

**Tender number: 10051482**  
**Assignment: GIZ Indonesia Health Insurance Benefit Package for 2027**  
**Project name: GIZ Office Indonesia**  
**Project number: 92.9070.1-001.00**

- The total point for scheme design is lower than 60 points (or another fixed points upon GlZ decision on the total points)
- The total premium (healthcare premium and health checkup fee) is double than current premium
- The insurer refuses to manage Outpatient Package

[illegible]

|   |                                                                                                                                            |     |                                                             |  |   |  |   |  |   |  |   |
|---|--------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------|--|---|--|---|--|---|--|---|
| 1 | Use TPA service                                                                                                                            | 4   | If insurer use TPA, they would get 5 points as an advantage |  | 0 |  | 0 |  | 0 |  | 0 |
| 2 | Maintenance of direct billing service during payment premium warranty (GIZ has not pay premium during that period but GIZ will pay ontime) | 3   |                                                             |  | 0 |  | 0 |  | 0 |  | 0 |
|   | SUB-TOTAL V                                                                                                                                |     |                                                             |  | 0 |  | 0 |  | 0 |  | 0 |
|   | TOTAL TECHNICAL SCORE                                                                                                                      | 100 |                                                             |  | 0 |  | 0 |  | 0 |  | 0 |
|   | RANK                                                                                                                                       |     |                                                             |  |   |  |   |  |   |  |   |

Assessed by:

\_\_\_\_\_  
Date, full name, function, OU

\_\_\_\_\_  
Date, full name, function, OU

Annex 1 to Technical Assessment Grid

Scoring: 1 - 4: worse than expected benefit / 5: expected benefit / 6: better than expected benefit

1. GENERAL INFORMATION

| No.                       | Description                                                                                                                                         | GIZ Expectation Program for 2027                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Insurer 1 | Insurer 2 | Insurer 3 | Insurer ... | Remarks |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-------------|---------|
| 1                         | WAITING PERIOD<br>(Waiting period of this policy and Eligible insured person are taken continuously since their first joining date into GIZ scheme) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |           |           |             |         |
| 1.1                       | For existing member                                                                                                                                 | waived                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |           |           |             |         |
| 1.2                       | For new member and existing member not meeting the waiting period                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |           |           |             |         |
| 1.2.1                     | Miscarriage, abortion, pregnancy treatment, ovaritisotomy, complication of pregnancy as prescribed by the attending doctors                         | 60 day, pro rata claim payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |           |           |             |         |
| 1.2.2                     | Childbirth                                                                                                                                          | 270 day, pro rata claim payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |           |           |             |         |
| 2                         | Continuous cover                                                                                                                                    | Included<br>When this policy replaces a latest prior insurance policies taken up by the Policyholder, the Insurer agrees to continuously cover for Medical expenses following diseases/illnesses, accident, maternity... including all on-going treatments that are not excluded by this policy, up to the limit granted under the policy from the inception date. Waiting period of this policy is taken continuously since their first joining date in previous insurance year with previous Insurer in 2024 - 2025.<br>Renewed Employees suffered from cancer during previous insurance policy with policyholder are entitled to renew and covered by all benefits under this renewal policy. |           |           |           |             |         |
| 3                         | Age Limit                                                                                                                                           | 0 years old to 70 years old                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |           |           |             |         |
| 4                         | Eligible Person                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |           |           |             |         |
| 5                         | Insurance for staffs working for projects terminate before the expiry date of the contract                                                          | - Premium for Healthcare benefit: will be calculated on a pro-rata basis with full year benefit (full Sum Insured)<br>- Premium for Annual health check: will be fully charged for the Insured Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |           |           |             |         |
| 6                         | Automatic Addition or Deletion Clause (monthly update)                                                                                              | 1. Addition:<br>- Premium for Healthcare benefit: will be calculated on a pro-rata basis with full year benefit (full Sum Insured)<br>- Premium for Annual health check: will be fully charged for the Insured Person<br>2. Deletion:<br>- Premium for Healthcare benefit: will be refunded on a pro-rata basis at the expiry date of the Policy subject to no claim arising.<br>- Premium Annual health – check will be fully refunded subject to no annual check up claim arising                                                                                                                                                                                                              |           |           |           |             |         |
| 7                         | Special Note                                                                                                                                        | For 1 insured person suffering cancer: is entitled to renew and be covered by all benefits under this renewal policy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |           |           |             |         |
| 8                         | Geographical limit                                                                                                                                  | Indonesia, Worldwide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |           |           |             |         |
| Sub-total score I         |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0         | 0         | 0         | 0           |         |
| Total number of criteria: |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12        | 12        | 12        | 12          |         |
| Sub-total average score I |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0         | 0         | 0         | 0           |         |

