

**GENERAL PRODUCT AND SERVICE INFORMATION SUMMARY (RIPLAY)
HOSPITAL CASH PLAN INSURANCE**

Issuer Name: PT. Sampo Insurance Indonesia	Product Type: Sampo Hospital Care	Currency: Rupiah
Product Name: Sampo Hospital Care Insurance (Hospital Cash Plan) in corporate with PT Roojai Insurance Agent	Product Description: Hospital Cash Plan Insurance from PT Sampo Insurance Indonesia provides: Daily Cash Hospitalization, Surgical Cash Compensation, Daily cash Intensive Care Unit, Follow-up care (hospitalization), Deductible period and Worldwide Territory Option.	

INSURANCE KEY FEATURES

Insured Age: This coverage is only valid for persons aging 1 (one) year to 60 (sixty) years at the beginning of the policy period; the coverage can be extended until the insured is 65 years old.	Premium: *Premium amount below is for illustrative purposes only																					
	<table border="1"> <thead> <tr> <th>Category</th> <th>Premium</th> <th>From</th> </tr> </thead> <tbody> <tr> <td>1. Daily Cash Hospitalization</td> <td>1.65</td> <td>Sum insured</td> </tr> <tr> <td>2. Surgical Cash Compensation</td> <td>0.11</td> <td>Sum insured</td> </tr> <tr> <td>3. Daily Cash Intensive Care Unit</td> <td>0.165</td> <td>Sum insured</td> </tr> <tr> <td>4. Follow up care (hospitalization)</td> <td>0.22</td> <td>Sum insured</td> </tr> <tr> <td>5. Deductible period</td> <td>Table B</td> <td></td> </tr> <tr> <td>6. Worldwide Territory Option</td> <td>Loading 20%</td> <td></td> </tr> </tbody> </table>	Category	Premium	From	1. Daily Cash Hospitalization	1.65	Sum insured	2. Surgical Cash Compensation	0.11	Sum insured	3. Daily Cash Intensive Care Unit	0.165	Sum insured	4. Follow up care (hospitalization)	0.22	Sum insured	5. Deductible period	Table B		6. Worldwide Territory Option	Loading 20%	
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Sum Insured: Appear on the table below	Premium Payment Period: Annual																					
Coverage Period: 1 (one) year and can be automatically renewed.	Instalment (monthly) * as per company policy at the time of offer																					

BENEFIT

Category	Benefit	Reimbursement	Min Limit	Max Limit
1	Daily Cash Hospitalization, max 90 day annually, max 2 cases.	Daily Cash Benefit, max 90 hari	IDR 100,000	IDR 2,000,000
2	Surgical Cash Compensation, max 1 case annually.	Full amount (1 time)	5x of SI 1 day of 1A	40x of SI 1 day of 1A
3	Daily Cash Intensive Care Unit, max 20 day annually, max 2 cases	Daily cash benefit, max 20 hari	1x of SI 1A	4x of SI 1A
4	Follow up care (hospitalization), max 1 time per cases, max 20 day annually.	Daily cash benefit, max 20 hari	1x of SI 1A	3x of SI 1A
5	Deductible period for Daily Cash Hospitalization and ICU options.	Deductible in days	0 day	3 days
6	Worldwide Territory Option		Indonesia	Worldwide
7	Return Premium (NCB) 20% discount for renewal			

*Minimum and Maximum limits are offered depending on company policy.

Sompo Health Insurance Hospital Care Plan (Hospital cash plan) as a results of a collaborations between Roojai Insurance Agent and PT Sompo Insurance Indonesia provides protection which consists of:

