



Table of Benefits

Omega Broker Plan with Talent Trust

Policy terms and conditions

This Table of Benefits was designed for informational purposes and offers an overview of the cover we provide under this plan. All limits are per member, per Insurance Year, unless otherwise stated. Cover is subject to product availability and to our policy terms and conditions, as detailed in our Benefit Guide.

Our Omega Broker plan

Omega Broker covers you for in-patient, out-patient and wellness benefits, as shown in the table below. If you wish, you can also add optional benefits to expand your cover: see the **Upgrade options** section further below.

Certain benefits (indicated with *) are subject to **pre-authorization** through submission of a Pre-authorization Form. Details of our Pre-authorization process can be found in our Benefit Guide. Please note that where pre-authorization is required but not obtained, or where treatment in the USA is not received within the medical provider network, your medical costs will be subject to a 40% coinsurance/co-payment (in these cases, the coinsurance/co-payment limit shown in the table will be disregarded, and any benefit limit will apply after the coinsurance/co-payment).

Key to Table of Benefits

✓ Covered in full, up to the maximum plan limit.

* Treatments/costs require pre-authorization through submission of a Pre-authorization Form.

Omega Broker plan	Limits
Overall maximum plan limit	US\$ 1,000,000
Deductible Does not apply to the following benefits: <ul style="list-style-type: none"> In-patient cash benefit Local ambulance Medical evacuation Expenses for one person accompanying an evacuated person Repatriation of mortal remains or burial expenses Vaccinations Health and wellbeing checks Travel costs of insured members to be with a close relative who is at peril of death or who has died (where selected as an optional benefit) Dental (where selected as an optional benefit) Vision care (where selected as an optional benefit) 	US\$ 5,000 per Insurance Year (for treatment in the USA) and US\$ 2,500 per Insurance Year (for treatment outside of the USA) OR US\$ 5,000 per Insurance Year (for treatment in the USA) and US\$ 200 per Insurance Year (for treatment outside of the USA) OR US\$ 2,900 per Insurance Year (for treatment in the USA) and US\$ 500 per Insurance Year (for treatment outside of the USA)
Coinsurance/co-payment Applicable to treatments within the USA Does not apply to the following benefits: <ul style="list-style-type: none"> In-patient cash benefit Local ambulance Medical evacuation Expenses for one person accompanying an evacuated person Repatriation of mortal remains or burial expenses Complications of pregnancy Vaccinations (where an Out-patient Plan is selected) Travel costs of insured members to be with a close relative who is at peril of death or who has died (where selected as an optional benefit) 	In-network: 20%, up to US\$ 10,000 Out-of-network: 40%
Core Plan benefits	
Hospital accommodation*	Private room
Intensive care*	✓

Prescribed drugs and materials* In-patient and day-care treatment only	✓
Surgical fees, including anaesthesia and theatre charges*	✓
Physician and therapist fees* In-patient and day-care treatment only	✓
Surgical appliances and materials*	✓
Diagnostic tests* In-patient and day-care treatment only	✓
Organ transplant* In-patient treatment only	US\$ 250,000 per lifetime
Psychiatry and psychotherapy* In-patient and day-care treatment only	US\$ 5,000, max. 30 days
Accommodation costs for one parent staying in hospital with an insured child under 18*	✓
Reconstructive surgery* To restore natural function or appearance after a disfiguring accident or surgery for cancer Covered only if the accident or initial surgery occurs during your period of cover	✓
Day-care treatment*	✓
Kidney dialysis* In-patient, day-care and out-patient treatment	US\$ 3,000
Routine management of chronic conditions In-patient, day-care and out-patient treatment	
Out-patient surgery*	✓
Nursing at home or in a convalescent home* Immediately after or instead of hospitalisation	30 days per medical condition
Rehabilitation treatment In-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases) Covered only if you've received in-patient treatment for three or more consecutive days/nights for the same medical condition	✓ Up to 120 days per medical condition
Local ambulance	US\$ 1,500 per event
Medical evacuation* Emergency cases only	✓ ✓ ✓ Max. 7 days
<ul style="list-style-type: none"> Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre* 	
<ul style="list-style-type: none"> Where ongoing treatment is required, we will cover hotel accommodation costs* 	
<ul style="list-style-type: none"> Evacuation in the event of unavailability of adequately screened blood* 	
<ul style="list-style-type: none"> If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover the hotel accommodation costs* 	