## 2. HEALTHCARE BENEFITS

| No.   | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GIZ Expectation Program for 2027                                                                                 | Insurer 1 | Insurer 2 | Insurer 3 | Insurer ... | Remark     |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-------------|------------|
| 1     | <b>Hospitalization &amp; Surgical flw. Occupational accident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |           |           |           |             | (option 1) |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |           |           |           |             | (option 2) |
| 2     | <b>Hospitalization &amp; Surgical flw. illness, childbirth</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |           |           |           |             |            |
| 2.1.  | Limit per day per person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |           |           |           |             |            |
| (1)   | <i>Hospital Charges: Maximum limit/day (including day-patient), not limited number of days.</i><br><i>- Hospital accommodation</i><br><i>In state-owned hospital: covered for all type of rooms</i><br><i>In private, international: standard room based on plan</i><br><i>- Intensive Care Unit room</i><br><i>- Blood aid or blood plasma</i><br><i>- Drugs &amp; medicines during treatment</i><br><i>- Dressings, ordinary splints and plaster casts</i><br><i>- Physiotherapy (if necessary during hospitalization and prescribed by doctor)</i><br><i>- Intravenous infusions</i><br><i>- X-rays, MRI, CT and PET scans, diagnostic test indicated by attending doctor during hospitalization</i><br><i>- Birth delivery charges</i><br><i>- Other eligible related medical expenses</i> |                                                                                                                  |           |           |           |             |            |
| 2.2   | Surgical Operation: relating to an in-patient, day-patient, out-patient surgical operation, including but not limited to:<br>- Fees for the surgical procedure<br>- Necessary surgical appliances/materials<br>- Operating theatre<br>- Anesthetizing fees<br>- Fees for pre-operation diagnosis<br>- Fees for post-operation recovery<br>- Organ transplantation (excl. organ acquisition and donor related expenses)<br>- Redone operation.                                                                                                                                                                                                                                                                                                                                                  | Up to the Sum Insured                                                                                            |           |           |           |             |            |
| 2.3   | Out-patient Surgical Operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | including in 2.2 subject to providing surgery certificate                                                        |           |           |           |             |            |
| 2.4.  | Hospital cash income - Daily allowance<br>• Not applied for maternity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  |           |           |           |             |            |
| (1)   | <i>Stated-own hospitals</i><br><i>excluding : high quality department/international department / voluntary department / serviced department of State-owned hospitals, treatment following chinese/ ori-ental doctors, treatment at national hospital of acupunc-ture or similar hospital</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |           |           |           |             |            |
| (2)   | <i>Other hospitals such as International hospitals and Private hospitals, including: high quality department/international depart-ment / voluntary department / serviced department of State-owned hospitals</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |           |           |           |             |            |
| 2.5.  | Burial Cost for death (regardless of death in hospital or at home)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  |           |           |           |             |            |
| 2.6.  | Home Nursing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |           |           |           |             |            |
| 2.7.  | Pre-hospitalization treatments (30 days)<br>Post hospitalization treatments (30 days) (not applied for maternity)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  |           |           |           |             |            |
| 2.8.  | Ambulance Services within Indonesia (limit to hospital/clinic ambulances)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Full refund                                                                                                      |           |           |           |             |            |
| 2.9.  | Emergency ward treatment /day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Full refund                                                                                                      |           |           |           |             |            |
| 2.10. | Maternity Care including prenatal checkup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Maternity 90% from total bill (with maximum roomboard IDR 700,000). Prenatal annual limit maximum IDR. 6,000,000 |           |           |           |             |            |

