



Summary of Policy Wording Changes

Group IHP Product (Asia Pacific)

Effective: 1 April 2014

The following policy updates have been made in an effort to bring greater clarity to the policy wording. We hope these changes will make the policy even easier for you to understand and use. If you have any questions about these changes, please do not hesitate to contact us. We're always here to help.



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Item	Wording Category	Location	Current Wording	New Wording
Appliances	Definition	Member handbook	Devices and equipment when used as an integral part of a surgical procedure administered by a medical practitioner or specialist	Devices, implants and equipment when used as an integral part of a surgical procedure administered by a medical practitioner or specialist
Congenital anomaly	Definition	Member handbook	Any genetic, physical or (bio)chemical defect, disease or malformation (except hereditary medical conditions), which is due to an influence during gestation up to birth, and which may or may not be obvious at birth	Any genetic, physical, or biochemical (metabolic) defect, disease, or malformation (which may be hereditary or due to an influence during gestation), and which may or may not be obvious at birth
Sound natural teeth	Definition	Member handbook	N/A (New)	Teeth that were stable, functional, free from decay and advanced periodontal disease, and in good repair at the time of the accident

Dietary supplements and substances	Exclusion 29	Member handbook	Dietary supplements and substances that are available naturally and that can be purchased without prescription, including, but not limited to, vitamins, minerals, organic substances, and infant formula given orally. We will however pay for prescribed pre natal vitamins under the Routine Pregnancy benefit if purchased	Dietary supplements and substances that can be purchased without prescription, including, but not limited to, vitamins, minerals, organic substances, and infant formula given orally. We will however pay for prescribed pre natal vitamins under the Routine Pregnancy benefit if purchased
Inpatient care, reconstructive surgery and rehabilitation	Benefit	Benefit schedule	<p>Charges incurred for the treatment of a medical condition, including stabilisation of an acute chronic condition, when treatment is received as an inpatient or day patient including:</p> <ul style="list-style-type: none"> i) Accommodation and associated charges. ii) Admittance to the intensive care unit. iii) Charges for nursing by a qualified nurse and theatre fees. iv) Medical practitioner fees including consultations, specialist fees and anaesthetist fees. v) Diagnostic and surgical procedures including pathology and x-rays. vi) Reconstructive surgery (including outpatient treatment) to restore natural function or appearance required as a result of an accident or illness occurring during the period of cover and where treatment takes place within 12 months of the insured event occurring. vii) Drugs, dressings, medicines and appliances prescribed by a medical practitioner or specialist, including Traditional Chinese Medicine. viii) Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more, which takes place within 14 days of discharge. Treatment must be recommended and under the direct control of a specialist. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit 	<p>Charges incurred for the treatment of a medical condition, including stabilisation of an acute exacerbation of a chronic condition, when treatment is received as an inpatient or day patient including:</p> <ul style="list-style-type: none"> i) Accommodation and associated charges. ii) Admittance to the intensive care unit. iii) Nursing by a qualified nurse. iv) Surgical procedure fees and operating theatre fees. v) Medical practitioner fees including surgeon, consultations, specialist and anaesthetist fees. vi) Diagnostic procedures including but not limited to pathology tests, Ultrasound scans and x-rays. vii) Drugs, dressings, medicines and appliances prescribed by a medical practitioner or specialist, including Traditional Chinese Medicine. viii) Reconstructive surgery (including outpatient treatment) to restore natural function or appearance required as a result of an accident or illness occurring during the period of cover and where treatment takes place within 12 months of the insured event occurring. ix) Rehabilitation (including outpatient treatment) in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more. The rehabilitation must take place within 14 days of discharge from the inpatient admission and must be recommended and under the direct control of a Medical Practitioner. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit

Congenital anomalies	Benefit	Benefit schedule	Treatment of congenital anomalies that occur after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.	Treatment of congenital anomalies that manifest after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.
Mortal remains	Benefit	Benefit schedule	<p>In the event of death from an eligible medical condition: transportation of the body of a member or his/her ashes to the country of nationality or country of residence or burial or cremation costs at the place of death in accordance with reasonable and customary practice.</p> <p>Necessary burial or cremation fees including:</p> <ul style="list-style-type: none"> - The cost of reopening a grave and burial costs, or - The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or - In the case of cremation: <ol style="list-style-type: none"> 1. The cremation fee 2. The cost of any doctor's certificates 3. The cost of removing a pacemaker or other medical device which must be removed before the cremation 	<p>In the event of death from an eligible medical condition: transportation of the body of a member or his/her ashes to the country of nationality or country of residence or burial or cremation costs at the place of death in accordance with reasonable and customary practice.</p> <p>Necessary burial or cremation fees including:</p> <ul style="list-style-type: none"> - The cost of reopening a grave and burial costs, or - The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or - In the case of cremation: <ol style="list-style-type: none"> 1. The cremation fee 2. The cost of any doctor's certificates 3. The cost of removing a pacemaker or other medical device which must be removed before the cremation <p>But not including costs related to other funeral expenses, such as:</p> <ul style="list-style-type: none"> - Funeral director's fees - Flowers - The cost of any documents needed for the release of the money, savings and property of the deceased - The necessary cost of a return journey for you to either: <ol style="list-style-type: none"> 1. Arrange the funeral, or 2. Attend the funeral
Applicable law	Other	Pre-sale brochure	N/A (New)	The law applicable to this policy shall be specified in the certificate of insurance. If no law is specified, then the policy shall be construed according to the laws of the Republic of Ireland, and shall be subject to the non-exclusive jurisdiction of the courts of the Republic of Ireland.