<p>Expenses for one person accompanying an evacuated person*</p> <p>If medically necessary</p> <ul style="list-style-type: none"> • Travel costs for one accompanying person to and from medical appointments when treatment is being received on a day-care basis* • Travel costs for one accompanying person (to and from the hospital), to visit the insured person receiving in-patient treatment* • Non-hospital accommodation costs for the insured person and any accompanying person, where required in the period immediately preceding or following hospital admission (where the insured person is under the care of a specialist)* 	<p>✓, up to US\$ 2,500 per evacuation</p> <p>Max. US\$ 80 per person, per day (up to the overall benefit limit of US\$ 2,500 above)</p>
Repatriation of mortal remains or burial expenses*	US\$ 15,000
<p>CT and MRI scans</p> <p>In-patient and out-patient treatment</p>	✓
<p>PET* and CT-PET* scans</p> <p>In-patient and out-patient treatment</p>	✓
<p>Oncology*</p> <p>Including oncology palliative care</p> <p>In-patient, day-care and out-patient treatment</p>	✓
<p>Complications of pregnancy and childbirth*</p> <p>In-patient and out-patient treatment</p> <p>10-month waiting period applies</p>	✓
Congenital conditions	US\$ 100,000 per medical condition
<p>Newborn treatment</p> <p>In-patient treatment of a newborn's acute medical condition, where it manifests in the 30 days following birth. Complications arising from assisted conception are excluded</p> <p>Applies to the newborn's policy only</p>	US\$ 100,000, up to max. 90 days of hospital stay
<p>Newborn accommodation</p> <p>Where the baby is up to 16 weeks old and accompanies its insured mother while she is receiving in-patient treatment</p>	✓
<p>In-patient cash benefit</p> <p>Per night</p> <p>Where treatment has been received free of charge</p>	US\$ 125, max. 20 nights
Emergency out-patient treatment	✓
<p>Emergency dental treatment</p> <p>In-patient and out-patient treatment</p>	US\$ 2,500
Dental Surgery	US\$ 2,500
<p>Palliative care</p> <p>In-patient, day-care and out-patient treatment</p>	Max. 30 days
Additional Core Plan services	
<p>Expat Assistance Programme**</p> <p>Offers access to a range of 24/7 multilingual support services as follows:</p> <ul style="list-style-type: none"> • Counselling - confidential and professional support (in-person, phone and video) • Legal and financial referral services • Critical incident support • Wellness website access 	✓

Travel Security Services** Offers 24/7 access to personal security information and advice for all your travel safety queries. This includes: <ul style="list-style-type: none"> • Emergency Security Assistance Hotline (not a free number) • Country intelligence and security advice • Daily security news and travel safety alerts 	✓
Olive** Our Health & Wellness support program includes, for example: <ul style="list-style-type: none"> • HealthSteps fitness app • Access to wellness resources 	✓
Digital health app** Reimbursement for one digital health app of your choice for the prevention, detection and management of a disease or condition	Up to US\$ 70
MyHealth digital services <ul style="list-style-type: none"> • Manage your cover online with our app or portal anytime, anywhere • Track progress of claims • Access health services and more 	✓
Second Medical Opinion service** Offers access to expert help on the best treatment options available, if you have been diagnosed with a serious illness or had surgery recommended	✓
Out-patient Plan benefits	
Video consultation services **	✓
Medical practitioner fees	✓
Prescribed drugs and dressings	✓
Specialist fees	✓
Diagnostic tests	✓
Vaccinations	US\$ 250
Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry	Max. 20 sessions per condition
Prescribed physiotherapy Initially limited to 20 sessions per medical condition after which it must be further reviewed by a specialist	✓
Prescribed occupational therapy* Initially limited to 20 sessions per medical condition after which it must be further reviewed by a specialist	✓

