

# How To Use Your Policy

## How to make a claim?

For outpatient claims, less than US\$1,000. Please pay for these medical bills and send them to us for reimbursement.

To do this, please send the following documents to us at [claims@talent-trust.com](mailto:claims@talent-trust.com):

1. Completed **claim form**
2. Itemized medical bills or invoices
3. Proof of payment (receipts or credit card transaction slips)

**Claiming deadline:** You must submit all claims no later than 90 days from the treatment date. After this time, we are not obliged to settle the claim.

**Claim submission:** You must submit a separate claim for each person claiming and for each medical condition being claimed.

**Reasonable and customary cost:** We will only reimburse charges that are reasonable and customary in accordance with standard and generally accepted medical procedures. If we consider a claim to be inappropriate, we reserve the right to decline your claim or reduce the amount we pay.

## How to make a pre-authorization request

Members are required to obtain prior approval (pre-authorization) before commencing the following treatments or procedures:

1. Planned inpatient or day patient treatment (hospitalization)
2. Any pregnancy or childbirth treatment
3. Planned surgery (including outpatient surgery)
4. Evacuation
5. Psychiatric treatment – inpatient or day patient
6. Home nursing charges
7. Planned inpatient, day patient or outpatient PET & CT-PET scans
8. Planned outpatient treatment above US\$1,000.

To request a pre-authorization, please send the completed **pre-authorization form** to us at [medicassist@talent-trust.com](mailto:medicassist@talent-trust.com). The form must be completed by you and your doctor. Please ensure that the estimated cost of the treatment is also provided.

## What to do in an emergency

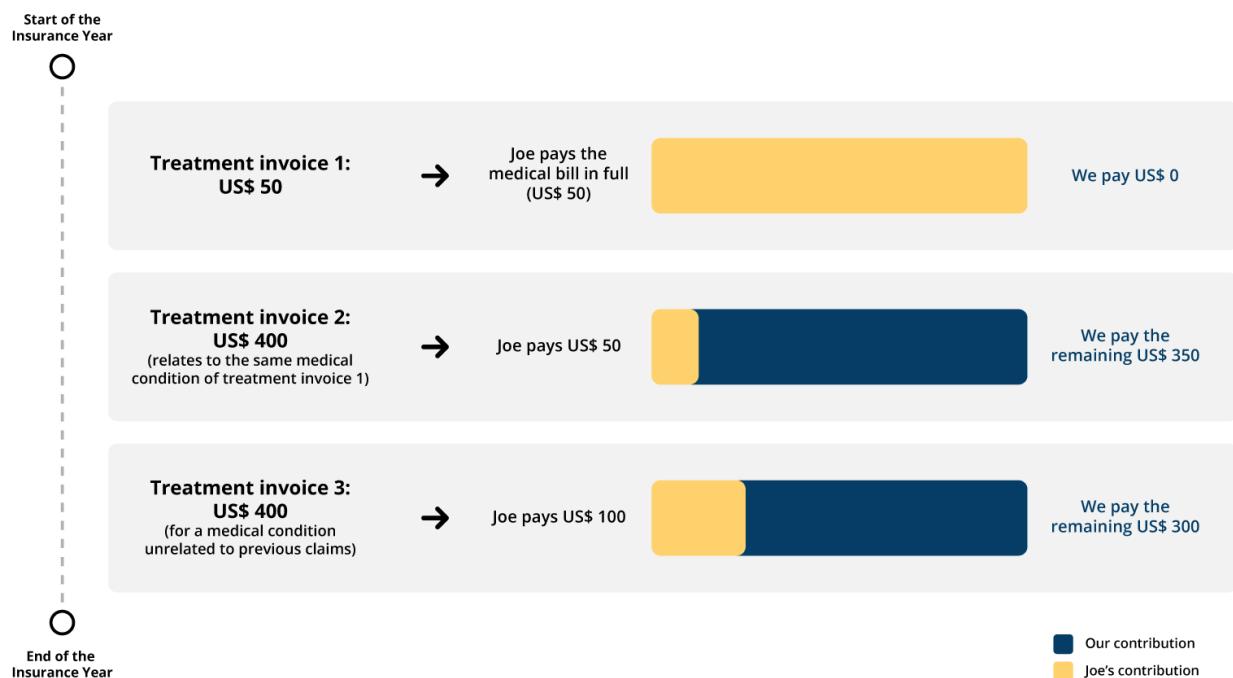
In an emergency, please seek treatment immediately and contact our **24/7 Helpline** at +1 800 495 5099 within 48 hours so we can assist with direct payment with the provider.

