to certain services.
- All benefits are subject to Usual, Reasonable and Customary Fees based on the geographic location where services are rendered.
- Pre-authorization is required for certain services. Please refer to the terms and conditions of the policy.
- Guarantee of Payment available upon hospital discretion to accept payment from WellAway.

# Limit & Cost Sharing

Worldwide      Premium Care Physician and In-Network Facility      Out-of-Network

*These services must be performed in a Premium Care Physician's office or in an In-Network, free standing diagnostic center. This will maximize your benefit and reduce your costs.*

<b>Annual limit</b>	Unlimited	Unlimited	Unlimited
<b>Deductible</b>	\$4,500 individual \$9,000 family	\$4,500 individual \$9,000 family	\$9,000 individual \$18,000 family
<b>Out-of-pocket maximum</b>	\$0	\$7,150 individual \$14,300 family	\$14,300 individual \$28,600 family

## Adult Wellness Care

Periodic routine health exams, routine gynecological exams, immunizations and related preventive services such as prostate specific antigen (PSA), routine mammograms and pap smears. Your physician will measure your height, weight, blood pressure and take other routine measurements; review your medical and family history; assess your risk factors and treatment options; review your health risk assessment questionnaire; update your list of providers and prescriptions; look for signs of cognitive impairment; and set up a screening schedule for appropriate preventive services.	100%	100%	Not covered
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## Child Wellness Care

Periodic age specific physical examinations and developmental assessments; office visit; health history; hearing examinations; age related diagnostic tests; vaccination and immunization necessary for prevention; and track growth and development in accordance with pediatric guidelines.	100%	100%	Out-of-network deductible
Preventive dental services for children under 19 (includes oral exams, cleaning and flouride treatment every 6 months, sealants every 36 months, space maintainers, and x-rays every 6 months)	100%	100%	Out-of-network deductible
Eye exams and eye glasses for children under 19 (includes one eye exam and one pair of glasses every benefit period)	100%	100%	Out-of-network deductible

# Services that Require Hospitalization

**Worldwide**      **Premium Care Physician and In-Network Facility**      **Out-of-Network**

	<b>Worldwide</b>	<b>Premium Care Physician and In-Network Facility</b>	<b>Out-of-Network</b>
<b>Hospitalization*</b>	Deductible	Deductible	Out-of-network deductible
<b>Emergency room*</b> When your symptoms are severe and your health is in jeopardy, causing loss of life, limb or death (medically necessary)	100%	\$260 co-payment	Out-of-network deductible
<b>Rehabilitative services*</b> (treatment of CVA, head injury, spinal cord injury, or as required as a result of post-operative brain surgery when certain criteria are met)	Deductible (maximum of 45 days per benefit period)	Deductible (maximum of 45 days per benefit period)	Out-of-network deductible
<b>Habilitative services*</b> (occupational, physical and speech therapy when certain criteria are met)	Deductible (maximum of 45 days per benefit period)	Deductible (maximum of 45 days per benefit period)	Out-of-network deductible
<b>Physician services</b> (consultations by a physician or specialist while inpatient only when medically necessary)	Deductible	Deductible	Out-of-network deductible
<b>Behavioral health services*</b> (mental health & substance use disorder services)	Deductible	Deductible	Out-of-network deductible
<b>Surgical procedures and surgeon fees (inpatient)*</b> <ul style="list-style-type: none"> <li>Refers to the fees charged by the main surgeon that performed the surgical procedure</li> <li>Some complex medical procedures may require an assistant surgeon or co-surgeon performing services (maximum coverage amount is 20% of the approved fees for the main surgeon). This applies only to procedures for which an assistant surgeon or co-surgeon is indicated by evidence based medicine.</li> <li>Services provided by an anesthesiologist during a covered surgical procedure is a covered service by an in-network provider (maximum coverage amount is 30% of the approved fees for the main surgeon).</li> </ul>	Deductible	Deductible	Out-of-network deductible
<b>Oncology treatment, drugs &amp; reconstructive surgery*</b> <ul style="list-style-type: none"> <li>Oncology treatment includes chemotherapy, radiation or pharmaceutical treatments which have approved efficacy and market distribution</li> <li>Reconstructive surgery due to illness or injury e.g., breast reconstruction or other bodily reconstruction due to trauma, infection, tumors or disease that will improve function and ability</li> </ul>	Deductible	Deductible	Out-of-network deductible
<b>Organ transplant</b> (includes heart, lung, heart and lung, kidney, pancreas, kidney and pancreas, liver, cornea, allogenic and autologous bone marrow and peripheral stem cell transplants)	Deductible	\$310 co-payment after deductible	\$510 co-payment after deductible
<b>Emergency ambulance services</b> (from emergency location to nearest facility, from one hospital to another, or from hospital to your home or skilled nursing facility)	\$110 co-payment	\$110 co-payment	Out-of-network deductible

