



**ORBE Gold
Brochure**

wellaway.com

WellAway^o

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 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

ORBE Gold

An international health plan featuring an annual limit of \$7 million USD with or without deductible. ORBE is an expatriate health program that's there when you need it.

ORBE is a health and lifestyle solution that keeps you covered while providing stability and security. This product helps you maintain wellness and health while protecting you from financial struggle in the event of medical emergencies. Our members have the peace of mind knowing that, with a team ready to support and guide you in matters of health and well-being. ORBE provides health benefits, hospitalization and emergency coverage for continuous care and support to meet your needs and requirements as well as a set of deductible options: \$0, \$500, \$1000, \$2000, \$5000 USD, giving you control over your premium.

As proud advocates of international residents and visitors across the globe, we aim to set the standard of quality in the international private medical insurance industry for foreign nationals. Furthermore, along with its benefits, ORBE provides a variety of extra features to accommodate your lifestyle. Coverage of pre-existing conditions may be available upon medical underwriting and application approval by WellAway Limited.

Coverage Highlights

Annual Limit:
\$7 million USD

ORBE health plans are equipped when an unexpected accident or illness occurs in addition to proactively providing coverage for preventive services.

Enjoy no waiting periods in keeping with our core mission and values that put our members first.

- ORBE Gold has a \$7 million USD limit.
- Deductible options to choose from: \$0, \$500, \$1000, \$2000, \$5000 USD
- Your coverage is easy to understand; there are no co-payments or co-insurance.
- Our plans are flexible to meet your needs. Maternity, as well as dental & vision coverage are available.
- Unmarried dependent children are covered up to age 26.
- In case of an emergency, we offer a robust and comprehensive hospitalization process.
- 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.
- 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.
- Keep yourself healthy with our wellness coverage.
- In the event of an emergency when treatment is not available locally, evacuation and repatriation coverage is included.
- 24/7 multi-lingual ConciergeCare service included at no extra cost.

For French nationals subscribing to the CFE (Caisse des Français de l'Étranger), you can use ORBE as a top up plan!



ORBE Gold Summary of Benefits

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.
- Coverage for pre-existing conditions may be available upon medical underwriting and application approval by WellAway.
- Benefits are shown per person, per policy year.
- Any payment or benefits under the ORBE product paid by the CFE or French Social Security (or an equivalent government program, public or private body in France or abroad), will be deducted from the reimbursement paid by WellAway.

Deductible Options

ORBE Gold features deductible options of: \$0, \$500, \$1,000, \$2,000, \$5,000

Giving you control over your premium. The deductible is waived for wellness services and in case of an accident.

A deductible is the first part of the allowable charges you pay for covered services per policy year before your plan starts to pay as listed in the Summary of Benefits table. Your cost of prescription medication/drugs will not count towards the individual or family deductible.

Worldwide & US Benefits

ORBE Gold is categorized within two zones:

Zone 1

Worldwide (including the USA and excluding persons permanently residing in the European Union)

Zone 2

Worldwide (excluding: USA, Bahamas, Bermuda, Brazil, Canada, China, Hong Kong, Japan, Panama, Singapore, Switzerland, United Kingdom and persons permanently residing in the European Union)

USA Benefits Available with Zone 1

- 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.

Worldwide Benefits Available with Zone 1 & 2

- 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.

Wellness Visits, Screenings and Physical Examinations

Worldwide Benefits
Zone 1 & 2

USA Benefits
Zone 1

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.

DEDUCTIBLE DOES NOT APPLY TO THIS BENEFIT

Adult Wellness visit

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.

Wellness preventive screening – Female

Papanicolaou (PAP) screening (1 per year)

Mammogram (eligible age: 40 years and over, 1 per year)

Bone density test (eligible age: 45 and over, every 5 years)

Colonoscopy (eligible age: 50 years and over, every 5 years)

Wellness preventive screening – Male

PSA screening test (eligible age: 50 years and over, 1 per year)

Colonoscopy (eligible age: 50 years and over, every 5 years)

Adult physical examinations

Physical examination, once every 2 years includes office visit, lab work, and hearing loss screening and evaluation to prevent hearing loss.