## What to Do in the Event of a Medical Emergency Evacuation

If a medical emergency evacuation is required, please contact our **24/7 Helpline** at +1 800 495 5099 as soon as possible. You will need to provide a letter from your doctor confirming that the necessary treatment is unavailable at your current location. You must contact us at the first indication that evacuation is needed. From that point, we will organize and coordinate the evacuation to ensure your safe arrival at your destination of care. If evacuation services are not organized by us, we reserve the right to decline any costs incurred.

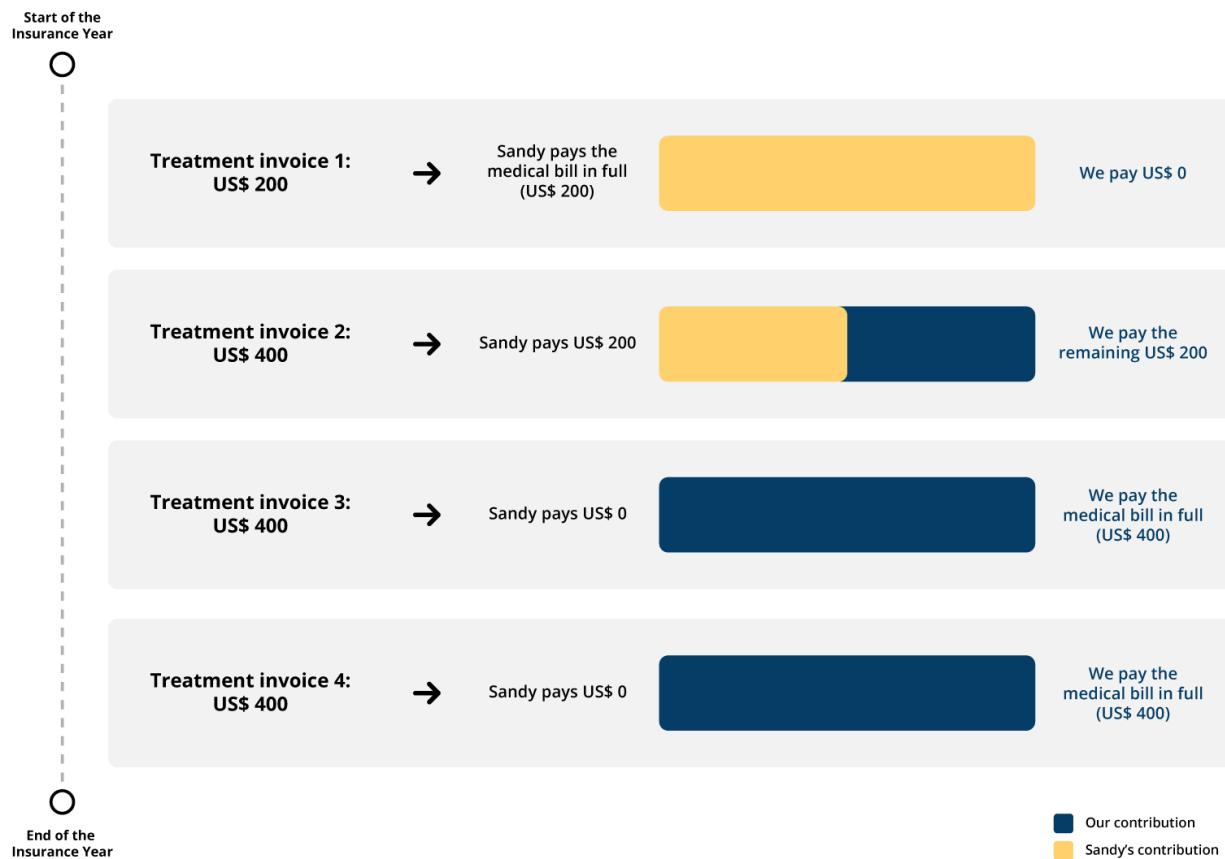
## What are excesses

An excess is the amount you must pay out of pocket before your insurance coverage starts contributing, as specified in your Insurance Certificate. The excess applies per medical condition and per person. In the following example, Joe makes three separate claims throughout the year. His plan includes a US\$ 100 excess.