|      |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| (1)  | Pregnancy complication and normal delivery                                                                                                                                                                                                                                                                                                                                                                              | As per limit per day and surgical procedure (2.1-2.2), up to sum insured                                                                                                                                                                                                         |  |  |  |  |  |
| (2)  | Limit for Surgical Operation                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| (3)  | <ul style="list-style-type: none"> <li>cover for medical expenses arising within 0 days immediately after delivery including vaccine, congenital disease, personal cost for baby</li> <li>provided mother has not been discharged from hospital</li> </ul>                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| (4)  | Allowance for Childbirth at State-owned hospital (also apply at high quality department/international department/voluntary department/serviced department of State-owned hospitals)                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| 3    | <b>Out patient treatment following illness (including basic dental care)</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| 3.1. | Maximum times of doctor visit per year                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| 3.2. | Maximum limit per doctor visit                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| 3.3  | Physiotherapy (max. 60 days/year)<br>Reasonable & necessary Physiotherapy indicated by Doctor and done at Hospitals/ legally-licensed Multi-Warded Clinics/ legally-licensed Physiotherapy Clinics having work permit practicing on Physiotherapy                                                                                                                                                                       |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| 3.4. | Dental care (including in limit of annual outpatient treatment)                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| (1)  | Total limit per year                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| (2)  | Only including: Dental check including x-ray (bite wings) , treatment of gingivitis, periodontal disease, filling fault/decayed teeth including dental cervical abrasion (amalgam, composite, gic or similar material with same price), root canal treatment (devitalisation), and extraction/minor surgery/surgery of decayed/fault teeth (including but not limited to: decayed tooth, erupted teeth, impacted teeth) |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| (3)  | Scaling/ Teeth cleaning                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| (4)  | Eligible dental clinics                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| 3.5. | Prenatal check-up (excluding in limit of Out-patient treatment) including blood test/urine test/consultation fee/ ultra-sound 2d and 3d                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
| 4    | <b>Mental Illness</b>                                                                                                                                                                                                                                                                                                                                                                                                   | Cover All medical cares and treatments in connection with stress, depression, neurosis, manifestation of psychosomatic, geriatric condition, psycho-geriatric, or other peculiarities and mental disorder as long as the treatment is not carried out in a psychiatric hospital. |  |  |  |  |  |
| 5    | <b>Hepatoprotektor dan Urolitikum</b>                                                                                                                                                                                                                                                                                                                                                                                   | Covered all treatment related to Hepatoprotektor dan Urolitikum                                                                                                                                                                                                                  |  |  |  |  |  |
| 6    | <b>Hormonal dan Genital Diseases</b>                                                                                                                                                                                                                                                                                                                                                                                    | Covered all treatment related to Hormonal dan Genital Diseases as long as not related to sexual trasmitted diseases                                                                                                                                                              |  |  |  |  |  |
| 7    | <b>Auto-imun diseases</b>                                                                                                                                                                                                                                                                                                                                                                                               | Covered all treatment related to Auto-imun diseases                                                                                                                                                                                                                              |  |  |  |  |  |
| 8    | <b>Menopause</b>                                                                                                                                                                                                                                                                                                                                                                                                        | Covered all treatment related to Pre and Post Menopause                                                                                                                                                                                                                          |  |  |  |  |  |
| 9    | <b>Chemotherapy and hemodialysis</b>                                                                                                                                                                                                                                                                                                                                                                                    | Covered all treatment related to Chemotherapy and hemodialysis under inpatient benefit                                                                                                                                                                                           |  |  |  |  |  |
| 10   | <b>Mandibular Treatment</b>                                                                                                                                                                                                                                                                                                                                                                                             | Covered all treatment related to Mandibular Treatment under inpatient benefit surgery item                                                                                                                                                                                       |  |  |  |  |  |
| 11   | <b>Speech therapy</b>                                                                                                                                                                                                                                                                                                                                                                                                   | Covered all treatment related to Speech therapy                                                                                                                                                                                                                                  |  |  |  |  |  |
| 12   | <b>Congenital Disorders and Hereditary Diseases</b>                                                                                                                                                                                                                                                                                                                                                                     | Covered all treatment related to Congenital Disorders and Hereditary Diseases                                                                                                                                                                                                    |  |  |  |  |  |

|                            |          |  |    |    |    |    |  |
|----------------------------|----------|--|----|----|----|----|--|
| 13                         | HIV/AIDS |  |    |    |    |    |  |
| Sub-total score II         |          |  | 0  | 0  | 0  | 0  |  |
| Total number of criteria:  |          |  | 35 | 35 | 35 | 35 |  |
| Sub-total average score II |          |  | 0  | 0  | 0  | 0  |  |

### 3. OTHER TERMS AND CONDITIONS

| No.                         | Description                                                                                                                                                                                                                                                                                                              | GIZ Expectation Program for 2027    | Insurer 1 | Insurer 2 | Insurer 3 | Insurer ... | Remark |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|-----------|-----------|-------------|--------|
| 1                           | Automatic extension clause (30 days at Prorata Premium)                                                                                                                                                                                                                                                                  | Yes                                 |           |           |           |             |        |
| 2                           | Automatic additions and deletion (monthly declaration)                                                                                                                                                                                                                                                                   | Yes                                 |           |           |           |             |        |
| 3                           | Cancellation notice amended to 60 days clause                                                                                                                                                                                                                                                                            | Yes                                 |           |           |           |             |        |
| 4                           | Chinese Physcian/Chiropractor Treatment expenses following illness                                                                                                                                                                                                                                                       | Yes                                 |           |           |           |             |        |
| 5                           | Foods and Drinks Poisoning clause:<br>(Notwithstanding the provisions and conditions of the policy, it is hereby agreed and understood that the Policy is extended to cov-er for bodily injury of the insured employees caused by poisoning (including but not limited to poisoning of food, gas, toxic substance, etc.) | as per limit inpatient / outpatient |           |           |           |             |        |
| 6                           | Premium payment warranty (30 days)                                                                                                                                                                                                                                                                                       | Yes                                 |           |           |           |             |        |
| 7                           | Suffocation and Inhalation of poisonous fumes/gas extension                                                                                                                                                                                                                                                              | Yes                                 |           |           |           |             |        |
| 8                           | Occupational diseases/sickness Clause: Please refers to Labor Law                                                                                                                                                                                                                                                        | Yes                                 |           |           |           |             |        |
| 9                           | Reinstatement of the effectiveness of insurance contract                                                                                                                                                                                                                                                                 |                                     |           |           |           |             |        |
| Sub-total score III         |                                                                                                                                                                                                                                                                                                                          |                                     | 0         | 0         | 0         | 0           |        |
| Total number of criteria:   |                                                                                                                                                                                                                                                                                                                          |                                     | 9         | 9         | 9         | 9           |        |
| Sub-total average score III |                                                                                                                                                                                                                                                                                                                          |                                     | 0         | 0         | 0         | 0           |        |

