

SmartHealth - MAXI VIOLET

BENEFIT TABLE - INPATIENT (IDR)									
INPATIENT	Maximum Limit	PLAN							
		A	B	C	D	E	F	G	H
		IIP100	IIP150	IIP200	IIP350	IIP500	IIP600	IIP750	IIP1000
1 Benefit for each class (in Rp)									
Room & Board	per day max 180 days per year	100,000	150,000	200,000	350,000	500,000	600,000	750,000	1,000,000
ICU	per day max 15 days per year	300,000	350,000	400,000	550,000	700,000	800,000	1,000,000	1,300,000
Doctor's Visit	per day max 180 days per year	50,000	62,500	75,000	112,500	150,000	175,000	215,000	300,000
Specialist's Consultation	per day max 180 days per year	75,000	87,500	100,000	137,500	175,000	200,000	250,000	350,000
Surgery Complex	per hospitalization period	18,000,000	26,000,000	34,000,000	58,000,000	82,000,000	98,000,000	120,000,000	160,000,000
Major	per hospitalization period	11,700,000	16,900,000	22,100,000	37,700,000	53,300,000	63,700,000	78,000,000	104,000,000
Intermediate	per hospitalization period	8,100,000	11,700,000	15,300,000	26,100,000	36,900,000	44,100,000	54,000,000	72,000,000
Minor	per hospitalization period	4,500,000	6,500,000	8,500,000	14,500,000	20,500,000	24,500,000	30,000,000	40,000,000
Miscellaneous	per hospitalization period	2,500,000	3,250,000	4,000,000	6,250,000	8,500,000	10,000,000	12,500,000	16,000,000
Pre Hospitalization & Post Hospitalization	per hospitalization period 30 days before & after	400,000	600,000	800,000	1,400,000	2,000,000	2,400,000	3,000,000	4,000,000
Home Nursing	per day max 180 days per year	50,000	75,000	100,000	175,000	250,000	300,000	375,000	500,000
Ambulance	per hospitalization period	150,000	175,000	200,000	275,000	350,000	400,000	500,000	650,000
Emergency Accidental Outpatient & Dental	per event within 14 days	1,000,000	1,500,000	2,000,000	3,500,000	5,000,000	6,000,000	7,500,000	10,000,000
Death Benefit		2,000,000	2,500,000	3,000,000	4,500,000	6,000,000	7,000,000	8,500,000	11,500,000
MAXIMUM PAYABLE PER YEAR		unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited

Note:

Cashless Facility with Allianz-AdMedika's Network for Inpatient is available

BENEFIT TABLE - INPATIENT + OUTPATIENT (IDR)

INPATIENT <i>(if attached with Outpatient)</i>		Maximum Limit	PLAN							
			A	B	C	D	E	F	G	H
			IIP100	IIP150	IIP200	IIP350	IIP500	IIP600	IIP750	IIP1000
1 Benefit for each class (in Rp)										
Room & Board	per day max 180 days per year		100,000	150,000	200,000	350,000	500,000	600,000	750,000	1,000,000
ICU	per day max 15 days per year		300,000	350,000	400,000	550,000	700,000	800,000	1,000,000	1,300,000
Doctor's Visit	per day max 180 days per year		50,000	62,500	75,000	112,500	150,000	175,000	215,000	300,000
Specialist's Consultation	per day max 180 days per year		75,000	87,500	100,000	137,500	175,000	200,000	250,000	350,000
Surgery										
Complex	per hospitalization period		18,000,000	26,000,000	34,000,000	58,000,000	82,000,000	98,000,000	120,000,000	160,000,000
Major	per hospitalization period		11,700,000	16,900,000	22,100,000	37,700,000	53,300,000	63,700,000	78,000,000	104,000,000
Intermediate	per hospitalization period		8,100,000	11,700,000	15,300,000	26,100,000	36,900,000	44,100,000	54,000,000	72,000,000
Minor	per hospitalization period		4,500,000	6,500,000	8,500,000	14,500,000	20,500,000	24,500,000	30,000,000	40,000,000
Miscellaneous	per hospitalization period		2,500,000	3,250,000	4,000,000	6,250,000	8,500,000	10,000,000	12,500,000	16,000,000
Home Nursing	per day max 180 days per year		50,000	75,000	100,000	175,000	250,000	300,000	375,000	500,000
Ambulance	per hospitalization period		150,000	175,000	200,000	275,000	350,000	400,000	500,000	650,000
Death Benefit			2,000,000	2,500,000	3,000,000	4,500,000	6,000,000	7,000,000	8,500,000	11,500,000
MAXIMUM PAYABLE PER YEAR			unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
OUTPATIENT *		Maximum Limit	IOP100	IOP150	IOP200	IOP350	IOP500	IOP600	IOP750	IOP1000
1 Benefit for each class (in Rp)										
GP Consultation's Fee	per visit 30 visits per year		25,000	37,500	50,000	87,500	125,000	150,000	185,000	250,000
Specialist Consultation's Fee **	per visit 10 visits per year		75,000	100,000	125,000	200,000	275,000	325,000	555,000	750,000
Prescribed Medicine	per year		1,200,000	1,600,000	2,000,000	3,400,000	4,700,000	5,600,000	8,800,000	12,000,000
Diagnostic Test	per year		600,000	850,000	1,100,000	1,850,000	2,600,000	3,100,000	4,400,000	6,000,000
Physiotherapy	per visit 10 visits per year		25,000	37,500	50,000	87,500	125,000	150,000	185,000	250,000
Coverage Area			Worldwide							