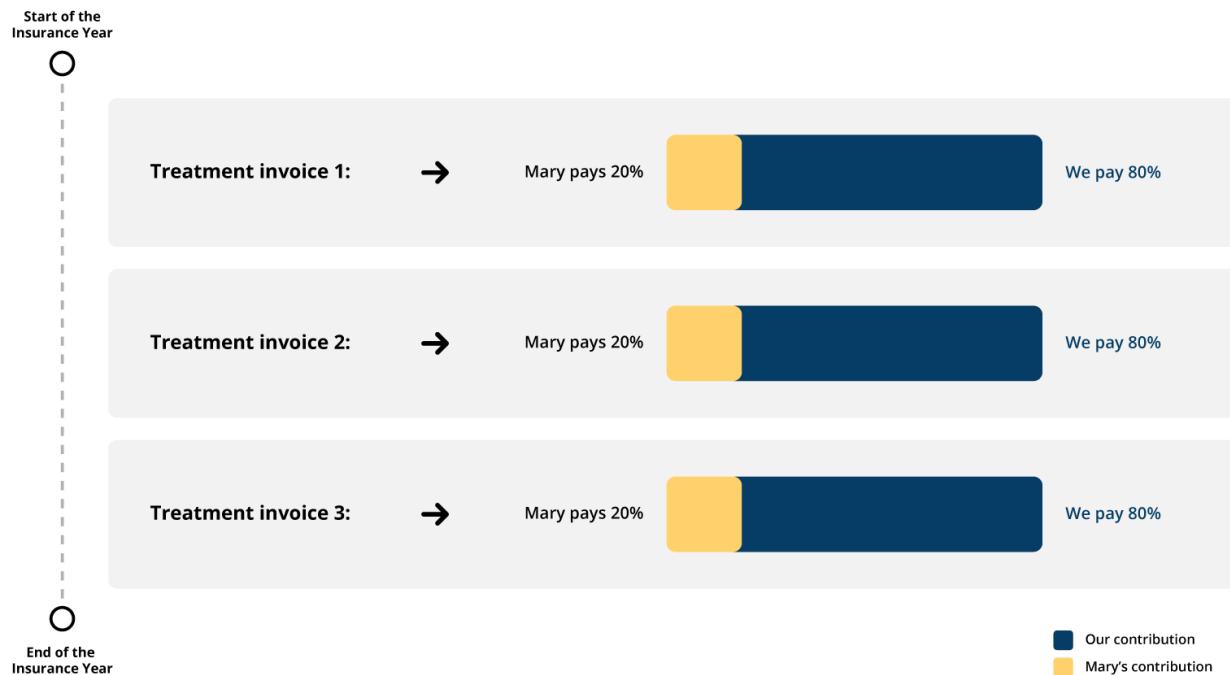
## What are deductibles

A deductible is a fixed amount you need to pay towards your medical bills per period of cover before your insurance coverage starts contributing, as specified in your Insurance Certificate. In the following example, Sandy needs to receive medical treatment throughout the year. Her plan includes a US\$ 400 deductible.



## What are coinsurance

Coinurance is the percentage of costs you are responsible for paying. Your policy wording and (name for this document) will specify which benefits comes with a coinsurance. In the following example, Mary requires several dental treatments throughout the year. Her dental treatment benefit has a 20% co-payment, which means that we will pay 80% of the cost of each eligible treatment. The total amount payable by us may be subject to a maximum plan limit.