### 4. EXTENSIONS

| No. | Description                                                                                                                                                                                                                                                                                                                                                                                                             | GIZ Expectation Program for 2027 | Insurer 1 | Insurer 2 | Insurer 3 | Insurer ... | Remark |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------|-----------|-----------|-------------|--------|
| 1   | The insured has abnormal symptoms, the insurer agreed to pay 100% expenses for consultant fee, all laboratory tests, ultra sound or X-ray (linked to the symptoms) according to instruction of doc-tor although the results of the tests is normal or the diagnosis can not be defined (subject to the relevant limit & exclusions of the contract): maxium paid 5% of limit per visit, up to 10% of outpa-tient limit. | covered                          |           |           |           |             |        |
| 2   | Surgery of diseased teeth (including wisdom tooth, erupted teeth, impacted teeth) is covered under "Hospitalization/In-patient treat-ment" section subject to instruction from doctor provided that Cer-tificate of surgery/operation can be submitted.                                                                                                                                                                 | covered                          |           |           |           |             |        |
| 3   | Accept out-patient treatments at Private doctor offices (who have no stamp and cannot issue invoice), if doctor has a work-permit and clinic has a business registration certificate, covers max IDR 8.300.000/year including consultation fee + medicine fee combined if providing retail invoice. Medicine can be bought at outside pharmacies.                                                                       | covered                          |           |           |           |             |        |

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |  |  |  |  |  |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|--|--|
| 4    | Day-patient is covered under Sub limit for "Hospitalization charge/day" of "Hospitalization/In-patient treatment" (Hospital discharge form will be required). Daily allowance is not applied to day-patient treatment.                                                                                                                                                                                                                                                                                                                            | covered |  |  |  |  |  |
| 5    | Fee for minor operation/ surgery (including operation/ surgery in case of complication of pregnancy treatment) : pay up to Limit for Operation charge under "Hospitalization/In-patient treatment" as Day-patient surgery provided that Certificate of surgery/operation can be submitted as day-patient surgery. Daily allowance is not applied to day-patient treatment.                                                                                                                                                                        | covered |  |  |  |  |  |
| 6    | Foods & Drinks Poisoning is covered under Illness Condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | covered |  |  |  |  |  |
| 7    | Eyes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | covered |  |  |  |  |  |
| 8    | Cover for medical treatment for abnormality in biochemical, transformation test result including but not limited to high blood lipid, high hepatic enzyme, low blood calcium or similar condition: as per inpatient and/or outpatient limit.                                                                                                                                                                                                                                                                                                      | covered |  |  |  |  |  |
| 9    | Vitamins/Minerals: insurer agrees to pay if the condition meets the below criteria in a same prescription by Doctor for a same Doctor visit:<br>- Prescribed by doctor<br>- Directly and actively support for relevant concluded ill-ness/accident<br>- In a same prescription, there must be core medicine that mainly used to treat illness/accident<br>- Cost for vitamins/minerals/Food Supplement can be covered as long prescribed by the Doctor for all the benefits of Inpatient, Outpatient and Dental Care and cashless system applies. | covered |  |  |  |  |  |
| 10   | Inpatient treatment for pregnancy complication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |  |  |  |  |  |
| 11   | Saltwater, seawater or medical preparation not registered as drugs (hummer, Xisat, Physomer...)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |  |  |  |  |  |
| 12   | Any screening tests indicated by doctor but from which the results of the tests is normal or the diagnosis can not be defined would be paid under extension clause 1 and when the limit of extension clause 1 is exhausted, such tests will be paid under health checkup benefit.                                                                                                                                                                                                                                                                 | covered |  |  |  |  |  |
| 13   | Special extensions related to claim procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |  |  |  |  |  |
| 13.1 | For in-patient treatment at state-owned hospitals: Insurer agrees not to request hospital breakdown invoice provided that the claimed expenses is under IDR XXX and in-sured person uses state health insurance.                                                                                                                                                                                                                                                                                                                                  | covered |  |  |  |  |  |
| 13.2 | <i>For outpatient treatment in state-owned hospitals</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | covered |  |  |  |  |  |
| 14   | Breakdown of invoice is NOT required (this document will be required in case of necessary) provided that the treat-ed items (for example: consultant fee, x-ray,...) must be clearly listed in the invoice: applied for invoice under                                                                                                                                                                                                                                                                                                             | covered |  |  |  |  |  |
| 15   | Accept max. 2 receipts (not financial invoice) per drug prescription, pay max IDR XXX /receipt.                                                                                                                                                                                                                                                                                                                                                                                                                                                   | covered |  |  |  |  |  |
| 16   | For maternity package at state-owned hospitals, breakdown of invoice is not required.                                                                                                                                                                                                                                                                                                                                                                                                                                                             | applied |  |  |  |  |  |
| 17   | Receipt (not financial invoice) issued by licenced medical centres located in remote areas (not cities) are accepted. Limit IDR XXXX/year (including all fees related to the visit such as consultation fee, medicine, laboratory test, ultra sound or X-ray)                                                                                                                                                                                                                                                                                     | applied |  |  |  |  |  |

