



**THIRD MILLENNIA**

Evolution of health and wellbeing in Asia



## PREMIER & PREMIERNET PLANS

### INDIVIDUAL MEMBERSHIP GUIDE

Keeping you safe in a volatile world

**Premier**

## Welcome to the Third Millennium Health Premier and PremierNet plans

### About Third Millennium Health

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For over 20 years, the Api Pacific team (PT. Astro Pertama Indonesia) have been looking after and protecting the health of individuals, families and groups from around the world by providing them with flexible and innovative medical insurance solutions in Indonesia

Third Millennium Health offers a range of insurance plans to reflect the diversity and uniqueness of the conditions and respond to the challenges, in Bali around Indonesia and other parts of Asia.

The experienced team are practiced in responding to situations through out the Archipelago and are there to help you find appropriate healthcare solutions to fit your needs and an Insurance policy to suit your budget whether you are an individual or a group.

Third Millennium Health aims to improve standards of personal care and present a dependable and accessible service that makes the most of their local knowledge, access to centers of medical excellence and global support network.

### What is Safe Meridian?

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Safe Meridian works with insurers and distributors to create exceptional international health insurance plans for clients by connecting them with well-established and recognized partners, such as Asuransi Dayin Mitra, acting as your local insurer and by building an international network of service providers with the strength and security of a major European reinsurer.

### Who is Safe Meridian?

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Safe Meridian is a leading Health Benefits Administrator, providing 24/7 customer call centres, global direct settlement networks, and friendly claim settlement services. Headquartered in Singapore, their team has over 20 years of experience managing health insurance plans in Asia. It is led by an Australian who lived and worked in Indonesia for more than 15 years with his family, and well understands the local challenges.

**Your claims** will be handled professionally, **your** telephone calls will be answered by friendly, trained staff and any **hospital** admission will be dealt with promptly, exactly when **you** need care and support the most.

## Did your employer purchase this policy for you?

If **your** employer has paid **your** premium directly to **us**, then the policyholder is **your** employer's company and **you** are termed a participant. **Your** cover remains in place as long as **your** employer registers **you** with **us** and pays **your** premium and on the condition **you** are in active full-time employment with that company.

**Your** cover will terminate automatically should **you** resign or be terminated. For information on any **moratorium** or waiting period that may apply, please talk to **your** employer or call **us**. The reason for this is that moratorium and waiting periods may be waived when a **policy** is purchased by an employer.

## Contact us

In the event of an emergency, or if **you** are going to be admitted to **hospital** and **you** need **pre-authorization**, or if **you** have any questions regarding a **claim**, please contact:

**EMERGENCY!**  
**24-HOUR EMERGENCY MEDICAL HELPLINE:**  
**NIB ASSIST: SIN +65 6477 1112 | INA +62 21 5790 2311**

### Customer service, hospital guarantees and pre-authorization requests:

**t:** +65 6715 6401

**e:** TMHClaims@safemeridian.com

If **you** require further clarification about this **plan**, or **you** would like to tell **us** about any changes in **your** personal circumstances, please contact **us**:

### Third Millennia Health

Nakula Plaza Building B1, Jalan Nakula, Legian, Bali 80361, Indonesia

**t:** + 62 (0) 361 737317

**f:** + 62 (0) 361 737314

**e:** admin@thirdmillenniahealth.com

**w:** www.thirdmillenniahealth.com

### Posting your claims

If **you** are sending us a claim, please send it within 6 months\* by courier or certified mail to:

Safe Meridian Claims Team  
10 Chang Charn Road, #04-01  
Singapore 159639

\*Please note that **we** will not be able to pay **claims** received 6 months after **you** started **your** treatment so please submit **your claim** to our **Claims Team** as quickly as possible.

## Becoming a Premier & PremierNet plan member

This Membership Guide, in conjunction with **your** Premium Invoice and **Certificate of Insurance**, make up the contract between you and **us** with the purpose of providing **you** with **benefits** when **you** need medical **treatment**.

To fully understand **your** rights, responsibilities, what is covered, and what is not covered, **you** must read through this Membership Guide and look carefully at the **benefits** table.

### Policy rules

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These rules apply to **your** eligibility to become a member of this **plan** (as the **insured person**), and that of **your dependants**.

- **You** must be under 65 years of age at the date you join in order to be accepted.
- **Your dependants** must be covered under the same **plan** as the insured person
- **You** and **your dependants'** cover starts on the **start date** shown on **your Certificate of Insurance**.
- Membership may depend on local insurance licensing legislation in **your country of residence**.
- **You** are not eligible to continue this **plan** if **you** are an American citizen and you return to live permanently in the USA.
- We must receive your premiums within 30 days of issuing you an invoice and regardless, **benefits** and entitlements are only provided once premium is received.

### What you have to tell us

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**We** would like to remind **you** of **your** duty of disclosure which continues throughout the life of the **policy**:

**You** are at all times fully responsible for the information **you** provide to **us** with regard to **your policy**, **your** application, or in respect of any **claim**, medical **treatment** or condition **you** may have had previously or during the life of the **policy**. **You** must take responsibility for the information being accurate and complete.

The information **you** provide **us** with in respect of any **claim** is very important. By this **we** mean not only the information **you** provide on a **claim** form, but also the information **you** provide by telephone, email etc.

Insurance is a contract between **us** and **you** and it is a contract based on trust. To protect all of **our** policyholders, **we** will always take firm and immediate measures against any individual found to be dishonest, misleading or fraudulent.

At the very least **we** retain the right to void, from its inception, the contract, without refund of premium, which may also result in **claims you** have lodged not being paid, or **we** may pursue **you** for a refund of any **claims** already paid.

## Paying your premiums

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Unless **your** employer has purchased **your policy**, you are responsible for paying **us your** premiums, and premiums for **your dependants**. **We** must be in receipt of **your** premium before **we** will commence **your** cover. **We** will automatically cancel **your** policy if you fail to pay **your** premium on or before the date it is due. This includes suspension or termination of any right to medical evacuation.

## How to renew or make changes to your policy

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This **policy** is a one year contract that you may renew each year on the anniversary of the **start date**. **We** need to receive **your** premium before **we** can renew **your policy**

**Plan** changes can only be made at renewal and **you** must inform **us** of any change **you** would like prior to the **renewal date**. The underwriters reserve the right to amend or alter premiums and terms on individual cases.

## Ending your policy

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**We** may terminate **your** coverage under the policy, and that of **your dependants** in the following situations.

If **you** or **your dependants**:

- Withhold relevant information or give **us** incorrect information
- Make any false or fraudulent **claim**
- Fail to provide any reasonable information **we** have asked for
- Fail to pay a **hospital your** share of any charges due when **we** have provided the **hospital** a **Guarantee of Payment (GOP)**
- Fail to pay the premiums due
- Move to the USA
- Move back to **your home country** or change **your country of residence** and do not notify **us**.

**We** have the right to alter the terms of membership and the contract at any time and will give 30 days' notice of this. **We** will not cancel **your plan** because of **your** health record. If a **plan** or **policy** has been cancelled for any of the above reasons or if a **claim** has been paid, then the full annual premium will be due with no refund. Any costs incurred in recovering premiums due will be the responsibility of the policyholder. Any **claims** received after a **policy** cancellation will be declined.

## Governing law and jurisdiction

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The **policy** shall be interpreted under, governed by and construed in accordance with the laws of the Singapore and by purchasing the **policy**, **you** are agreeing to submit to the exclusive jurisdiction of the courts of Singapore in any dispute that may arise in relation to it.

## Local taxes

**You** may be liable for any local taxes due on the insurance premium unless these taxes have been shown on **your** invoice and paid.

## Medical advice

**You** are responsible for complying with any medical advice/**treatment** given to **you** by **your doctor** or other treating healthcare professionals. Should **you** fail to do so and **your** medical condition worsens or persists for a longer period then would have been expected if **you** had followed such advice, **benefits** will not be payable for the additional costs incurred.

## Currency

All premiums, **benefits** and **benefit** related amounts are in United States Dollars unless specifically mentioned otherwise.

## Complaints procedure

**We** want to provide **you** with a first class standard of service at all times. If **you** feel that **our** service needs to be improved, or **you** feel that any decision **we** make about a **claim** is unfair and not in accordance with the terms of this agreement, please let **us** know by contacting **us** at either Third Millennium Health or Safe Meridian:-

Third Millennium Health  
Nakula Plaza Building B1  
Jalan Nakula, Legian  
Bali 80361, Indonesia  
t: + 62 (0) 361 737317  
f: + 62 (0) 361 737314  
e: admin@thirdmillenniahealth.com

Safe Meridian  
23 Church Street,  
Samsung Hub #12-02  
Singapore 049483  
t: +65 6715 6401  
e: TMHsales@safemeridian.com

All complaints will be acknowledged by telephone, email or letter by the end of the following working day. All complaints will receive a full and detailed written response within two weeks of issuing **our** acknowledgement.

