

OmegaX Health

Medical cover, on the move.

Crypto-native medical cover for unexpected hospital events during an active coverage window. Two plans. Clear caps. Clear claims flow.

FOR INDIVIDUALS & SPONSOR-BACKED TEAMS • USDC PAYOUTS

00 *Contents.*

01	What it is	09	Claim lifecycle
02	The two launch plans	10	Trust & review roadmap
03	Payouts by tier	11	Reserve & capital model
04	What's actually covered	12	Outside scope in v1
05	Eligibility & controls	13	Non-goals for v1
06	How to enroll & claim	14	Sponsors & cohorts
07	What to submit with a claim	15	Full FAQ
08	Decision timeline	16	Surfaces & resources

Information current as of 2026. Terms vary by series and cohort. This document is informational — refer to plan documentation for binding terms. Not medical advice.

01 *What it is.*

OmegaX Protect is crypto-native medical cover for **unexpected hospital events** during an active coverage window — not ongoing care, not chronic treatment, not lifestyle medicine.

Members use the OmegaX app to enroll, verify eligibility, submit claims, upload evidence, and track status. The protocol handles the economically important state — reserves, claim status, obligations, payouts — while sensitive medical documents stay offchain.

The result is a simpler, more transparent cover layer for travelers and wallet-native teams. It is intentionally narrow in v1: one clear emergency-travel story, one visible claims flow, one reserve truth model.

BUILT FOR HIGH-MOBILITY COHORTS

web3 nomads

Conference & hackathon attendees

Team offsites

Residency & accelerator cohorts

Sponsor-backed communities

Wallet-native travelers

02 *The two launch plans.*

One tuned for short event and offsite weeks. One tuned for longer travel and cohort programs.

SKU_01 · 7 DAY WINDOW

Protect Event 7

Short-window protection for conference weeks, hackathons, and team offsites.

LAUNCH PRICING FROM **39 USDC**

AGGREGATE CAP UP TO **1,500 USDC**

- Hospital emergencies only
- Pays a fixed amount per claim
- One claim per coverage window
- Built for conference and offsite weeks

SKU_02 · 30 DAY WINDOW

Protect Travel 30

Longer coverage for nomads, residencies, and extended travel.

RETAIL FROM **99 USDC**

AGGREGATE CAP UP TO **5,000 USDC**

- Fixed payout plus reimbursement top-up
- One claim per coverage window
- Team pricing from 79 USDC at volume
- Built for longer travel and team programs

Launch pricing and caps shown are expected values for V1 series. Program availability, eligibility, and final terms vary by series and cohort.

03 *Payouts by tier.*

Three tiers based on what actually happened to you. Each plan pays a fixed USDC benefit on an approved claim. Protect Travel 30 also reimburses extra documented costs above the fixed benefit, up to the cap.

Protect Event 7 7 DAY WINDOW

Aggregate cap up to **1,500 USDC** · Fixed-benefit only

TIER 1 ***150 USDC*** Verified ER or urgent hospital evaluation

TIER 2 ***500 USDC*** Verified overnight hospital admission

TIER 3 ***1,500 USDC*** Verified surgery, ICU, or extended admission

Protect Travel 30 30 DAY WINDOW

Aggregate cap up to **5,000 USDC** · Fixed benefit + reimbursement top-up

TIER 1 ***250 USDC*** Verified ER or urgent hospital evaluation

TIER 2 ***1,000 USDC*** Verified overnight hospital admission

TIER 3 ***2,500 USDC*** Verified surgery, ICU, or extended admission

How the top-up works. Travel 30 members can claim reviewed reimbursement above the fixed benefit — covering documented hospital spend like emergency imaging, medications, and surgery tied to the covered event — up to the aggregate **5,000 USDC** cap for the window. Top-up requires proof of payment.

Tier is determined by the actual medical event as validated from the discharge summary, physician note, and invoice. Only one primary claim case is supported per active coverage window in v1.

04 *What's actually covered.*

A narrow, well-scoped surface: the things that actually send a traveler to a hospital without warning.

