



OPT
Brochure

wellaway.com

WellAway^o

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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**
- ✓ **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: 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.



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

OPT Plans

(U.S. bound students only)

Our OPT plans are dedicated to students with F-1 OPT student visas and offers comprehensive and 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. Our OPT plans provide 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.

OPT is designed to keep health expenses low, while meeting university requirements and the U.S. Department of State regulations.

Coverage Highlights

Annual aggregate maximum:
OPT: \$200,000 (\$100,000 per illness or injury)
OPT Premier: \$400,000 (\$100,000 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 OPT student visas in USA / ages 17 to 45 / Non-US citizens. OPT has a minimum of 5 months coverage.
- 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
- 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
- Medical evacuation and repatriation
- Coverage of prescription medication and contraceptives
- 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 waiver 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

	OPT	OPT Premier
Area of Coverage	USA	USA
Lifetime Maximum	\$200,000	\$400,000
Maximum Limit per Illness or Injury	\$100,000	\$100,000
Pre-Existing Condition Exclusion	Student: Yes	Student: Yes

Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network
In-Network and Out-of-Network Deductibles	\$500 per Illness or Injury	\$750 per Illness or Injury	\$500 per Illness or Injury	\$750 per Illness or Injury
Copayments do not apply towards Deductible				

Copayments				
Student Health Center	\$0		\$0	
Office Visit	\$50		\$50	
Urgent Care	\$50		\$50	
Hospital Emergency Room	\$350 (waived if admitted)		\$350 (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 UCR		20% of UCR	
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.	Unlimited	Unlimited	Unlimited	Unlimited

Outpatient Medication Program				
EHIM In-Network Pharmacy / On-Campus Pharmacy	20% of UCR			
Out-of-Network	Not covered			

Benefits	OPT		OPT Premier	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Services That Require Hospitalization				
Hospitalization	20% of UCR	40% of UCR	20% of UCR	40% of UCR
Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care	20% of UCR	40% of UCR	20% of UCR	40% of UCR
Inpatient Treatment Mental Illness	20% of UCR Maximum Benefit \$10,000	40% of UCR Maximum Benefit \$10,000	20% of UCR Maximum Benefit \$10,000	40% of UCR Maximum Benefit \$10,000
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 UCR \$350 Copayment (waived if admitted)	40% of UCR \$350 Copayment (waived if admitted)	20% of UCR \$350 Copayment (waived if admitted)	40% of UCR \$350 Copayment (waived if admitted)
Inpatient Physician, Osteopath and Specialist Services	20% of UCR	40% of UCR	20% of UCR	40% of UCR
Inpatient Ancillary Hospital Services	20% of UCR	40% of UCR	20% of UCR	40% of UCR
Inpatient Physical Therapy	20% of UCR Maximum Benefit \$1,000	40% of UCR Maximum Benefit \$1,000	20% of UCR Maximum Benefit \$1,000	40% of UCR Maximum Benefit \$1,000
Inpatient Surgical Procedures	20% of UCR	40% of UCR	20% of UCR	40% of UCR
Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist	20% of UCR	40% of UCR	20% of UCR	40% of UCR
Emergency Ground Ambulance	20% of UCR		20% of UCR	
Outpatient Care				
<i>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.</i>				
Urgent Care Clinic / Facility	20% of UCR and \$50 Copayment	40% of UCR and \$50 Copayment	20% of UCR and \$50 Copayment	40% of UCR and \$50 Copayment
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 UCR	40% of UCR	20% of UCR	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 UCR	40% of UCR	20% of UCR	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 UCR	40% of UCR	20% of UCR	40% of UCR
Outpatient Physical Therapy	20% of UCR and \$50 Copayment Limited to 12 visits	40% of UCR and \$50 Copayment Limited to 12 visits	20% of UCR and \$50 Copayment Limited to 12 visits	40% of UCR and \$50 Copayment Limited to 12 visits
Emergency Dental Treatment	20% of UCR Maximum Benefit \$500	40% of UCR Maximum Benefit \$500	20% of UCR Maximum Benefit \$500	40% of UCR Maximum Benefit \$500

Benefits

OPT

OPT Premier

In-Network

Out-of-Network

In-Network

Out-of-Network

Physician Services

(Cost Share amounts are waived at Student Health Center)

	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Visit	20% of UCR and \$50 Copayment	40% of UCR and \$50 Copayment	20% of UCR and \$50 Copayment	40% of UCR and \$50 Copayment
Specialist Visit	20% of UCR and \$50 Copayment	40% of UCR and \$50 Copayment	20% of UCR and \$50 Copayment	40% of UCR and \$50 Copayment
Outpatient Mental Illness Visit	20% of UCR and \$50 Copayment Maximum Benefit \$1,000	40% of UCR and \$50 Copayment Maximum Benefit \$1,000	20% of UCR and \$50 Copayment Maximum Benefit \$1,000	40% of UCR and \$50 Copayment Maximum Benefit \$1,000

Evacuation & Repatriation

	In-Network	Out-of-Network
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®

payerfusion®

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