Your physician will measure your height and weight, take your blood pressure and measure your BMI; review your medical and family history; assess your risk factors for preventable diseases; check vital signs; perform head and neck exam, lung exam, abdominal exam and neurological exam; test your reflexes; and may submit urine and blood samples for lab testing.

Well childcare visits

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%
up to \$3,000
per person

100%
up to \$3,000
per person

Not Covered

Services That Require Hospitalization

Worldwide Benefits Zone 1 & 2	USA Benefits Zone 1	
	Premium Care Physician and In-Network Facility	Out-of-Network

Pre-admission testing (must be performed 3-5 days in advance preferably in a physician's office)	100%	100%	50%
Hospitalization (inpatient)* (room & board, miscellaneous room services)	100%	100% 1st day paid in full at average semi-private room rate (for both a semi-private and private room). After 1st day, room is covered at the average semi-private room rate up to \$2,000 per day payable at 100%	50% 1st day paid in full at average semi-private room rate (for both a semi-private and private room). After 1st day, room is covered at the average semi-private room rate up to \$2,000 per day payable at 50%
Intensive care unit/telemetry/surgical intensive care/medical intensive care/trauma/pediatric intensive care* (limited to 180 days per policy year)	100%	100%	50%
Inpatient treatment for mental illness*	100% 10 day limit per policy year	100% 10 day limit per policy year	50% 5 day limit per policy year
Emergency medical services in an emergency room* When your symptoms are severe and your health is in jeopardy, causing loss of life, limb or death (medically necessary)	100%	100%	100%
Emergency dental treatment (due to accident or injury requiring hospitalization and resulting in damage to natural sound teeth and treated within 24 hours of the emergency event)	100% up to \$500 per policy year	100% up to \$500 per policy year	50% up to \$250 per policy year
Physician, Osteopath and Specialist services (inpatient) (limited to 1 per day, per specialty when medically necessary)	100%	100%	50%
In-hospital advanced diagnostic services (e.g., MRI, CT scans, nuclear imaging)	100%	100% up to \$1,000 per day	50% up to \$700 per day
Routine x-ray and lab tests (refers to tests commonly performed while inpatient)	100%	100%	50%
Renal failure dialysis* (inpatient when medically necessary for acute renal failure)	100% up to \$100,000 per policy year	100% up to \$100,000 per policy year	50% up to \$50,000 per policy year
Oncology treatment* (includes chemotherapy, radiation or pharmaceutical treatments which have approved efficacy and market distribution)	100%	100%	50%

* Pre-authorization required

Services That Require Hospitalization

Worldwide Benefits Zone 1 & 2	USA Benefits Zone 1	
	Premium Care Physician and In-Network Facility	Out-of-Network

<p>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)</p>	100%	100%	50%
<p>Rehabilitation (inpatient)* Includes physical, pulmonary and cardiac rehab (when medically supervised after heart attack, heart failure or invasive heart procedures) which is initiated post-surgery and continued as an outpatient</p>	100% 30 day limit per policy year	100% 30 day limit per policy year	50% 15 day limit per policy year
<p>Surgical procedures and surgeon fees (inpatient)*</p> <ul style="list-style-type: none"> Refers to the fees charged by the main surgeon that performed the surgical procedure 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. 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). 	100%	100%	50%
<p>Surgical appliance and prosthesis (covered for prosthetic, surgical, orthopedic and cardiac procedures which are an integral part of the surgical procedure when medically necessary) <i>Please refer to your policy for a list of devices, appliances or prostheses that may be excluded.</i></p>	100%	100%	50%
<p>Organ transplant*</p> <ul style="list-style-type: none"> Maximum benefit 2 per lifetime Includes heart, heart and lung, kidney, kidney and pancreas, liver, cornea, bone and skin grafts, small intestines; and allogenic and autologous, bone marrow (refer to your policy for coverage of approved diagnosis), blood and stem cell transplants. 	100% up to \$50,000	100% up to \$50,000	50% up to \$25,000
<p>Emergency ground ambulance (limited to one way trip when responding to a medical emergency where other means of transportation will endanger the patient life or special medical equipment must be used en route to the closest medical facility available to treat the emergency that results in an inpatient admission)</p>	100%	100%	100%

* Pre-authorization required

Outpatient Care

Worldwide Benefits Zone 1 & 2

USA Benefits Zone 1

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.

