



Mediplans

Valid from 2011 - USD

Insured by



Administered by



Your guide to Mediplans

Your health above all

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PT Kurnia Insurance Indonesia, a well established and reputed Joint Venture insurance company has entered into a special collaboration to provide what we believe to be the best medical insurance.

In cooperation with ihi Bupa, we have developed a plan that offers unrivalled high quality insurance to residents of Indonesia.

ihi Bupa - a company you can trust

ihi Bupa has built up a global network of business partners and well-respected medical consultants. ihi Bupa is authorised and regulated by the Financial Services Authority (the UK insurance authority).

ihi Bupa is a part of the worldwide health and care organisation Bupa International, which has over 35 years' expertise in caring for the healthcare needs of expats, local nationals and their families around the globe.

Covering almost 800,000 people in 190 countries, Bupa International is the largest international health insurer in the world, providing quality individual and group medical cover to people who are in their home country or living abroad.

Your 'Mediplans' insurance include:

- 24-hour emergency service at tel: +45 33 15 33 00.
- Medical coverage with absolutely free choice of recognised specialists, hospitals, etc.
- Complete cover irrespective of your job activity, sporting, and leisure pursuits.



Guide to insurance plans

Health insurance requirements differ from country to country and everyone has individual needs depending on their age and occupation.

In the List of Reimbursement on page 8-9, you can see in detail which benefits are covered under the different plans.

The Primary Plan covers hospitalisation expenses among other hospital services, pre- and post hospital treatment, organ transplants and emergency room treatment. The overall annual insurance sum is USD 75,000.

The Standard Plan offers similar benefits as the Primary Plan but with an increased overall annual insurance sum of USD 200,000.

The Executive Plan also covers similar benefits as the Primary & Standard Plans, but in addition offers increased accident and acute serious illness treatment as well as emergency medical evacuation. The overall annual insurance sum is USD 800,000.

The above plans, principally cover treatment in South East Asia, India, Australia and New Zealand, accident and acute serious illness treatment during travel or holiday is available worldwide, excluding USA and Canada. It is, however, possible to include accident and acute serious illness treatment in USA/Canada when travelling on business or holidays.

If you choose to be treated outside South East Asia, India, Australia and New Zealand, reimbursement of expenses will be based on the reasonable and customary charges for such treatment in South East Asia. If the adequate treatment is not available in South East Asia, India, Australia and New Zealand, the Company will give due consideration to requests for treatment outside South East Asia, India, Australia and New Zealand. Company's prior approval must be obtained in all such cases.

When you need our assistance

Insurance is not something you should need to worry about in your everyday life. It should just be there if you need it at home or abroad. ihi Bupa will handle the matters relating to your claims.

Hospitalisation

From ihi Bupa's many years' experience working with hospitals, ihi Bupa are well aware of the practical details to be dealt with before hospitalisation. Therefore, if you wish, we can take care of the details of the admission procedure in connection with planned or non-acute hospitalisations.

In case of acute hospitalisation, ihi Bupa must be notified at the time of admission as this will prevent any misunderstandings regarding the cover of your insurance. The information should be sent to ihi Bupa together with the attending physicians diagnosis, date of admission, type of treatment and the date of discharge if known.

The notification expenses, whether for an acute or non-acute hospitalisation, will be refunded by ihi Bupa.

If the hospital or clinic requests it, ihi Bupa will give them a guarantee of payment in accordance with the cover you have chosen. All the bills can then be sent directly to ihi Bupa, leaving you to concentrate fully on your recovery.

Bills from physicians, etc.

Expenses for outpatient treatment such as a bill from a specialist, doctor or dentist, should be paid by the insured before claiming reimbursement.

To claim reimbursement for expenses for outpatient treatment, you can send your bills to ihi Bupa to the address mentioned on the back of the product guide.

In order to process your claim we need paid, receipted and clearly itemised bills. Physicians' bills should also include a diagnosis and bills for medicines must be accompanied by the corresponding prescriptions.