**We** know that in today's world of internet blogs and social networking, at times people choose to go public with their concerns or complaints rather than seek resolution through the channels provided. **We** provide such channels, including this formal complaints procedure, to ensure **your** rights under this **policy** are protected. To protect **our** reputation from false **claims we** retain the right to respond to any public comment in a similar public fashion.

## Benefits: what we cover

As with any insurance contract, there are conditions attached to claiming **benefits**, so please look carefully at the **benefits** table and definitions provided in this Membership Guide.

This Membership Guide defines the **benefits** available to **you** and **your dependants** under this **policy**.

- **We** cannot pay any **benefit** if **your policy** is not in force or the premiums are not paid up to date at the time **you** have **your treatment**.
- There is an overall maximum **benefit** for each **insured person** in each **policy period**.
- There are lifetime limits on the amount **you** can **claim** in respect of certain **benefits**.
- **Benefits** are limited to the reimbursement of **customary and reasonable charges** incurred in respect of **medically necessary treatments**.
- **Benefits due** will be determined in the same currency in which your premium is paid.

### Area of cover

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**Your** cover is restricted to **treatments** obtained within the geographic **area of cover** stated on **your Certificate of Insurance**.

The Premier **plan** offers a choice of Area 1 or Area 2 cover. The PremierNet **plan** provides cover for Area 2 only.

- **Area 1:** worldwide
- **Area 2:** worldwide excluding mainland China, USA and the Caribbean

**You** should note that if **you** reside outside of **your** chosen **area of cover** for more than 6 months of the year, **we** will automatically assume **you** have returned to **your home country** and your policy may then be terminated at **our** discretion.

## Benefits Table

	Essential	Executive	Ultra
<b>OVERALL MAXIMUM BENEFITS</b>			
Maximum <b>benefit</b> payable per person per <b>policy</b> year	US\$1,700,000	US\$2,550,000	US\$8,500,000
<b>IN-PATIENT BENEFITS</b>			
All in-patient claims must be pre-authorized otherwise we will only pay up to 80% or less of eligible benefits depending on your plan			
<b>Hospital accommodation</b>	Single private room	Single private room	Single private room
<b>In-patient and day-patient care</b> <b>Hospital services</b> covered by this <b>policy</b> include: → Accommodation → Standard meals → Nursing care → Drugs and dressings → Operating theatre and 'consumables' → Intensive care → Laboratory and pathology → X-rays → Other imaging services including CT, MRI and PET scans → Ancillary services (including physical therapy) and medical social services	100%	100%	100%
<b>Organ transplants (kidney, heart and lung)</b> <b>We</b> will pay for the surgical <b>treatment</b> of a disease by replacing a diseased organ with a healthy one from a donor. The costs of removing and transporting the donor organ are not covered.	Up to US\$170,000 per <b>policy</b> period	Up to US\$255,000 per <b>policy</b> period	Up to US\$340,000 per <b>policy</b> period
<b>Parent accommodation</b> If <b>your</b> child under 18 is hospitalized for <b>treatment</b> covered under this <b>policy</b> , <b>we</b> will pay the <b>hospital</b> charges for <b>you</b> to stay in <b>hospital</b> with <b>your</b> child (one parent only to stay with the child) where such lodger accommodation is available within the <b>hospital</b> .	100%	100%	100%
<b>Hospital cash benefit</b> A sum <b>we</b> pay to <b>you</b> for each night, or if <b>you</b> are a <b>day-patient</b> for the day <b>you</b> spend in <b>hospital</b> , for <b>treatment</b> <b>we</b> would normally cover, but where no <b>claim</b> will be lodged to <b>us</b> for other <b>benefits</b> (e.g. because <b>you</b> are lodging <b>your claim</b> to another <b>insurer</b> ).	US\$170 per night	US\$425 per night	US\$850 per night
<b>Treatment for alcohol and drug addiction</b>	Not covered	Not covered	Up to US\$17,000 lifetime limit
<b>OUT-PATIENT BENEFITS</b>			
<b>Consultations and diagnostic services with doctors or specialists</b>	Covered for wounds which require stitches	100%	100%
<b>Post-hospital out-patient treatment</b> <b>We</b> will pay for follow up <b>treatment</b> that is related to an eligible <b>claim</b> for an <b>in-patient hospital</b> stay, provided that follow up <b>treatment</b> is taken within three months of <b>your</b> being discharged from <b>hospital</b> .	Up to US\$1,275 per <b>policy</b> period	100%	100%
<b>Out-patient surgery</b> <b>We</b> will pay for a procedure carried out under local anesthetic in a <b>doctor's</b> surgery requiring an incision	100%	100%	100%

	Essential	Executive	Ultra
<b>OUT-PATIENT BENEFITS</b>			
<p><b>Prescription drugs and vaccinations</b>  <b>We</b> will pay for medications prescribed by a <b>physician</b> which are <b>medically necessary</b> and for the following vaccinations:</p> <ul style="list-style-type: none"> <li>→ Tetanus</li> <li>→ Diphtheria</li> <li>→ Polio</li> <li>→ Hepatitis A and B</li> <li>→ Typhus</li> </ul> <p>Drugs and items that are considered non-prescription or 'over the counter' e.g. paracetamol or bandages, are not covered even if a <b>doctor</b> has prescribed them.</p>	Not covered	Up to US\$5,100 per <b>policy period</b>	Up to US\$5,100 per <b>policy period</b>
<b>Hormone replacement therapy (HRT) for menopausal conditions</b>	Not covered	Payable from <b>your</b> prescription drug and vaccinations <b>benefit</b>	Payable from <b>your</b> prescription drug and vaccinations <b>benefit</b>
<p><b>Physiotherapy</b>  If <b>you</b> are covered by the Ultra or Executive <b>plan</b> <b>we</b> will pay for physiotherapy provided by trained and licensed physical therapists if <b>you</b> are referred to a physiotherapist by <b>your doctor</b>. If <b>your</b> physiotherapist or <b>doctor</b> recommends more than seven sessions/visits, <b>our Claims Team</b> will require a <b>treatment plan</b> before <b>benefits</b> can be approved.</p>	Not covered	100%	100%
<p><b>Occupational therapy and complementary therapies</b>  If <b>you</b> are covered by the Ultra or Executive <b>plan</b> <b>we</b> will pay for <b>occupational therapy</b> that is ordered by <b>your doctor</b> and does not include educational training.  <b>We</b> will pay for the following types of complementary therapies:</p> <ul style="list-style-type: none"> <li>→ Acupuncture</li> <li>→ Chiropractic</li> <li>→ Homeopathy</li> <li>→ Osteopathy</li> </ul> <p>The providers of these therapies must be licensed or legally qualified to practice in the country in which the therapy is provided, and must be ordered by <b>your doctor</b> for <b>you</b> to receive <b>benefit</b>.</p>	Not covered	Up to 7 visits per <b>policy period</b>	Up to 7 visits per <b>policy period</b>
<b>PSYCHIATRIC CARE</b>			
All psychiatric care must be pre-authorized otherwise we will only pay up to 80% or less of eligible benefits depending on your plan			
<p><b>In-patient psychiatric treatment</b>  <b>We</b> will pay up to 30 days <b>treatment</b> provided it is under the direct supervision of a <b>psychiatrist</b> or <b>psychologist</b> and follows a specified <b>treatment plan</b> that the <b>Claims Team</b> has <b>pre-authorized</b>.</p>	Up to 30 days per <b>policy period</b>	Up to 30 days per <b>policy period</b>	Up to 30 days per <b>policy period</b>
<p><b>Out-patient psychiatric treatment</b>  If <b>you</b> are covered by the Ultra or Executive <b>plan</b> <b>we</b> will pay for <b>out-patient</b> psychiatric <b>treatment</b> provided it is by a <b>psychiatrist</b> or <b>psychologist</b>. <b>Treatment</b> may be individual or group therapy but it must be under the direct supervision of the <b>psychiatrist</b> or <b>psychologist</b> and follow a specified <b>treatment plan</b> that <b>we</b> have <b>pre-authorized</b>. Any <b>treatment</b> after <b>your</b> first consultation must be <b>pre-authorized</b>.</p>	Not covered	Up to US\$800 per <b>policy period</b>	Up to US\$850 per <b>policy period</b>

