

Plan Distributed by



# WellAway<sup>®</sup> OPT SERIES Student Health Insurance

Affordable coverage tailored for  
international students

# COVERAGE HIGHLIGHTS



## Prescriptions

Generic and select brand-name medications covered at EHIM in-network or campus pharmacies



## PPO Hospital Access

Receive reduced rates at thousands of U.S. hospitals through UHC's PPO network



## Campus Health Benefits

Zero deductible and copay at Student Health Center



## Doctors Within Reach

Broad U.S. access through PayerFusion® ConciergeCare support



## Global Coverage

Coverage during travel and study abroad outside the U.S. and home country  
(\*M1/M2 visa holders are not eligible )



## 24/7 Multilingual Support

Service in your preferred language with 24/7 Concierge Care



## Simple Enrollment

Streamlined sign-up with minimal paperwork



## Mental Health Support

Connect with Optum® therapists, psychiatrists, and substance use care through your plan's network



## Teladoc®

Virtual phone or video appointments available via Teladoc®



## Instant Coverage Proof

Get instant insurance proof for visa or employer documents



## Digital Access

Instant access to insurance documents anytime, anywhere



## Benefit Transparency

Clear per-person benefit limits and prior authorization details

# POLICYHOLDER ELIGIBILITY

1. You must be between the **ages of 17** and the attained **age of 45** at the time of application.
2. You must be
  - (i) a non-US citizen.
  - (ii) be a student at an educational institution in the United States;
  - (iii) be enrolled in school for at least one (1) academic year;
  - (iv) agree to work part time if you want a pre-completion OPT;
  - (v) agree to work in a job related to your field of study;
  - (vi) not have a criminal record during your time in the United States;
  - (vii) be eligible for an Employment Authorization Document;
  - (viii) not have completed a twelve (12) month, full time, Curricular Practical Training; and
  - (ix) not be enrolled in an English as a Second Language course.
3. You must, at all times during the Policy Period, meet and comply with the specific requirements and regulations of your program for which you have obtained your visa.
4. You must be **residing outside your Home Country**. You are not eligible for this Policy if your intent is to live in a fixed location outside your Home Country.
5. You must **not have obtained** residency status in the United States.
6. You must hold a valid passport, a valid F-1 visa and a valid I-20. An Insured Person with an F-1 Student Status, Form I-20 will be provided to you by your school which you and your school official must sign. We may request a copy of the I-20 and your current visa.
7. As of the Policy Effective Date, you must be in good health (not currently undergoing medical Treatment or Services or where distinct signs or Symptoms are evident as of the Policy Effective Date), not hospitalized and not confined to a Hospital or Extended Care Facility.
8. In the event that you had previous coverage with WellAway under a different policy, you are only eligible for this Policy if this Policy provides the same level or less coverage than you previously had with WellAway.
9. Students under the age of 18: the parent or legal guardian must complete the documentation with the applicable sponsoring organization as follows:
  - Parental authorization form completed and signed by the parent or guardian.
  - Vaccination agreement.
  - Student-parent agreement form completed and signed by the student and the parent or guardian. The parent or legal guardian is required to sign the application and purchase the policy on behalf of the student.
  - Student application completed and signed by the student and the parent or guardian.
  - Student behavior agreement.
10. If the Policyholder is also eligible as a dependent under a different policy, he/she may only be covered once under a Policy.
11. If the Policyholder marries a US citizen and is eligible for an adjustment of status, the Policyholder is no longer eligible for this plan.
12. WellAway has the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If it is discovered the eligibility requirements are not met, the insurance coverage will be terminated.

## CANCELLATION AND REFUND

You will only be allowed to cancel your Policy and obtain a refund of your Premium if:

1. Your employer offers health insurance coverage to you during your employment. You must provide written proof of coverage and written notification to WellAway of your refund request within 15 days from the effective date of coverage.
2. Your employment is terminated, for any reason whatsoever. You must provide written proof of employment termination and written notification to WellAway of your refund request within 15 days of the employment termination date.