E-claiming

It is also possible to submit your claim to us by email. All you need to do is to scan your original bills and corresponding receipts into a PDF, TIFF or JPEG document and send them by email to eclaim@ihi.com. Please state your policy number in the subject line of the email.

Please note that when claiming via eclaim, your reimbursement documents will not be sent to you by regular mail. When your claim has been assessed you will be notified via email to the email address from which your claim was submitted. Your reimbursement documents will then be available to you on your personal website, myPage.

No claim form is required when submitting a claim, but if you prefer to use a claim form to ensure that we have all the information necessary to assess your claim, a claim form can be downloaded from our website.

You can find more information about e-claiming at www.ihi.com/services under the section "How to report a claim".

Medical Evacuation Services

The Executive Plan also covers expenses for medical transportation when there is no possibility of receiving suitable treatment locally. In all circumstances, ihi Bupa must be notified before the transport takes place, either directly or through the attending physician. ihi Bupa's medical consultants, together with the attending physician, will choose an alternative place of treatment.

Medical Centre

You, your family, your physician or the hospital can always reach our 24-hour emergency service at ihi Bupa's Medical Centre:

Telephone: +45 33 15 33 00

Email: emergency@ihi.com

The Insurance Card

All paying insured receive an insurance card with information on the coverage chosen as well as information on our 24-hour emergency service.

Waiting Periods

In the event of an accident or an emergency, the cover is effective immediately from the policy commencement date. Otherwise, there is a four-week waiting period from the date of commencement, but with the following exceptions:

- If you transfer from another equivalent international medical insurance, the four-week waiting period will not apply.
- Unless transferred as above, the cover for pregnancy and childbirth will commence after the policy has been in force for 12 months.

If you subsequently increase your cover, the waiting periods will re-apply on the extended coverage.

List of Reimbursements

Valid from 1 January 2011

Please note that the List of Reimbursements is part of the Policy Conditions.

Reimbursements will be effected as follows and up to the limits (per person per policy year) specified:

All amounts are in USD

Overall Annual Maximum	Primary Plan 75,000	Standard Plan 200,000	Executive Plan 800,000
Hospital Services & Related Services	50,000	120,000	125,000
Semi-private / private room*	covered	covered	covered
Room & board for a parent accompanying an insured child*	covered	covered	covered
Emergency Room Treatment	covered	covered	covered
Surgery	covered	covered	covered
Medical treatment, laboratory tests, x-rays	covered	covered	covered
Medicine while in hospital	covered	covered	covered
Pre-hospital services	30 days	30 days	60 days
Post-hospital services	60 days	60 days	90 days
Home Nursing following hospitalisation	26 weeks	26 weeks	26 weeks
Day case surgery	covered	covered	covered
Local ambulance services	covered	covered	covered
Chemotherapy, radiotherapy	covered	covered	covered
Dialysis	covered	covered	covered
Accident dental treatment	covered	covered	covered
Increased cover for accident or acute serious illness treatment	NA	NA	Increased from 125,000 to 500,000

Overall Annual Maximum	Primary Plan 75,000	Standard Plan 200,000	Executive Plan 800,000
Organ Transplantation	25,000	80,000	125,000
Emergency Medical Evacuation	NA	NA	150,000
Repatriation of Mortal Remains	NA	NA	12,500
Outpatient Services - subject to deductible Medicine which could have been purchased without a medical prescription is not covered	NA	NA	12,500
Maternity Benefit (optional)			
- normal delivery		2,800	2,800
- complicated delivery	NA	6,800	6,800

*cf. also Glossary: "Hospital accommodation"



Policy Conditions

Valid from 1 January 2011

In accordance with the Indonesian Law.