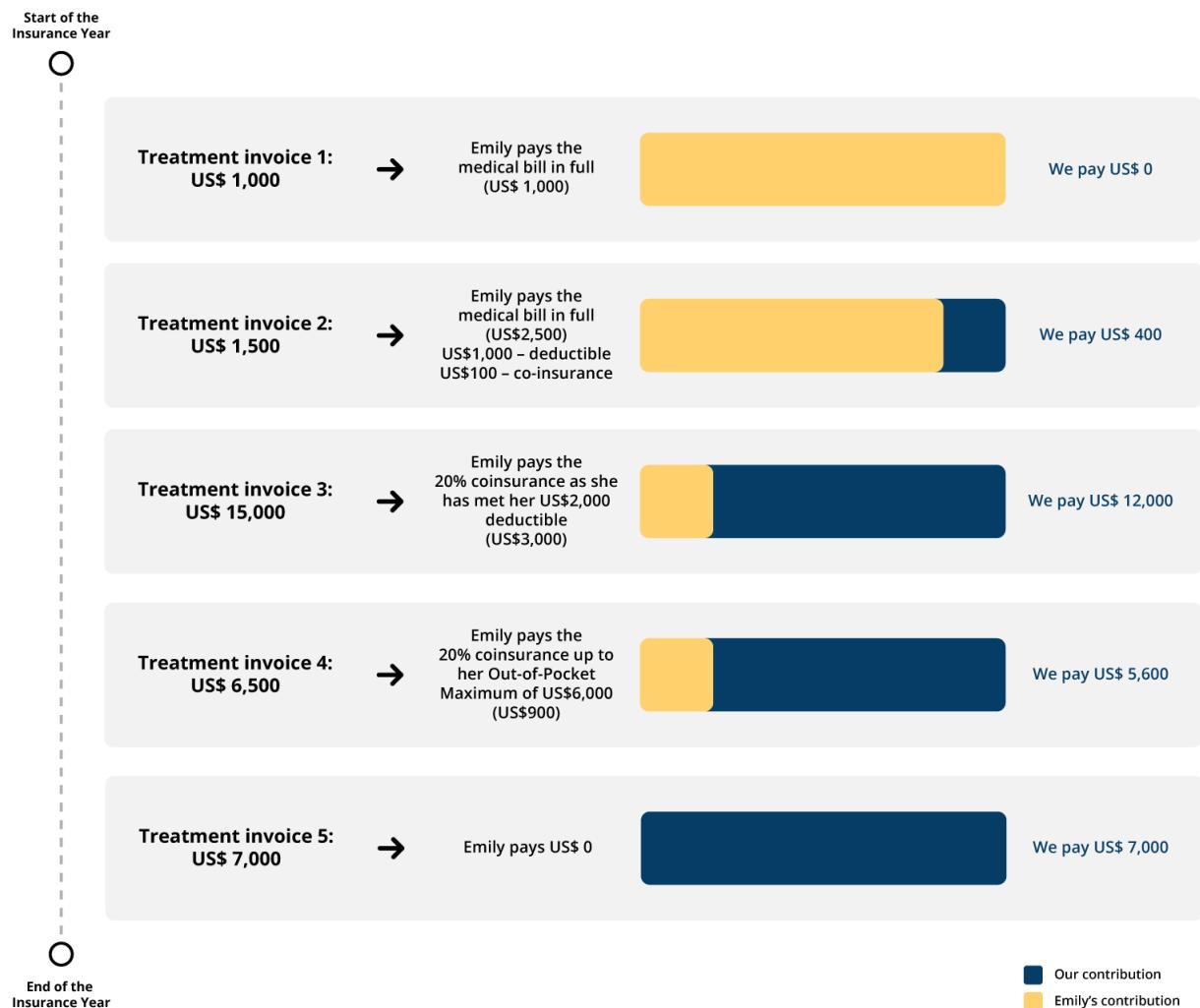
## What is an Out-of-Pocket Maximum

An out-of-pocket maximum is the most you have to pay per year for covered healthcare services. When you have paid this amount in your plan year on deductibles and coinsurance for services, Talent Trust will pay for the rest of your healthcare services. This amount is applied to the US deductible for Omega Plus applicable group plans. Please review your insurance certificate to see if the Out-of-Pocket Maximum applies to your policy.