|                            |                                                                                                                                                                                      |                                                                                                           |    |    |    |    |  |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----|----|----|----|--|
| 18                         | Copies of medical documents (not invoice) with authorised signature of the Company are accepted                                                                                      | Yes                                                                                                       |    |    |    |    |  |
| 19                         | Medical documents incl. doctor prescriptions (not VAT in-voice) issued by state-owned hospitals are accepted with "Paid" stamp issued by responsible hospital depart-ments/sections. | Yes                                                                                                       |    |    |    |    |  |
| 20                         | Policy Flexibility (Maternity)                                                                                                                                                       | There are 2 layer coverage for Maternity, refer to Annual Limitation and Room Booard Max. IP-700.         |    |    |    |    |  |
| 21                         | Policy Flexibility (Malaria)                                                                                                                                                         | Employee and Trainee that are not listed as Insurance member will still be covered by GIZ with ASO Scheme |    |    |    |    |  |
| 22                         | Health Talk & Mini MCU                                                                                                                                                               | Budget IDR 30 Million for Wellness Program                                                                |    |    |    |    |  |
| Sub-total score IV         |                                                                                                                                                                                      |                                                                                                           | 0  | 0  | 0  | 0  |  |
| Total number of criteria:  |                                                                                                                                                                                      |                                                                                                           | 24 | 24 | 24 | 24 |  |
| Sub-total average score IV |                                                                                                                                                                                      |                                                                                                           | 0  | 0  | 0  | 0  |  |

## Annex 2 to Technical Assessment Grid

Scoring: 1 - 4: worse than expected benefit / 5: expected benefit / 6: better than expected benefit

