



SmartHealth Blue Sapphire

SmartHealth Blue Sapphire is a comprehensive group health insurance program that can assist companies in providing health protection for employees and their families. SmartHealth Blue Sapphire provides protection for Inpatient Care and several other optional additional protections.

Product Name

SmartHealth Blue Sapphire

Product Type

Group Health Insurance

Insurer Name

PT Asuransi Allianz Life Indonesia

Distribution Channel

Agency, Bancassurance, Broker, Direct Sales

This General Product Summary and Service Information (RIPLAY Umum) is intended to provide a brief explanation regarding the benefits and important aspects of the Policy that You are about to buy. Please get an explanation directly from Our marketing personnel before deciding to buy this Policy.

“We/Us/Our” refers to PT Asuransi Allianz Life Indonesia. “You/Your” refers to the prospective Member.

What are the Benefits of This Product?

Inpatient Care Benefit

Inpatient Care	Maximum Limit	In Rupiah	
		IIP 500 Plan	IIP 1000 Plan
Benefit for each class			
Room	Per Day	500,000	1,000,000
ICU Room		700,000	1,200,000
Treating Physician Visit		150,000	275,000
Specialist Visit		200,000	325,000
Surgery Charges			
• Complex Surgery	Per Inpatient Care Period	55,000,000	105,000,000
• Major Surgery		35,750,000	68,250,000
• Intermediate Surgery		24,750,000	47,250,000
• Minor Surgery		13,750,000	26,250,000
Other Inpatient Care Charges		8,500,000	16,000,000
Pre-Inpatient Care	Per Inpatient Care Period 30 Days Pre-Inpatient Care	1,000,000	2,000,000
Post-Inpatient Care	Per Inpatient Care Period 30 Days Post-Inpatient Care	1,000,000	2,000,000
Home Nursing	Per Day	250,000	500,000
Ambulance	Per Inpatient Care Period	350,000	600,000
Emergency Outpatient Care due to an Accident	Per Accident Within 14 Days	2,700,000	5,200,000
Emergency Dental Care due to an Accident		2,700,000	5,200,000
Death Benefit		6,000,000	11,000,000
Maximum Benefit in a year		Unlimited	Unlimited

Notes

- Other plans are available to suit your Company's needs.
- The benefit tables only serve as an illustration.

PT Asuransi Allianz Life Indonesia is licensed and supervised by the Financial Services Authority (Otoritas Jasa Keuangan)

Maternity

In Rupiah

Maternity	Maximum Limit	IM 500 Plan	IM 1000 Plan
Benefit for each class			
Normal/Abnormal Delivery	Per Pregnancy	9,000,000	16,500,000
Addition for Abnormal Delivery		1,800,000	3,300,000
Surgical Delivery		16,200,000	29,700,000
Legal Miscarriage		4,500,000	8,250,000
Pre- and Post-Natal Care	Per Year	3,150,000	5,780,000
Pregnancy Complication	Per Pregnancy	4,500,000	8,250,000

Outpatient Care

In Rupiah

Outpatient Care	Maximum Limit	IOP 500 Plan	IOP 1000 Plan
Benefit for each class			
General Physician Consultation	Per Visit 30 Visits Per Year	50,000	75,000
Specialist Consultation	Per Visit 10 Visits Per Year	150,000	213,000
Medicines	Per Year	2,050,000	2,925,000
Diagnostic Examination	Per Year	1,100,000	1,600,000
Physiotherapy	Per Visit 10 Visits Per Year	88,000	119,000

Dental Care

In Rupiah

Dental Care	Maximum Limit	ID 500 Plan	ID 1000 Plan
Benefit for each class			
Prevention	Per Visit 2 Visits Per Year	150,000	250,000
Basic Dental Care	Per Year	1,250,000	2,250,000
Complex Dental Care	Per Year	1,500,000	2,500,000
Denture	Per Year	1,750,000	3,000,000

Spectacles

In Rupiah

Spectacles	Maximum Limit	IS 500 Plan	IS 1000 Plan
Benefit for each class			
Eye Examination	Per Visit 1 Visit Per Year	125,000	250,000
Frame	Per Year	750,000	1,500,000
Lenses/Contact Lenses		750,000	1,500,000

Notes

- Other plans are available to suit your company's needs
- The Benefit tables only serve as an illustration.

