



OPT  
Brochure

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

WellAway<sup>®</sup>

07/01/2025-06/30/2026

# 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.**

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](https://www.teladoc.com) 1-800-TELADOC (835-2362)



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
- Worldwide Coverage (excluding Home Country)
- 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                      |
|--------------------------------------------|----------------------------------|----------------------------------|
| <b>Area of Coverage</b>                    | Worldwide excluding Home Country | Worldwide excluding Home Country |
| <b>Lifetime Maximum</b>                    | \$200,000                        | \$400,000                        |
| <b>Maximum Limit per Illness or Injury</b> | \$100,000                        | \$100,000                        |
| <b>Pre-Existing Condition Exclusion</b>    | 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 | 80% of UCR | 80% of UCR |
| Out-of-Network Providers          | 60% of UCR | 60% 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 | 80% 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                                                                                                                                                                                                                           | 80% of UCR                                               | 60% of UCR                                               | 80% of UCR                                               | 60% of UCR                                               |
| Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care                                                                                                                              | 80% of UCR                                               | 60% of UCR                                               | 80% of UCR                                               | 60% of UCR                                               |
| Inpatient Treatment Mental Illness                                                                                                                                                                                                        | 80% of UCR<br>Maximum Benefit \$10,000                   | 60% of UCR<br>Maximum Benefit \$10,000                   | 80% of UCR<br>Maximum Benefit \$10,000                   | 60% of UCR<br>Maximum Benefit \$10,000                   |
| Emergency Medical Services in an Emergency Room<br>If you use an emergency room in the Hospital for a non-emergency service, the services will not be covered.                                                                            | 80% of UCR<br>\$350 Copayment (waived if admitted)       | 60% of UCR<br>\$350 Copayment (waived if admitted)       | 80% of UCR<br>\$350 Copayment (waived if admitted)       | 60% of UCR<br>\$350 Copayment (waived if admitted)       |
| Inpatient Physician, Osteopath and Specialist Services                                                                                                                                                                                    | 80% of UCR                                               | 60% of UCR                                               | 80% of UCR                                               | 60% of UCR                                               |
| Inpatient Ancillary Hospital Services                                                                                                                                                                                                     | 80% of UCR                                               | 60% of UCR                                               | 80% of UCR                                               | 60% of UCR                                               |
| Inpatient Physical Therapy                                                                                                                                                                                                                | 80% of UCR<br>Maximum Benefit \$1,000                    | 60% of UCR<br>Maximum Benefit \$1,000                    | 80% of UCR<br>Maximum Benefit \$1,000                    | 60% of UCR<br>Maximum Benefit \$1,000                    |
| Inpatient Surgical Procedures                                                                                                                                                                                                             | 80% of UCR                                               | 60% of UCR                                               | 80% of UCR                                               | 60% of UCR                                               |
| Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist                                                                                                                                                                       | 80% of UCR                                               | 60% of UCR                                               | 80% of UCR                                               | 60% of UCR                                               |
| Emergency Ground Ambulance                                                                                                                                                                                                                | 80% of UCR                                               |                                                          | 80% of 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                                                                                                                                                                                                             | 80% of UCR<br>and \$50 Copayment                         | 60% of UCR<br>and \$50 Copayment                         | 80% of UCR<br>and \$50 Copayment                         | 60% of UCR<br>and \$50 Copayment                         |
| Outpatient Ambulatory Surgical Facility & Surgical Care<br>When not performed in a free-standing independent ambulatory facility, a Site of Service Differential cost will apply.                                                         | 80% of UCR                                               | 60% of UCR                                               | 80% of UCR                                               | 60% of UCR                                               |
| Routine X-rays and Laboratory tests<br>When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.                                                            | 80% of UCR                                               | 60% of UCR                                               | 80% of UCR                                               | 60% of UCR                                               |
| Advanced Diagnostic and Interventional Radiology Services<br>When not performed in a Physician's office or in a free-standing non-hospital facility, a Site of Service Differential cost will apply.                                      | 80% of UCR                                               | 60% of UCR                                               | 80% of UCR                                               | 60% of UCR                                               |
| Outpatient Physical Therapy                                                                                                                                                                                                               | 80% of UCR<br>and \$50 Copayment<br>Limited to 12 visits | 60% of UCR<br>and \$50 Copayment<br>Limited to 12 visits | 80% of UCR<br>and \$50 Copayment<br>Limited to 12 visits | 60% of UCR<br>and \$50 Copayment<br>Limited to 12 visits |
| Emergency Dental Treatment                                                                                                                                                                                                                | 80% of UCR<br>Maximum Benefit \$500                      | 60% of UCR<br>Maximum Benefit \$500                      | 80% of UCR<br>Maximum Benefit \$500                      | 60% of UCR<br>Maximum Benefit \$500                      |

