

Important changes to Mediksure plans that renew on or after 1 July 2007

We have re-written the Membership Guide for this policy year and we recommend that you read it together with the below information. Please contact Expacare in the UK or Global Assistance in Jakarta, if you have any questions.

Benefit Improvements

The overall maximum for hospital treatment and related services on the Platinum Plan, has been increased to \$250,000 per benefit year.

Premium Increase

We have not increased our premiums for 2 years, however given the average increase of medical costs being 8% per year, we are obliged to increase our premiums in order to accommodate the ongoing escalation in treatment costs both locally and globally. This year, our premiums have increased by 12 %.

Change in Area of cover

There will now be only one area of cover, SE Asia, which will include: Indonesia, Singapore, Thailand, Cambodia, Malaysia, East Timor, Philippines and Vietnam. Outside of SE Asia, Out of Area Emergency cover will apply. This provides a maximum benefit of \$34,000 for emergency treatment for a single trip of up to six weeks.

Country of Residence

To be eligible to join the Mediksure plan, or renew your Mediksure plan the country of residence needs to be either Indonesia or Thailand. Should your Country of Residence change during the year following renewal then you will no longer be eligible for coverage under the Mediksure plan.

Change in Underwriting

Any existing exclusion will remain in force and a two year moratorium will be applied which excludes treatment for pre-existing conditions. The definition of a pre-existing condition is:

Any known medical condition (or related condition), that has, in the two years immediately before the enrolment date, or the enrolment date of a dependant, had one or more of the following characteristics:

- It has been diagnosed
- It has needed medical treatment (including drugs, special diets and injections)
- Medical advice has been asked for, including check-ups
- Medical advice should have been asked for if recognised clinical advice had been followed
- It has undiagnosed symptoms, whether recognised or not.

After two years of continuous cover pre-existing conditions will become eligible for benefit (unless the condition or benefit is specifically excluded) if, at the first time of receiving treatment, the insured person has not:

- Suffered any symptoms
- Consulted any physician for check-ups, medical treatment or advice
- Taken any medication including drugs, special diets and injections for that condition, or any related condition, for a continuous period of two years.

Submitting a Claim

The time limit for submitting a claim has been increased from 30 days to 90 days.