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Art. 1 Acceptance of the insurance

1.1: The insurance policy is insured and underwritten by PT Kurnia Insurance Indonesia, hereinafter called the Company and administered by Ihi Bupa. The Company shall decide whether the insurance can be accepted. In order for the insurance to be accepted and the Company to become liable, the application must be approved by the Company and the necessary premium paid to the Company.

1.2: In order for the insurance to be accepted by the Company on standard terms, the applicant must be of sound health at the time of acceptance and must not suffer nor have suffered from any recurring disease, illness, injury, bodily infirmity or physical disability, and the applicant must not have attained 55 years of age at the time of acceptance.

If the conditions in Art. 1.2 are not met and the applicant has not attained 55 years of age at the time of acceptance, the Company may offer the insurance on special terms. If the Company decides to offer the insurance on special terms, the policyholder will receive a policy schedule in which these terms are stated.

1.3: In the event of a change in the applicant's state of health after the application has been signed and before the Company's approval thereof, the applicant shall be under the obligation to notify the Company of such change immediately.

Art. 2 Commencement date

2.1: The insurance shall be valid as of the date on which the application is approved by the Company. The commencement date is stated in the policy schedule. The Company may agree on another date with the policyholder.

Art. 3 Waiting periods in connection with new insurance contracts and extension of cover

3.1: When a new insurance contract is entered into, the right to reimbursement under the new insurance contract shall only take effect four weeks after the commencement date of the insurance. However, this does not apply when the policyholder can prove simultaneous transference from an equivalent insurance with another international health insurance company.

3.1.1: In the event of acute serious illness and serious injury, the right to reimbursement shall, however, take effect concurrently with the commencement date of the insurance.

3.1.2: In addition, for expenses incurred in connection with pregnancy and childbirth and consequences thereof, the right to reimbursement shall only take effect 12 months after the commencement date of the insurance. However, this does not apply when the policyholder can prove simultaneous transference from an equivalent insurance with another international health insurance company.

3.2: The insured may change his/her insurance cover to another type of cover

as from a policy anniversary by giving one month's written notice to the Company and subject to proof of insurability according to Art. 1.

3.3: The Company will process the extension of cover as a new application in accordance with Art. 1.

3.4: If extended cover is taken out under the insurance contract, the right to reimbursement under such extension shall only become effective four weeks after the commencement date of the extension. However, for pregnancy and childbirth and consequences thereof, the right to reimbursement shall only take effect 12 months after the commencement date of the extension. During the waiting period, the previous cover shall apply.

3.4.1: In the event of acute serious illness and serious injury, the right to reimbursement under the extended cover shall, however, take effect concurrently with the commencement date of the extension.

Art. 4 Who is covered by the insurance?

4.1: The insurance shall cover the insured person(s) named in the policy schedule, including children registered therein, provided they are resident in Indonesia or are employed in South East Asia by a company resident in Indonesia.

4.1.1: The Company must be informed in writing of any permanent change in the country of residence, which shall be deemed to mean the insured person living

or intending to live in another country for a period in excess of three consecutive months. The Company reserves the right to continue cover on terms and conditions it considers appropriate to the new country of residence.

4.2: An application must be submitted for newborn children.

Art. 5 Where is cover provided?

5.1: The insurance shall provide cover within the countries of South East Asia, Indian sub-continent, Australia and New Zealand.

5.2: In addition, cover shall be provided for emergency treatment in respect of accident or acute serious illness occurring during short business or holiday travel (not exceeding 90 days) anywhere in the world, with the exception of USA and Canada.

5.2.1: Provided mentioned in the policy schedule and additional premium paid cover shall extend to cover emergency treatment in respect of accident or acute serious illness occurring during short business or holiday travel (not exceeding 90 days) within USA and Canada.

5.3: Should the insured choose to be treated outside of South East Asia, Indian subcontinent, Australia and New Zealand for non-emergency treatment, then covered reimbursements will be met up to an amount not exceeding the reasonable and customary charges for such treatment in South East Asia and subject to transportation costs being excluded.