	Worldwide Benefits Zone 1 & 2	Premium Care Physician and In-Network Facility	Out-of-Network
Urgent care clinic / facility	100%	100%	50%
Outpatient ambulatory surgical facility & surgical care* <ul style="list-style-type: none"> Free-standing only. 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. 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). 	100%	100%	50%
Basic diagnostic services When performed in a physician's office or in a free-standing non-hospital facility, e.g., laboratory tests, x-rays, ultrasounds, EKG, colonoscopy, heart cardiac test, echocardiography, stress test (this list is not exclusive)	100%	100%	50%
Advanced diagnostic and imaging services* 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%	100% up to \$5,000 per policy year	50% up to \$2,500 per policy year
Outpatient therapeutic services combined <ul style="list-style-type: none"> Physical, occupational, speech, pulmonary & cardiac therapy - treatment plan must be provided Includes physical, pulmonary and cardiac rehab (when medically supervised after heart attack, heart failure or invasive heart procedures) which is initiated post-surgery and continued as an outpatient. 	100% up to \$100 per session, max 25 sessions per policy year	100% up to \$100 per session, max 25 sessions per policy year	50% up to \$50 per session, max 15 sessions per policy year
Outpatient renal failure dialysis* (outpatient when medically necessary for acute renal failure)	100% \$25,000 limit per policy year	100% \$25,000 limit per policy year	50% \$15,000 limit per policy year
Outpatient oncology treatment* (includes chemotherapy, radiation or pharmaceutical treatments which have approved efficacy and market distribution)	100%	100%	50%
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)	100%	100%	50%

* Pre-authorization required

Physician Services

Worldwide Benefits Zone 1 & 2

USA Benefits Zone 1

Premium Care
Physician and
In-Network Facility

Out-of-Network

	Worldwide Benefits Zone 1 & 2	Premium Care Physician and In-Network Facility	Out-of-Network
Teladoc® consultations (for illnesses including cold & flu symptoms, allergies, pink eye, respiratory infection, sinus problems and skin problems)	only available in the USA	No co-payment Limited to 8 consults per policy year	
Primary care visit Includes physicians, osteopaths, general or family practitioner and gynecologist when designated as the primary care physician (who provides the first contact for an individual with an undiagnosed health issue)	100%	100% \$150 per visit	50% \$75 per visit
Specialist visit <ul style="list-style-type: none"> When medically indicated When your medical condition or diagnosis requires that you are treated by a physician with specific training for your condition or diagnosis 	100%	100% \$300 per visit	50% \$150 per visit
Outpatient mental illness (no pre-authorization required) <ul style="list-style-type: none"> Outpatient mental illness consultation (licensed psychiatrist only) Physician visit or treatment from a licensed psychiatrist Visit or treatment from a licensed practitioner with a master's degree or higher and under the supervision of a licensed psychologist, psychotherapist or psychoanalyst 	100% 10 visits per policy year	100% 10 visits per policy year	50% 5 visits per policy year
Alternative medicine (combined benefit limits) <ul style="list-style-type: none"> Acupuncture, chiropractic, homeopathy, herbalism, cryotherapy, dietetics Dietitian visits limited to 10 (only if medically necessary) 	100% up to \$100 per session limited to 5 visits per policy year	100% up to \$100 per session limited to 5 visits per policy year	50% up to \$100 per session limited to 5 visits per policy year
Podiatry (routine foot care and routine foot maintenance including, cutting or removing corns and calluses, trimming, cutting, or clipping nails, and hygienic or other preventive maintenance, like cleaning and soaking your feet)	100% up to \$100 per session 5 visits per policy year	100% up to \$100 per session 5 visits per policy year	50% up to \$100 per session 5 visits per policy year
Allergy testing & treatment* (includes injections for allergies, may include desensitization therapy and the cost of hypo-sensitization serum)	100%	100% up to \$600 per year	50% up to \$300 per year
Adult Immunizations Diphtheria, Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus (HPV), Influenza (flu shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, Varicella (Chickenpox)	100% up to \$300 per policy year	100% up to \$300 per policy year	50% up to \$150 per policy year