	Essential	Executive	Ultra
<b>CHRONIC CONDITIONS</b>			
<b>In-patient treatment of chronic conditions</b>	100%	100%	100%
<b>Monitoring and treatment of chronic conditions</b> If you are covered by the Ultra or Executive plan we will pay for regular doctor consultations and tests required to monitor and maintain the stability of a chronic condition or to treat an acute exacerbation of a chronic condition.	Not covered	100%	100%
<b>TREATMENT FOR CANCER</b>			
All treatment for cancer must be pre-authorized otherwise we will only pay up to 80% or less of eligible benefits depending on your plan			
<b>In-patient or day-patient treatment</b> We will pay for oncology (i.e. any treatment for cancer) required on an in-patient or day-patient basis and for radiotherapy, and/or chemotherapy.	100%	100%	100%
<b>Out-patient follow up consultations and tests</b> We will pay for medically necessary follow up consultations and tests received for cancer within your policy period.	100%	100%	100%
<b>OTHER MEDICAL BENEFITS</b>			
<b>Ambulance service</b> We will pay for the cost of a private road ambulance if you need in-patient or day-patient treatment for which you are covered by your plan, and where it is medically necessary for you to travel to the hospital by local road ambulance.	100%	100%	100%
<b>Out of geographic area cover for emergency treatment</b> You have a limited benefit outside your geographical area of cover for unforeseen events that are an emergency. Days of cover for this benefit are calculated from the day you arrive outside of your geographical area. The trip(s) must not be made specifically for the purpose of, or with the intention of, obtaining surgery or medical help.	Limited to a total of 6 weeks up to US\$34,000	Limited to a total of 6 weeks up to US\$34,000	Limited to a total of 6weeks up to US\$34,000
<b>Nursing at home</b> We will pay for the medical services of a qualified nurse to nurse you in your own home when it is medically necessary and medically appropriate, and relates directly to an illness or injury covered by your policy. Cover for nursing at home is restricted to a maximum of 180 days per year. We do not pay for nursing at home that is required for non-medical reasons	Up to 180 days per policy period	Up to 180 days per policy period	Up to 180 days per policy period
<b>Rehabilitation at a rehabilitation facility as alternative to post-acute care</b> To qualify for this benefit, your treating doctor must agree a treatment plan with the Claims Team in advance of care being provided, and your stay in any rehabilitation facility must be required as part of your recovery, after which you should be independent again and be able to return home.	Up to 14 days per policy period	Up to 14 days per policy period	Up to 14 days per policy period

	Essential	Executive	Ultra
<b>OTHER MEDICAL BENEFITS</b>			
<p><b>Hospice care</b> If <b>you</b> are found to be suffering from a life threatening incurable disease and <b>you</b> are eligible for the nursing at home <b>benefit</b> or eligible for a covered <b>hospital</b> admission, <b>we</b> will alternatively agree to cover palliative and supportive care services providing <b>you</b> and <b>your</b> family with physical, psychological, social, and spiritual care, on the condition it is provided by a recognized and licensed <b>hospice care organization</b>.</p>	Up to 6 weeks per <b>policy period</b>	Up to 6 weeks per <b>policy period</b>	Up to 6 weeks per <b>policy period</b>
<p><b>Repatriation or burial of mortal remains</b> If <b>you</b> die outside <b>your home country</b>, <b>your policy</b> covers reasonable cost incurred in preparing <b>your</b> body for burial or cremation in <b>your country of residence</b>. Alternatively, <b>your policy</b> will pay reasonable costs incurred for preparing <b>your</b> body and transporting <b>your</b> body to <b>your home country</b>. To qualify for <b>benefit</b>, a <b>responsible person</b> must contact the <b>Claims Team</b> before making any arrangements. Determination of reasonable costs will be solely at the discretion of the <b>Claims Team</b>.</p>	Up to US\$12,750 per <b>policy period</b> including the cost of any coffin, limited to US\$1,700.	Up to US\$12,750 per <b>policy period</b> including the cost of any coffin, limited to US\$1,700.	Up to US\$12,750 per <b>policy period</b> including the cost of any coffin, limited to US\$1,700.
<p><b>Compassionate lump sum if AIDS diagnosed</b> If <b>you</b> are covered by the Ultra <b>plan</b> <b>we</b> will pay a lump sum if <b>you</b> are diagnosed with AIDS 12 months or more after <b>you</b> enrol onto the Ultra <b>plan</b>.</p>	Not covered	Not covered	One payment of US\$17,000 in <b>policy</b> lifetime
<p><b>Wellness benefit</b> After <b>you</b> have been insured with the Ultra <b>plan</b> for at least 2 consecutive years, <b>you</b> will be entitled to <b>benefits</b> in respect of a medical check-up once every 2 years. <b>You</b> should consult <b>your doctor</b> as to what kind of medical check-up is suitable for <b>your</b> age and health status. This <b>benefit</b> is not available to individuals under the age of 35.</p>	Not covered	Not covered	Up to US\$850 per <b>policy period</b> one medical exam every two years after 2 years continuous membership
<b>EMERGENCY MEDICAL EVACUATION</b>			
<b>You or a responsible person must obtain pre-authorization from the Claims Team in advance of the transport occurring</b>			
<p><b>We</b> will pay for costs relating to emergency, private, non-road ambulance transport (and care during that transport), provided in relation to a critical, life threatening medical condition requiring <b>in-patient</b> care, to transport <b>you</b> to the place of nearest suitable care. In all cases the assistance company responsible for <b>your</b> evacuation will retain the right to determine if transport is <b>medically necessary</b>, what kind of transport is medically suitable and to which medical facility <b>you</b> will be moved. <b>We</b> will only cover emergency medical evacuation from a landmass.</p>	Up to US\$1,000,000	Up to US\$1,000,000	Up to US\$1,000,000

	Essential	Executive	Ultra
<b>MATERNITY CARE</b>			
<p><b>Routine maternity</b> After <b>you</b> have been covered by the Ultra <b>plan</b> for a continuous period of 10 months, <b>we</b> will pay towards the cost of medical <b>treatments</b>, prescriptions and services relating to pregnancy and childbirth and for the cost of natural childbirth or childbirth by elective caesarean section, up to the <b>customary and reasonable costs</b> of a normal vaginal delivery.</p>	Not covered	Not covered	Up to US\$6,800 (10 month waiting period)
<p><b>Complications of pregnancy</b> If <b>you</b> are covered by the Ultra <b>plan</b> for a continuous period of 10 months <b>we</b> will pay towards the cost of <b>treatment</b>, prescriptions and services relating to a complication of pregnancy and childbirth. A non-elective caesarean section is covered under this <b>benefit</b> as long as it is shown to be <b>medically necessary</b> by the treating <b>physician</b>.</p>	Not covered	Not covered	Up to US\$17,000 per <b>policy period</b> (10 month waiting period)
<p><b>Treatment for birth defects and congenital illness</b> If <b>you</b> are covered by the Ultra <b>plan</b> <b>we</b> will cover necessary <b>treatment</b> of congenital illness or birth defects of a newborn child. Cover will be restricted to the first 28 days of life.</p>	Not covered	Not covered	Maximum of 28 days cover up to US\$17,000 for a newborn child when birth covered
<b>DENTAL CARE</b>			
<p><b>Dental treatment following an accident</b> <b>We</b> will pay for <b>treatment</b> to restore teeth that have been lost or damaged following an <b>accident</b> that caused injury to <b>your</b> face where the medical <b>treatment</b> has been covered by <b>us</b>. <b>Treatment</b> must have been provided within 3 months of the <b>accident</b>.</p>	100%	100%	100%
<p><b>Routine and complex dental treatment</b> If <b>you</b> are covered by the Ultra <b>plan</b> <b>we</b> will pay towards the cost of all routine dental <b>treatment</b> that mainly involves teeth, roots and surrounding tissue, such as preservation and relief of pain including one check-up per annum, one scale and polish per annum, simple fillings, X-rays, <b>treatment</b> of gums, operative and gnathological procedures.</p> <p><b>We</b> will pay towards the cost of dentures that includes restoration of the function of dental prostheses and installation of new prostheses, crowns, bridges, implants and pivot teeth and orthodontic <b>treatment</b> for insured children up to (but not including) the age of 18.</p> <p>Cover is only available to <b>insured persons</b> and <b>dependants</b> who have attended for dental inspection and concluded all necessary <b>treatment</b> in the twelve month period immediately prior to the enrolment in the <b>plan</b>, or immediately prior to claiming dental <b>treatment benefit</b> under the <b>policy</b>, whichever is later.</p> <p>A course of <b>treatment</b> is dental <b>treatment</b> that is identified by <b>your dentist</b> in the initial consultation. This will have a <b>start date</b> and an end date. Please note that if <b>you</b> are claiming over <b>your renewal date</b> and <b>your policy</b> is renewed, the US\$85 <b>excess</b> will apply twice.</p>	Not covered	Not covered	Up to US\$1,275 per <b>policy period</b>  The first US\$85 per course of <b>treatment</b> will be the responsibility of the <b>insured person</b> .