\* Pre-authorization required

# Outpatient Care

Worldwide Premium Care Physician and In-Network Facility Out-of-Network

*These services must be performed in a Premium Care Physician's office or in an In-Network, free standing diagnostic center. This will maximize your benefit and reduce your costs.*

<b>Urgent care center</b>	100%	\$60 co-payment	Out-of-network deductible
<b>Outpatient ambulatory surgical facility &amp; surgical care*</b> <ul style="list-style-type: none"> <li>Free-standing only</li> <li>Some complex medical procedures may require an assistant surgeon or co-surgeon performing services (maximum coverage amount is 20% of the approved fees for the main surgeon). This applies only to procedures for which an assistant surgeon or co-surgeon is indicated by evidence based medicine.</li> <li>Services provided by an anesthesiologist during a covered surgical procedure is a covered service by an in-network provider (maximum coverage amount is 30% of the approved fees for the main surgeon)</li> </ul>	100%	\$260 co-payment	Out-of-network deductible
<b>Oncology treatment, drugs &amp; reconstructive surgery*</b> <ul style="list-style-type: none"> <li>Oncology treatment includes chemotherapy, radiation or pharmaceutical treatments which have approved efficacy and market distribution</li> <li>Reconstructive surgery due to illness or injury e.g., breast reconstruction or other bodily reconstruction due to trauma, infection, tumors or disease that will improve function and ability</li> </ul>	100%	Deductible	Out-of-network deductible
<b>Basic diagnostic services and laboratory tests</b> When performed in a physician's office or in a free-standing non-hospital facility, e.g., x-rays, ultrasounds, EKG, colonoscopy, heart cardiac test, echocardiography, stress test (this list is not exclusive)	100%	\$60 co-payment	Out-of-network deductible
<b>Advanced diagnostic and imaging services*</b> When performed in a free-standing non-hospital facility, e.g., MRI, CT scans, PET scans, MRA, angiography, nuclear imaging, biopsy, CTA, CT coronary angioplasty, diagnostic colonoscopy/endoscopy (this list is not exclusive)	100%	\$110 co-payment	Out-of-network deductible
<b>Rehabilitative services</b> (for treatment of CVA, head injury, spinal cord injury, or as required as a result of post-operative brain surgery when certain criteria are met)	100%	\$35 co-payment (20 visits per benefit period)	Out-of-network deductible
<b>Habilitative services</b> (limited to occupational, physical and speech therapy when certain criteria are met)	100%	\$35 co-payment (20 visits per benefit period)	Out-of-network deductible

\* Pre-authorization required



# Outpatient Care

Worldwide Premium Care Physician and In-Network Facility Out-of-Network

These services must be performed in a Premium Care Physician's office or in an In-Network, free standing diagnostic center. This will maximize your benefit and reduce your costs.

<b>Outpatient therapies</b> Physical therapy, chiropractic services and spinal manipulation (to correct a slight dislocation of a bone or joint that is demonstrated by x-ray) when restoring function loss due to a medical condition or to attain age appropriate function for activities of daily living	100%	Physical therapy: \$35 co-payment (limited to 40 visits per benefit period) Chiropractic or spinal manipulation treatment: \$35 co-payment (limited to combined 15 visits per benefit period)	Out-of-network deductible
<b>Behavioral health services*</b> (outpatient facility for mental health & substance use disorder services)	100%	\$110 co-payment	Out-of-network deductible
<b>Emergency dental services</b> (due to damage to natural sound teeth which is treated within 62 days of the accidental dental injury)	100%	Deductible	Out-of-network deductible
<b>Vision services</b> (for the treatment of aphakia, injury to or diseases of the eyes and glasses or lenses following cataract surgery)	100%	Deductible	Out-of-network deductible

# Physician Services

<b>Teladoc® consultations</b> (for illnesses including cold & flu symptoms, allergies, pink eye, respiratory infection, sinus problems and skin problems)	only available in the USA	\$10 co-payment Limited to 12 visits per benefit period	
<b>Primary Care</b> (includes general consultation, primary care visit, check-ups, office visits, and gynecologist when designated as your primary care physician)	100%	\$30 co-payment	Out-of-network deductible
<b>Specialist consultation</b>	100%	\$50 co-payment	Out-of-network deductible
<b>Behavioral Health*</b> (includes office visit, diagnostic evaluation, psychiatric treatment, individual therapy, and group therapy rendered to you by a physician, psychologist or mental health professional for the treatment of a mental health illness or substance use disorder)	100%	\$50 co-payment	Out-of-network deductible
<b>Allergy testing &amp; treatment*</b> (includes injections for allergies, may include desensitization therapy and the cost of hypo-sensitization serum)	100%	\$50 co-payment	Out-of-network deductible