5.4: The Company will give due consideration to requests for covered treatment to be received elsewhere, in the event adequate treatment is not available and customarily provided for the medical condition concerned in South East Asia, Indian sub-continent, Australia and New Zealand and subject to the Company giving its prior approval in writing before such treatment is undertaken.

Art. 6 What is covered by the insurance?

6.1: The insurance shall cover the medical expenses incurred by the insured in accordance with the cover in the selected plan chosen and the applicable reimbursement rates. The valid reimbursement rates are listed on page 8-9.

6.2: Reimbursement shall be paid following the Company's approval of the expenses as being covered by the insurance after the receipted and itemised bills provided with the policy number have been submitted to the Company.

6.3: Under the Executive Plan, a deductible of USD 60 for outpatient services applies per claim for each separate course of treatment. Reimbursement of outpatient services will be paid once the reimbursable expenses have met this deductible.

6.4: Physicians, specialists, dentists, etc. performing the treatment must have authorisation in the country of practice (cf. also art. 8.2p). Furthermore, the method must be approved by the public health authorities of Western Europe or North America. Methods of treatment not yet approved by the public health authorities,

but under scientific research will only be covered if approved in advance by the Company's medical consultants.

6.5: In no event shall the amount of reimbursement exceed the amount shown on the bill. If the insured receives reimbursement from the Company in excess of the amount to which he/she is entitled, the insured shall be under an obligation to repay the Company the excess amount immediately, otherwise the Company will set off the excess amount in any other account between the insured and the Company.

6.6: Reimbursement shall be limited to the usual, customary and reasonable charges, which means charges for medical care which shall be considered by the Company or its medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges being made by others of similar standing in the locality where the charges are incurred when giving like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar disease or injury. Any scale of charges which may be agreed from time to time between the Company and hospitals and physicians shall also be indicative of such reasonable and customary charges.

6.7: Any discount, which has been negotiated directly between the Company and providers, will be specifically used by the Company for the overall benefit of the insured persons within the insurance products as a whole.

6.8: Any ex gratia payments are at the Company's discretion. If the Company makes a payment to which the insured is not entitled under the insurance, this will still count toward the annual maximum cover per person per policy year.

Art. 7 Emergency Medical Evacuation (for executive plan, only)

7.1: This article applies to the Executive Plan only, in respect of which the special terms below shall also apply.

7.1.1: Cover shall be limited to the reasonable expenses incurred for the insured's medical evacuation/repatriation in the event of acute serious illness, serious injury or life threatening medical emergency requiring immediate evacuation to obtain urgent remedial treatment in order to avoid death or serious impairment to an insured person's immediate or long term health prospects. The applicable reimbursement rate is listed on page 9.

7.1.2: Cover shall be provided subject to the attending physician and our medical consultant agreeing on the necessity of transferring the insured and agreeing on whether the insured should be transferred to his/her country of residence/home country or to the nearest suitable place of treatment. In case of disagreement, the decision of our medical consultant shall prevail.

The evacuation expenses for an eligible transportation are only covered if the transportation is arranged by the Company.

7.1.3: The insurance shall cover reasonable and necessary transportation expenses for one person accompanying the insured.

7.1.4: Only one transportation is covered in connection with one course of an illness.

7.1.5: The Medical Evacuation cover shall only apply if the illness is covered under the insurance.

7.1.6: In the event of death, expenses shall be reimbursed for home transportation of the deceased and for statutory arrangements such as embalming and a zinc coffin.

The next of kin have the following options:

- a) cremation of the deceased and home transportation of the urn or
- b) home transportation of the deceased.

7.1.7: The Company cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the Company's control.

Art. 8 Exceptions to cover

8.1: The insurance shall not cover medical expenses incurred for any disease, illness or injury known to the policyholder and/or the insured at the time of application, unless agreed upon with the Company.