### I.

| No. | Category               | Item                                                                   | Requirement in B&T 2027                                                                                                                                                                                             | Insurer 1 | Insurer 2 | Insurer 3 | Insurer .... | Remarks |
|-----|------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|--------------|---------|
| 1   | General Conditions     | <b>Continuation of cover for members hospitalised at policy expiry</b> | Covered until recovered/discharged, max. 30 calendar days after expiry or until benefit is exhausted, whichever first.                                                                                              |           |           |           |              |         |
| 2   | General Conditions     | <b>Multi-year arrangement</b>                                          | 3-year period with same premium; renewal premium based on tiered claim-ratio formula (insurer to state the formula).                                                                                                |           |           |           |              |         |
| 3   | General Conditions     | <b>Profit sharing</b>                                                  | 50% x ((60% x Premium) - Claims); claims incl. outstanding; paid max. 90 days after expiry if the policy is renewed.                                                                                                |           |           |           |              |         |
| 4   | General Conditions     | <b>Cashless system</b>                                                 | Cashless swipe card via AdMedika provider network (or equivalent with at least the same provider coverage) + reimbursement for all benefits.                                                                        |           |           |           |              |         |
| 5   | Inpatient              | <b>Benefit reinstatement</b>                                           | 14 days after discharge for inner limits; 0 days for as-charged benefits.                                                                                                                                           |           |           |           |              |         |
| 6   | Inpatient              | <b>Room upgrade tolerance</b>                                          | Room not available/full (hospital letter): up 1 class, then 1 more (max. 2 levels), cashless, no day limit. Own request (APS): inner-limit table applies, still cashless; excess paid on the spot.                  |           |           |           |              |         |
| 7   | Inpatient              | <b>Non-provider hospitals</b>                                          | Room tolerance applies, on reimbursement basis.                                                                                                                                                                     |           |           |           |              |         |
| 8   | Inpatient              | <b>Chemotherapy, radiotherapy, hemodialysis</b>                        | Covered incl. procedure, doctor, drugs and diagnostics; < 24 hours treatment under Miscellaneous Hospital benefit.                                                                                                  |           |           |           |              |         |
| 9   | Inpatient              | <b>Implants</b>                                                        | Ring, pen, plate, screw, K-wire, stent, IOL, hearing aid, pacemaker, cimino covered under surgery benefit.                                                                                                          |           |           |           |              |         |
| 10  | Inpatient              | <b>Organ transplant</b>                                                | Transplant surgery covered; excl. organ purchase, donor fees and donor surgery/recovery.                                                                                                                            |           |           |           |              |         |
| 11  | Inpatient              | <b>Hernia</b>                                                          | Covered with medical indication, no age limit.                                                                                                                                                                      |           |           |           |              |         |
| 12  | Inpatient              | <b>Circumcision / phimosis</b>                                         | Covered with medical indication, no age limit.                                                                                                                                                                      |           |           |           |              |         |
| 13  | Inpatient              | <b>Medical evacuation</b>                                              | All members from remote areas to nearest adequate facility; max. IDR 10m/member/year; cashless via 24h call centre (ambulance, helicopter, air).                                                                    |           |           |           |              |         |
| 14  | Inpatient              | <b>Pool fund / buffer</b>                                              | IDR 100m (TC) - Additional #19 states IDR 250m, GIZ to confirm; for all excess, exclusions, rejected claims and vaccines with HR written approval; no top-up, no refund.                                            |           |           |           |              |         |
| 15  | Inpatient              | <b>COVID-19 &amp; hospital protocol</b>                                | Covered incl. PPE (APD) and hospital protocol, also overseas; excl. specified drugs.                                                                                                                                |           |           |           |              |         |
| 16  | Inpatient              | <b>Administration cost &amp; stamp duty</b>                            | Covered (inpatient and outpatient).                                                                                                                                                                                 |           |           |           |              |         |
| 17  | Outpatient & Dental    | <b>Immunisation</b>                                                    | All vaccine types for all members, no referral required.                                                                                                                                                            |           |           |           |              |         |
| 18  | Outpatient & Dental    | <b>Family planning &amp; sterilisation</b>                             | IUD, pill, injection, implant incl. insertion/removal and complications; tubectomy/vasectomy; employees and spouses.                                                                                                |           |           |           |              |         |
| 19  | Outpatient & Dental    | <b>Repeat prescription for chronic</b>                                 | Max. 3 times within 3 months.                                                                                                                                                                                       |           |           |           |              |         |
| 20  | Outpatient & Dental    | <b>Well-baby check</b>                                                 | Within 7 days after discharge, under the baby's own outpatient benefit, even if the baby is healthy.                                                                                                                |           |           |           |              |         |
| 21  | Maternity (ASO)        | <b>Maternity eligibility &amp; room</b>                                | Married female employees and employees' wives up to age 45 (45 y 11 m); room max. IDR 700,000 with no tolerance; excess formula for higher room.                                                                    |           |           |           |              |         |
| 22  | Medical Check-Up (ASO) | <b>Medical check-up</b>                                                | IDR 2m; employees < 45: 1x per 2 years; > 45: annually.                                                                                                                                                             |           |           |           |              |         |
| 23  | ASO Terms              | <b>ASO administration</b>                                              | No ASO fee; initial deposit IDR 200m; invoices anytime, payable within 14 days; notice at 50% usage, suspension at 75% if not topped up; unregistered members only with HR approval; periodic deposit usage report. |           |           |           |              |         |
| 24  | Claims                 | <b>Claim submission &amp; settlement</b>                               | Claim expiry 90 days incl. reclaim (Jabodetabek and outside); COB 120 days from loss date; reimbursement settled within 10 working days (TC) / 7 working days (Additional) of complete documents, paid to employee. |           |           |           |              |         |