● ER visits	● Urgent hospital admissions	● Emergency physician fees
● Ambulance tied to the event	● Emergency imaging & diagnostics	● Emergency surgery or procedures
● Emergency medications	● Accidental injury requiring treatment	● Sudden acute illness needing urgent care

TYPICAL EXAMPLES

- ✓ Fracture or dislocation
 - ✓ Appendicitis
 - ✓ Severe dehydration or gastroenteritis requiring ER
 - ✓ Acute infection requiring hospital treatment
 - ✓ Sudden respiratory events requiring urgent care
-

05 *Eligibility & controls.*

OmegaX Protect is built to stay honest. Waiting periods, a short health attestation, and identity-bound membership keep pricing fair and reserves healthy — so the people who actually need cover get paid.

Enroll before the window starts

Coverage must be active before the trip, event, or cohort period begins. No backdated enrollment.

24-hour accident waiting period

Accident cover activates 24 hours after enrollment to prevent instant adverse selection.

7-day illness waiting period

Illness cover activates after a 7-day waiting period. Pre-approved sponsor cohorts can waive.

One primary claim per window

Each active coverage window supports one primary claim case per member in v1.

Identity-bound member position

One wallet identity and one legal identity per covered member. No shared enrollment.

Eligibility self-attestation

At purchase, member confirms they are not currently hospitalized and not seeking coverage for an already-known live event.

Pre-approved sponsor cohorts. Sponsor or event cohorts enrolled before the coverage window starts can have waiting periods waived through series-level controls. This is configured with the business team at program scoping.

06 *How to enroll & claim.*

From enrollment to payout, every step runs through OmegaX. The protocol tracks settlement state underneath.

01

Enroll

Purchase or activate coverage in OmegaX before the trip, event, or cohort window begins.

02

Activate

Accident cover starts after 24 hours. Illness cover starts after 7 days. Pre-approved sponsor cohorts can have adjusted windows.

03

Submit

File a claim in OmegaX with the required evidence — invoice, discharge summary, physician note, and proof of payment where needed.

04

Settle

Claims move through review, approval, and payout states. Status is visible to the member throughout.

07 *What to submit with a claim.*

Clear evidence makes fast payouts possible. Upload documents once in the app — the protocol records only references, never raw medical data.

- 01 **Proof of enrollment.** Confirmation that coverage was active at the time of the covered event.

 - 02 **Identity match.** Wallet and legal identity linked to the member position on the protocol.

 - 03 **Proof of covered location & dates.** Evidence that the event occurred inside the active coverage window.

 - 04 **Hospital or clinic invoice.** Itemized invoice from the treating facility, with dates and services.

 - 05 **Discharge summary or physician note.** Clinical document describing the acute event and treatment performed.

 - 06 **Diagnostics or prescription records.** Imaging, labs, or prescribed medications tied to the covered event (where relevant).

 - 07 **Proof of payment.** Required when claiming reviewed reimbursement top-up above the fixed benefit.
-

Your medical files stay private. Discharge records, identity documents, and physician notes never go onchain — they stay with the app and the claim review team. The protocol only sees claim status and the final USDC payout.

08 *Decision timeline.*

Targets for acknowledgment, review, payout, and appeal. Members see status updates in OmegaX at every step.

Acknowledgment	Within 24 hours	Claim intake received; member notified inside OmegaX.
Initial review	Within 72 hours of complete evidence	Claim reviewed against plan terms, tier rules, and evidence quality.
Payout after approval	Within 72 hours	Approved claims settle in USDC to the member's payout destination.
Appeal window	7 days from decision	Members may submit an appeal with additional evidence after a denial or partial approval.

Timelines assume evidence is complete. Incomplete submissions re-enter review once the missing items are provided. Complex or cross-border claims may require additional review time.

09 *Claim lifecycle.*

Every claim moves through a defined set of states. Status is visible to the member throughout and anchored to the protocol for settlement.

01

Submitted

Member files the claim in OmegaX with structured evidence.

02

Under review

AI claim processor runs first-pass review; operator adjudicator validates or overrides where needed.