8.2: Furthermore the Company shall not be liable to pay reimbursement for expenses which concern, are due to or are incurred as a result of:

- a) cosmetic surgery and treatment unless medically prescribed and approved by the Company,
- b) obesity surgery,
- c) venereal diseases, AIDS, AIDS-related diseases and diseases relating to HIV antibodies (HIV positive),
- d) any use or misuse of alcohol, drugs and/or medicines unless it can be documented that the illness or injury is unrelated thereto,
- e) intentional self-inflicted bodily injury,
- f) birth defects and congenital illnesses or hereditary conditions,
- g) induced abortion unless medically prescribed and contraception,
- h) any kind of fertility test and/or treatment, including hormone treatment or examination and any procedures related hereto, including expenses for pregnancy, pre-natal and post-natal treatments of the newborn child/children,
- i) sexual problems and gender issues: sexual problems, such as impotence, whatever the cause, or sex changes or gender re-assignments,
- j) routine medical examinations or check-ups, routine-eye or ear examinations, vaccinations, prosthesis, corrective devices and medical appliances not surgically required, spectacles, contact lenses, hearing aids, all dental treatment or oral surgery related to teeth (unless for accident dental benefit), rest cures and services or treatment in any home, spa, hydro clinic, sanatorium or long term care facility that is not a hospital,
- k) treatment by naturopaths or homoeopaths and naturopathic or homoeopathic medications and other alternative methods of treatment, not recognised by Western European or North American standards,
- l) health certificates, examinations for travel or employment,
- m) treatment of diseases during military service,
- n) treatment for sickness or injuries directly or indirectly caused while actively engaging in: war, invasion, acts of a foreign enemy, hostilities (whether war has been declared or not), civil war, terrorist acts, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law, riots or the acts of any lawfully constituted authority, or army, naval or air services operations, whether war has been declared or not,
- o) nuclear reactions or radioactive fallout,

- p) treatment performed by an unrecognised physician or facility,
- q) epidemics which have been placed under the direction of public authorities,
- r) treatment of mental illness and psychiatric disorders,
- s) sterilisation,
- t) any kind of care which is not part of a medical or surgical treatment including stays in nursing homes,
- u) non prescribed medicine unless specified in the List of Reimbursements,
- v) treatment or surgery to correct refractive errors in your eyesight (due to e.g. myopia, hyperopia/hypermopia, astigmatism and presbyopia) such as laser treatment, refractive keratotomy and photorefractive keratectomy, clear lens extraction, or accommodative intraocular lenses.

Art. 9 How to report a claim

9.1: Any claim for reimbursement of expenses incurred for treatment by a physician or specialist as well as hospital treatment and medicine shall be reported by submitting receipted and itemised bills provided with the policy number to Bupa Insurance Limited. Such submission may be made directly to ihi Bupa or routed through PT Kurnia Insurance Indonesia.

The Company scans submitted bills upon receipt. Any retrieval of the submitted bills is not possible.

The Company reserves the right at any time to require provision of original bills from the insured.

9.2: Any claim shall be reported to ihi Bupa immediately and not later than three months after the circumstances underlying the claim have become known to the insured. Such reporting may be made directly to ihi Bupa or routed through PT Kurnia Insurance Indonesia.

9.3: ihi Bupa shall be notified immediately of any stays in hospital, and such notification must include the physician's diagnosis. All notifications should be made by telephone, fax or email; ihi Bupa shall defray all expenses incurred in this connection.

Art. 10 Cover by third parties

10.1: Where there is cover by another insurance policy or healthcare plan, this must be disclosed to the Company when claiming reimbursement, and the cover under this insurance shall be secondary to any such other insurance policy or healthcare plan.

10.2: In these circumstances the Company will coordinate payments with other companies, and the Company will not be liable for more than its rateable proportion.

10.3: If the claim has been covered in whole or in part by any scheme, programme or similar, funded by any Government,

the Company shall not be liable for the amount covered.

