

This Benefit Comparison provides a summary of the cover we provide per *period of insurance* unless stated otherwise. All limits and monetary amounts shall in all instances be in US\$. Cover is subject to our policy terms and conditions. In the event of any discrepancy, the policy terms and conditions shall prevail.

Hospital & Surgical Benefits

	Comprehensive	General	Base
Annual Plan Limit	\$2,500,000	\$2,000,000	\$1,500,000

Hospital Services

Standard Private Room and Board	Fully Covered	Fully Covered	Fully Covered
Parental Accommodation	Fully Covered	Fully Covered	Fully Covered
Other Medical Expenses (theatre fees, x-rays, blood etc.)	Fully Covered	Fully Covered	Fully Covered
Intensive Care	Fully Covered	Fully Covered	Fully Covered
Surgeon's Fees	Fully Covered	Fully Covered	Fully Covered
Anaesthetist Fees	Fully Covered	Fully Covered	Fully Covered
Professional Fees	Fully Covered	Fully Covered	Fully Covered
Psychiatric In-patient Hospital Care	30 days	30 days	30 days
Complications of Pregnancy	Fully Covered	Fully Covered	Fully Covered
Reconstructive Surgery	Fully Covered	Fully Covered	Fully Covered

Clinical Surgery, Chemotherapy & Kidney Dialysis

Clinical Surgery	Fully Covered	Fully Covered	Fully Covered
Chemotherapy	Fully Covered	Fully Covered	Fully Covered
Kidney Dialysis	Fully Covered	Fully Covered	Fully Covered

Pre-hospitalisation benefits

Pre-hospitalisation benefits before a covered confinement	90 days	30 days	30 days
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Post-hospitalisation benefits

Post-hospitalisation benefits following a covered confinement	90 days	90 days	90 days
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AIDS/HIV

Treatment of AIDS / HIV	\$200,000 lifetime	\$100,000 lifetime	\$100,000 lifetime
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Emergency Room Treatment

Emergency Room Treatment	Fully Covered	Fully Covered	Fully Covered
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Emergency Dental Treatment

Emergency Dental Treatment to repair damage to sound natural teeth within fourteen (14) days of accident	Fully Covered	Fully Covered	Fully Covered
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Local Transport by Ambulance

Transport to and from hospital prescribed by an attending physician	Fully Covered	Fully Covered	Fully Covered
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Organ Transplant

Organ transplantation costs (human organs only)	Fully Covered	Fully Covered	Fully Covered
Direct cost of surgery to remove an organ for transplant from donor	30% of total transplantation cost	30% of total transplantation cost	30% of total transplantation cost

Newborn Cover

Hospital treatment of acute <i>disabilities</i> , birth defects and/or <i>congenital conditions</i> which manifest in your <i>infant</i> within thirty (30) days following their birth	\$200,000 up to a maximum of 90 days following birth	\$100,000 up to a maximum of 90 days following birth	No Cover
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Congenital Conditions

Hospital treatment of <i>congenital conditions</i> that manifest after your cover commences with us	\$200,000 lifetime	\$100,000 lifetime	\$50,000 lifetime
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Private Nursing, Home Nursing

Private nursing in <i>hospital</i> when certified necessary by treating <i>physician</i>	Fully Covered	Fully Covered	No Cover
Home nursing prescribed by treating <i>physician</i>	\$135 per day up to 30 days	\$135 per day up to 30 days	No Cover

Hospital Cash Benefit

Where a covered <i>confinement</i> does not incur any accommodation and/or treatment costs	\$200 per night up to a maximum of 30 nights	\$100 per night up to a maximum of 30 nights	\$100 per night up to a maximum of 30 nights
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Rehabilitation Treatment

<i>Rehabilitation treatment</i> at an authorised rehabilitation centre	100 days	80 days	60 days
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Chronic Conditions

Hospital Treatment of Acute episodes of <i>chronic conditions</i>	Covered as per sub-limits listed above	Covered as per sub-limits listed above	Covered as per sub-limits listed above
Hospital Treatment of <i>chronic conditions</i> on a maintenance basis. Palliative treatment of <i>chronic conditions</i> received as a day-patient or in-patient.	Covered as per sub-limits listed above	Covered as per sub-limits listed above	Covered as per sub-limits listed above

Hospice Care

Hospice or Palliative Treatment	\$100,000 lifetime	\$50,000 lifetime	\$50,000 lifetime
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Pre-Approved Medical Evacuation & Repatriation provided by AA International Jakarta

Emergency Medical Evacuation and/or Medically Supervised Repatriation	\$500,000 per event	\$500,000 per event	\$500,000 per event
Visit to Bedside by friend/relative	Single Trip Economy Class Ticket	Single Trip Economy Class Ticket	Single Trip Economy Class Ticket
Return of <i>dependant</i> children	One Way Economy Class Ticket	One Way Economy Class Ticket	One Way Economy Class Ticket
Return to Place of Work	One Way Economy Class Ticket	One Way Economy Class Ticket	One Way Economy Class Ticket
Repatriation of Mortal Remains	\$15,000	\$15,000	\$15,000

Out of Area of Cover

Losses arising from sudden illness or accidental injury outside your area of cover	First 30 Travel Days of any Policy Year up to US\$50,000.	First 30 Travel Days of any Policy Year up to US\$50,000.	First 30 Travel Days of any Policy Year up to US\$50,000.
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