

Introducing Summit

We understand that moving from one health policy to another must be a straightforward and clear move, for the convenience of members, clients and business partners. To help you understand your new policy with us, in this document we highlight the key differences compared to your current policy.

You will find the complete overview of your new Summit plan cover in your Table of Benefits. All the applicable terms and conditions are detailed in the Employee Benefit Guide, available to download from <https://www.allianzcare.com/summit>.

If you have any queries regarding your new Summit plan cover or the key changes outlined in this document, please do not hesitate to contact us.

Cover structure

Your company was insured under an International Healthcare Plan (IHP) and will be transferring to a Summit plan.

The IHP plan selections made by your company will be mapped to the closest available Summit plan, as shown in the below table:

IHP plan name		Summit plan name
IHP Core	➔	Summit 1750
IHP Essential	➔	Summit 2500
IHP Plus	➔	Summit 4000
IHP Elite	➔	Summit 5000

Key differences in terminology

- If your IHP plan included an '**excess**', note that in your Summit plan this will be called '**deductible**'. The deductible will apply on an annual basis and will not apply to the following benefits:
 - Oncology
 - Psychiatry and psychotherapy (in-patient and day-care treatment)
 - In-patient cash benefit
 - Vaccinations
- If your IHP plan included an '**out-patient coinsurance**', note that in your Summit plan this will be called '**out-patient co-payment**'. The co-payment selection made by your company in your IHP plan will be mapped to the closest available Summit plan option.

Improvements to your cover

- **Chronic condition management costs**, which were not covered under the IHP Core plan (unless for acute episodes) and limited to a monetary amount under the Essential, Plus and Elite plans are now covered under the various benefits listed in your Summit plan, unless excluded as part of a full medical underwriting or moratorium policy.
- **Repatriation of mortal remains or burial expenses** is now covered in full, regardless of the plan you are on. With the IHP plans, a monetary limit applied to the **mortal remains** benefit.
- **Kidney dialysis** is now covered in full, regardless of the plan you are on. On the IHP plans, there was no cover for out-patient renal dialysis on the IHP Core Plan, while on IHP Essential, Plus and Elite Plans the out-patient renal dialysis was covered with a benefit limit shared with other chronic conditions.

- Regarding **newborn care for babies conceived via assisted conception**: for newborns, in-patient treatment for complications arising from assisted conception was excluded on IHP plans. On your new Summit plan, you will not find this restriction; however, there will be a limit for in-patient treatment that takes place in the first three months following birth, if the baby is born by surrogacy or is a multiple-birth baby born as a result of medically assisted reproduction. This limit is \$40,500 per child* and it applies before any other benefit in your plan. Out-patient treatment is paid under the terms of the Out-patient Plan.

**Please note that this limit also applies to babies that are adopted or fostered.*

- Regarding **newborn care for babies conceived via natural conception**: your IHP plan applied a monetary limit as well as a maximum number of days of stay in hospital for treatment of acute medical conditions occurring within 30 days from birth. On your new Summit plan, no specific limits will apply to newborn care for babies born via natural conception. Cover will be provided under in-patient, day-care and out-patient benefits.
- For members transferring to the Summit 5000 plan, **psychiatry and psychotherapy** on an in-patient basis is now covered without limitation on the number of days covered.
- For members transferring to the Summit 1750 plan, **post-hospitalisation treatment** is now fully covered when it is needed in the 90 days following discharge from in-patient or day-care treatment for the same acute medical condition. Previously with the IHP plans, cover under this benefit was limited to \$1,700 per medical condition and only within 60 days following hospitalisation.
- On your Summit plan, you will have a new benefit for **emergency out-patient dental treatment**. This will cover all types of dental emergencies treated within 24 hours of the emergency event (both acute medical conditions as well as accidental damage, including that caused by eating).

With your previous IHP plan, unless a Dental add-on was purchased, cover was provided only for **accidental damage to natural teeth, except when the damage is caused by eating**.

Although the timeframe allowed to seek treatment was longer (up to 10 days of the accident, including one follow-up consultation within 30 days of the accident), cover was limited to a specific category of emergency out-patient dental treatment.

- **Palliative care** is now covered in full on the Summit 2500, 4000 and 5000 plans. Previously, **terminal care** was not covered in the IHP Core and Essential Plans and a monetary limit applied to IHP Plus and Elite Plans.

New benefits

The Summit plans feature several new benefits. Please refer to your Table of Benefits to find out more about these additions, including applicable benefit limits, co-payment, deductibles or waiting periods.

- **'Laser eye treatment'** is now included within the Summit 4000 Optical Plan and on the Summit 5000 Optical Plan:

***Laser eye treatment** refers to the surgical improvement of the refractive quality of the cornea using laser technology, including the necessary pre-operative investigations.*

- **'Long term care'** is now included in all plans:

***Long term care** refers to care over an extended period of time after the acute treatment has been completed, usually for a chronic condition or disability requiring periodic, intermittent or continuous care. Long-term care can be provided at home, in the community, in a hospital or in a nursing home.*

- **'Dietician fees'** is now included on the Summit 5000 Wellness Plan:

***Dietician fees** relates to charges for dietary or nutritional advice provided by a health professional who is registered and qualified to practise in the country where the treatment is received. If included in your plan, cover is only*

provided in respect of eligible diagnosed medical conditions.

- **'Prescribed hearing aids'** are now covered under the new 'Prescribed medical aids' benefit; previously these were excluded in your plan:

Prescribed medical aids refers to any device which is prescribed and medically necessary to enable you to carry out everyday activities.