10.4: The policyholder and any insured person undertakes to co-operate with the Company and to notify the Company immediately of any claim or right of action against third parties.

10.5: Furthermore the policyholder and any insured person will keep the Company fully informed and will take any reasonable step in making a claim upon another party and to safeguard the interests of the Company.

10.6: In any event the Company shall have the full right of subrogation.

Art. 11 Payment of premium

11.1: Premiums are determined by the Company and shall be payable in advance. The Company adjusts the premiums once a year as from the anniversary date on the basis of changes in the cover and/or the loss experience in the insurance class during the previous calendar year.

11.2: The premium is age-related and will therefore also be adjusted on the first due premium date after the insured's birthday.

11.3: The initial premium shall fall due on the commencement date.

11.4: There are 10 days of grace on each premium due date.

11.5: The policyholder shall be responsible for punctual payment of the premium to the Company, and if a premium is not

received by the Company within the 10 days grace period at any premium due date, the Company's liability shall cease.

11.6: The policyholder's attention is drawn to Art. 6.5 regarding payment of outstanding amounts.

11.7: You may also have to pay other charges, such as Insurance Premium Tax (IPT), or other taxes, levies or charges, depending on the laws of your residency country. If they apply to you, they will be included within the total that you have to pay on your invoice. The charges may apply from the commencement date or your anniversary of the commencement date. You must pay these charges to us when you pay your premiums, unless otherwise required by law.

Art. 12 Information necessary to the Company

12.1: The policyholder and/or the insured shall be under an obligation to notify the Company of any changes of name or address and changes in health insurance cover with another company, including a consolidated company. The Company must also be notified in the event of death of the policyholder or an insured. The Company shall not be liable for the consequences if the policyholder and/or the insured fails to notify it of such events.

12.2: The policyholder and/or the insured shall also be under the obligation to provide the Company with all information reasonably required for the Company's handling of the policyholder's and/or the insured's claims against the Company, including provision of original bills upon request from the Company.

12.3: In addition, the Company shall be entitled to seek information about the insured's state of health and to contact any hospital, physician, etc. who is treating or has been treating the insured for physical or mental illnesses or disorders. Furthermore, the Company shall be entitled to obtain any medical records or other written reports and statements concerning the insured's state of health.

Art. 13 Assignment, cancellation and expiry

13.1: Without the prior written consent of the Company, no party shall be entitled to create a charge on or assign the rights under the insurance.

13.2: The insurance is mutually renewed on each policy anniversary up to and until the policy anniversary date following the 65th birthday, when cover shall cease.

13.2.1: The insurance may be terminated by the policyholder with effect from the end of a calendar month with one month's prior written notice.

13.3: Where, upon taking out the insurance or subsequently, the policyholder or the insured has fraudulently changed original documents or disclosed incorrect information or withheld facts which may be regarded as being of importance to the Company, the insurance contract shall be void and shall not be binding on the Company.

13.4: Where, upon taking out the insurance or subsequently, the policyholder or the insured has disclosed incorrect information,

the insurance contract shall be void, and the Company shall not be liable if the Company would not have accepted the insurance if the correct information had been disclosed. If the Company would have accepted the insurance, but on other terms, the Company shall be liable to the extent to which the Company would have undertaken the obligations in accordance with the agreed premium.

13.5: Where, upon taking out the insurance, the policyholder or the insured neither knew nor should have known that the information disclosed by him/her was incorrect, the Company shall be liable as if such incorrect information had not been disclosed.

13.6: The Company can stop or suspend an insurance product at three months' notice prior to the policy anniversary, and, if possible, offer the insured an equivalent insurance cover.

13.7: Country of Residence
The policyholder must inform the Company of any change of country of residence.

The Company is entitled to terminate the insurance if the change results in a breach of regulations governing the provision of health insurance cover to local nationals, residents or citizens.