1. This Policy provide daily cash compensation to Participants as stated in the Policy Summary if during the Insurance period, the Participant is affected by an illness or has an accident and requires Hospitalization in the Hospital.
For this benefit, it is valid for maximum 2 (two) events of Hospitalization and a maximum of 90 (Ninety) days of treatment during the policy period or the period listed in the Policy Summary. Participants are entitled to inpatient compensation benefits if they have received treatment for at least 1x24 (one time twenty-four) hours at the hospital.
2. This Policy provide cash compensation to Participants as stated in the Policy Summary if during the Insurance period, the Participant is exposed to a critical illness or injury due to an Accident and requires surgery or Hospital Operation.
For this benefit, it is valid only for 1 (one) time during the policy period. This Surgical Fee compensation benefit applies if the Participant has undergone Inpatient treatment.
3. This Policy provide daily cash compensation to Participants as stated in the Policy Summary if during the Insurance period, the Participant is exposed to an illness or experiences a critical incident as a result of an Accident and requires treatment in the Intensive Care Unit (ICU / ICCU / HCU / PICU / NICU) room.
For this benefit, the maximum 2 (two) two Hospitalizations are valid and a maximum of 20 (twenty) days of treatment during the policy period or the period listed in the Policy Summary.
If the Treatment period is more than 20 (twenty) days, then from the 21st (twenty-first) day it is covered in the benefits of the ordinary Inpatient Room which is the right of the Participant. The number of days of Hospitalization in the Intensive Care Unit will reduce the number of days of Hospitalization in the **Hospitalization Daily Cash Benefit**. Participants are entitled to benefits of Intensive Care Unit Inpatient compensation if they have been treated for at least 1x24 (one time twenty-four) hours at the Hospital.
4. It is hereby noted and agreed, that with the payment of additional premiums, this coverage is extended with coverage of Daily Cash Compensation for further hospitalization arising from illness up to a limit of 20 (twenty) days immediately after the Participant leaves the Hospital for the same Disease, if the Insurer has received a claim for Inpatient Cash Compensation based on the Inpatient Compensation Cover as stipulated under Article 2 of this Policy. Compensation Follow-up Care Hospitalization can only be claimed as reimbursement. All other term and conditions of this Insurance Policy remain unaltered.
5. It is hereby noted and agreed, this coverage is extended with a deductible period for Hospitalization and ICU Benefit. Deductible period, meaning that length of stay covered while at the hospital will be deducted of certain days depending on the choice of own risk on the policy. All other term and conditions of this Insurance Policy remain unaltered.
Illustration:
 - a. 0 (zero) days of deductible period, meaning that length of stay covered while at the hospital will be deducted of 0 days. .
 - b. 1 (one) day of deductible period, meaning that length of stay covered while at the hospital will be deducted of 1 days.
 - c. 2 (two) days of deductible period, meaning that length of stay covered while at the hospital will be deducted of 2 days.

And so on according to choice of the minimum deductible period on the policy.
This deductible applies ONLY to hospital Daily cash and ICU benefit.
6. It is hereby noted and agreed, that with the payment of additional premiums, this coverage is valid to Worldwide territory.
7. It is hereby noted and agreed, the participants will get a discount at the time of renewal if they never make a claim until the policy is finished.

RISK	FEE
<ol style="list-style-type: none"> 1. The premium is declared to have been received if the Insurer has received payment in cash at the Insurer's office or the premium has been entered into the Insurer's bank account or has been received in cash by the service provider appointed by the Insurer. 2. If the Insured does not comply, then this policy will terminate automatically without any obligation for the Insurer to issue an endorsement and the Insurer is released from liability under this policy 3. The Insured is given the opportunity to study the contents of the Policy (Free Look Period) for 14 (fourteen) calendar days since the Policy is received by the Participant. If the insured is not happy with the contents of the policy, the insured can apply for policy cancellation. 4. The Insured's right to the Insurance Benefits under this Policy is lost, if the Insured does not fulfill the obligations under this Insurance. 	<p>Administration Fee: Rp. 30.000,- Policy Maintenance Fee: -- Stamp Duty Fee: 10.000,-</p>