Summary

Member Entry Age (latest birthday)

Inpatient, Outpatient, Dental, and Spectacles

- Employee: Max of 65 years old
- Spouse: Max of 65 years old
- Child: 15 days – 18 years old and may be extended up to 25 years old (still in formal education and not working)
- Maternity
Female (employee/spouse): 16 – 45 years old

Coverage Age (latest birthday)

Until the Member attains the age of 70 years old.

Currency

Rupiah.

Premium Payment Period

As long as the Coverage is renewed.

Premium Payment Method

(Annually, Semiannually, Quarterly)

Underwriting

Minimum Member: 10 Members.
Minimum Premium: Rp2,500,000

Insurance Period

Yearly

Premium

Please contact Allianz marketing personnel to learn the total Premium you have to pay according to your selected Plan and benefit.

Co-Insurance

0%, 5%, 10%, 15%, 20%

Waiting Period

- Inpatient Care with the same diagnosis or surgery: 30 days
- Maternity: 280 days
- Pre-Existing Condition 12 months

Claim Process

Cashless and Reimbursement.

Risks

Credit Risks

Risks related to Our ability to fulfill the payment obligations to You/Member. We always maintain performance to exceed the minimum capital adequacy in accordance with the applicable regulations.

Operational Risks

Risks related to our operational processes, including system applications, as well as external events that may affect our operational activities.

Economic and Political Stability Risks

Risks of changes in economic conditions and political stability at home and abroad, or changes in laws, policies, and government regulations that are related to the business world and can affect investment performance and Our performance.

How to Apply for a Policy?

Please complete the following documents:

- Group Insurance Application Form (SPAK)
- Proposals that have been approved and signed by the Policyholder, consisting of premiums, benefits, and special conditions.
- Know Your Customer (KYC) Documents:
 - a. Photocopy of ID/passport/Temporary Stay Permit Card of the Policyholder (who signed the Group Insurance Application Form).
 - b. The company's Taxpayer ID Number.
 - c. Certificate of Company Registration.
 - d. Articles of Incorporation.
- Closing Instruction.
- A copy of Premium invoice.
- A copy of Premium payment receipt.
- Members' Data.

What Are Your Obligations as a Policyholder?

- You must answer all questions on the Group Insurance Application Form completely and accurately. You are fully responsible for the accuracy and completeness of the data that You provide to Us, if there is an error or incomplete data, the Policy shall be canceled.
- You must read and understand the Group Insurance Application Form (SPAK), benefit illustration sheet, and this General Product Summary and Service Information (RIPLAY) before You sign them.
- You must pay the premium on time.

Can You Cancel the Policy?

You may cancel this policy by notifying us in writing no later than 30 calendar days prior to the cancellation date.

Exclusion

Inpatient and Outpatient Care

You may cancel this policy by notifying us in writing no later than 30 calendar days prior to the cancellation date.

1. Pre-existing diseases, unless the Policy has been in effect for 12 consecutive months.
2. Organ transplantation, including any treatment and/or medication related to organ transplantation.
3. All supporting equipment or artificial aids or synthetic materials outside or attached to the body, including but not limited to wheelchairs, crutches, prostheses, hearing aids, sight aids, except for those implanted inside the body during surgery in the operating room such as a pacemaker, stents, pens, plates, screws, K-wire, intraocular lenses, and so on.
4. Dialysis, including any treatment and/or medication related to it.
5. Experimental, traditional, and/or alternative treatments and medications outside western medical science including but not limited to acupuncture (unless provided by a Physician), traditional Chinese medicine practitioners, traditional bone fracture healers, shamans, chiropractors, naturopathy, holistic practitioners, and the likes.
6. Psychiatric or neurological disorders, including psychosis, neurosis, stress, depression, psychogeriatric disorders and their physiological or psychosomatic manifestations, drug abuse rehabilitation, and addiction to drugs and/or alcohol.
7. All treatments and/or medications related to:
 - a. Infertility, including artificial insemination, IVF, and fertility restoration.
 - b. Impotence.
 - c. Any hormonal therapy related to the perimenopausal syndrome.
8. Any medication and/or treatment for losing or gaining weight.
9. Any medication and/or treatment related to cosmetics, including plastic surgery except for functional reconstruction due to an accident performed no later than 30 calendar days after the accident.
10. Periodic physical examinations, Medical Check Ups, or supporting examinations that are not related to the treatment or diagnosis of the covered Disease/injury.
11. Any medication and/or treatment related to:
 - a. Hernia in a person under 10 (ten) years old.
 - b. Congenital abnormalities and/or abnormal/delayed growth and development.
12. Eye refractive disorders, including any treatment and/or medication related to eye refractive disorders.