Introduction	Becoming a member	Benefits: Covered	Benefits Table	Making a claim	Exclusions	Definitions
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## IMPORTANT NOTES

This **benefits** table must be read in conjunction with this Membership Guide and covers medical expenses and charges that are considered **customary and reasonable**.

### Pre-authorization of in-patient and out-patient claims

Being in the **expatriate** world, **we** understand **your** needs and requirements when living in a new country. To help **you** obtain appropriate **treatments**, **our Claims Team** will require **you** to obtain written **pre-authorization** from them if **you** wish to be considered for usual **benefits** in respect of the following:

- **In-patient hospital treatment** of any kind including maternity admissions
- **Out-patient psychiatric treatment** (if **you** have this **benefit**)
- **Treatment** for alcohol and drug addiction (if **you** have this **benefit**)

If **you** do not obtain written **pre-authorization** then **we** will reimburse only up to 80% of eligible **benefits** otherwise due to **you**.

**You** must contact **our Claims Team** at least 5 days before admission or start of **treatment**, to obtain written **pre-authorization**.

In an emergency situation **we** understand **you** cannot always obtain **pre-authorization**, so instead **we** ask that **you** (or a **responsible person**) notify **our Claims Team** within 24 hours of **hospital** admission or **we** may only pay up to 80% of the eligible **benefits**.

### Pre-authorization of emergency medical evacuations

For emergency medical evacuation, **you** or a **responsible person** acting on **your** behalf, should contact **our Claims Team** immediately. They will put **you** in contact with an assistance company and then work with that company to confirm coverage.

**You** must note that **our Claims Team** will not be able to **pre-authorize** an emergency evacuation if **your** coverage is unclear, if premium payment has not been received, if the cause of any **accident** that has occurred is unclear, or if the eligibility of any medical condition involved is unclear.

In such circumstances **you** would need to arrange and pay for **your** own evacuation and apply for reimbursement from **our Claims Team** at a later date. This allows them time to confirm **your** eligibility, to understand what occurred and then to pay **benefits** where appropriate.

If **you** do need to arrange and pay for **your** own evacuation and intend to seek reimbursement from **us** later, **you** must use the assistance company that was referred to **you** when **you** first contacted **our Claims Team**. If **you** use any other assistance company, **we** retain the right to decline **your claim** completely or to pay up to the costs that would have been incurred had that assistance company been used, and in line with **your plan benefits**.

**You** should note that **our** contracted assistance company will only evacuate to the nearest place of suitable care and when, in their opinion, a medical need exists justifying an evacuation.

In any emergency situation the responsibility for the primary emergency remains with the local emergency services, which **our** contracted assistance company cannot substitute.

## Provider networks and pre-authorization for PremierNet plan policyholders

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If **you** chose a PremierNet **plan**, **you** have agreed to have a **co-insurance** applied to **benefits** otherwise payable, if **you claim** for **treatment** from a **healthcare provider** that is not on **your network list**.

- **Network A** – 20% **co-insurance** on out-of-**network** claims
- **Network B** – 30% **co-insurance** on out-of-**network** claims

By choosing a PremierNet **plan**, **you** are accepting the **network list** of **healthcare providers** offered at the time **you** applied for a **policy** knowing it may be modified by **us** from time to time, and **you** are accepting the **co-insurance** on out-of-**network claims** that applies to PremierNet policyholders.

If **you claim** for **treatment** from a **healthcare provider** that is not on the **network list** and **you** do not **pre-authorize your treatment** with **us** **you** will be subject to the following:

- **Network A** – We will only pay up to 60% of eligible **benefits** for treatment that is out-of-**network** and not **pre-authorized**
- **Network B** – We will only pay up to 50% of eligible **benefits** for treatment that is out-of-**network** and not **pre-authorized**

**You** should be aware higher **co-insurances** may apply to certain **healthcare providers**. Please refer to **your network list** for details.

**We** retain the right to modify the **network list** at any time.

**We** will consider adding quality, cost effective **healthcare providers** to **our network** in certain locations where facilities are not provided but **you** should understand arrangements may not be possible prior to **your** seeking **treatment**.

For countries in **South East Asia**, where there is no **network hospital**, **we** will pay up to the level **we** would have paid in a **network hospital** in the nearest centre of medical excellence.

For instance, that would mean if **you** were travelling in Vietnam **you** would be covered up to what would be paid if **you** were in a **network hospital** in Thailand.

## Pre-existing conditions

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Before joining this **policy**, if **you** did not have similar **benefit** cover, with any **moratorium** or **benefit** waiting period fully served, then **benefits** payable in respect of any **pre-existing condition** (i.e.. a condition existing before **you** joined this **policy**) are subject to a 2 year **moratorium** (delay period) from the date of **your** last **treatment** of that condition, its symptoms or its related conditions.

## Excess

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**Your excess** is shown on **your Certificate of Insurance**. An **excess** is the **benefit** amount that **you** agree to forego per person per **policy** year in return for a lower premium. It is calculated from **benefits you** would normally be entitled to be paid based on **claims you** lodge to **us**.

If **you** are claiming over **your renewal date**, the **excess** will apply twice (once for each **policy** year) assuming **you** have chosen an **excess** for both **policy** years.

If **you** have an **excess** and a **claim** where the charges or **benefits** due to **you** are less than the **excess**, **you** still need to submit the **claim** to **us** following usual lodgment rules so that **we** can apply **your excess** correctly on later **claims**.

## Co-insurance for room upgrades when in hospital

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As difficult as it may be to accept, **we** know that many **hospitals** increase the costs of **treatment** for people choosing a higher level of accommodation when being admitted.

To protect everyone from these unnecessary costs and to be fair, if **you** chose to upgrade **your** room from the one that **we** noted as standard at the time **you pre-authorized your** admission with **us**, **we** will not pay the higher accommodation costs and **we** will apply a 20% **co-insurance** to all other **benefits** otherwise payable on a **hospital claim**.

If the standard room type was not available, **we** will cover the next highest level of accommodation up to usual **benefit** limits for a maximum period of 48 hours.

## Co-payment

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If **you** are covered by the Ultra **plan**, **you** are entitled to routine and complex dental treatment but **you** should note that **you** are required to pay the first US\$85 of any course of **treatment**.

## Referrals

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**You** are only entitled to benefits in respect of some medical costs, if they were for services prescribed or referred by a **doctor**. Pharmacy, radiology and laboratory for instance must be prescribed by a **treatment doctor** while physiotherapy, **occupational therapy** and complementary therapies are only eligible for **benefits**, to the limits on the **benefits** table, when **you** have a prior written referral from a **doctor**. When claiming, remember to include these referrals with **your claim** form or **your claim** will be declined.

## Making a claim

**We** have made claiming as easy as **we** can, and the process is explained on **your claim** form. Assuming **your** condition and **treatment** is clear and **your claim** was properly submitted **we** aim to pay **your claim** within 5 working days.

Please submit **your claim** to **our Claims Team** as quickly as **you** can, but no later than six months after **you** start **treatment**. **We** will not be able to pay **claims** received after 6 months that no matter what the reason for the delay might be.

The purpose of this **policy** is to provide **you** with **benefit** when **you** need medical **treatment**. It covers **medically necessary** and **medically appropriate treatment** that occurs within **your policy period**, up to the **benefit** limits described.

### Access to your medical information

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By accepting coverage under this **policy**, which **you** do by accepting **your** membership card, by lodging a **claim** or by requesting a service of any kind, **you** are agreeing to allow **our Claims Team**, the companies that may support them and **ourselves** to discuss **your** medical information (which includes **your** healthcare records, **treatments**, conditions and **claims**), past or present, and to discuss the same with any of **your doctors** or **healthcare facilities** past or present. This is necessary so **our Claims Team** can fulfill their responsibility to determine **benefit** entitlements under **your plan**.

If **you** do not accept that **your** medical information can be shared or discussed as **we** have explained above, **you** should not purchase this **policy** or seek to apply for any **benefit** it provides.

### What information you need to supply

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It is important for **you** to know that **we** are only able to reimburse eligible medical expenses when **we** have received a properly completed **claim** form signed by both the patient and the **doctor** within 6 months of the **treatment** date, together with original and itemized invoices, prescriptions, referral letters where necessary and any additional information **we** might request.

If **you** have paid any **claims**, **we** will also require proof of payment. These invoices and documents become **our** property and **we** reserve the right to store them in any durable medium.

**Your** documents and invoices should be sent to the address shown on **your claim** form. **We** strongly recommend that **you** keep copies of these documents in case the originals are lost in transit. If postal services in **your** area are unreliable, **we** recommend **you** send **your claims** by certified mail or courier. **We** cannot take responsibility for any **claim** sent to **us** that does not arrive..