<p>Health and wellbeing checks including screening for the early detection of illness or disease.</p> <p>Checks are limited to:</p> <ul style="list-style-type: none"> • Physical examination • Chest x-ray • Blood tests (full blood count, biochemistry, lipid profile, thyroid function test, liver function test, kidney function test) • Cardiovascular examination (physical examination, electrocardiogram, blood pressure) • Neurological examination (physical examination) • Bone densitometry (every five years for women aged 50+) • Well child test (for children up to the age of six years) • Routine dental examinations (up to two per Insurance Year) • Routine dental x-rays • Dental cleaning, scraping and polishing • Dental fluoride treatment (for insured persons between six and 19 years old) <p>Cancer screening</p> <p>Checks are limited to:</p> <ul style="list-style-type: none"> • Annual gynaecological exam • Mammogram (every two years for women aged 45+, or younger where a family history exists) • Annual prostate screening (yearly for men aged 50+, or younger where a family history exists) • Colonoscopy (every five years for members aged 50+, or 40+ where a family history exists) • Annual faecal occult blood test • BRCA1 and BRCA2 genetic test (where a direct family history exists) 	<p>80% refund, max. US\$ 400</p>
<p>Hormone replacement therapy</p>	<p>Max. 3 months per lifetime</p>
<p>Infertility treatment</p> <p>24-month waiting period applies</p> <p>Limited to investigations into the cause of infertility</p>	<p>US\$ 2,500 per lifetime</p>
<p>Psychiatry and psychotherapy</p> <p>Referral from doctor required for psychotherapy</p>	<p>US\$ 5,000</p>
<p>Prescribed medical aids</p>	<p>US\$ 1,000 per medical condition</p>
<p>Maternity Plan benefits</p>	
<p>Routine maternity (including home delivery), childbirth and elective caesarean sections*</p> <p>In-patient and out-patient treatment</p> <p>10-month waiting period applies</p> <p>If treatment is received in the USA, this benefit is subject to 20% coinsurance/co-payment, without limits – the benefit limit applies after the coinsurance/co-payment</p>	<p>US\$ 10,000 per pregnancy</p>

Upgrade options

We offer you the opportunity to select additional benefits to include in your Omega Broker plan, to expand your cover according to your specific needs. Talk to us if you require advice or want to explore what is available for you.

Optional benefits to upgrade your cover	Limits
Additional chronic conditions cover	US\$ 50,000
Dental Six-month waiting period applies	<ul style="list-style-type: none"> • Routine dental treatment (with 20% coinsurance/copayment) up to US\$ 500 • Dental surgery (with 20% coinsurance/copayment) up to US\$ 500 • Periodontics (with 20% coinsurance/copayment) up to US\$ 500 • Orthodontic treatment and dental prostheses (with 50% coinsurance/copayment) (10-month waiting period) up to US\$ 2,000 Per insured person, per Insurance Year
Travel costs of insured members to be with a close relative who is at peril of death or who has died If the claim relates to costs that span across several Insurance Years, we will only pay up to US\$ 1,500 per each Insurance Year Limited to no more than two claims in any five Insurance Year period	<ul style="list-style-type: none"> • US\$ 3,000 per claim
Non-emergency travel	US\$ 500 (with 20% coinsurance/co-payment)
Stay-alive	Available to select
Vision care	US\$ 250 (with 50% coinsurance/co-payment when treatment is received in the USA, and 20% when treatment is received outside of the USA)

***Certain services that may be included in your plan are provided by third party providers, such as the Expat Assistance Programme, Travel Security services, HealthSteps app, Second Medical Opinion and tele-medicine services. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The HealthSteps app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The HealthSteps app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that the insurer, its reinsurers and its administrators are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.*

Notes

What we cover

With our Omega Broker plan, you are covered for medical conditions that manifest for the first time during the validity of your cover, and where related treatment is also provided to you during the validity of your cover.

We also cover pre-existing conditions, i.e. medical conditions that manifested before your cover started (that you knew about them or not), provided that:

- you declare the pre-existing conditions when you apply for cover and we approve cover for them in writing, OR
- you have a non-underwritten policy.

In order for your medical costs to be covered, they have to be for medically necessary treatments and procedures; also costs have to be reasonable and customary, based on the average treatment costs applicable to the region in which you receive the treatment. For in-patient treatments, we cover you for a standard private room unless you want to opt for an alternative type of room/hospital accommodation.

Geographical area of cover

The geographical area of cover available with this plan is 'Worldwide'. The area of cover is subject to the policy terms and conditions.

Please note:

- Our policies are international health plans and are intended for international use. They are not intended as a replacement for domestic insurance products for citizens or residents of Malaysia.
- Regarding the USA: this cover doesn't meet the requirements of the comprehensive healthcare reform law of March 2010 (also referred to as ACA, PPACA, or 'Obamacare') and is not recognised as 'minimum essential cover'. If you are a US citizen residing inside or outside the USA and you are required to maintain minimum essential cover, you should seek cover under a US domestic health insurance plan. It is your responsibility to ensure that your healthcare cover is legally appropriate. We strongly recommend that you seek independent advice in this regard.

Talk to us, we love to help!

For sales enquiries or general policy enquiries, please contact Talent Trust:

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For members' emergencies or claims queries, contact Allianz Care:

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