13. Circumcisions unrelated to a Disease or Accident.
 14. Any treatment and/or medication related to:
 - a. HIV/AIDS, including any diseases or conditions related to HIV/AIDS.
 - b. Sexually Transmitted Diseases.
 15. Non-medical expenses, excluding administration fees.
 16. Vitamins without a Physician's recommendation and without any medical indications.
 17. Food Supplement.
 18. Immunization, including any treatment and/or medication related to its complications.
 19. Birth Control, including any treatment and/or medication related to its complications.
 20. Any treatment and/or medication due to:
 - a. Active involvement in war, riot, fight, or crime,
 - b. Intentional injuries and suicide attempts.
 21. Any treatment and/or medication due to participation in dangerous activities or sports, including:
 - a. Mountain climbing, rock climbing, urban climbing, bungee jumping, rafting
 - b. Equestrian sports
 - c. Boxing or any physical contact sports
 - d. Any aerial activities (parachuting, gliding, sky diving, Ultralite, and other aerial activities)
 - e. Any diving activities using breathing apparatus (diving and other diving activities)
 - f. Any activities that involve racing with motor vehicles (motorbike, car, boat, and other kinds of race)
 22. Any treatment and/or medication received by the Member due to flying with a chartered aircraft, military/police aircraft, or helicopter.
 23. Non-Accident-Related Outpatient Treatment, unless the Policy comes with Additional Outpatient Insurance, the terms of which shall be set out in separately.
 24. Non-Accident-Related Dental Treatment and denture implanting for any reason, unless the Policy comes with Additional Dental Care Insurance, the terms of which shall be set out separately.
 25. Pregnancy, Childbirth, or Miscarriage Treatment, unless the Policy comes with Additional Maternity Insurance, the terms of which shall be set out separately.
 26. Any treatments and/or medications which have been reimbursed by the Government, Health Insurance, and/or other parties.
- ### Maternity
1. Any female Member under the age of 16 or above 45.
 2. Any Member who is pregnant prior to the effective date of the Maternity Insurance Rider for the Member.
 3. Treatments related to illegal abortions, sterilization, as well as fertility tests and treatments.

Dental Care

1. Orthodontic care and/or treatment (fixed or removable).
2. Any oral treatment except for odontectomy and operculectomy.
3. Any treatment and/or medication for temporomandibular joint disorders.
4. Any dental care and/or treatment under general anesthetic.

Death Benefit

1. Suicide either under a sober state or not.
2. Death sentence.
3. Premeditated crime committed by those who have interests in the insurance.

Product Simulation/Illustration

Company

PT Kebahagiaan Abadi

Member

50 Members

Annual Premium*

Rp147,000,000

Benefit

IIP 500 Plan Inpatient Care

For 1 inpatient care, Members are entitled to all applicable benefits stated in the tables (such as inpatient room charge, physician consultation charge, and other inpatient charges).

*Premium will be calculated based on age and selected benefits.

Claim Procedure

Reimbursement

Health Insurance Claim Documents

1. Allianz health insurance claim form that has been completed and signed by the Member with the Medical Resume section filled in by the treating Physician and includes the Physician's full name, stamp, and Medical Practice Permit Number.
2. Original receipt with the Hospital's stamp (with address and telephone number).
3. List of expenses along with a copy of the prescription(s).
4. Supporting medical documents.
5. A copy of the member's Member Card.
6. A copy of the physician's referral to receive treatment and medication from a Specialist (except for Obstetrician, Pediatrician, and Ophthalmologist), diagnostic-supporting examination, and physiotherapy.
7. An Outpatient or Dental Care Claim due to an Accident or Emergency must be submitted by attaching a police report and the chronology of the traffic accident.
8. The first claim of Additional Spectacles Insurance shall be submitted by enclosing a copy of the Ophthalmologist's prescription.

Notes:

- A Health Insurance Claim shall be submitted no later than 30 calendar days after the end of the treatment. Any claim submitted after such period will not be paid.
- If the Health Insurance claim is approved by Us, payment of insurance benefits will be made in accordance with Our approval no later than 7 working days after We receive the complete documents and claim payments are made to the Policyholder.