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.

# SMART BUDGET OPT SERIES INSURANCE

## UNITED HEALTHCARE® PPO

### OPT

**\$383.25/YR**

AGES 17-24

**\$616.85/YR**

AGES 25-29

**\$1054.85/YR**

AGES 30-45

\$200,000 Lifetime Maximum  
\$100,000 Maximum Limit / illness or injury  
\$500/Illness or Injury Deductible\*  
Unlimited Out-of-Pocket Maximum\*  
80% of UCR Coinsurance\*

### OPT

### PREMIER

**\$573.05/YR**

AGES 17-24

**\$923.45/YR**

AGES 25-29

**\$1580.45/YR**

AGES 30-45

\$400,000 Lifetime Maximum  
\$100,000 Maximum Limit / illness or injury  
\$500/Illness or Injury Deductible\*  
Unlimited Out-of-Pocket Maximum\*  
80% of UCR Coinsurance\*

Minimum Time Period: 5 Months

\* In-Network



# OPT

**\$100,000 Maximum Benefit**

**\$383.25/YR (AGES 17-24)**

**\$616.85/YR (AGES 25-29)**

**\$1054.85/YR (AGES 30-45)**

*Visas: F1 OPT*

# What Your Plan Covers

This section is a summary and a full description of the benefits covered under this Policy. **Certain procedures and medical services covered by your Policy require Pre-Authorization.** Covered Services that require pre-authorization must be coordinated and approved by the Plan Administrator in order to be covered under this Policy. If Services are not pre-authorized, it will result in a 50% penalty on the entire episode of care. If the Service would not have been approved by the Pre-Authorization process under this Policy, all related claims will be denied. **Please refer to the “Pre-Authorization” section under the heading “How Your Coverage Works.”**

<b>Area of Coverage</b>	Worldwide excluding Home Country
<b>Lifetime Maximum</b>	\$200,000
<b>Maximum Limit per Illness or Injury</b>	\$100,000
<b>Pre-Existing Condition Exclusion</b>	Student: Yes

Deductible	In-Network	Out-of-Network
In-Network and Out-of-Network Deductibles	\$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	
Out-of-Network Providers	60% of UCR	

Out-of-Pocket Maximum		
Coinsurance is the only Cost Share that applies towards the Out-of-Pocket Maximum.	Unlimited	Unlimited

Outpatient Medication Program		
EHIM In-Network Pharmacy / On-Campus Pharmacy	80% of UCR	
Out-of-Network	Not covered	

## Services That Require Hospitalization

<b>Hospitalization</b>	80% of UCR	60% of UCR
<b>Intensive Care Unit/Telemetry/Surgical Intensive Care/Medical Intensive Care/Trauma/Pediatric Intensive Care</b>	80% of UCR	60% of UCR
<b>Inpatient Treatment Mental Illness</b>	80% of UCR Maximum Benefit \$10,000	60% of UCR Maximum Benefit \$10,000
<b>Emergency Medical Services in an Emergency Room</b> If you use an emergency room in the Hospital for a non-emergency service, the services will not be covered.	80% of UCR \$350 Copayment (waived if admitted)	60% of UCR \$350 Copayment (waived if admitted)
<b>Inpatient Physician, Osteopath and Specialist Services</b>	80% of UCR	60% of UCR
<b>Inpatient Ancillary Hospital Services</b>	80% of UCR	60% of UCR
<b>Inpatient Physical Therapy</b>	80% of UCR Maximum Benefit \$1,000	60% of UCR Maximum Benefit \$1,000
<b>Inpatient Surgical Procedures</b>	80% of UCR	60% of UCR
<b>Inpatient Surgeon Fees, Assistant Surgeon Fees and Anesthesiologist</b>	80% of UCR	60% of UCR
<b>Emergency Ground Ambulance</b>	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.*