If **your** course of **treatment** exceeds 6 months, please ensure **you** obtain and submit an interim invoice as **we** will not pay **claims** for medical **treatments** that **we** were not advised of and which occurred more than 6 months previously.

If **you** are claiming for more than one medical condition, a separate **claim** form must be completed for each condition. Please note **your policy** does not cover the cost of any medical reports **our Claims Team** might require from **your** treating **doctor**.

**Claims** submitted to **our Claims Team** should specify the following:

- First name and surname, date of birth and policy number of the person receiving **treatment**.
- Fully completed medical section with a diagnosis of the illness requiring **treatment** or a description of the symptoms when the diagnosis is not certain and showing the signature and stamp of the treating **doctor**.
- Copies of any radiology or imaging reports, blood test results and other reports for special or **diagnostic** procedures.
- Where dental **treatment** is concerned, the invoice must specify which teeth have been treated or replaced and which services have been provided in each instance.
- Pharmacy prescriptions (including repeat prescriptions) must specify the full name and date of birth of the claimant, the drugs that have been prescribed, their price, the quantity and the receipt of payment.
- A discharge summary or medical report.
- Prescriptions for services (or a copy) must be submitted together with the invoices for any therapies or therapeutic aids or appliances they relate to.

**You** must use the **claim** form provided in order to apply for reimbursement of expenses. This form must be signed by the person providing the service or and by the claimant (or a **responsible person** if the claimant is a child).

If **you** are claiming the **hospital cash benefit**, a certificate confirming the **in-patient treatment**, the diagnosis, the date of admission and discharge will be required.

### Claim Payments

**Our Claims Team** will normally reimburse invoices in the invoice currency, however, if this is not possible then the payment will be made in US Dollars.

Where banks permit, **our Claims Team** can alternatively reimburse invoices in the currency of **your** choice, which **you** should specify on **your claim** form.

Should **we** be requested to pay **benefits** in a currency where the bank is unable to assist or where the bank charges relating to the currency conversion and transfer amount to more than 10% of the **benefit** amount due, **we** will not be able to assist, and payment will instead be made, at **our** discretion, in the local currency or currency of **your policy**.

If the currency of payment is different from the currency in which expenses have been incurred, the exchange rate applicable for **your claims** will be determined using the date of **treatment/admission**. **We** will not be responsible for any loss in exchange or bank fees.

Introduction	Becoming a member	Benefits: Covered	Benefits Table	Making a claim	Exclusions	Definitions
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Normally reimbursement will be made to **you**. However, **our Claims Team** can make reimbursement directly to the party issuing the invoice. This may be useful in emergencies or if particularly high sums are involved. If payment is to be made to the party issuing the invoice, it should be indicated on the **claim** form.

With regard to high cost **treatments** or surgeries, **our Claims Team** retains the right to organize an independent second opinion at their expense, to ensure that planned **treatments** are appropriate and of **customary and reasonable cost**. Should there ever be a difference of opinion between their requested **doctor** and **your doctor**, **our** decisions will be based on the opinion of **our Claim Team's doctor**. **You** do have the ability to formally challenge this assessment. Please see – “Disagreements with **your claims** payments”.

In the event **you** receive a **benefit** payment from **us** and believe it to be incorrect, **you** have 30 days from the date of payment to **your** account to advise **us** in writing that **you** are disputing the payment. **We** will always be happy to review and justify any payment.

### Incorrect Benefit Payments

Any **claim** paid incorrectly must be reimbursed to **our Claims Team**.

In the event of any **Guarantee of Payment** being issued to a **hospital** incorrectly on **your** behalf, **our Claims Team** will terminate the guarantee and direct the **hospital** to charge **you** directly for costs already incurred or that arise and are not covered by your **policy**. Should this not be possible, **our Claims Team** has the right to pursue **you** to pay back any monies they have paid to the **healthcare facility** in error.

At their discretion they may deduct amounts due from future **claims** or pursue **you** directly to return the funds involved. With regard to **claims** paid to **you** in error, they may do the same. Should the amount outstanding exceed US\$1,000 for more than 60 days, **your policy** will be suspended with all services terminated, including direct settlement arrangements and medical assistance/evacuation services where provided.

### Direct settlement arrangements

This **policy** offers direct settlement arrangements (for covered costs only) with a large number of **healthcare facilities** that have been contracted by **our Claims Team** to provide services. Note that PremierNet policyholders will only be able to a **request guarantee** of payment in respect of their **network hospitals**.

When **our Claims Team** does issue a **Guarantee of Payment (GOP)** to a **healthcare provider** on **your** behalf, **you** will still need to pay any costs that are not covered by **your policy** (e.g. telephone calls, **co-insurances**, amounts in **excess** of limits etc.) directly to **your healthcare provider**. If **you** fail to make the payment **we** will not issue any **GOP** in future and **your policy** may be cancelled at **our** discretion.

**You** need to understand that this is a financial arrangement offered to assist **you** and does not in any way indicate that **we** are recommending their medical quality or services. **We** do **our** best to monitor these but the final decision about which **doctor** and facility is best suited to treat **you** is one that remains with **you**.

Introduction	Becoming a member	Benefits: Covered	Benefits Table	Making a claim	Exclusions	Definitions
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While **we** offer to provide direct settlement services with medical facilities in relation to covered costs, at no time will **we** accept that **you** delay urgent **treatment** or admission until approval for direct settlement is obtained. **You** are expected to follow **your doctor's** advice in relation to medical matters. Should **you** delay treatment and **your** condition worsens, **we** will not be liable for any additional **treatment** costs involved.

Direct settlement arrangements sometimes need time to confirm and arrange. **We** may need to speak to **your** treating **doctors** or obtain information on **your** past medical conditions. For this reason **we** offer direct settlement arrangements where possible but **we** do not guarantee they can be provided on each and every occasion.

To request a direct settlement arrangement, **you** must contact **our Claims Team** at least 5 days before **your** admission date to and provide the name of **hospital**, the name of the **doctor**, the reason for admission and answers to any questions they might have. In an emergency **you** (or a **responsible person**) should notify **our Claims Team** within 24 hours of the **hospital** admission.

**GOPs** can only be placed where **treatment** is due to take place within 30 days. **GOPs** will not be placed where **treatment** is due to take place after the expiry of the **policy**. **GOPs** are placed in good faith and if it is later found that the medical condition involved is not covered by **your policy**, **you** will be required to fully reimburse **our Claims Team** whatever amount has been paid or is due to be paid to the **healthcare provider**. This can occur at times when **your doctor** did not correctly diagnose **your** condition on admission.

In the event of any **GOP** being issued to a **hospital** incorrectly on **your** behalf, **our Claims Team** will terminate the guarantee and instruct the **hospital** to charge **you** directly for costs incurred and arising that are not covered by **your policy**. Should this not be possible, **our Claims Team** has the right to pursue **you** to pay back any monies they have paid to the **healthcare facility** in error. At their discretion they may deduct amounts due from future **claims** or pursue **you** directly to return the funds involved.

With regard to **claims** paid to **you** in error, they may do the same. Should the amount outstanding exceed US\$1,000 for more than 60 days, **your policy** will be suspended with all services terminated, including direct settlement arrangements and medical assistance/evacuation services where provided.

If **you** have any questions or concerns and would like help to understand **your** medical condition and proposed **treatments**, **you** can call **our Claims Team** who will be happy to assist **you**.

If **you** have any complaints about **your treatment**, **doctor** or **healthcare provider** and it is one of those with whom **we** offer direct settlement services, **you** should email [TMHsales@safemeridian.com](mailto:TMHsales@safemeridian.com) so that **we** can investigate.

### If your claim is covered by more than one insurance plan

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If at the time of any **treatment you** have another insurance **policy** in force (from another insurance company), **your policy** will only cover **you** for eligible expenses not paid by that other insurance company, except for the **hospital** cash benefit.

This rule helps to keep down the cost of **your** insurance whilst still insuring **you** are appropriately covered. Where original invoices have been submitted to another **insurer**, it will be sufficient to send **our Claims Team** certified copies of the invoices and documents together with contact details of **your** other **insurer** and an explanation of what part of **your claim** they did not pay.

### If your illness or injury was caused by someone else

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If **you** are claiming for an injury or illness caused by another person, or other people, or by the actions of a company or organization, **you** must advise **our Claims Team** as part of **your claim**. Our **Claims Team** has the right to ask **you** to help them include the amount of **benefit you** are claiming from **us** in **your claim** against the other person. **We** retain the right to take legal action in **your** name in such cases to recoup the cost of any **benefits** paid.

### Disagreements with your claims payments

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In the event **you** receive a **benefit** payment from **us** and believe it to be incorrect, **you** have 30 days from the date of payment to **your** account to advise **us** in writing that **you** are disputing the payment. **We** want to be fair and reasonable, so **we** will be happy to review payment and to explain how **your claim** was assessed.