EXCLUSIONS

1. **Pre-existing Conditions and/or Diseases and/or Injuries (Pre-Existing Conditions) including Critical Illness Pre-Existing Condition.**
2. **Wounded and or sick due to war or active duty in the military or armed forces of a country or international agency, strikes, riots, riots (direct and indirect), rebellion and the like.**
3. **Boarding, disembarking from, being in or flying with an engine or non-engine means of air transportation, flying with chartered aircraft / military / police / helicopters, except when using commercial aircraft with scheduled flights. and a fixed flight path.**
4. **Illness or injury caused by or related to ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from nuclear fission processes or from any nuclear weapons material.**
5. **The cost of treatment in a nursing home or sanatorium to restore health, traditional medicine clinics or the like for rest treatment or hospitalization in connection with a medical examination.**
6. **Suicide, self-injury, attempted suicide, whether sane or insane, intentionally involving oneself in a situation that endangers oneself**
7. **Performing an attempted unlawful, criminal, against lawful detention and being attacked for his provocation**
8. **Treatment and or treatment of Diseases and or Injuries as a result of drug abuse, drug addiction, use and or consumption of alcohol, narcotics, anesthetics and other psychotropic drugs.**
9. **Certain dangerous sports such as but not limited to Rock Climbing, Bungy Jumping, Hang Gliding, Car / Motorcycle / Bike / Speed Race with other motorized or non-motorized vehicles, Parachute / Parachuting, Boxing / Martial arts or physical contact sports others, Acrobatics, Diving, Hanging, Kite Flying / Hanging Kite, Rafting and all kinds of other risky sports.**
10. **Diseases that occur through Sexual Relations, AIDS and ARC (Aids Related Complex) as well as HIV Positive and all Diseases caused by or associated with Policy Wording 44 the HIV Positive Virus**
11. **Screening Tests related to HIV (Human Immunodeficiency Virus) or AIDS (Acquired Immune Deficiency Syndrome), including but not limited to Elisa Blood Test (Anti HIV), P24 Antigen, and PCR (Polymerase Chain Reaction).**
12. **Treatment and medical procedures that are still categorized as experimental, such as Ozone Therapy, Hyperbaric Therapy, Laser Eximer procedures, Chiropractic methods, Mesotherapy, Hydrotherapy, Stem Cell and similar methods or health services, including drugs that have not been officially recognized by the Ministry of Health.**

13. Treatment or Treatment related to Specific Diseases or existing Diseases related to Congenital Disorders found and or known after birth and or Hereditary Diseases, for example: Hernia, VSD, ASD, Debilitation, Embicil, Mongoloid, Cretinism, Thalassemia, Haemophilia, Epilepsy / Apoplexy, Hydrocele and others
14. Costs incurred for periodical medical checkups, medical check-ups or supporting examinations that are not related to treatment or diagnosis of Disease and/ or being covered, or medicines or preventive examinations or are screening by a Doctor, or any treatment that is not medically necessary as well as any preventive treatment.
15. Medical tests that are not related to the treatment or diagnosis of covered physical disability or any Medically unnecessary Treatment / Treatment, unreasonable or unnecessary costs for the treatment of a Disease as well as any preventive treatment, hormonal treatment or treatment, expenses which does not include medical expenses during hospitalization and treatment for weight loss or to gain weight as well as treatment and or treatment that has been reimbursed by any other Insurance or other party or has been compensated to the Participant.
16. Medical service provider fees charged by himself, the Participant's immediate family or by someone who normally lives in the Participant's household
17. Interference due to Radioactive Rays, Nuclear, Catastrophic Natural Disasters (Earthquakes, Floods, Volcanic Eruptions, Hurricanes, Tsunamis and the like)
18. All types of Advanced Immunization costs are not covered. Including treatment and/or treatment related to its complications.
19. All types of treatment related to teeth (including oral surgery), except the treatment of natural teeth damaged by accident
20. Any treatment and care related to pregnancy, miscarriage, or childbearing (including examinations to diagnose pregnancy), including complications related thereto.
21. Treatment of Psychological Mental Illness or Mental Disorders (Mental Disorder) and other nervous disorders including any manifestations associated with Psychological or Psychosomatic Disorders
22. Treatment of Geriatric and Psycho-Geriatric Conditions.
23. All kinds of disorders / Diseases related to the reproductive system, for example: Dysmenorrhea, Amenorrhea, Oligomenorrhea / Polymenorrhagia, Chocolate Cysts, Endometriosis, and Varicocele
24. Sterilization, Infertility Treatment, Treatment to get Fertility / Infertility including IVF, Impotence, Hormonal Drugs, Toxoplasmosis treatment and others including its complications
25. SARS (Severe Acute Respiratory Syndrome), MERS (Middle East Respiratory Syndrome), Bird Flu (Avian Influenza) and other Pandemic Diseases that have become part of the Government Program
26. Treatment and/or treatment for growth and development disorders including but not limited to Failure to Thrive (FTT), Eating Disorders (Anorexia), Speech Disorders, Hyperactivity, Attention Disorders (Autism), Dyslexia, Mental Retardation, Walking Delays
27. Examination and treatment related to Snoring