<b>Urgent Care Clinic / Facility</b>	80% of UCR and \$50 Copayment	60% of UCR and \$50 Copayment
<b>Outpatient Ambulatory Surgical Facility &amp; Surgical Care</b> When not performed in a free-standing independent ambulatory facility, a Site of Service Differential cost will apply	80% of UCR	60% of UCR
<b>Routine X-rays and Laboratory tests</b> 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
<b>Advanced Diagnostic and Interventional Radiology Services</b> 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
<b>Outpatient Physical Therapy</b>	80% of UCR and \$50 Copayment Limited to 12 visits	60% of UCR and \$50 Copayment Limited to 12 visits
<b>Emergency Dental Treatment</b>	80% of UCR Maximum Benefit \$500	60% of UCR Maximum Benefit \$500

**OPT****In-Network****Out-of-Network****Physician Services**

(Cost Share amounts are waived at Student Health Center)

<b>Telemedicine Consultations and Visits</b>	No Copayment Limited to 10 consults/visits	
<b>Primary Care Visit</b>	80% of UCR and \$50 Copayment	60% of UCR and \$50 Copayment
<b>Specialist Visit</b>	80% of UCR and \$50 Copayment	60% of UCR and \$50 Copayment
<b>Outpatient Mental Illness Visit</b>	80% of UCR and \$50 Copayment Maximum Benefit \$1,000	60% of UCR and \$50 Copayment Maximum Benefit \$1,000

**Worldwide Coverage**

(outside the United States, excluding your Home Country)

80% of UCR

**Accidental Death and Dismemberment**

<b>Accidental Death</b>	Sum amount \$10,000
<b>Dismemberment</b>	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

**Evacuation & Repatriation**

<b>Emergency Medical Evacuation and Medical Repatriation</b>	Combined Maximum Benefit \$50,000
<b>Repatriation of Mortal Remains</b>	Maximum Benefit \$25,000

**We highly recommend that you use an In-Network Physician and In-Network Facility because you can anticipate your health care costs. Contact a ConciergeCare counselor at the number on the back of your ID Card to assist you in locating an In-Network Physician and In-Network Facility.**

# ABOUT Kimber® Health

## Healthcare is a right, not a privilege.

We are Kimber Health®, a company dedicated to providing accessible and affordable healthcare. That's why our affordable plans offer international students quality coverage, multilingual support, and a community that genuinely cares. We're here to make sure your health is one less thing to worry about, wherever your journey takes you.



Members from **100+** countries

Multilingual customer support

Helped students save  
**\$100M+** in 2024

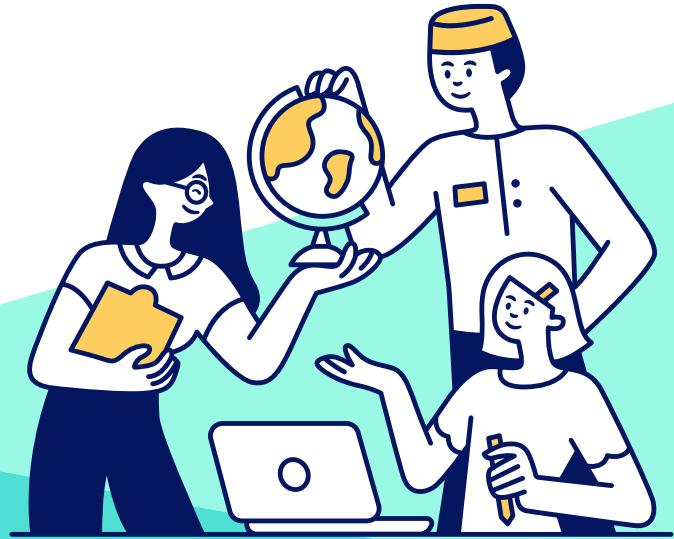
Rated **5 stars** on Google

Expert guidance for the  
right health plan

Plan Distributed by



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