|                                  |                        |                                    |                                                                                                                                                                                                                                                                                                                                                                          |    |    |    |    |  |
|----------------------------------|------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|--|
| 25                               | Claims                 | <b>Excess handling</b>             | Excess paid on the spot (later excess possible); bailout case by case on written HR request.                                                                                                                                                                                                                                                                             |    |    |    |    |  |
| 26                               | Service & Wellness     | <b>Service standards</b>           | 24h call centre, manual guarantee letter, WhatsApp group, hospital monitoring; cards for all members with free replacement; soft-copy handbook; annual socialisation.                                                                                                                                                                                                    |    |    |    |    |  |
| 27                               | Service & Wellness     | <b>Wellness program</b>            | Wellness budget max. IDR 30m; health talk max. 3x/year; mini MCU booth.                                                                                                                                                                                                                                                                                                  |    |    |    |    |  |
| 28                               | Technology & Reporting | <b>Telemedicine</b>                | Integrated telemedicine (e.g. Halodoc, Good Doctor) on cashless or reimbursement basis, deducted from benefit limit.                                                                                                                                                                                                                                                     |    |    |    |    |  |
| 29                               | Technology & Reporting | <b>Digital claims</b>              | Softcopy claims via app (no original documents); claim form not mandatory if information is complete.                                                                                                                                                                                                                                                                    |    |    |    |    |  |
| 30                               | Technology & Reporting | <b>Mobile app &amp; web portal</b> | App with provider locator, e-claim and e-card; web portal for HR & broker (alterations, claims, providers).                                                                                                                                                                                                                                                              |    |    |    |    |  |
| 31                               | Technology & Reporting | <b>Alerts &amp; notifications</b>  | Alert for treatment estimated > IDR 50m and/or excess > IDR 10m; inpatient admission notification to HR & broker.                                                                                                                                                                                                                                                        |    |    |    |    |  |
| 32                               | Technology & Reporting | <b>Claims reporting</b>            | Quarterly claim utilisation reports (MIR suggests monthly data + quarterly analysis by diagnosis/provider).                                                                                                                                                                                                                                                              |    |    |    |    |  |
| 33                               | Technology & Reporting | <b>Insurer information</b>         | Establishment, ownership, RBC, number of corporate clients, provider network, TPA, app, e-card, e-claim, telemedicine, 24/7 PIC, reporting & analytics.                                                                                                                                                                                                                  |    |    |    |    |  |
| 34                               | Specific Diagnoses     | <b>Additional diagnoses</b>        | Congenital: umbilical hernia < 10 y, micropenis + hypospadias; newborn screening (Engerix, OAE, vision, thyroid, 17-OHP, G6PD); developmental: feeding difficulties incl. mother's mastitis/nipple crack, speech therapy, Asperger; panic disorder; secondary amenorrhea due to diet therapy; dry eye syndrome incl. artificial tears; pre/menopause hormonal treatment. |    |    |    |    |  |
| <b>Sub-total score I</b>         |                        |                                    |                                                                                                                                                                                                                                                                                                                                                                          | 0  | 0  | 0  | 0  |  |
| Total number of criteria:        |                        |                                    |                                                                                                                                                                                                                                                                                                                                                                          | 34 | 34 | 34 | 34 |  |
| <b>Sub-total average score I</b> |                        |                                    |                                                                                                                                                                                                                                                                                                                                                                          | 0  | 0  | 0  | 0  |  |

## II.

| No. | Category           | Item                                          | Requirement in B&T 2027                                                                                                                                                                                  | Insurer 1 | Insurer 2 | Insurer 3 | Insurer .... | Remarks |
|-----|--------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|--------------|---------|
| 1   | General Conditions | <b>Pre-existing medical conditions</b>        | Covered from policy commencement for existing AND new members (no pre-existing exclusion).                                                                                                               |           |           |           |              |         |
| 2   | General Conditions | <b>Waiting period</b>                         | Not applicable for all members, incl. new members.                                                                                                                                                       |           |           |           |              |         |
| 3   | General Conditions | <b>Adult age limit</b>                        | Maximum 80 years; no premium loading above age 65.                                                                                                                                                       |           |           |           |              |         |
| 4   | General Conditions | <b>Children eligibility</b>                   | From 0 days regardless of birth condition; unmarried, financially dependent, up to 23 years 11 months and registered full-time student; no limit on number of children.                                  |           |           |           |              |         |
| 5   | General Conditions | <b>Backdated addition / deletion</b>          | 30 calendar days backdate; claims after resignation date billed to HR; monthly alteration billing with cut-off on the 5th.                                                                               |           |           |           |              |         |
| 6   | General Conditions | <b>Premium refund for deleted members</b>     | Pro-rata days x 100% premium, even if claims were made; paid within 3 months of notification.                                                                                                            |           |           |           |              |         |
| 7   | General Conditions | <b>Premium payment &amp; invoicing</b>        | 2 instalments (Oct & Dec 2026, before inception), 30 days from receipt of invoice; invoices split per project (approx. 50 projects).                                                                     |           |           |           |              |         |
| 8   | General Conditions | <b>Continuity of existing terms</b>           | Winner receives a copy of the existing policy; any term differing from the current policy is aligned to the previous policy period.                                                                      |           |           |           |              |         |
| 9   | General Conditions | <b>Geographical coverage</b>                  | Worldwide; outside Indonesia on reimbursement basis. Plus value: cashless worldwide incl. Germany & ASEAN.                                                                                               |           |           |           |              |         |
| 10  | Inpatient          | <b>Inpatient benefit schedule (8 classes)</b> | As per B&T 2027 Benefit Table: IP-350 to IP-2000 (Gol 1-8), annual limit IDR 70m - 291m; dual limits: as charged in entitled room class vs inner limits for higher room / outside Indonesia.             |           |           |           |              |         |
| 11  | Inpatient          | <b>Intensive care</b>                         | ICU / ICCU / HCU / HDU / NICU / PICU / isolation / semi-ICU / intermediate / perinatology, max. 365 days/year; as charged in entitled class (inner limit IDR 1.7m - 1.95m/day for higher room/overseas). |           |           |           |              |         |