REQUIREMENTS & PROCEDURES

Application Submission Procedure:

1. Select the product you want to buy on the Roojai website
2. Fill in your personal data and answer Health questions
3. Choose the coverage you want to have
4. Pay online using a debit card, credit card or virtual account.

Claim Submission Procedure:

In the event of a loss due to a covered policy, you must:

- a. Immediately to insurance partners PT. Sampo Insurance Indonesia, in this case service@roojai.co.id or claim hotline (021) 50890822;
- b. Submit a claim form that has been filled out completely and correctly. claim form or claim submission can be emailed to medicalclaims@roojai.co.id;
- c. The submission claimed by the Participant is made in writing and must be received by the Insurer within 60 (sixty) days from the completion of treatment by completing the claim that has been provided by the Insurer. Claims submitted beyond that time period will be rejected by the Insurer;
- d. Provide full assistance to Roojai Insurance Agents and PT. Sampo Insurance Indonesia or other parties appointed by PT. Sampo Insurance Indonesia to conduct research on losses.

Procedure for Settlement and Payment of Claims

The Insurer is obliged to provide a written answer to the Insured regarding approval or rejection of the claim for benefits in this Policy within 15 (fifteen) calendar days from the receipt of complete support claims documents as long as no further medical verification is required. The insurer is then required to complete the payment of compensation and/or cash benefits within 14 (fourteen) working days from the date of written agreement and certainty regarding the amount of benefits to be paid.

Other Terms & Conditions:

- a. This insurance benefit is only valid in the territory of the Republic of Indonesia and can be extended throughout the world with additional premiums.
- b. The insurance entry age applies to the Insured with the age of 1 (one) year to the age of 60 (sixty) years, and can be extended up to 65 years.
- c. This Policy applies a waiting period of 30 (thirty) calendar days from the beginning of the Insurance period. This waiting period provision does not apply if the Participant experiences an emergency that requires Hospitalization or Surgery.
- d. Cash Benefits will be paid in full according to the benefit limit of the Insured Policy.
- e. The risks experienced by the Insured occur during the Policy and Membership period that is still valid.
- f. The guarantee for benefits under this Policy applies if the Premium on the Policy and Membership has been paid in full.
- g. The cost of care and or treatment is incurred directly from the risks insured in the Policy.
- h. If the Insured's Hospitalization period exceeds the effective date of the Policy, the validity period of the Insurance Benefits for the Insured concerned will be extended until he is discharged from the Hospital for such Treatment with a maximum of 10 (ten) calendar days after the policy expiration date, whichever event occurs more formerly;
- i. The insured still gets reimbursed or receives this benefit, even though he already has other insurance.
- j. Subject to the terms, limitations, exclusions and conditions set forth and set forth in this Policy.
- k. The Insured may terminate the Membership by submitting a written application to the Insurer, within 14 (fourteen) calendar days during the policy study period (Free Look Period).