*) Co-Share 20%

**) Direct to Specialist

Notes :

- Cashless Facility with Allianz-AdMedika's Network for Inpatient is available

- Outpatient valid with Reimbursement system

BENEFIT TABLE - MATERNITY (IDR)									
MATERNITY	Maximum Limit	PLAN							
		A	B	C	D	E	F	G	H
		IM100	IM150	IM200	IM350	IM500	IM600	IM750	IM1000
1 Benefit for each class (in Rp)									
Normal / Abnormal Delivery	per pregnancy	1,000,000	1,500,000	2,000,000	3,500,000	5,000,000	6,000,000	7,500,000	10,000,000
Additional for Abnormal Delivery	per pregnancy	500,000	750,000	1,000,000	1,750,000	2,500,000	3,000,000	3,750,000	5,000,000
S-caesarean	per pregnancy	2,000,000	3,000,000	4,000,000	7,000,000	10,000,000	12,000,000	15,000,000	20,000,000
Miscarriage / Legal Abortion	per pregnancy	500,000	750,000	1,000,000	1,750,000	2,500,000	3,000,000	3,750,000	5,000,000
Pre & Post Natal	per year	500,000	750,000	1,000,000	1,750,000	2,500,000	3,000,000	3,750,000	5,000,000

Catatan:

- Normal Delivery, Abnormal Delivery, S-caesarean and Miscarriage/Legal Abortion with Inpatient, Cashless Facility with Allianz-AdMedika's Network is available
- Pre & Post Natal valid with Reimbursement system

BENEFIT TABLE - DENTAL (IDR)									
DENTAL *	Maximum Limit	PLAN							
		A	B	C	D	E	F	G	H
		ID100	ID150	ID200	ID350	ID500	ID600	ID750	ID1000
1 Benefit for each class (in Rp)									
Preventive	per visit 2 visits per year	25,000	37,500	50,000	87,500	125,000	150,000	185,000	250,000
Basic Dental	per year	450,000	550,000	650,000	950,000	1,250,000	1,450,000	3,375,000	4,500,000
Complex Dental	per year	500,000	625,000	750,000	1,125,000	1,500,000	1,750,000	3,750,000	5,000,000
Dentures	per year	500,000	625,000	750,000	1,125,000	1,500,000	1,750,000	3,750,000	5,000,000

*) Co-Share 20%

Note:

Valid with Reimbursement system

BENEFIT TABLE - DAILY CASH (IDR)									
DAILY CASH	Maximum Limit	PLAN							
		A	B	C	D	E	F	G	H
		DC100	DC150	DC200	DC350	DC500	DC600	DC750	DC1000
1 Benefit for each class (in Rp)									
Daily Cash	per day max 180 days per year	100,000	150,000	200,000	350,000	500,000	600,000	750,000	1,000,000

Note:

Valid with Reimbursement system