03

Approved or denied

Decision published to the protocol with a hash of the review trace for auditability.

04

Reserved

Approved payouts create an explicit obligation on the plan reserve.

05

Settled

USDC is paid to the member's payout destination. Obligation is closed.

06

Closed

Claim record finalized. Appeal window remains open for 7 days.

Every approved claim is set aside in the reserve before payout. Paying you out clears that hold. Denied claims release the hold back into the reserve.

10 *Trust & review roadmap.*

The app handles the human journey. The protocol handles the money. Review moves from concierge-assisted, to AI-led with human override, to decentralized operators.

HOW TRUST IS SPLIT

01

OmegaX app handles the member journey

Onboarding, eligibility checks, claim intake, evidence upload, and status updates all happen in the app.

02

Protocol handles economic state

Reserve logic, claim status, obligations, and payout settlement live on the protocol — shared truth, not a private ledger.

03

AI claim processor leads review

AI oracles lead claim adjudication with operator fallback during early bootstrap. Evidence is checked against plan rules.

04

Sensitive data stays offchain

Raw medical records and personal health data never go onchain. Only hashes, references, and financial settlement data cross the boundary.

REVIEW PHASE ROADMAP

Phase 0

CURRENT

Bootstrap

OmegaX Health acts as the first claims-oracle surface with a concierge-assisted review layer. Members interact through the app. Decisions are written to the protocol.

Phase 1

IN ROLLOUT

AI-led with human override

AI claim processor produces the first-pass recommendation for tier detection, evidence validation, and fraud flags. Human operator override remains available during ramp-up.

Phase 2

ON ROADMAP

Decentralized operators

Explicit decentralized claims operators, oracle set, and governance-visible dispute pathway. Review becomes transparent, auditable, and verifiable.

Your medical records never go onchain. The protocol only sees claim status, what's reserved, and what gets paid out. Full technical model in the [protocol docs](#).

11 *Reserve & capital model.*

Payouts come from explicit, posted capital. One reserve kernel with visible lanes. No hidden liabilities, no blending of app SaaS with claims economics.

TWO-LAYER COMMERCIAL MODEL

Layer 1

OmegaX app membership

Monthly or annual consumer subscription covering the AI health agent, data sync, voice accountability, and premium app features. Separate from claims reserves.

Layer 2

Protection premium

Paid per active coverage window or funded by a sponsor on behalf of a cohort. Activates protection eligibility. Can auto-renew for continuing travelers.

CAPITAL LANES THAT FUND THE RESERVE

01

Member premiums

Retail and cohort premiums flow directly into the plan reserve for the active series.

02

Sponsor backstop

Sponsor-funded capital deposited explicitly to cover a cohort. Reserve attribution stays visible per program.

03

LP allocation capital

Senior open class provides stable-yield reserve. Junior first-loss class absorbs early impairment with a higher fee share. Class separation is part of the core capital design.

04

Protocol or ecosystem backstop

Optional catalytic reserve funded by the protocol or ecosystem partners. Used only when explicitly posted as claims-paying capital.

Reserve attribution stays explicit. Member premiums, sponsor backstop, and LP capital are tracked on distinct reserve lanes even when custody sits in one vault. Prediction markets or betting volume do not count as claims-paying capital.

12 *Outside scope in v1.*

OmegaX Protect is intentionally bounded — built for unexpected hospital events during a defined coverage window, not general health insurance.

- 01 Chronic or pre-existing conditions
 - 02 Ongoing cancer treatment, dialysis, transplant follow-up, unstable major cardiac disease
 - 03 Pregnancy, maternity, fertility, or neonatal care
 - 04 Routine outpatient visits
 - 05 Scheduled or elective procedures
 - 06 Preventive care and normal medication refills
 - 07 Dental, optical, and hearing services
 - 08 Ongoing mental health treatment
 - 09 Evacuation, repatriation, baggage, or trip cancellation
 - 10 Fraud, criminal acts, self-harm, and substance-driven events
 - 11 War, sanctions, and epidemic-wide exclusions where required by policy
-

13 *Non-goals for v1.*

What we are explicitly *not* building in v1. Each of these belongs to a separate, later product path — not to this launch.

