GoGlobalSafe
Student Insurance

# GGS OPT Plan




## Tailored for international students in the U.S

## F-1 OPT Exclusive Private Health Insurance

**Underwritten by Wellaway Limited**

**Reinsured by Arch Re, An A.M Best, A+ Rated company**

**Distributed by GoGlobalSafe**

www.goglobalsafe.com

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# About GoGlobalSafe

## Meets U.S. Department of State and University OPT Health Insurance Standards



- Providing comprehensive health coverage tailored to your professional transition, and fully compliant with university requirements and U.S. Department of State regulations, ensuring peace of mind throughout your job search and internship journey.

- Let us provide you with the most steadfast and secure health support while you focus on achieving your personal goals.

# Meet GoGlobalSafe

# Insurance That Understands You

# Why GoGlobalSafe

## All - In - One Support: From Booking to Care

### ConciergeCare 24/7

**Personal support when you need it most.**

·Appointment scheduling

· In–network provider search

·Benefit explanations

·Emergency assistance & evacuation

·White – glove multilingual service (incl. Chinese)

·Free for all Royal plan members

**Call us anytime**



### UnitedHealthcare PPO Network

**Access one of the largest medical networks in the U.S.**

·1.2M+ doctors & providers

·6,500+ hospitals nationwide

·No referrals needed

·Pay less when using in–network services

·Digital ID card accepted – no prepayment required

**You're covered wherever school takes you.**



### Telemedicine Virtual Care

**Talk to a doctor - anytime, anywhere in the U.S.**

·24/7 phone or video consultation

·Fast treatment for cold, flu, skin issues, allergies, etc.

·Prescriptions sent to your local pharmacy

·Lower cost than ER or urgent care

**Great for late nights or busy schedules.**



# Why OPT Plan

Purchasing OPT medical insurance serves a dual purpose: it not only ensures compliance with your F–1 visa status and seamlessly bridges the ”coverage gap” during your job search or prior to your employer–sponsored insurance taking effect, but—more importantly—it guarantees that, as you embark on this pivotal stage of your professional journey, you have immediate access to timely, high–quality local medical care, thereby safeguarding both your health and your career.

## Key Reasons Students Choose OPT Plans

### Tailored Specifically for the OPT Internship Period

Tailored specifically for graduates holding an F–1 OPT visa, this plan perfectly meets the health insurance requirements of major universities and the U.S. Department of State. It clears compliance hurdles during your job search and professional transition, providing you with the utmost sense of security.

### A Top-Tier Nationwide Medical Network with Access to Millions of Providers

Gain full access to the extensive UnitedHealthcare (UHC) Options PPO network. No matter which U.S. city you work in, you can easily access over 1.2 million high–quality physicians and more than 6,500 hospitals, ensuring seamless access to medical care.

### 24/7 Bilingual (Chinese & English) ConciergeCare Service

We provide seamless, real–time ”White Glove” service. Whether you need assistance finding a suitable in–network physician, scheduling an appointment, or navigating complex claims, our multilingual customer service team is available around the clock to resolve your concerns.

### Free and Efficient 24/7 Remote Consultation

Through our deep partnership with the Teladoc platform, you can connect with U.S.–licensed physicians anytime, anywhere—via phone call or video link. For common ailments such as colds or allergies, you can receive a response within minutes; prescriptions can even be sent directly to the pharmacy of your choice, saving you time and hassle compared to visiting an emergency room or urgent care center.

# 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 wavier 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** | | | | |
| *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** | 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) | | | | |
| **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** | | | | |
| **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.***

# About Coverage Examples

The content on this page is not intended as a cost estimation tool. The claims examples provided here serve solely to illustrate how the insurance plan helps cover costs across various medical scenarios. Your actual out–of–pocket expenses will depend on the specific treatments you receive, the fee schedules of the medical facilities you visit, and a variety of other factors. Please pay close attention to the cost–sharing provisions within the plan (such as deductibles, coinsurance rates, and consultation fees).
Note: These examples are based on coverage for a single individual.

## Li's Knee Ligament Repair Surgery ( OPT Premier Plan )

Following a diagnosis of an ACL tear by an in–network specialist, the patient underwent minimally invasive surgery and subsequent physical therapy.

| Item | Description |
|---|---|
| **Plan Deductible** | $500 |
| **Specialist Copayment** | $50 |
| **Hospital Coinsurance** | 80% |
| **Other Copayment** | $50 |
| **Included Services** | Specialist Outpatient Consultation (Initial Diagnosis and Assessment), Imaging Examination (MRI Scan), Inpatient Surgical Fees (including Operating Room, Anesthesia, and Consumables), and 15 Post-operative Physical Therapy Sessions. |
| **Total Example Cost** | $12,000 |
| **What Peg Pays** | |
| - Deductible | $500 |
| - Copayments | $650 |
| - Coinsurance | $2,100 |
| - Limits/Exclusions | $300 |
| **Total Out - of - Pocket** | **$3,550** |
| **Insurance covered** | **$8,450** |

# GoGlobalSafe

## Your Partner in Global Health Protection

Whether you're starting college, heading into OPT, or traveling during breaks, GoGlobalSafe is here to protect your journey.

**GoGlobalSafe**

**Protecting Dreams, Across Borders.**

## Parter with

WellAway

EHiM Third Party Administration

United Healthcare

payerfusion

## Contact Us Anytime


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