You can calculate your out-of-pocket maximum

- Singles = multiply your US deductible times 3
- Couples = multiply your US deductible times 6
- Families = multiply your US deductible times 6

In the following example, Emily requires several medical treatments throughout the year. Her plan includes a US\$ 2,000 deductible and she is paying her premiums based on the “singles” premium rate. Her total out-of-pocket is US\$6,000 (3 times her deductible amount). Emily would need to meet her deductible and pay the applicable coinsurance (maximum US\$4,000) up to a maximum of her out-of-pocket maximum, US\$6,000.



The following benefits will not be included in your out-of-pocket maximum:

- Your insurance premiums
- Doctor visit co-payments
- Wellness benefit coinsurance
- Anything you spend for services your plan doesn't cover
- Costs above the allowed amount for a service that a provider may charge

# Administration Of Your Policy

## **Adding a newborn to your policy**

To add your newborn to your policy, please send us an email within 60 days of your baby's birth and provide us with the following details of your newborn:

- a) Name
- b) Sex
- c) Date of Birth

We will accept the baby without medical underwriting if at least one birth parent has been insured with us for a minimum of ten continuous months, and cover will start at birth.

If you notify us within 60 days of your baby's birth but neither parent has been insured with us for at least ten continuous months, the newborn will also be subject to medical underwriting, and if accepted, cover will start from the date of acceptance.

A declaration of health is required in respect of all dependents who are born following assisted conception.

## **Cancellation**

To cancel your policy, please notify us in writing. We cannot backdate a cancellation, and refunds of unused premiums can only be made if no claims have been made. All refunds will be pro-rated based on the number of days remaining in the policy year. Please note certain options are non-refundable. We will charge a US\$30 cancellation fee, and your membership fee is non-refundable. For members paying on a monthly basis, the interest on the remaining months will be refunded to you. If you have claimed on the policy, there will be no refund, and you will still be liable for the remaining payments for your policy as it is an annual contract.

## **Changes that we may apply at renewal**

We have the right to apply revised policy terms and conditions effective from the renewal date. The policy terms, conditions, and Table of Benefits at renewal will remain applicable for the duration of the Insurance Year. On your renewal date, we may adjust premiums, benefits, and membership rules, including changes to how premiums are calculated, the payment method, or the payment frequency. These changes will only take effect from your renewal date, regardless of when they are made.

## **Changing country of residence**

It is important that you let us know when you change your country of residence. This ensures that your current plan can cover you in your new country of residence.

## **Death of the main insured or a dependent**

If the main insured or a dependent dies, please inform us in writing within 30 days. A pro-rata refund of the main insured or dependent premium will be issued from the date of death, provided no claims have been made.

If the main insured passes away, the policy will be terminated, and a pro-rata refund of the current year's premium will be issued from the date of death, provided no claims have been made. Alternatively, the spouse listed as dependent on the Insurance Certificate can apply to become the main insured and keep the other dependents on their policy.

If Talent Trust is not notified about the death within 30 days, we will only pro-rate repayment from the date of notification.

## Making changes to your policy

If you want to make any changes to your level of cover, please contact us before your policy renewal date to discuss your options. Changes to cover can only be made at policy renewal. If you want to increase your level of cover, Exclusion 1 will apply to any medical conditions that existed before the change, within the new geographical area of cover. Additional premium amount will be payable, and waiting periods may apply.

Change of pregnancy level of cover: If your policy changes include an adjustment to your pregnancy level of cover, any pregnancy expenses that occurred or manifested prior to a change to a higher benefit limit will be subject to the prior (lower) benefit limit. For example, if a member increases their pregnancy coverage limit from US\$10,000 to US\$25,000, but the pregnancy began before the change, they will still be limited to US\$10,000, not the new, higher amount.

Change of excess/deductible level: Any medical condition that occurred or manifested itself prior to a change to a lower excess or deductible level will be subject to the prior (higher) excess level for the following 12 months.

## Paying premiums

By accepting cover you have agreed to pay the premium amount shown on your Insurance Certificate by the payment method stated. Members are required to pay the premiums for their entire insured period. For members enrolled in our annual policy, please note that your insurance plan is an annual contract. Even though you pay your premiums quarterly/monthly/bi-annually, you are still liable for the whole year's premium.

