



## SmartHealth Classic Premier

SmartHealth Classic Premier provides coverage for inpatient care and Maternity as charged to provide comfort and suit the Company's needs.

### Product Name

SmartHealth Classic Premier

### Product Type

Group Health Insurance

### Insurer Name

PT Asuransi Allianz Life Indonesia

### Distribution Channel

Agency, Broker, Bancassurance, 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

In Rupiah

Inpatient Care	Maximum Limit	Platinum Plus 500 Plan	
		Network Hospital	Non-Network Hospital/ Higher Room Type
<b>Benefit for each class</b>			
Room	Per Day	500,000	500,000
ICU Room		1,950,000	
Treating Physician Visit		156,000	
Specialist Visit		211,000	
Surgery Charges	Per Inpatient Care Period	As charged	
• Minor Surgery			7,110,000
• Intermediate Surgery			14,220,000
• Major Surgery			26,070,000
• Complex Surgery			47,400,000
Other Inpatient Care Charges			7,479,000
Pre- and Post-Inpatient Care	Per Inpatient Care Period 30 Days Pre- and Post-Inpatient Care		1,049,000
Home Nursing	Per Day		429,000
Ambulance	Per Inpatient Care Period		1,075,000
Emergency Outpatient Care due to Accidents	Per Accident Within 14 Days		3,450,000
Emergency Dental Care due to Accidents		1,725,000	
Death Benefit			6,900,000

### Notes:

- Other plans are available to suit your company's needs
- The Benefit Tables only serve as an illustration.
- Maximum benefit for one-year inpatient care incorporates Maternity benefit (if any) according to applicable Policy.

## Maternity

In Rupiah

Maternity	Maximum Limit	Platinum Plus 500 Plan	
		Network Hospital	Non-Network Hospital/Higher Room Charge
Benefit for each class			
Normal Delivery	Per Pregnancy	As charged	11.270.000
Abnormal Delivery			13.520.000
Surgical Delivery (Caesarian)			23.210.000
Legal Miscarriage			3.860.000
Pregnancy Complication			4.320.000
Pre- and Post-Natal Care	Per Year		4.830.000

Maximum Inpatient Care and Maternity Benefit in a Year	<b>164,000,000</b>
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**Notes:**

- Other plans are available to suit your company's needs.
- The Benefit Tables only serve as an illustration.
- Maximum benefit for one-year inpatient care incorporates Maternity benefit (if any) according to applicable Policy.

## Summary

### Member Entry Age (latest birthday)

#### Inpatient Care

- Adult : Max of 65 years old.  
Child : 15 days – 18 years old.  
Can be extended up to age of 25 years old (still in formal education and not working).

#### Maternity

Female (employee/spouse): 16 – 45 years old

### Coverage Period (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
- Semiannually and Quarterly  
Minimum premium Rp25,000,000 per installment (terms and conditions apply)

### Underwriting

- Minimum Member: 100 Members.
- Pre-existing disease provision is waived.
- Waiting period for Maternity benefit is waived.

### Coverage Period

Annually

### Waiting Period

No waiting period.

### Premium

You may contact your marketing personnel to learn the total Premium you have to pay according to your selected plan.

### 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?

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.
- The Member's Data.

## What are Your Obligations as a Policyholder?

- You must answer all questions on the Group Insurance Application Form (SPAK) 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.

### Exclusions

#### Inpatient Care

We will not pay the Insurance Benefit in the event of treatments and/or medications related to:

1. Organ transplantation, including any treatment and/or medication related to organ transplantation
2. 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
3. Dialysis, including any treatment and/or medication related to it.
4. 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.
5. 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.
6. All treatments and/or medications related to:
  - a. Infertility, including artificial insemination, IVF, and fertility restoration.
  - b. Impotence.
  - c. Any hormonal therapy related to perimenopausal syndrome.
7. Any medication and/or treatment for losing or gaining weight.
8. 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.
9. Periodic physical examinations, Medical Check Ups, or supporting examinations that are not related to the treatment or diagnosis of the covered Disease/injury.
10. Any medication and/or treatment related to:
  - a. Hernia in a person under 10 years old
  - b. Congenital abnormalities and/or abnormal/delayed growth and development
11. Eye refractive disorders, including any treatment and/or medication related to eye refractive disorders.
12. Circumcisions unrelated to a Disease or Accident.
13. Any treatment and/or medication related to:
  - a. HIV/AIDS, including any diseases or conditions related to HIV/AIDS.
  - b. Sexually Transmitted Diseases

14. Non-medical expenses, excluding administration fees.
  15. Vitamins without a Physician's recommendation and without any medical indications
  16. Food Supplement.
  17. Immunization, including any treatment and/or medication related to its complications.
  18. Birth Control, including any treatment and/or medication related to its complications.
  19. Any treatment and/or medication due to:
    - a. Active involvement in war, riot, fight, or crime,
    - b. Intentional injuries and suicide attempts.
  20. 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 so on)
    - f. Any activities involving racing with motor vehicles (motorbike, car, boat, and other kinds of race)
  21. Any treatment and/or medication received by the Member due to flying with a chartered aircraft, military/police aircraft, or helicopter.
  22. Non-Accident-Related Outpatient Treatment, unless the Policy comes with Additional Outpatient Insurance, the terms of which shall be set out in separately.
  23. 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.
  24. Pregnancy, Childbirth, or Miscarriage Treatment, unless the Policy comes with Additional Maternity Insurance, the terms of which shall be set out separately.
  25. Any treatments and/or medications which have been reimbursed by Jamsostek (Worker's Social Security Program), Health Insurance, and/or other parties.
- Maternity**
1. Any female Member under the age of 16 or above 45.
  2. Treatments related to illegal abortions, sterilization, as well as fertility tests and treatments.

### Simulation/Product Illustration

#### Company

PT Makmur Sejahtera

#### Member

120 Members

#### Premium\*

Rp415,000,000

#### Benefit

Platinum Plus 500 Plan Inpatient Care

For 1 inpatient care, the Members are entitled to the benefits stated on the tables (such as inpatient care room charge, treating physician visit charge, and other inpatient care charges).

\*Premium is calculated based on age and the plan selected

### 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 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.

The first claim of Additional Spectacles Insurance must 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 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 Policy holder must notify us 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 .

1. The Member shall 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 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 is allowed to 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

#### Bandung

Allianz Document Management Center (ADMC)  
PT Asuransi Allianz Life Indonesia  
Wisma CIMB Niaga Lantai 7 Jl.  
Gatot Subroto No. 2 Bandung  
40262, Jawa Barat

#### Surabaya

Allianz Document Management Center (ADMC)  
PT Asuransi Allianz Life Indonesia  
Gedung Graha Pacific Lantai 2Jl.  
Basuki Rachmat 87-91 Surabaya  
60271, Jawa Timur

#### Bali

Allianz Document Management Center (ADMC)  
PT Asuransi Allianz Life Indonesia  
Jl. Raya Puputan No.122 C Denpasar  
Timur, Kota Denpasar Bali 80234

#### Medan

Allianz Document Management Center (ADMC)  
PT Asuransi Allianz Life Indonesia Gedung  
Forum Nine Lt.6  
Jl. Imam Bonjol No. 9  
Medan 20112

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:

#### Address:

**PT Asuransi Allianz Life Indonesia  
Customer Lounge**

World Trade Centre 6, Ground FloorJl.  
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](http://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 Classic Premier 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 Classic Premier Policy.
- A detailed explanation of insurance coverage can be found on the SmartHealth Classic Premier Policy. Insurance coverage includes Exclusions of the SmartHealth Classic Premier Policy, which outlines conditions that are not covered in the SmartHealth Classic Premier Policy.
- SmartHealth Classic Premier 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 Classic Premier 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](http://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.