



International
Health Insurance

Student Health Insurance Plans 2024 - 2025

A division of the Council on International Educational Exchange (CIEE), iNext has partnered with Wellaway, experts in the international health insurance market, to create an array of international student health insurance products designed to meet the emerging and diverse needs of our clients at competitive price points. At iNext, we are committed to providing cutting-edge tools and services – including our online administrative system, customized client services websites, and multi-lingual fulfillment materials. Most importantly, our highest priority is to serve our clients and their participants in a manner that exceeds expectations.

Benefit

Cromo Premier

Royal 100

Maximum Benefit Payable	\$250,000	Unlimited
Deductible	\$100 per incident	\$100
Pre-existing Conditions	Student: 6 month waiting period Dependent: 24 month waiting period	No limitation

Copayments

Student Health Center	\$0	\$0
Office Visit	\$0	\$30
Urgent Care	\$0	\$50
Hospital	\$0	\$100
Emergency Room Deductible	\$250 waived if admitted	\$250 waived if admitted
Co Insurance in Network	80%	80%
Co Insurance Out of Network	60%	60%
Out of Pocket Maximum	\$6950	\$6000

Outpatient Medication Program	T1 \$20 copayment T2 \$40 copayment T3 \$60 copayment	T1 \$10 copayment T2 \$20 copayment T3 \$40 copayment
Pre-Attendance University Requirements Immunizations and TB Testing	100% in network only or student health center	100% in network only or student health center
Wellness and Preventive services	100% (\$250 max)	100%

Services that require Hospitalization

Pre-admission Testing	80%	80%
Hospitalization	80%	80%
Intensive Care	80%	80%
Inpatient treatment for Mental illness	80%	80%
Emergency medical services in an emergency room	80% \$250 Copayment	80% \$250 Copayment
Inpatient Physician, Osteopath and Specialist	80%	80%
Inpatient ancillary Hospital services	80%	80%
Inpatient Diagnostic Services	80%	80%
Routine Xray and Lab Tests	80%	80%
Inpatient Oncology Treatment	80%	80%
Inpatient Reconstructive Surgery	80%	80%
Inpatient Rehabilitation	limited (see policy)	80%
Inpatient Surgical Procedures	80%	80%
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	80%	80%
Emergency Ground Ambulance	80%	80%

Outpatient Services/Care

Urgent Care Clinic	80%	80% \$50 Copayment
Outpatient Ambulatory Surgical Care	80%	80%

Routine X-rays and Labs *When not performed in a Physician's office or in a free-standing nonhospital facility, a Sit of Service Differential cost will apply	80%	80%
Advanced Diagnostic and Interventional Radiology Services	80% *When not performed in a Physician's office or in a free-standing nonhospital facility, a Sit of Service Differential cost will apply	80%*
Outpatient Therapeutic Services	80%	80% \$30 copayment per visit 12 visits max
Outpatient Physical Therapy	80% Limited to 12 visits	
Outpatient Oncology	80%	80%
Outpatient Reconstructive Surgery	80%	80%
Diabetic Medical Supplies	80% \$3,000 Max	80% \$7,500 Max
Emergency Dental	80% \$500 Max	80% \$250 per tooth up to \$1000
Palliative Dental Treatment	excluded	80% Max \$600

Physicians Services

Telemedicine Consultations	No Copayment 8 consults	80% \$30 copayment per visit
Primary and Specialist Care Visit	No Copayment 80%	80% \$30 copayment per visit
Outpatient Mental Health	No Copayment 80%	80% \$30 copayment per visit
Alternative Medicine	excluded	80% \$30 copayment per visit Max \$500

Other Services

Recreational Activities or Amateur Sports Benefit	excluded	80%
HIV/AIDS	excluded	80%
Alcohol and Substance Abuse (Rehabilitative Only)	80% inpatient 30 days outpatient \$50 per visit and 15 visits	80% \$30 copayment
Home Health Care	excluded	80% immediately following hospital discharge of at least 3 days

Hospice or Palliative Care	excluded	80% Max Benefit of 45 days (inpatient), Max benefit \$5000 (outpatient)
Durable Medical Equipment	80%	80%
Maternity	80% Notify within 30 days of confirmation 10 month waiting period for dependent spouse	80% Notify within 30 days of confirmation 10 month waiting period for dependent spouse
Elective Medical Abortions	excluded	\$80% maximum \$1500
Worldwide Coverage (exclude home country and M1/M2 visas)	80%	80%

Accidental Death and Dismemberment

Accidental Death	Sum amount \$10,000	Sum amount \$30,000
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 \$30,000 loss of both hands, feet or total sight Sum amount \$15,000 loss of one hand, one foot or one eye

Evacuation & Repatriation

Emergency Medical evacuation and Medical repatriation	Combined max \$50,000	Combined max \$100,000
Repatriation of Remains	Max \$25,000	Max \$25,000

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iNext OPT is a travel medical plan.
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Part of the CIEE family

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