If the premium is not paid in time, we have the right to terminate your policy. If a member wishes to return after the termination of their policy, they are subjected to pay off all outstanding premiums from their previous policy before commencing a new policy with us. Additionally, we reserve the right to withhold payment of claims if premiums are not paid.

## Renewing policy

Members enrolled in our annual policy will receive a renewal invitation 30 days before their policy renewal date. To renew your policy, please complete the required fields in the email and provide your latest information. Once your renewal is processed, we will issue an updated Insurance Certificate.

It is important to renew your medical insurance before it expires. Failure to do so may result in the loss of coverage for existing medical conditions and any No Claim Bonus discount you are currently eligible for. If we do not receive your renewal decision before your policy expires, there will be a break in coverage, and you will need to enroll in a new policy.

# General Conditions

- Acceptance Clause:** We reserve the right to decline any application without providing a reason. We may also request proof of age and/or health status for anyone listed in the application. Based on the information provided, we may apply additional terms, exclusions, or premium adjustments.
- Alterations:** We may alter the terms and conditions of this policy at any renewal date. A copy of the current policy terms will be sent to you at such time. You may cancel your policy within 30 days following any renewal date, and provided you have not made a claim, we will refund your premium. We will give you reasonable notice of such alterations. We will send details of such alterations to the email address we have for you. However, the alterations will take effect even if you do not receive them for any reason. No alteration or amendment to the policy terms will be valid unless it is in writing from us.

3. **Applicable Law:** The law applicable to the policy, the policy schedule, or to any and all causes of action arising out of, in connection with, or relating to the policy or to the policy schedule shall be the substantive laws of Cayman Islands, without regard or application of the conflict of laws rules of that jurisdiction.
4. **Break In Cover:** Where there is a break in cover, for whatever reason, we reserve the right to reapply Exclusion 1 in respect of pre-existing medical conditions.
5. **Change of Risk:** You must inform us as soon as reasonably possible of any material changes that could affect the information provided in your application for cover under this policy. We reserve the right to modify the policy terms or cancel cover for an insured person following a change of risk.
6. **Compliance with Policy Terms and Conditions:** We will not be liable under this policy if an insured person fails to comply with the policy terms and conditions, except in cases where the claim is unrelated to the non-compliance, and no fraud is involved.
7. **Contribution:** If you have any other insurance covering you for the same benefits as our policies, you must disclose or ensure that the relevant insured person discloses it to us. We shall not be liable to pay or contribute more than our proper proportion. If it is found that you have been reimbursed for all or part of the expenses by another source, including another insurance policy, we reserve the right to request a refund from you. Where necessary, we may deduct the refund from any pending or future claim settlements or cancel your policy from the start date without a refund of the premium.
8. **Currency:** The monetary limits stated in this policy and the premium shall be in US dollars.
9. **Eligibility:** The policy is designed for individuals involved in vocational service. The maximum entry age into our program is before an individual's 70th birthday.
10. **Family/Dependent Cover:** You and your dependents are required to be covered under the same policy with identical benefits. Where we find that this is not the case, you will be asked to comply with this request at your next renewal. Failure to comply with this condition will result in the termination of your policy.

Child dependents can be covered under your policy up to their 18th birthday or up until the day before their 26th birthday if they are in full-time education.
11. **Fraudulent/Unfounded Claims:** If any claim under this policy is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable. In addition, all cover in respect of the insured person shall be cancelled void from the date of entry without refund of premiums.
12. **Geographical area of cover:** Your insurance certificate will show your geographical area of cover.

Note:

  - a) Cover in some countries is subject to local health insurance restrictions, particularly for residents of that country. It is your responsibility to ensure that your health cover is legally appropriate. If you are not sure, please get independent legal advice, as we may no longer be able to cover you. The cover we provide is not a substitute for local compulsory health insurance.
  - b) 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.
  - c) 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 recognized 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.
13. **Government Taxes:** To reflect any change in insurance premium tax or other government levies, we may alter the terms and conditions of this policy at any renewal date/review date. A copy of the current policy terms will be sent to you at such time.