Should any difference of medical opinion, in relation to a **claim**, arise between **your** treating **doctor** and **our Claims Team** that impacts on **benefit** entitlements due to **you**, **you** can request (in writing) that two medical professionals, of suitable specialty and experience, discuss and decide the matter.

**Our Claims Team** will appoint one at their cost and **you** appoint the other at **your** cost. Should they be unable to agree, they will then agree on the appointment of a third medical professional (whose costs will be shared between **you** and **our Claims Team**) who shall make the final decision.

## Exclusions: what we don't cover

We do not cover the following services, medical conditions, activities and their related expenses under this **policy**.

Please read this section, the **benefits** table and the definitions section to make sure **you** understand what is not covered.

**You** are not covered for **claims** arising from any of the following:

### Alcohol and drug abuse

**You** are not covered for **treatment** costs of conditions, or for any medical evacuation requirement, related to or exacerbated by a dependency on or abuse of alcohol, drugs, or other addictive substances, with the exception of the **benefit** for rehabilitation provided in the Ultra **Plan**.

### Birth defects and congenital conditions

We do not pay for diagnostics and/or **treatment** for birth defects and congenital conditions or illnesses unless specifically noted as being covered by **your plan**. Birth defects and congenital conditions are any abnormality, deformity, disease, illness or injury present at birth (whether diagnosed or not), hereditary conditions, problems caused by things that happened before the baby was born (for example, the effects of a drug) or problems due to an early or abnormal birth.

### Complications from excluded conditions

We do not pay for any increased medical costs **you** incur because of complications or conditions caused by a condition that is excluded from coverage under this **policy**.

### Convalescence

**You** are not covered for the cost of convalescence and **you** are not covered for extended nursing care if the reason for the extended nursing care is due to age related infirmity and/or if the **hospital** has effectively become **your** home.

### Co-payment, co-insurance

**You** are not covered for any amount of **co-payment** or **co-insurance** described in this document. We will treat any attempt to avoid payment as fraud and will take legal action.

### Cosmetic surgery

**You** are not covered for costs relating to cosmetic or aesthetic **treatment** (whether or not for psychological purposes) except if **you** need this as a direct result of any covered **accident** or injury.

### Cost of shipping medication

**You** are not covered for the cost of shipping related to any medication or medical items.

### Death from unclear cause

If a **claim** is made to **us** for **treatment** immediately preceding the death of an insured, or for repatriation of mortal remains of an insured, and the cause of death is not known or advised to **us** in writing by a medical **doctor** or in dispute, **we** retain the right to request an autopsy at the expense of **your** estate, before any **benefit** payment will be considered. In most western countries this is the norm but in some countries where **expatriates** may be sent to work, autopsies are not automatically required by the authorities when cause of death is unclear.

### **Developmental disorders**

**You** are not covered for **treatment** of developmental, behavioral or learning problems such as attention deficit hyperactivity syndrome, speech disorders, dyslexia and physical developmental problems. For policyholders with Executive or Ultra **plans**, the **policy** will, however, cover up to 3 consultations for the initial assessment of such a condition as part of the **out-patient benefit** provided, on the condition a suitably qualified **specialist** is involved and subject to an overall limit of US\$350 subject to usual **policy** limitations.

### **Diving accidents and related treatments**

This **policy** will only cover eligible **treatment** costs incurred that are in **excess** of **benefits** provided under **your** PADI or similar association insurance, and then up to usual **benefit** limits. If **you** are involved in a diving **accident** **you** may be requested to provide proof of membership and insurance with PADI or a similar association.

### **Doctor home visits**

**We** will not pay for home visits by **doctors** unless **you** have a medical condition that prevents travel for medical **treatment**.

### **Eating disorders**

**You** are not covered for costs relating to eating disorders such as, but not limited to, anorexia nervosa and bulimia.

### **Emergency medical evacuation and burial or repatriation of remains, within home country or when outside of your area of cover**

Within **your home country** **you** are not eligible for the emergency medical evacuation **benefit** nor the burial or repatriation of mortal remains **benefit**. Similarly, **you** will not be eligible for these **benefits** when **you** are outside **your area of cover**.

### **Emergency medical evacuation arising because of failure to follow medical advice**

**We** do not pay for repeat emergency medical evacuations for the same medical condition within a single **policy period**, if **you** failed to take appropriate steps and to follow medical advice to avoid such a need arising in the opinion of our contracted assistance company.

### **Experimental treatment and drugs including any stem cell treatments**

**You** are not covered for **treatment** that in **our** reasonable opinion is experimental, not scientifically recognized or not proven to be effective, based on established medical practice.

### **Eyes and ears**

**You** are not covered for routine eyesight or hearing tests or the cost of eyeglasses, contact lenses, hearing aids or cochlear implants. **We** do not pay for eye surgery to correct eyesight.

### Failure to follow medical advice

If **you** fail to follow the medical advice of **your** treating **doctor** or **hospital** and complications of any kind arise, including **hospital** stays longer than would otherwise have been required, this **policy** will not cover those additional costs. Should **you** ever have concerns with **your doctor's** recommendations, **you** should contact **our Claims Team** and ask for assistance. If **our Claims Team** agrees with **your** concerns they will assist **you** to find a suitable second opinion which this **policy** will cover up to usual **benefit** limits.

### Family planning

**You** are not covered for costs relating to testing or **treatment** of infertility or fertility. **You** are also not covered for the costs of contraception.

### Fees for filling in claim forms

**You** are not covered for any charges made by **doctors** or **dentists** for filling in **claim** forms or providing medical reports.

### Fees for police report

**You** are not covered for any charges where a police report is required.

### Foetal surgery

**We** do not cover the costs of surgery on a child whilst in its mother's womb except as part of the **complications of pregnancy benefit**.

### Hair loss

**We** do not pay for **treatment** for hair loss. **We** will, however, pay for an initial consultation to assess the underlying cause.

### HIV or AIDS

**You** are not covered for **treatment** for Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) or for any disease caused by or related to Human Immunodeficiency Virus (HIV) (or both).

### Kidney dialysis

**You** are not covered for regular or long-term kidney dialysis.

### Morbid obesity

**You** are not covered for the costs of **treatment** for, or related to, **morbid obesity**.

### Nursing homes, convalescence homes, health hydros, and nature cure clinics

**You** are not covered for **treatment** received in nursing homes, convalescence homes, health hydros, nature cure clinics or similar establishments.

### Pregnancy or maternity

**Benefits** are only paid in respect of maternity related costs if **you** are covered by the by the Ultra **plan**. **We** do not, however, pay for ending a pregnancy unless there is an immediate life threat to the mother and **we** do not pay for medical evacuations for the purpose of giving birth. If **you** are pregnant and **your** pregnancy leads to **out-patient** or **in-patient** costs during **your** pregnancy, they will not be covered unless **you** are covered by the Ultra **plan** and then **we** will only up to limit of **your** maternity benefit.

### Professional sports and dangerous activities or circumstances

**You** are not covered for any costs resulting from injuries or illness arising from **you** taking part in any form of racing, except on foot, or any kind of professional sport. By professional sport, **we** mean **you** are being paid to take part. In addition:

- You are not covered for off-piste or closed piste skiing.
- You are not covered for costs arising from weapons of mass destruction, including chemical, biological or nuclear contamination.
- We do not pay for treatment of any condition directly or indirectly arising from or as a consequence of war; acts of foreign hostilities (whether or not war is declared); civil war; rebellion; revolution; insurrection or military or usurped power; mutiny; riot; strike; martial law or state of siege or attempted overthrow of government; or any acts of terrorism or violence, unless you are an innocent bystander.
- **We** do not pay for **treatment** of any condition directly or indirectly arising from **you** choosing to enter into a known war zone or area of regular reported conflict
- **You** are not covered for costs arising from taking part in any illegal act.
- **You** are not covered for costs arising from taking part in any illegal act or occupation.
- **We** will not pay for any costs relating to any search, rescue or recovery.
- **We** do not pay **benefits**, including the cost of any medical evacuation, relating to injury or conditions sustained or arising while riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting, from any type of aircraft; or while riding as a passenger in any aircraft not having a current and valid Airworthy Certificate or which is not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft; or while flying in an aircraft being used for or in connection with acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose.
- **We** do not pay **benefits**, including the cost of any medical evacuation, for any injury or condition arising while in the service of the military, naval or air service of any country.
- **We** do not pay **benefits**, including the cost of any medical evacuation, for any injury or condition arising from riding or driving in any kind of competition.

