

Flakeseed Foundation - Standard Health Insurance Policy

Policy Document Title	Flakeseed Foundation Comprehensive Health Plan
Version Date	23-10-2025
Policy Version ID	2025.FLAKE.A
Effective Date Range	01-11-2025 to 31-10-2026
General Contact Center	+62 21 555-FLAKE (Claims & General Inquiries)
Emergency Hotline	140-FLAKE (24/7 Medical Assistance)

SECTION 1: DEFINITIONS AND KEY TERMS

The following terms have the meaning set forth below whenever used in this Policy:

- **Annual Limit:** The maximum amount the Company will pay for Covered Services for any Insured Person during one Policy Year.
- **Coinsurance:** The percentage of medical costs that the Insured Person is required to pay after the Deductible has been met.
- **Deductible:** A fixed amount the Insured Person must pay out-of-pocket each Policy Year before the Company begins to pay for Covered Services.
- **Usual, Customary, and Reasonable (UCR):** The charge for medical care that is consistent with the going rate or charge for the same or similar service or supply in the geographic area where the services are rendered.

SECTION 2: SCHEDULE OF BENEFITS AND COMPENSATION LIMITS

This policy offers three tiers of coverage. All benefits are subject to the Annual Limit, Deductible, Coinsurance, and specific Compensation Limits detailed in this section.

Feature	Silver Plan	Gold Plan	Platinum Plan
Annual Limit (Overall)	IDR 500,000,000	IDR 1,500,000,000	IDR 5,000,000,000
In-Patient Hospitalization	Covered	Covered	Covered

Annual Deductible	IDR 5,000,000 (Per Policy Year)	IDR 2,500,000 (Per Policy Year)	IDR 0 (Waived)
Out-Patient Coinsurance	20% (Insured Pays)	10% (Insured Pays)	0% (Fully Covered)
Maternity/Childbirth	Excluded	Up to IDR 50,000,000	Up to IDR 150,000,000
Dental & Vision	Excluded	Emergency Dental Only	Comprehensive Dental & Vision
Room & Board Limit	IDR 500,000/Day	IDR 1,500,000/Day	Private Room (UCR)

2.1 IN-PATIENT HOSPITALIZATION (BEN-101)

This benefit covers necessary expenses incurred for room and board, intensive care unit (ICU) charges, operating theater, specialist fees, and prescribed medication during an admission. All admissions require pre-authorization to be eligible for the Guarantee of Payment (GOP) system.

2.2 OUT-PATIENT TREATMENT (BEN-102)

This benefit covers necessary consultations with General Practitioners and Specialists, laboratory tests, and prescribed drugs outside of a Hospital admission. Payment is subject to the stated Coinsurance, except where specifically excluded or limited.

SECTION 3: GUARANTEE OF PAYMENT AND REIMBURSEMENT

3.1 DIRECT GUARANTEE OF PAYMENT (GOP)

The Company offers a direct payment facility to its network of hospitals and clinics. Under this system, upon verification of eligibility and pre-authorization, the Company will settle Covered Services directly with the healthcare provider.

- **Eligibility:** Applies to all In-Patient services and Out-Patient services over IDR 5,000,000.

- **Process:** The Insured Person or a representative must notify the Emergency Hotline prior to admission or within 24 hours of an emergency admission. The Company will issue a **Guarantee of Payment (GOP)** to the provider, subject to the Annual Limit and compensation limits.
- **Insured's Responsibility:** The Insured is responsible for any Deductible, Coinsurance, or charges exceeding the UCR limits (as defined in **SECTION 1**), which must be paid directly to the provider at the point of service.

3.2 REIMBURSEMENT CLAIMS

If the Insured receives treatment from a non-network provider or fails to obtain a GOP, they must pay the provider directly and then submit a claim for reimbursement.

- **Submission Deadline:** Claims must be submitted within ninety (90) days from the date of discharge or treatment.
- **Required Documentation:** Completed claim form, original receipts, detailed medical reports, and itemized bills.
- **Payment:** Reimbursement is subject to the Policy's benefits and compensation limits. Payments will be made via bank transfer to the Insured Person's account within 14 working days of claim **Adjudication**.

SECTION 4: GENERAL EXCLUSIONS

The Company shall not be liable to pay for any expenses arising from or in connection with:

1. Cosmetic surgery or treatment unless resulting from an accident.
2. Experimental or unproven medical services, as determined by the Ministry of Health.
3. Self-inflicted injury, suicide, or attempted suicide.
4. Treatment for illnesses or injuries arising from war, civil unrest, or active participation in criminal activities.
5. Treatment for alcohol or drug abuse and any resulting complications.

SECTION 5: TERMS AND CONDITIONS

5.1 Policy Renewal

This Policy is renewable annually, subject to the payment of the premium on or before the Expiration Date. The Company reserves the right to review and adjust premiums annually.

5.2 Governing Law

This Policy shall be governed by and construed in accordance with the laws of the Republic of Indonesia.

5.3 Changes and Amendments

Any change to the terms, conditions, or benefits of this Policy, including the compensation limits listed in **Section 2**, must be made by a written endorsement signed by an authorized officer of the Company.

DISCLAIMER

This is a mock-up policy document created solely for the purpose of testing a Retrieval-Augmented Generation (RAG) system. This document is not a legally binding contract and should not be used for any real-world insurance or financial purpose. This is the official policy document of the *Flakeseed Foundation*.