14. **Language:** This contract may only be completed in English.
15. **Liability:** Our liability shall cease immediately upon termination of the policy for whatever reason, including without limitation non-renewal and non-payment of premium.
16. **Medical Evaluation:** We reserve the right to request further tests and/or evaluation where we decide that a condition being claimed relates to a condition that may be connected—directly or indirectly—to an excluded condition.
17. **Our Right of Cancellation:** In the event of any non-payment of premium, we shall be entitled to cancel this policy. In the event a member wishes to return after the termination of their policy, they are subjected to pay off all outstanding premiums from their previous policy before commencing a new policy with us. We also reserve the right to withhold payment of claims in the event premiums are not paid.

Additionally, we may at any time terminate an insured person's cover if he/she has at any time:

  - a) Provided false or misleading information through misstatement or concealment.
  - b) Knowingly claimed benefits not covered under this policy.
  - c) Assisted or agreed to any attempt by a third party to gain an unfair financial advantage to our detriment.
  - d) Failed to comply with the terms and conditions of this policy or failed to act in utmost good faith.
18. **Policy:** Your contract with us consists of your application form, our written acceptance, your Insurance Certificate, and this policy wording. These documents should be read together as they form the basis of your contract with us.
19. **Policy Duration and Premiums:**
  - a) The cover is annual, and the policy is renewable for successive 12-month periods, subject to the terms in force at that time, provided payment of the premium has been received by us.
  - b) The premium payable may be changed by us from time to time. If you move into a higher age band, the premium will increase at the next renewal date. However, this policy will not be subject to any alteration in premium rates generally introduced until the next renewal date/review date.
  - c) All premiums are payable in advance of any cover under this policy being provided.
  - d) Your policy is an annual contract, and you are responsible for the whole year's premium, even if it is agreed that you may pay in instalments.
20. **Re-Assignment:** If there is more than one insured person over the age of 18 and the principal insured dies, this policy will automatically be transferred to the oldest insured person over the age of 18 years who shall, upon the date of death of the principal insured become the principal insured for the purposes of this policy and be responsible for paying the premium.
21. **Subrogation:** We retain all rights of subrogation. Other than with our written consent, you have no entitlement to admit liability for any eventuality or give promise of any undertaking which is binding upon you, your dependents, or any other person named in the policy.
22. **Transfers:** Transfer from a group to an individual policy is subject to our written approval. Terms of cover may be subject to variation.
23. **US Economic or Trade Sanctions:** Whenever the coverage we provide is in violation of any US economic or trade sanctions, such coverage shall be null and void. For example, we cannot pay for health care services provided in a country under sanction by the United States.
24. **Waiver:** Waiver by us in any instance of any term or condition of this policy will not prevent us from relying on such term or condition in other instances.
25. **Your Rights of Termination:** You may cancel your policy by notifying us in writing within 30 days of the commencement date of your policy, and provided no claims have been made, we will arrange a full refund of any premiums paid. Otherwise, you

may only cancel your policy with effect from the renewal date; in this case, you should advise us in writing within 15 days of your renewal date or from the day you leave vocational service. If you cancel the policy at any other time, and for whatever reason, we will refund you the unused portion of your policy (subject to no claim reimbursement), less any cancellation and non-refundable membership fees.

## Important Contacts For Your Policy

### 24/7 Helpline

Phone: **+1 800 495 5099**

\* This number is toll-free in the US and is accessible for free via Viber.

### Claims Submission

Email: [claims@talent-trust.com](mailto:claims@talent-trust.com)

### Pre-Authorization/Medical Emergency Evacuation Requests

Email: [medicassist@talent-trust.com](mailto:medicassist@talent-trust.com)

### General Enquiries

Email: [info@talent-trust.com](mailto:info@talent-trust.com)

## Complaint Procedures

### If you wish to make a complaint , please contact Talent Trust

Email: [complaint@talent-trust.com](mailto:complaint@talent-trust.com)

### Summary of our complaint handling procedures.

Complaints and Appeals will:

- Be acknowledged promptly confirming who will be responsible for the investigation of your complaint and how it will be conducted
- Be investigated competently, efficiently and impartially ensuring that we provide updates on progress
- Be assessed fairly, consistently and promptly
- Be responded to within eight weeks; you will receive either a letter explaining the status of your complaint or a final response outlining the determination of the investigation