Claim Document

To file a claim, fill out the claim report form provided by the Insurer and submit it to the Insurer by attaching supporting documents for the claim, including:

1. Original or Legalized Receipt
2. Receipt details during treatment
3. Medical Resume from the Hospital filled in by the treating Doctor (Inpatient).
4. Copies of prescription medicine.
5. The results of reading diagnostic tests (Lab, X-ray, USG, and others).
6. All claim forms, policy documents and booklets can be accessed and downloaded online anytime, anywhere through the website www.roojai.co.id

Claim Service and Complaint

PT Roojai Insurance Agent will gladly assist the Insured in resolving matters of concern to the Insured relating to insurance products and services offered by PT Roojai Insurance Agent

For more information, the Insured can visit PT Roojai Insurance Agent during business hours

PT Roojai Insurance Agent

CIBIS 9 17th floor Jl. TB Simatupang No. 2 Cilandak Timur Pasar Minggu Jakarta Selatan 12560

Phone (021) 5089 0822

Website www.roojai.co.id

SIMULATION & ILLUSTRATION

Premium Calculation Illustration

Mr. Suryo purchased Sampo Hospital Care Insurance Products from www.roojai.co.id for himself with the following details:

Benefit	Premium rate	Limit	Premium IDR
1. Daily cash benefit	1.65	1,000,000 IDR/ day	1.650.000
2. Daily Cash Intensive Care Unit	0.165	2,000,000 IDR/ day	330.000
Total Premium (A)			1.980.000
3. Deductible period for Daily Cash Hospitalization and ICU options.	-20%	2 day	(396.000)
Total Premium (B)			1.440.000
4. Follow up care (hospitalization)	0.22	2,000,000 IDR/ day	440.000
5. Surgical Cash Compensation	0.11	5,000,000 IDR	550.000
Total Premium (C)			2.574.000
6. Worldwide Territory Option	20%		514.800
Total Premium (D)			3.088.800

Administration Fee / Administration Cost : Rp. 30,000 Stamp

Duty / Stampduty Fee : Rp. 10,000

Brokerage Commission / Brokerage Fee :

Illustration of Claim Payment Calculation

Mr. Suryo was hospitalized for 5 days due to dengue fever. He has a Hospital Cash Plan insurance with a cash benefit of Rp. 1,000,000/day with no deductible period. After being discharged from the hospital, Mr. Suryo submitted a claim by sending the following documents:

1. Doctor/Hospital Receipt (Original or Legalized)
2. Receipt details during treatment
3. Medical Resume (Inpatient).
4. Copies of prescription medicine
5. Reading results of diagnostic tests and receipts (Lab, X-ray, USG).
6. Name of the treating doctor, signature, SIP and stamp of the Doctor or Hospital where the Insured is in Inpatient.

After submitting the complete claim documents, the insurer provides a daily cash benefit claim of Rp. 1,000,000 x 5 days (length of hospitalization) = Rp. 5,000,000.- although the cost of Hospitalization is only Rp. 3,500,000.

DISCLAIMER (PLEASE READ):

1. PT Sampo Insurance Indonesia (the Insurer) can accept and reject the request for insurance coverage depending on the Underwriting decision of the Insurer. The claim decision is entirely the decision of the Insurer by following the provisions contained in the Policy.
2. This Summary of Product and Service Information is a brief description of the Insurance product and is not part of the Policy. Definitions and more complete information can be found in the Policy issued by the Insurer. If there is a difference between the Policy and other documents, the Policy shall prevail.
3. To get more information regarding the Terms & Conditions, please check www.roojai.co.id
4. The information included in this Summary of Product and Service Information is valid from the date of printing of the document until the policy expiration date.
5. The Insured must read, understand and sign the insurance policy and policy application.
6. The Insured agrees and authorizes the Insurer to disclose the Insured's personal information, in connection with insurance closing and/or claim reporting to interested parties, if needed; including but not limited to other interested parties in connection with legal processes and/or requests from regulators/laws for administrative purposes or for the improvement of customer service, in accordance with applicable law.
7. The Insured must carefully read this Summary of Product and Service Information and has the right to ask employees of the Insurer for all matters related to this Summary of Product and Service Information.
8. The Insured must carefully read this Product and Service Information Summary before agreeing to purchase the product and has the right to ask the Insurer's employees for all matters related to this Product and Service Information Summary.
9. By signing this Product and Service Information Summary document, the Insured agrees to accept other product offers from third parties.



PT. Sampo Insurance Indonesia
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