### Prosthesis

**We** will pay only for the following prostheses:

- Breast implants, within two years of breast cancer surgery that **we** have covered
- Heart valves
- Artificial blood vessels
- Artificial sphincter muscles
- Corneal and lens replacements in the eye
- Devices that act as pacemakers for the heart
- Shunts (channels) designed to remove excess fluid from the brain
- Artificial joints or ligaments

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### Removal of healthy tissue

**You** are not covered for costs arising from or relating to removing fat or surplus healthy tissue from any part of the body.

### Return to your home country

If **you** move back to **your home country**, **your policy** may stay in force at **our** discretion. **You** must make application to **us** for continuation of cover and **we** must provide written confirmation or the same or **your policy** will be deemed to have terminated from the date **you** moved back to **your home country**.

### Routine examinations, health screening

**You** are not covered for routine medical examinations including issuing medical certificates, health screening examinations or tests to rule out the existence of a condition for which **you** do not have any symptoms, unless **benefits** for these are specifically noted in the **benefits** table relevant to **your plan**.

### Second opinions

Where doubt exists, or a medical condition is unusual, or where planned **treatment** is high cost and/or long term, **we** will cover the cost of a second opinion. **We** will not pay for any subsequent medical opinions.

### Self-inflicted injuries or attempted suicide

**You** are not covered for any costs resulting from self-inflicted injury, suicide or attempted suicide.

### Sexual problems and sex change

**You** are not covered for costs relating to sexual problems including impotence, and neither are **you** covered for the costs of a sex change. **You** are not covered for the costs of treating sexually transmitted infections.

### Sleep disorders

**You** are not covered for costs related to snoring or sleep apnoea, including sleep studies or corrective surgery.

### Surgical or medical appliances or equipment

**You** are not covered for the costs of supplying, fitting or hiring of physical aids or corrective devices (for example, hearing aids, wheelchair or walking sticks). However, **we** do pay for surgically implanted body parts (see 'Prosthesis' above) and **we** will pay for a knee brace if needed after an operation to repair a knee ligament and spinal support after spinal surgery.

### Telephone consultations

**You** are not covered for the costs of consultations with **doctors** by telephone.

### Temporomandibular Joint Syndrome/Disorder

**You** are not covered for the cost of **treatment** or diagnosis of Temporomandibular Joint Syndrome or related disorders.

### Travel and accommodation costs

**You** are not covered for transport or accommodation costs **you** incur during trips made specifically to get medical **treatment**, unless these costs are for an emergency medical evacuation that **we pre-authorized**. **You** are not covered for any costs of emergency medical evacuation or repatriating **your** body that **we** did not **pre-authorize** and arrange.

### **Travelling against medical advice**

**You** are not covered for medical or other costs **you** incur if **you** travel against the advice given by **your** treating **doctor** or **our** medical advisor. **We** will also not cover **treatment** at a **healthcare facility**, which in the opinion of **our** medical advisor is not considered suitable.

### **Treatment by a family member**

**You** are not covered for the costs of **treatment** by a family member or for self-therapy.

### **Unauthorized claims**

**We** require **pre-authorization** for **in-patient** (including maternity) **claims**, for psychiatric and alcohol and drug addiction **treatments** (where covered) and for emergency medical evacuations and repatriations. **We** will decline part or all of **your claims** costs if these **claims** are not **pre-authorized**. For PremierNet policyholders, please note this applies regardless of whether **you** are using a **network** or out-of-**network healthcare provider**.

## Definitions

This section explains what **we** mean by certain words or phrases in **your policy** documents. Words written in bold are important and have a specific meaning. If **you** have any questions on these or any aspects of **your policy**, please contact **us**.

### Accident, accidental, accidentally

A sudden, unexpected, unintentional event that happens at an identifiable time and place, and is outside **your** control and causes injury or illness.

### Anesthetist

A **doctor** or nurse trained, accredited and legally able to handle anesthetics and to carry out related procedures.

### Area of cover

The specified area of the world in which **your benefits** apply, and for which the appropriate premium has been paid and as shown on **your Certificate of Insurance**

### Benefit

The payment **we** make under **your policy** for expenses **you** incur, when as a result of a coverable event, **you** need **treatment**, emergency medical evacuation, or **you** qualify for a cash **benefit**. To receive **benefit**, **your doctor** or **our Claims Team** must order services or items, and **our** medical advisor must consider them to be **medically necessary**. **You** must also send **our Claims Team** a completed **claim** form with the relevant and itemized bills and receipts attached.

### Certificate of Insurance

The **Certificate of Insurance** is issued by **us** and describes **your plan** and **policy period**. **Your Certificate of Insurance** must be read in conjunction with this Membership Guide. In the event of any confusion of cover, the **plan** for which **you** have paid the correct premium will be the **plan** under which **you** are eligible to **claim benefits**.

### Chronic conditions or chronic illness

By **chronic** **we** mean a disease, illness or injury which has no known cure and / or which is likely to continue or to keep recurring and / or which needs prolonged supervision, monitoring or **treatment** and / or which requires **you** to be specially trained or rehabilitated and for which the **treatment** has become palliative. **Benefits** for the cost of medications for **chronic conditions** are subject to the prescription drugs and vaccinations limit.

### Claim

A request that **we** provide **benefit** for **treatment** costs incurred.

### Claims Team

**Our Claims Team** is the team **we** create to provide **you** with **claims** and direct settlement services under this **policy**. **We** may at times delegate this function at **our** discretion but **we** will always retain responsibility for their effectiveness and quality.

### Co-payment, co-insurance

The specified amount or percentage of the covered charges **you** have incurred that **you** have to pay **yourself**. The **benefits** subject to **co-payments** or **co-insurances** are shown on the **benefits** table.

### Country of residence

The country **you** normally live in outside **your home country** as declared on **your** application form. Should this change **you** need to advise **us** immediately or **your** policy can be terminated retrospectively.

### Customary and reasonable costs

**We** will only pay **customary and reasonable costs**. These are defined as the usual costs of **treatment** observed for a given medical condition, for a patient of given age and for the geographic area in which **treatment** is being provided. **We** will also consider the nature of the facility and the experience and reputation of their medical staff but only in terms of what is relevant and **medically necessary** for the **treatment** of the condition.

### Day-patient, daycare and day-case surgery

Surgical **treatment**, involving a period of recovery from anesthetic of less than eight hours, but where medical observation and anesthetic recovery in a **hospital** bed is **medically necessary**.

### Dentist

A person who is trained, qualified and licensed to practice **dentistry** by the licensing authority of the country in which **you** receive **your treatment**.

### Dependant

**Your** husband or wife or partner **you** live with, and any unmarried children, stepchildren, foster children and legally adopted children aged 18 and under (or up to and including the age of 24 if they are in full-time education). Any child **dependant** over the age of 18 (or 24 if in full time education) will be required to make separate application to join in their own right at the next **renewal date**.

**Your dependants** must be named on **your Certificate of Insurance** to qualify for **benefits**. If **you** would like **your** child to be added to **your policy** from the date of birth, you must give **us** the details within 30 days of the date of birth. **We** do not add newborn babies unless requested to do so.

### Diagnostic services

Tests to identify the cause of **your** symptoms or illness or the extent of **your** injuries. To be eligible for **benefits** they must have been ordered by **your** treating **doctor** and they must be **medically necessary** and appropriate for **your** condition.

### Doctor, general practitioner (GP) or physician

A person who is registered and licensed to practice in the country where **you** receive **treatment**. **We** have the right to withhold **benefit** for **treatment** by **doctors** who do not hold internationally recognized qualifications or training for example, a school listed in the World Health Organization's World Directory of Medical Schools.

### Emergency treatment

A medical or physical condition that requires immediate medical care in order to save life or limb or which if not provided, would likely result in permanent injury or incapacity.

### **Excess**

The **benefit** amount that **you** may have agreed to forego per person per **policy** year in return for a lower premium. It is calculated from **benefits you** would normally be entitled to be paid based on **claims you** lodge to **us**. If **you** did choose to take an **excess** option it will be noted on **your Certificate of Insurance**.

### **Expatriate**

An individual who is living and/or working outside their **home country** for more than 6 months of the year.

### **Guarantee of Payment (GOP)**

If **you** require **in-patient treatment**, which must be **pre-authorized**, our **Claims Team** may be able to arrange to settle the costs directly with the **hospital**. They would do this by issuing a **Guarantee of Payment** to the **healthcare facility**.

### **Healthcare provider or facility**

A facility or individual who is suitably licensed and recognized within the country in which care is being provided and for the services and **treatments** involved.

### **Home country**

**Home country** means **your** country of origin for which **you** hold a passport. If **you** hold more than one passport, **your home country** will be the one declared on the application form to join.

### **Hospice care organization**

A **hospice care organization** is defined as an organization recognized as being capable of providing supportive care services to patients in the final phase of a terminal illness.