\* Pre-authorization required

# Maternity Care

**Worldwide**      **Premium Care Physician and In-Network Facility**      **Out-of-Network**

<b>Prenatal and postnatal physician consultations</b>	100%	Paid in Full	Out-of-network deductible
<b>Labor and delivery</b> Hospital stay minimum 48 hours for normal delivery and 96 hours for c-section (includes hospital, obstetrician, midwife, anesthesiologist, pediatrician (well baby) for a normal delivery)	100%	Deductible	Out-of-network deductible
<b>Complications of Pregnancy</b> (mother only) miscarriage, preeclampsia, ectopic pregnancy and c-section	100%	Deductible	Out-of-network deductible
<b>Birth center</b>	100%	\$310 co-payment	Out-of-network deductible
<b>Newborn care</b> (a newborn child who is properly enrolled will be covered from the moment of birth for injury or illness, including routine care, and the necessary care or treatment of medically diagnosed congenital defects, birth abnormalities and premature birth)	100%	Deductible	Out-of-network deductible
<b>Infertility treatment</b>	Not covered	Not covered	Not covered
<b>Sterilization</b> (surgical sterilizations, tubal ligations and vasectomies only)	100%	Deductible	Out-of-network deductible

# Prescription Drugs

**Worldwide**      **EHIM In-Network Pharmacy**      **Out-of-Network**

<b>Preventive</b>	100%	100%	Not covered
<b>Generic</b>	100%	\$15 co-payment	Not covered
<b>Brand</b>	100%	\$30 co-payment	Not covered
<b>Non-preferred brands</b>	100%	\$60 co-payment	Not covered
<b>Specialty</b>	100%	\$110 co-payment	Not covered

## Other Services

	Worldwide	Premium Care Physician and In-Network Facility	Out-of-Network
<b>Skilled nursing facility*</b> (care must begin within 14 days following your hospital stay)	100%	\$175 co-payment (\$765 limit)	Out-of-network deductible
<b>Home healthcare*</b> (care must begin within 14 days following your hospital stay, prescribed by a physician and provided under the supervision of a registered nurse)	100%	\$175 co-payment (\$765 limit)	Out-of-network deductible
<b>Hospice*</b> (accommodation, nursing care and support for the treatment of end of life stages which must be approved by a physician)	100%	Deductible	Not covered
<b>Dialysis</b> (includes equipment, training and medical supplies at a licensed provider location or dialysis center)	100%	\$305 co-payment	Out-of-network deductible
<b>Durable medical equipment</b> (helps to complete your daily activity and includes walker, wheelchair, crutches, canes, oxygen equipment, hearing aids or other equipment that can withstand repeated use which must be medically necessary and prescribed by a physician)	100%	\$110 co-payment	Out-of-network deductible
<b>Cryotherapy</b>	up to \$100 per session limited to \$500 per benefit period		

## Evacuation & Repatriation

<b>Medical evacuation</b>	Paid in full up to \$120,000 limit per covered person, per benefit period
<b>Medical repatriation</b>	Paid in full up to \$50,000 lifetime limit per covered person
<b>Repatriation of mortal remains</b>	Paid in full up to \$25,000 lifetime limit per covered person

\* Pre-authorization required

# Dental and Vision Coverage (Optional)

Dental & Vision benefits are offered as a package and may **not** be purchased separately

**Maximum benefit** \$3,500 per benefit period

**Deductible** \$100 lifetime

Dental Care	First Year	Second Year	Third Year
Basic (Routine)	65%	80%	90%
Major Restorative	25%	50%	65%
Preventative (Exams & cleanings, 2 per year)	100%	100%	100%
Orthodontic treatment (Covered for children under the age of 19 - \$1,200 lifetime maximum per child, \$600 annual limit)	10%	25%	50%

## Vision Care (Coverage subject to 6 month waiting period)

Routine Vision Exam (one vision exam per year - includes any fees for contact lens fittings)	\$75 / \$10 co-payment
Lenses (Single, Bifocal, Trifocal)	Paid in full up to \$200 (limited to one every 24 months)
Frames (Limit to one per policy year)	Paid in full up to \$225
Contact Lenses (In Lieu of frames)	Paid in full up to \$225

# WellAway

Keeping You Well, While You're Away.®

 UnitedHealthcare®

 TELADOC.®

 payerfusion®

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