## Benefits

### OPT

### OPT Premier

| Benefits                                                                              | In-Network                                                                                                                    | Out-of-Network                                                 | In-Network                                                                                                                    | Out-of-Network                                                 |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Physician Services</b><br>(Cost Share amounts are waived at Student Health Center) |                                                                                                                               |                                                                |                                                                                                                               |                                                                |
| <b>Telemedicine Consultations and Visits</b>                                          | No Copayment<br>Limited to 10 consults/visits                                                                                 |                                                                | No Copayment<br>Limited to 10 consults/visits                                                                                 |                                                                |
| <b>Primary Care Visit</b>                                                             | 80% of UCR<br>and \$50 Copayment                                                                                              | 60% of UCR<br>and \$50 Copayment                               | 80% of UCR<br>and \$50 Copayment                                                                                              | 60% of UCR<br>and \$50 Copayment                               |
| <b>Specialist Visit</b>                                                               | 80% of UCR<br>and \$50 Copayment                                                                                              | 60% of UCR<br>and \$50 Copayment                               | 80% of UCR<br>and \$50 Copayment                                                                                              | 60% of UCR<br>and \$50 Copayment                               |
| <b>Outpatient Mental Illness Visit</b>                                                | 80% of UCR<br>and \$50 Copayment<br>Maximum Benefit<br>\$1,000                                                                | 60% of UCR<br>and \$50 Copayment<br>Maximum Benefit<br>\$1,000 | 80% of UCR<br>and \$50 Copayment<br>Maximum Benefit<br>\$1,000                                                                | 60% of UCR<br>and \$50 Copayment<br>Maximum Benefit<br>\$1,000 |
| <b>Worldwide Coverage</b><br>(outside the United States, excluding your Home Country) | 80% of UCR                                                                                                                    |                                                                | 80% of UCR                                                                                                                    |                                                                |
| <b>Accidental Death and Dismemberment</b>                                             |                                                                                                                               |                                                                |                                                                                                                               |                                                                |
| <b>Accidental Death</b>                                                               | Sum amount \$10,000                                                                                                           |                                                                | Sum amount \$10,000                                                                                                           |                                                                |
| <b>Dismemberment</b>                                                                  | Sum amount \$10,000<br>loss of both hands, feet or total sight<br>Sum amount \$5,000<br>loss of one hand, one foot or one eye |                                                                | Sum amount \$10,000<br>loss of both hands, feet or total sight<br>Sum amount \$5,000<br>loss of one hand, one foot or one eye |                                                                |
| <b>Evacuation &amp; Repatriation</b>                                                  |                                                                                                                               |                                                                |                                                                                                                               |                                                                |
| <b>Emergency Medical Evacuation and Medical Repatriation</b>                          | Combined Maximum Benefit<br>\$50,000                                                                                          |                                                                | Combined Maximum Benefit<br>\$50,000                                                                                          |                                                                |
| <b>Repatriation of Mortal Remains</b>                                                 | Maximum Benefit \$25,000                                                                                                      |                                                                | Maximum Benefit \$25,000                                                                                                      |                                                                |

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

# WellAway<sup>®</sup>

Keeping You Well, While You're Away.<sup>®</sup>

 UnitedHealthcare<sup>®</sup>

 TELADOC<sup>®</sup>

 payerfusion<sup>®</sup>

WellAway Limited

Victoria Place  
31 Victoria Street  
5th Floor  
PO Box HM 1624  
Hamilton HM 10  
Bermuda

Phone: +1 441-296-0651

[info@wellaway.com](mailto:info@wellaway.com)  
[wellaway.com](http://wellaway.com)



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