Death Benefit Claim Documents

1. Allianz claim form that has been completed by the Policyholder and/or Beneficiary and the treating Physician, which specifies the cause of death as confirmed by the treating Physician.
2. Death certificate issued by a village official, both the original and its certified copy.
3. A copy of the Member's identity card/proof of identity and a certificate from the company.
4. A copy of the Beneficiary's identity card/proof of identity.
5. A copy of the member's Family Card.
6. Official report issued by the Police in the event of unnatural death or death due to a traffic accident, both the original and its certified copy.
7. Certificate issued by the local Indonesian Representative Office in the event of death overseas, both the original and its certified copy.

Notes:

- The Policyholder must notify Allianz of a Member's death no later than 30 calendar days after the Member passes away.
- Submission of the documents related to Death Benefit claim must be provided to Allianz in writing no later than 60 calendar days after the Member passes away.
- We shall pay the Death Benefit no later than 14 calendar days after we receive the complete documents and approve the claim in accordance with the Policy.

Cashless

1. The Member must bring their Allianz Member Card and ID Card/other official identity to Allianz's Network Hospital.
2. Allianz's Network Hospital shall verify the membership and benefit of the Member by swiping the Group Health Insurance Member Card.
3. The Member or their family shall sign the Medical Service Form and a Statement Letter from the Allianz's Network Hospital.
- 4a. If any claim excess incurred, the Member shall pay it to the Hospital. The Member is allowed to be discharged after completing the payment.
- 4b. If the whole expense is in accordance with the insurance benefit the Member is entitled to, the Member shall be discharged without making any payment.

Where Can I Submit the Documents?

Jakarta

Allianz Document Management Center (ADMC)

Setiabudi Atrium, Lt. 3 Suite 308 A-309
Jl. H.R. Rasuna Said Kav. 62 Kuningan,
Karet Kuningan Kec. Setiabudi
Jakarta Selatan 12920

Submission available on Monday-Friday
at 08:00-17:00 local time (excluding holidays)

Claims may also be submitted digitally via Allianz eAZy Connect

To send all claim documents to Allianz, you may use the free of charge delivery service from PT Pos Indonesia

Service and Complaint Settlement

If you have questions and complaints regarding our products and/or services, you can submit them through our Customer Center:

Alamat:

PT Asuransi Allianz Life Indonesia

Customer Lounge

World Trade Centre 6, Ground Floor

Jl. Jenderal Sudirman Kav. 29-31

Jakarta Selatan 12920, Indonesia

Corporate Number:

+6221 2926 8888

AllianzCare:

1500 136

Email:

ContactUs@allianz.co.id

Website:

www.allianz.co.id

Important Notes

- PT Asuransi Allianz Life Indonesia is licensed and supervised by the Financial Services Authority (Otoritas Jasa Keuangan), and its marketing personnels hold the license from the Indonesian Life Insurance Association (Asosiasi Asuransi Jiwa Indonesia).
- This General Product Summary and Service Information (RIPLAY Umum) is not a part of SmartHealth Blue Sapphire Policy and does not constitute an insurance agreement between PT Asuransi Allianz Life Indonesia and Customers. Customers are completely bound to any provisions under the SmartHealth Blue Sapphire Policy.
- A detailed explanation of insurance coverage can be found on the SmartHealth Blue Sapphire Policy. Insurance coverage includes Exclusions of the SmartHealth Blue Sapphire Policy, which outline conditions that are not covered in the SmartHealth Blue Sapphire Policy.
- SmartHealth Blue Sapphire is an insurance product issued by PT Asuransi Allianz Life Indonesia and has been approved by the Financial Service Authority (Otoritas Jasa Keuangan).
- The premium paid includes insurance fees, administration fees, stamp duty fees (if any), and commission fee.
- We will inform You if there are changes to benefits, costs, risks, terms and conditions as stated in the SmartHealth Blue Sapphire Policy no later than 30 working days before such changes take effect.
- This General Product Summary and Service Information (RIPLAY Umum) only serves as a general description. For more complete information, please contact Us or Our marketing personnel or visit Our website at www.allianz.co.id. All of Our products are made to benefit Our customers, but they may not be suitable to Your needs. If You are still not sure whether this product is suitable to Your needs, We recommend You to contact Our marketing personnel.
- This General Product and Service Information Summary (RIPLAY Umum) is made in **Indonesia Language and English Language**; in the event of different interpretation between the text of Indonesia Language and English Language, the text of **Indonesia Language shall prevail**.