13.8: The Company's liability in connection with the insurance, including liability for reimbursement for medical expenses for ongoing treatment, after-effects or consequential damages in connection with an injury or illness incurred or treated during

the insurance period, shall automatically cease upon expiry, cancellation or termination of the insurance.

Accordingly, upon expiry, cancellation or termination of the insurance, an insured's right to claim reimbursement shall cease. Claims for reimbursement of medical expenses incurred during the insurance period must be filed within six months of the date of expiry, cancellation or termination of the insurance in order to be eligible for reimbursement.

Art. 14 Complaints

14.1: Making a complaint

We are always pleased to hear about any aspect of your insurance cover that you have particularly appreciated, or that you have had problems with. If something does go wrong, we have a simple procedure to ensure your concerns are dealt with as quickly and effectively as possible.

If you have any comments or complaints, you can call the ihi Bupa Customer Service on +45 33 15 30 99, alternatively you can email at ihiihi.com, or write to us at:

ihii Bupa
Palægade 8
DK-1261 Copenhagen K
Denmark

14.2: Taking it further

If we have not been able to resolve the problem and you wish to take your complaint further, please contact your insurer using the following contact details:

PT Kurnia Insurance Indonesia
Plaza GRI 12th Floor
Jl. H. R. Rasuna Said Blok X-2 No. 1
Jakarta 12950, Indonesia

Art. 15 applicable law

15.1: Your policy is governed by the laws of Indonesia. Any dispute that cannot otherwise be resolved will be dealt with by courts in Indonesia. If any dispute arises as to the interpretation of this document, then the English version of this document shall be deemed to be conclusive and taking precedence over any other language version of this document. Please note this product is administered and serviced on a day to day basis in English.

Glossary

This glossary with definitions is part of the Policy Conditions.

Accidental Dental Treatment: acute, emergency dental treatment due to a serious accident requiring hospitalisation and for which treatment is provided within 14 days following such accident in case of doubt, the decision will be left with ihi Bupa's dental consultant.

Acute Serious Illness: an 'acute serious illness' shall be determined to exist only after review and agreement by both the attending physician and ihi Bupa's medical consultant.

Anniversary date: the renewal of the insurance.

Applicant: a person named on the Application Form and the Medical Questionnaire as an applicant for insurance.

Application: the Application Form and Medical Questionnaire.

Claim: the financial demand covered in whole or in part by the insurance. In the Company's evaluation/determination of the claim, the time of treatment is decisive, not the time of the occurrence of the injury/illness.

Company, the: PT Kurnia Insurance Indonesia, Plaza GRI 12th Floor, Jl. H. R. Rasuna Said Blok X-2 No. 1, Jakarta 12950, Indonesia.

Complicated delivery: surgery and related medical care for caesarean section when medically prescribed, surgery and related medical care for the treatment of extra-uterine pregnancy or complications requiring intra-abdominal surgery after necessary termination of pregnancy for medical reasons, necessary care which is provided during hospitalisation for pernicious vomiting in pregnancy, toxæmia with convulsion or spontaneous abortion (miscarriage).

Country of residence: any country where the insured is considered by the relevant authorities to be resident.

Day case surgery: All medically necessary surgical procedures and related treatment provided by or on the order of a physician to the insured at a hospital. It excludes all non-surgical procedures and related treatment.

Deductible: The total amount of money noted in the policy schedule which each insured agrees to pay per claim for each separate course of treatment, before being reimbursed by the Company. A course of treatment will be limited to a maximum of 60 days.

Documents: any written information related to the insurance including bills, policy schedules and the like.

Home Nursing: medically prescribed assistance in your private home by a certified nurse following discharge from hospital.

Hospital accommodation: coverage of a room that is no more expensive than the hospital's standard single room with a private bathroom. Charges for the insured's meals and refreshments are also covered. The charges will be paid for the length of stay that is medically appropriate for the procedure the insured is admitted for and any accompanying relative (if covered under the insurance plan).

