

Individual Health - My Protection Ultimed

APPENDIX A : In-Patient

Basic Benefit		Plan A		Plan B	
		6,000,000.000		6,000,000.000	
MAXIMUM PAYABLE PER YEAR		As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
In-Patient					
Benefit for each class (in IDR)					
1	Room & Board	per day	500.000	500.000	750.000
2	ICU	per day			750.000
3	Doctor's Visit	per day			
4	Specialist's Consultation	per day			
5	Surgery		As Charged Fully Covered	As Charged Fully Covered	Prorate
	Complex	per hospitalization period			
	Major	per hospitalization period			
	Intermediate	per hospitalization period			
	Minor	per hospitalization period			
6	Miscellaneous	per hospitalization period	Pro rate		
7	Pre & Post Hospitalization	per hospitalization period 30 days before & after			
8	Ambulance	per hospitalization period			
9	Emergency Outpatient due to Accident	per event within 14 days			
10	Emergency Dental due to Accident	per event within 14 days			
11	Home Nursing	per day			
12	Emergency Medical Evacuation & Repatriation	per hospitalization period	available		available
13	Oversees Cover Benefit	per hospitalization period	available		available
14	Funeral Benefit	Per Life	5,000,000		7,500,000

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APPENDIX B : Chemotherapy, Hemodialysis, HIV/AIDS

Optional Benefit		Plan A		Plan B	
		25,000,000		30,000,000	
MAXIMUM PAYABLE PER YEAR		As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
1	Chemotherapy	per year	90,000,000		135,000,000
2	Hemodialysis	per year	75,000,000		112,500,000
3	HIV/AIDS	per insured	10,000,000		10,000,000

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APPENDIX C : Maternity

Optional Benefit		Plan A		Plan B	
MAXIMUM PAYABLE PER YEAR		25,000,000		30,000,000	
		As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
4 Maternity					
	Benefit for each class (in IDR)	R&B follow InPatient Plan		R&B follow InPatient Plan	
	Normal Delivery		500,000		750,000
	Abnormal Delivery	per pregnancy	9,000,000		11,000,000
	S- Caesarean	per pregnancy	11,000,000		13,000,000
	Miscariage / Legal Abortus	per pregnancy	20,000,000		22,000,000
	Pregnancy Complication	per pregnancy	9,000,000		10,000,000
	Pre & Post Natal	per year	4,000,000		5,000,000
			5,000,000		6,000,000

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APPENDIX D : Outpatient & Dental

Optional Benefit		Plan A		Plan B	
MAXIMUM PAYABLE PER YEAR		10,000,000		12,500,000	
5 Outpatient					
	GP Consultation Fee	per visit			
	Specialist Fee	per visit			
	Prescribed Medicine per year	per year			
	Diagnostic Test	per year	As Charged		As Charged
	Physiotherapy	Max 10 visit per year			
	PET and CT-PET scans	per year			
	Co Share	20%			
6 Dental					
	Preventive Care	per visit (max 2 visit per year)			
	Basic Dental	per year			
	Complex Dental	per year	As Charged		As Charged
	Dentures	per year			
	Co Share	20%			

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APPENDIX E :

Other Benefit	
1	No Claim Bonus - 20% premium discount if renewal without claim
2	5% discount for additional member

Plan C		Plan D		Plan E	
6.000.000.000		6.000.000.000		6.000.000.000	
As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
1.000.000	1.000.000	1.500.000	1.500.000	2.000.000	2.000.000
As Charged Fully Covered	Prorate	As Charged Fully Covered	Prorate	As Charged Fully Covered	Prorate
available		available		available	
available		available		available	
10.000.000		15.000.000		20.000.000	

Plan C		Plan D		Plan E	
35.000.000		40.000.000		45.000.000	
As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
180.000.000		270.000.000		360.000.000	
150.000.000		225.000.000		300.000.000	
10.000.000		10.000.000		10.000.000	

Plan C		Plan D		Plan E	
35,000,000		40,000,000		45,000,000	
As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
R&B follow InPatient Plan	1,000,000	R&B follow InPatient Plan	1,500,000	R&B follow InPatient Plan	2,000,000
As Charged Fully Covered	12,000,000	As Charged Fully Covered	16,000,000	As Charged Fully Covered	18,000,000
	15,000,000		19,000,000		21,000,000
	24,000,000		28,000,000		31,000,000
	11,000,000		13,000,000		15,000,000
	6,000,000		8,000,000		9,000,000
	7,000,000		9,000,000		11,000,000

Plan C		Plan D		Plan E	
15,000,000		20,000,000		25,000,000	
As Charged		As Charged		As Charged	
As Charged		As Charged		As Charged	

Plan F		Plan G		Plan H	
6.000.000.000		6.000.000.000		6.000.000.000	
As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
2.500.000	2.500.000	3.000.000	3.000.000	4.000.000	4.000.000
As Charged Fully Covered	Prorate	As Charged Fully Covered	Prorate	As Charged Fully Covered	Prorate
available		available		available	
available		available		available	
25.000.000		30.000.000		40.000.000	

Plan F		Plan G		Plan H	
50.000.000		60.000.000		75.000.000	
As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
450.000.000		540.000.000		720.000.000	
375.000.000		450.000.000		600.000.000	
10.000.000		10.000.000		10.000.000	

Plan F		Plan G		Plan H	
50,000,000		60,000,000		75,000,000	
As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
R&B follow InPatient Plan	2,500,000	R&B follow InPatient Plan	3,000,000	R&B follow InPatient Plan	4,000,000
As Charged Fully Covered	23,000,000	As Charged Fully Covered	28,000,000	As Charged Fully Covered	35,000,000
	27,000,000		33,000,000		42,000,000
	38,000,000		46,000,000		57,000,000
	20,000,000		23,000,000		29,000,000
	11,000,000		14,000,000		17,000,000
	13,000,000		16,000,000		20,000,000

Plan F		Plan G		Plan H	
30,000,000		35,000,000		40,000,000	
As Charged		As Charged		As Charged	
As Charged		As Charged		As Charged	

Plan I		Plan J	
6.000.000.000		6.000.000.000	
As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
5.000.000	5.000.000	6.000.000	6.000.000
As Charged Fully Covered	Prorate	As Charged Fully Covered	Prorate
available		available	
available		available	
50.000.000		60.000.000	

Plan I		Plan J	
90.000.000		105.000.000	
As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
900.000.000		1.080.000.000	
750.000.000		900.000.000	
10.000.000		10.000.000	

Plan I		Plan J	
90.000.000		105.000.000	
As plan	higher than plan / choose hospital in USA	As plan	higher than plan / choose hospital in USA
R&B follow InPatient Plan	5.000.000	R&B follow InPatient Plan	6.000.000
As Charged Fully Covered	43,000,000	As Charged Fully Covered	48,000,000
	52,000,000		58,000,000
	69,000,000		76,000,000
	34,000,000		38,000,000
	21,000,000		24,000,000
	25,000,000		28,000,000

Plan I		Plan J	
50.000.000		60.000.000	
As Charged		As Charged	
As Charged		As Charged	