* Pre-authorization required

Prescription Drugs

Worldwide Benefits Zone 1 & 2

USA Benefits Zone 1

EHIM In-Network
Pharmacy

Out-of-Network

	Worldwide Benefits Zone 1 & 2	EHIM In-Network Pharmacy	Out-of-Network
Prescription drugs <ul style="list-style-type: none"> Generic dispensed when available. Brand will only be dispensed if generic is not available and it is medically necessary. If a Brand medication is prescribed for a generic equivalent is not available in the geographic area the maximum benefit of \$250 will apply to the Brand medication. 	100%	100%	50%

Other Services

Worldwide Benefits Zone 1 & 2

USA Benefits Zone 1

Premium Care
Physician and
In-Network Facility

Out-of-Network

	Worldwide Benefits Zone 1 & 2	Premium Care Physician and In-Network Facility	Out-of-Network
Home health care* (care must begin immediately following your hospital stay of no less than 3 days, ordered by a physician and provided under the supervision of a registered nurse)	100% Max 30 days per policy year following discharge of a hospital admission of at least 3 days	100% Max 30 days per policy year following discharge of a hospital admission of at least 3 days	50% Max 15 days per policy year following discharge of a hospital admission of at least 3 days
Hospice or palliative care (accommodation, nursing care and support for the treatment of end of life stages)	100% up to \$50,000 or 90 days per policy year whichever occurs first	100% up to \$50,000 or 90 days per policy year whichever occurs first	50% up to \$25,000 or 90 days per policy year whichever occurs first
Durable medical equipment* (medically necessary) <ul style="list-style-type: none"> Helps to complete your daily activity and includes walker, wheelchair, oxygen device, hearing aids or other equipment that can withstand repeated use which must be prescribed by a physician. 	100%	100% limited to \$1,500 per policy year	50% limited to \$750 per policy year
Parent accommodation for an insured person under 18 years old who is hospitalized	100%	100%	50%

Evacuation & Repatriation

Emergency medical evacuation* Transportation to the nearest facility if the treatment needed is not available locally	Paid in full up to \$50,000 combined limit per covered person, per policy year	Paid in full up to \$50,000 combined limit per covered person, per policy year
Repatriation* (members can return to their country of origin following an evacuation to be treated as long as they are physically and medically stable)		
Companion coverage / bedside visit* (15 day limit per policy year, including accompanying children)	Transportation (economy-class flight) + \$1,000 for additional expenses	Transportation (economy-class flight) + \$1,000 for additional expenses
Repatriation of mortal remains*		
Transportation cost	100%	100%
Cost for burial or cremation	\$15,000	\$15,000

* Pre-authorization required

Optional Coverage

Maternity Care and Birth Benefits

(Subject to 10 month waiting period and pre-authorization)

Worldwide Benefits Zone 1 & 2

USA Benefits Zone 1

Premium Care
Physician and
In-Network Facility

Out-of-Network

	Worldwide Benefits Zone 1 & 2	Premium Care Physician and In-Network Facility	Out-of-Network
Maternity care Includes hospital, obstetrician, anesthesiologist, pediatrician (well baby)	100% up to \$10,000	100% up to \$10,000	50% up to \$10,000
Complications of pregnancy (mother only) miscarriage, preeclampsia, ectopic pregnancy and c-section	100% up to \$15,000	100% up to \$15,000	50% up to \$15,000
Non-healthy newborn infant care When a sick newborn infant is born in the hospital under a covered maternity and baby is timely added to the policy	100% up to \$15,000	100% up to \$15,000	50% up to \$15,000
Congenital conditions Congenital conditions must manifest themselves before 18th birthday for a newborn under a covered maternity and baby must be timely added to the policy	100% up to \$50,000	100% up to \$50,000	50% up to \$50,000

Dental and Vision Coverage

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

Maximum benefit	\$3,500 per policy year		
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	\$75 / \$10 copay
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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