Complications of Pregnancy	Benefit	Benefit schedule, Pre-sale brochure	Treatment of a medical condition arising during the antenatal stages of pregnancy, a medical condition arising during childbirth and one that requires a recognised obstetric procedure, and post natal check-ups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. This benefit is payable after the first 12 months from the commencement date or date of entry, whichever is the later	Treatment of a defined medical condition arising during the antenatal stages of pregnancy or during childbirth. The conditions covered are ectopic pregnancy, gestational diabetes, hydatidiform mole, miscarriage (actual or threatened), pre-eclampsia, failure to progress in labour or stillbirth. Post-partum hemorrhage and retained placental membrane that occur during childbirth are also covered by this benefit. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. Post natal checkups needed as a result of one the above complications of pregnancy are covered for a period of 6 weeks. This benefit is payable after the first 12 months from the commencement date or date of entry, whichever is the later
Routine pregnancy	Benefit	Benefit schedule, Pre-sale brochure	This benefit also covers the cost of pre- and post-natal checkups for up to six weeks	This benefit also covers the cost of pre-natal checkups, and post-natal checkups for up to six weeks after delivery
Routine pregnancy	Benefit	Benefit schedule, Pre-sale brochure	This benefit extends to include neo-natal care, new born packages (including elective circumcision) and costs incurred for the care of the baby for the first 24 hours following birth when the baby is accompanying its mother	This benefit extends to include only the following for a new born child: <ul style="list-style-type: none"> - one physical examination; - vitamin K, hepatitis B and BCG vaccinations; - circumcision; - routine blood tests for PKU, congenital hypothyroidism and G6PD; - one hearing examination; and - reasonable accommodation costs for no more than four nights, if the mother is admitted and not suffering any complications.
Sleeping disorders	Exclusion 28	Member handbook	Treatment for sleep related breathing disorders, including snoring, fatigue, jet lag, or work-related stress or any related condition	Treatment received in connection with insomnia, sleep disorders, sleep apnoea, fatigue, jet lag, work related stress or any related condition

Durable medical equipment, prosthetic and orthotic supplies (DMEPOS)	Benefit	Benefit schedule	<p>The following benefits are covered:</p> <p>i) Medically necessary durable medical equipment prescribed by a treating specialist, which is necessary to deliver or facilitate the delivery of prescribed drugs and dressings. This includes, but is not limited to, diabetic monitoring equipment.</p> <p>ii) Ancillary charges following treatment as an inpatient or day patient including the purchase or rental of crutches and costs associated with the initial purchase or rental of a wheelchair.</p> <p>iii) External prosthetics required following surgery, including braces and callipers, artificial eyes and the initial purchase and fitment of an artificial limb.</p> <p>iv) Orthotic supplies including insoles and orthotic supports. This benefit excludes provision, modifications and fitment of furniture or adaptations to the home</p>	<p>The following benefits are covered:</p> <p>i) Medically necessary durable medical equipment prescribed by a treating Medical Practitioner, which is necessary to deliver or facilitate the delivery of prescribed drugs and dressings. This excludes hearing aids unless the hearing benefit has been purchased.</p> <p>ii) Ancillary charges following treatment as an inpatient or day patient including the purchase or rental of crutches and costs associated with the initial purchase or rental of a wheelchair.</p> <p>iii) External prosthetics required following surgery, including braces and calipers, artificial eyes and the initial purchase and fitment of an artificial limb.</p> <p>iv) Orthotic supplies including insoles and orthotic supports. This benefit excludes provision, modifications and fitment of furniture or adaptations to the home</p>
Out-patient Psychiatric	Benefit and Exclusion	Benefit schedule, Pre-sale brochure, Member handbook	<p>Exclusion 20: Costs in respect of a psychotherapist or psychologist, (unless referred to by and under the direct control of a Psychiatrist), a family therapist or bereavement counselor.</p> <p>For Bens schedule and Pre-sell: For outpatient psychiatric treatment, including specialist consultations, all treatment must be pre-authorised by us and must at all times be administered under the direct control of a registered psychiatrist.</p>	<p>Exclusion 20: Costs in respect of a psychotherapist or psychologist, (unless referred to by and under the direct control of a medical practioner), a family therapist or bereavement counselor.</p> <p>For Bens schedule and Pre-sell: For outpatient psychiatric treatment, including specialist consultations, all treatment must be pre-authorised by us and must at all times be administered under the direct control of a medical practitioner.</p>

Learning difficulties	Exclusion 21	Member handbook	Treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems in children (except as covered under the Wellness benefit)	Treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems (except as covered under the Wellness benefit, if purchased)
Self-treatment	Exclusion 35	Member handbook	Self-treatment, or treatment provided by a Direct Family Member. This includes but is not limited to prescribed medication, diagnostic tests and surgical procedures	Self-treatment, or treatment provided by a Direct Family Member. This includes but is not limited to prescribed or non-prescribed medication, diagnostic tests and surgical procedures
Pre-authorisation	Other	Member handbook	<p>We require members to obtain prior approval (pre-authorisation) from us before commencing the following treatments:</p> <ul style="list-style-type: none">i) Planned inpatient or day patient treatment (hospitalisation)ii) Any pregnancy or childbirth treatmentiii) Planned surgeryiv) Home nursing chargesv) Planned MRI, PET and CT scansvi) Infertility treatment (if purchased)vii) Outpatient psychiatric <p>We also require pre-authorisation when seeking emergency evacuation. Failure to obtain pre-authorisation from us when commencing any of the above treatments may result in your claim being declined by us</p>	ii) Any pregnancy or childbirth treatment (with the exception of routine pre-natal checks)