01 Broad annual medical insurance

02 Chronic-care or long-condition management

03 Maternity, fertility, or routine outpatient plans

04 Yield optimization or treasury products layered on reserves

05 Event-risk betting or prediction-market framing of coverage

06 Uncapped issuance or backdated enrollment

Keeping v1 narrow is a deliberate choice. It protects reserve integrity, keeps public language aligned with operational truth, and leaves room for broader products once claims data and capital depth support them.

Sponsors & cohorts.

Offer OmegaX Protect as a cohort benefit — conferences, team offsites, residency programs, accelerator cohorts, sponsor-backed communities.

Cohort-based enrollment

Onboard an entire cohort, team, or event community through a single sponsor-funded flow.

Sponsor-funded or subsidized

Fund protection fully or subsidize retail pricing as a member benefit. Program-specific pricing from 79 USDC at volume.

Reserve & claim reporting

Clearer view of what was funded, what was reserved, and what has been settled against the cohort.

Protocol-native visibility

Settlement state is anchored in protocol rails — not trapped in a closed operator ledger.

SPONSOR INTAKE

Launch a sponsor-backed cohort.

Talk to us about cohort pricing, subsidized enrollment, waived waiting periods, and program-specific terms. We will scope the series, cohort size, reserve floor, and activation window with you.

Business: business.omegax.health

Web app: get.omegax.health

15 *Full FAQ.*

Reference answers. For program-specific terms or sponsor cohort questions, contact the business team.

Q –Do I need the OmegaX app?

A Individuals use OmegaX to enroll, purchase protection, submit claims, and track status. Sponsor-backed cohorts can also be activated on behalf of their members.

Q –When does coverage actually start?

A Coverage begins after enrollment and the applicable waiting period. Accident cover starts after 24 hours. Illness cover starts after 7 days, unless a sponsor-configured cohort has different rules.

Q –How many claims can I file in one window?

A Each active coverage window supports one primary claim case per member in v1.

Q –What documents will I need to submit?

A Claims may require proof of enrollment, identity match, active coverage proof, hospital or clinic invoice, discharge summary or physician note, diagnostics or prescription records where relevant, and proof of payment for reimbursement top-up.

Q –How long does a claim take?

A Target decision SLAs are 24 hours for acknowledgment, 72 hours for initial review after complete evidence, and 72 hours for payout after approval. Appeals can be filed within 7 days of a decision.

Q –Who reviews the claim?

A In the current phase, OmegaX Health acts as the first claims-oracle surface with an AI claim processor producing the first-pass recommendation and a human operator backstop. The roadmap moves toward decentralized claims operators with a governance-visible dispute pathway.

Q –What currency do payouts use?

A Payouts are settled in USDC on Solana to the member’s connected wallet or payout destination.

Q –Can a sponsor cover a team or cohort?

A Yes. Sponsor-backed cohorts can enroll members, fund the reserve, and receive reporting on claim settlement. Program-specific terms and pricing are scoped with the business team.

Q –Is it available everywhere?

A Availability depends on the series, cohort structure, supported evidence formats, and launch geography. Specific regions and cohorts are announced at the time of series activation.

Q –Is this insurance?

A It is medical cover with a clearly bounded scope and a fixed payout, settled in crypto. Final program classification, licensing posture, and legal framing vary by series and jurisdiction.

16 *Surfaces & resources.*

Canonical places to go for enrollment, cohort onboarding, protocol state, and developer docs.

-
- **Web app** — enroll, purchase, file claims · get.omegax.health

 - **Business** — sponsor cohort intake · business.omegax.health

 - **Protocol** — reserve & settlement state · protocol.omegax.health

 - **Docs** — technical reference · docs.omegax.health
-

OmegaX Health

OMEGAX PROTECT · DETAILED BRIEF · 2026

© 2026 OMEGAX HEALTH · ALL RIGHTS RESERVED

This document is informational. Plan classification, licensing posture, and legal framing vary by series and jurisdiction. Refer to plan documentation for binding terms. Not medical advice.