Examples include:

- Biochemical aids such as insulin pumps, glucose meters and peritoneal dialysis machines.
- Motion aids such as crutches, wheelchairs, orthopaedic supports/braces, artificial limbs and prostheses.
- Hearing and speaking aids such as an electronic larynx.
- Medically graduated compression stockings.
- Long-term wound aids such as dressings and stoma supplies.

- **'Accidental death'** is now included on the Summit 5000 Core Plan:

Accidental death benefit becomes payable if an insured person (aged 18 to 70) dies during the period of insurance as a result of an accident (including an industrial injury).

- **Employee Assistance Programme (EAP)** and **Travel security services** are included as standard services across all Summit plans – please refer to your Table of Benefits for details.

Other changes

- On the IHP plans, several benefit limits were applied on a **'per medical condition'** basis. On Summit, these benefit limits will instead be applied on a 'per Insurance Year', 'per lifetime' or 'per discharge' basis.
- If your company is moving to the Summit 1750 Plan, unfortunately the **'Complications of pregnancy'** benefit will no longer be covered. If your company is moving to the Summit 2500, 4000 or 5000 plan, cover for 'Complications of

pregnancy' will continue under the new benefit called 'Complications of pregnancy and childbirth', although your cover will decrease from paid in full to having a benefit limit applicable per pregnancy. This benefit will now cover complications arising from both assisted and natural conception.

- Cover for **emergency treatments received outside your area of cover** has decreased for members moving from the IHP Core and Essential plans and has increased for the IHP Plus and IHP Elite plans in the move to the Summit plans. You will have one benefit called 'Emergency treatment outside area of cover (for trips of a maximum period of six weeks)' in your Table of Benefits – this covers for up to 42 days of treatment per year, with the following benefit limits:
 - \$13,500 on Summit 1750 and Summit 2500
 - No benefit limit (full refund up to max. 42 days) on Summit 4000 and Summit 5000

Within this benefit, we will not apply further limits for out-patient treatment required for emergencies outside your area of cover (as per your current IHP plan).

It is also important to note that on IHP, all conditions that existed prior to travel were excluded; whereas on the Summit plans, cover for conditions existing prior to travel may be covered – depending on your underwriting terms.

- **'In patient cash benefit'** is now covered at \$125 per night on the Summit 4000 plan instead of \$175 per night. For those companies moving from the IHP Elite plan to Summit 5000, the benefit is covered at \$125 per night instead of at \$250 per night.
- The **'Congenital anomalies'** benefit will be called 'Congenital conditions' under your new plan with us. This will be covered as it was on your IHP plan; however, the benefit limit will only apply to in-patient and day-care treatment and not to out-patient treatment. Out-patient treatment of congenital conditions will be covered under the out-patient benefits on your Summit plan. The benefit limit on Summit is applied on a 'per lifetime' basis, whereas on the IHP plans, the limit was applied 'per medical condition'.

- The benefit limit for **'Psychiatry and psychotherapy'** on an in-patient and day-care treatment basis will decrease from Covered in full to a \$5,000 limit for companies moving to the Summit 1750 plan. The maximum 30 days limit, however, will not change.
- Cover for **'Hormone replacement therapy'** will no longer be available for companies moving to the Summit 1750 plan and for companies transferring to the Summit 2500 plan. The benefit limits have been reduced to \$500 per Insurance Year under Summit 4000 and Summit 5000; however, the new benefit limit will be applicable per Insurance Year while with IHP cover was available only for the first 18 months of therapy.
- If your company is moving to the Summit 1750 Plan, you will unfortunately no longer have the **'PET, CT scans and MRI scans on out-patient basis'** benefit.
- The cover provided for **'Vaccination'** increases if your company is moving to the Summit 1750 or 2500 plans and will reduce if it's moving to the Summit 4000 and 5000 plans.

Accessing treatment

The process regarding accessing treatment will be slightly different under your new Summit plan. You will find a complete description in the Benefit Guide – please find below a short summary for your convenience:

1. Some benefits included in your new Summit Plans will be indicated in the Table of Benefits as subject to **pre-approval**. These benefits are usually in-patient treatments or high cost treatments. For these benefits, insured members will need to send us a Treatment Guarantee Form in advance: this will help us assess each case,

organise everything with the hospital before their arrival and make direct payment of the hospital bill easier, where possible.

If pre-approval via Treatment Guarantee Form is not obtained, the following will apply:

- If the treatment received is subsequently proven to be medically unnecessary, we reserve the right to decline the claim.
- If the treatment is subsequently proven to be medically necessary, we will pay 80% of in-patient benefits and 50% of other benefits.

In case of **emergency treatments**, the insured member can simply access the treatment they require and inform us within 48 hours of any hospital admission. We can take Treatment Guarantee Form details over the phone at that point.

2. For any other benefit that is not indicated in the Table of Benefits as subject to pre-approval, the insured member can simply pay the medical provider upfront and then claim the eligible costs via our MyHealth digital services (available as portal and mobile app).
3. **Claiming deadline.** Your cover under the Summit plan offers an extended claims submission timeline whereby we will accept claims for processing up to six months after the end of the Insurance Year they refer to, as opposed to up to six months after the treatment date as applicable under your IHP plan.
4. **Medical provider network.** The list of medical providers that facilitate out-patient direct settlement on Summit may differ from the list on IHP. We are expanding our provider network as we endeavour to make sure that access to key medical providers is available.

The policies are issued and covered by PT Asuransi Central Asia. Registered address: Mal Ambassador Ruko 2-3, Jl. Prof. Dr. Satrio, Jakarta 12940, Indonesia.

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