Hospitalisation: surgery or medical treatment in a hospital as an inpatient when it is medically necessary to occupy a bed overnight.

ihi Bupa (incl. we/us/our): Bupa Insurance Limited. ihi Bupa is a trading name of Bupa Insurance Limited.

Indian sub-continent: includes the countries of India, Pakistan, Bangladesh, Nepal, Bhutan, Sri Lanka and the Maldives

Insurance: the Policy Conditions and policy schedule representing the insurance contract with the Company and setting out the scope terms of the insurance, the premium payable, deductible and reimbursement rates.

Insured: the policyholder and all other insured persons as listed in the policy schedule from time to time.

Local Ambulance Services: the medically necessary transportation of the insured person by road vehicle to a local hospital.

Maternity Benefit: ante-natal, childbirth and post natal treatment for the mother

Organ Transplantation: the cost of operation for the transplantation (human organ only) of kidney, liver, heart, lung or bone marrow, but excluding the costs of procurement of the organ.

Outpatient: surgery or medical treatment in a hospital or clinic where it is not medically necessary to occupy a bed, including the cost of medically prescribed drugs and medicines, the sale and use of which, is legally restricted to the order of physician.

Policy Conditions: the terms and conditions of the insurance purchased.

Policyholder: the person identified as the policyholder on the Application Form and as an insured in the policy schedule.

Policy schedule: policy details showing the type of insurance purchased, annual premium, deductible and any special terms.

Post-hospital services: the medically necessary follow-up treatment ordered by a physician to be rendered for up to 60 days (90 days in respect of the Executive Plan) from the insured person's discharge from hospital and in total for any one claim or disability. Such follow-up treatment should be for the same specific medical condition for which the insured person received in-hospital treatment covered by the policy.

Pre-existing condition: the medical history, including the illnesses and conditions listed in the Medical Questionnaire, which may affect the Company's decision to insure or not to insure or to impose special terms.

Pre-hospital Services: laboratory, x-ray or other medically necessary diagnostic procedures ordered by a physician and which within 30 days (60 days in respect of the Executive Plan) of being carried out, results in the insured person being admitted as a registered in-patient to a hospital for the treatment of the specific medical condition diagnosed, provided that such medical condition is covered by the policy.

Reimbursement rates: the maximum amount of money which will be paid by way of reimbursement of medical expenses in one year from the commencement date or from each anniversary date, as further detailed in the Policy Conditions.

Renewal: each anniversary of the date the Policyholder joined the plan.

Serious injury: a "serious injury" shall be determined to exist only after review and agreement by both the attending physician and the Company's medical consultant.

South East Asia: the countries of Brunei Darussalam, Philippines, Indonesia, Cambodia, Laos, Malaysia, Myanmar, Singapore, Thailand, and Vietnam.

Special terms: restrictions, limitations or conditions applied to our standard terms as detailed in the policy schedule.

Standard terms: the Company's standard insurance terms with no special restrictions, limitations or conditions.

Subrogation: the insurer's right to enforce a remedy which the insured has against a third party and the insurer's right to require the insured to repay the insurer if the insurer has paid expenses recouped by the insured from a third party.

Surgery: a surgical treatment/intervention, which does not include endoscopies and scanning even though these examinations require anesthesia.

Unrecognised physician or facility: an unrecognised physician or facility includes:

- treatment provided by a medical practitioner who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated.
- treatment in any hospital, or by any medical practitioner or any other provider of services, to whom we have sent a written notice that we no longer recognise them for the purposes of our plans.
- treatment provided by anyone with the same residence as the insured or who is a member of the insured's immediate family or an enterprise owned by one of the above mentioned persons.

Waiting period: a period of time from the commencement date where the insurance provides no cover unless as per specification in Art. 3

We/us/our: PT Kurnia Insurance Indonesia, the insurer, and/or ihi Bupa, the administrator, acting on behalf of PT Kurnia Insurance Indonesia.

Valid from 1 January 2011

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