### **Hospital**

A **healthcare facility** licensed as a **hospital** in the country where it operates, and providing acute medical, surgical or psychiatric care (or all three). The facility must provide constant supervision by a **doctor** and a **qualified nurse** licensed in the country where the **hospital** operates.

### **Hospital services**

Medical and surgical services provided under the direction of a **physician** to an **insured person** who has been registered as a **hospital in-patient** or **day-patient**.

### **In-patient**

**Treatment** for which it is **medically necessary** for **you** to stay in **hospital** overnight or for more than eight hours.

### **Insured person**

A person whose name appears on the **Certificate of Insurance** and for whom correct premium has been paid.

### **Insurer**

The **insurer** is named on **your Certificate of Insurance**.

### Lifetime limits

There are **lifetime limits** on the amount **you** can **claim** in respect of certain **benefits**. This means that the **benefit** amount **you** are entitled to is fixed regardless of how many times **you** might choose to renew or repurchase a **policy** from **us** in the course of **your** lifetime. **Benefits** with **lifetime limits** can also only be paid when eligible circumstances arise during a **policy period**. **Claims** **you** make from any **lifetime limit** are subject to **your** overall annual **plan** limit for the **policy period** in which they become payable.

### Maternity care (routine pregnancy)

A **routine pregnancy** is a pregnancy in the womb that, through vaginal delivery, results in a live baby. Eligible medical costs relating to such pregnancy, including any pre and post natal consultations, are covered under the **maternity care** (routine) **benefit** where provided and up to the limits noted. Pregnancy related costs of any kind will not be eligible for **benefits** under any general **in-patient** or **out-patient** entitlement.

### Maternity care (complications of pregnancy)

**Complications of pregnancy** is an abnormal pregnancy or delivery where the health of the mother or child (or both) is at risk due to a condition resulting from, or made worse by pregnancy. If the condition that complicates the pregnancy is excluded from coverage, then the portion of the costs relating to that exclusion will not be covered.

### Moratorium

If **you** did not have similar **benefit** cover, with any **moratorium** or **benefit** waiting period fully served, before joining this **policy**, **benefits** in respect of any **pre-existing condition** will be paid subject to a 2 year **moratorium** (delay period) with this **policy**. Refer also to **our** definition of **pre-existing conditions** below.

A **moratorium** is a period **you** must wait before being entitled to usual **benefits**, in respect of any **pre-existing condition** **you** might suffer from at the time **you** join the policy. The **moratorium** period is 2 years from the date of **your** last **treatment** for the **pre-existing condition** or its symptoms or its related conditions.

If **you** do seek **treatment** or suffer from symptoms for a **pre-existing condition** before **your** **moratorium** ends, **you** need to be aware the **moratorium** will start again from the date of any new **treatment** or reoccurrence of symptoms.

### Medically appropriate treatment

**Treatment** that is accepted as the usual **treatment** for a given condition and as provided by a suitably licensed medical professional.

Generally speaking, **treatments** provided by nurses that are outside of their usual ability scope, and done without a **doctor's** referral, will not be accepted as being **medically appropriate**. Neither will any **treatment** obtained from a **doctor** because of personal demand or any **treatment** obtained from a **specialist** where the specialty has no relationship to the medical condition involved.

### Medical necessity

Sometimes referred to as **medically necessary**. **Treatment** for bodily injury, sickness, disease or pregnancy that, in the opinion of **our** medical advisor, is necessary to maintain or restore the health of the patient or fetus. Generally speaking **treatments** provided by nurses that is outside of their usual ability scope and done without a **doctor's** referral for the same, will not be accepted as being **medically necessary**.

### Morbid obesity

Obesity that is sufficient to prevent normal activity or to cause the onset of a pathological condition, or where the body mass index (BMI) is greater than 39.

### Network or network list

If **you** chose to purchase a PremierNet **plan**, **you** have agreed to have a **co-insurance** applied to any **claim** where **treatment** is from a **healthcare provider** that is not on **your network list**. The **network** is the list of **healthcare providers** where no **co-insurance** is applied which **you** would have been provided when joining the **plan**. Two **networks** are available (A and B) and **you** would have been required to choose one of these when applying for a **policy**.

**We** select **network healthcare providers** carefully and welcome any feedback regarding the quality of services **you** experience when using them. **We** are not, however, able to guarantee the quality of their services for each and every **treatment** on each and every day so it is important **you** understand that **your** choice of **healthcare provider** and indeed choice of **doctor**, remains with **you** at all times. If **you** are concerned with the medical advice **you** have been provided, **you** can contact **us** and in many situations **we** will be happy to help **you** obtain a second opinion at **our** expense. **We** retain the right to change the **network list** from time to time. Current lists are available on request at any time.

### Occupational therapy

The **treatment** of people with a physical illness using activity that is designed and adapted to prevent disability and help the person be independent.

### Out-patient

**You** are an **out-patient** when **you** are not an **in-patient** but instead **you** are cared for in a **doctor's** clinic and **you** receive **treatment** at a **hospital** consulting room, emergency room, or **out-patient** clinic where **you** do not go for **day-patient** or **in-patient treatment**.

### Plan

**Plan** means the Premier **plans** (Essential, Executive or Ultra) or the PremierNet **plans** (Essential, Executive or Ultra) with choice of **Network A** or **B**.

### Policy

**Your policy** is made up of this document (**your** Membership Guide), **your Certificate of Insurance** and any notices **we** may send **you** from time to time relating to the application of definition of **benefits** and terms.

### Policy period

**You** are covered from the **start date** shown on **your Certificate of Insurance** to the end date noted on **your Certificate of Insurance**, where premiums have been paid for the same period.

### Physician

See '**Doctor**'.

### Pre-authorization, pre-authorized, pre-authorize

The process by which an **insured person** contacts our **Claims Team** before receiving specific types of medical care as noted in the **benefits** table.

### Pre-existing condition

If **you** did not have similar **benefit** cover, with any **moratorium** or waiting period fully served, before joining this **policy, benefits** in respect of any condition that existed before **you** joined this **policy** will be paid subject to a 2 year **moratorium** (delay period). Refer also to **our** definition of **moratorium** above.

A **pre-existing condition** is any known medical condition (or related condition) that has, in the 2 years immediately before the **treatment** for which **you** are claiming **benefits**, one or more of the following characteristics:

- It had been diagnosed.
- It had needed medical **treatment** (including drugs, special diets and injections).
- Medical advice had been asked for, including check-ups.
- Medical advice should have been asked for given the nature or persistence of symptoms.
- Symptoms existed, whether diagnosed or not.

In the event of any disagreement as to a condition being pre-existing, the opinion of **our** medical **doctor** will prevail, having consulted with **your** own treating **doctor**.

### Psychiatrist

A medical **doctor** with **specialist** training in treating mental illness. That training must be recognized by a licensing authority and professional organizations in the country where the **psychiatrist** practices.

### Psychologist

A mental-health professional who has a graduate degree in clinical psychology from an accredited university and who has met the licensing requirement in the country in which they practice.

### Qualified nurse

A **qualified nurse** has graduated from a recognized training program and is registered with the statutory nursing organization of the country in which he or she practices.

### Rehabilitation facility

A licensed / accredited facility that provides **treatments** designed to facilitate the process of recovery from injury, illness, or disease to as normal a condition as possible.

### Renewal date

The **renewal date** is shown on **your Certificate of Insurance** and is the date from which **your** cover no longer applies.

### Responsible person

An immediate family member (husband, wife, child of appropriate age, or parent) or legal representative who has power of attorney to act for the **insured person** if they are too ill or have died.

### Specialist

A medical **doctor** with **specialist** training in one or more medical fields. The **specialist** training must be recognized by a licensing authority and professional organizations in the country where the **doctor** practices.

### Start date

The start is the commencement date of cover stated on **your Certificate of Insurance** .

### Therapist

An acupuncturist, chiropractor, osteopath, homoeopath, or physiotherapist who is licensed by a regulatory organization in the country in which **you** receive **treatment**, and who is practicing within his or her license and training.

### Treatment

The method a **doctor** or other licensed health practitioner uses to relieve or cure a disease, illness or injury. The **treatment** must be provided in line with the generally accepted standards of medical practice of **our** medical advisors. This means that even if **your doctor** prescribes, orders or recommends a course of **treatment**, prescriptions, or supplies, they will not be covered under this **policy** unless **our** medical advisors consider they are **medically necessary** and appropriate, and the rules of **your policy** say that the **treatment** is a covered **benefit**.

### Treatment plan

A written report from an appropriate **specialist** outlining the intended and recommended course of **treatment** to address **your** medical condition.

### Us, we, our

These mean Asuransi Dayin Mitra in conjunction with Safe Meridian

### You, your, yours, yourself, insured person

**You** and any **dependants** named on the **Certificate of Insurance** .



# THIRD MILLENNIA

Evolution of health and wellbeing in Asia

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