|                                   |                     |                                                                    |                                                                                                                                                                                                                                |    |    |    |    |  |
|-----------------------------------|---------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|--|
| 12                                | Inpatient           | <b>Minimum hours for inpatient</b>                                 | Min. 6 hours; < 6 hours with IV/oral medication and room charge is treated as inpatient.                                                                                                                                       |    |    |    |    |  |
| 13                                | Inpatient           | <b>Clinics / Puskesmas; remote areas</b>                           | Reimbursement with stamp & doctor SIP number; clinics with inpatient permit in GIZ remote areas on cashless basis.                                                                                                             |    |    |    |    |  |
| 14                                | Inpatient           | <b>Chronic diseases, oncology, cardiovascular surgery</b>          | All chronic diseases, all types of cancer and cardiovascular surgery covered.                                                                                                                                                  |    |    |    |    |  |
| 15                                | Inpatient           | <b>Congenital &amp; hereditary diseases</b>                        | Covered incl. complications. TC excludes developmental disorders; Additional #6 requests developmental disorders up to age 10 - GIZ to confirm.                                                                                |    |    |    |    |  |
| 16                                | Inpatient           | <b>Pregnancy &amp; delivery complications</b>                      | Covered under inpatient (delivery complications within 40 days of delivery); excess over inpatient limit covered under Maternity ASO at 90%, cashless & reimbursement.                                                         |    |    |    |    |  |
| 17                                | Inpatient           | <b>Emergency outpatient &amp; emergency dental due to accident</b> | Covered within 2 x 24 hours: outpatient IDR 3m - 3.45m and dental IDR 1.5m - 1.725m per event.                                                                                                                                 |    |    |    |    |  |
| 18                                | Inpatient           | <b>Death benefit (santunan duka)</b>                               | IDR 10m - 30m per class; death due to accident or illness within policy period, subject to exclusions.                                                                                                                         |    |    |    |    |  |
| 19                                | Inpatient           | <b>Hospital Cash Plan (HCP)</b>                                    | Daily R&B amount per class when member uses BPJS/other insurer and does not claim COB; min. 1 day; not for maternity. COVID-19 HCP max. 14 days/year.                                                                          |    |    |    |    |  |
| 20                                | Outpatient & Dental | <b>Outpatient benefit</b>                                          | IDR 8.3m/year for all classes; GP as charged; specialist consultation without referral.                                                                                                                                        |    |    |    |    |  |
| 21                                | Outpatient & Dental | <b>Eye examination</b>                                             | Refraction check by ophthalmologist covered under outpatient.                                                                                                                                                                  |    |    |    |    |  |
| 22                                | Outpatient & Dental | <b>Dental scope</b>                                                | Basic (x-ray, filling, extraction, root canal), preventive (scaling, prophylaxis), complex (dental surgery, apicoectomy), gum curettage, restorative (caps, crowns, bridges), dentures due to illness/accident.                |    |    |    |    |  |
| 23                                | Outpatient & Dental | <b>Specific medicines</b>                                          | Hepatoprotector & urolithic drugs; stand-alone vitamins/supplements and BPOM-registered herbal supplements when prescribed for curative purposes (non-MLM, not traditional healer); saltwater/seawater sprays.                 |    |    |    |    |  |
| 24                                | Outpatient & Dental | <b>Other treatments</b>                                            | Acupuncture by acupuncture specialist; auto-immune diseases; endometriosis/cyst/myoma (not fertility-related); hormonal therapy incl. pre/menopause (not fertility-related); genital diseases (STD coverage - GIZ to confirm). |    |    |    |    |  |
| 25                                | Maternity (ASO)     | <b>Maternity limits</b>                                            | Normal/caesarean/miscarriage IDR 35m/year; prenatal & 40-day postnatal IDR 6m/year; complication excess as charged; lab tests on doctor recommendation.                                                                        |    |    |    |    |  |
| 26                                | Glasses (ASO)       | <b>Glasses</b>                                                     | 1x per 2 years, max. IDR 2.5m; lenses incl. contact lenses & photochromic; min. +/- 0.25 prescribed by ophthalmologist; 90% / 100% by class (see inconsistency list).                                                          |    |    |    |    |  |
| <b>Sub-total score II</b>         |                     |                                                                    |                                                                                                                                                                                                                                | 0  | 0  | 0  | 0  |  |
| Total number of criteria:         |                     |                                                                    |                                                                                                                                                                                                                                | 26 | 26 | 26 | 26 |  |
| <b>Sub-total average score II</b> |                     |                                                                    |                                                                                                                                                                                                                                | 0  | 0  | 0  | 0  |  |