



**Dear Valued Client:**

Greetings in Good Health!

We thank you for your interest in PhilCare.

In our thrust to provide the most beneficial healthcare package, we are pleased to share our existing Individual and Family Plans.

Our comprehensive health program ensures services and access to our affiliated physicians, clinics, and/or hospitals nationwide. We are providing the following Annexes for your reference:

Annex A:	PhilCare's Profile and Value Proposition
Annex B:	Table of Rates
Annex C:	Comparative Table of Benefits
Annex D:	Customer Journey Process
Annex E:	List of Limitations and Exclusions

Please note that the member's coverage will be assessed based on the submitted application form and shall be subject to PhilCare's approval guidelines.

Once again, thank you and we look forward to servicing you.

Sincerely yours,  
**PHILHEALTHCARE, INC.**

**MIKE ETCHON**  
*Manager, Emerging Channels and Partnerships*

**Noted:**

**MA. ABIGAIL GARCIA - LISING**  
*Senior Asst. Vice President  
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**\*Inclusion: Rates Matrix**

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## ANNEX A

### COMPANY'S BACKGROUND AND PREMIUM QUALITY CARE GUARANTEES

#### CORPORATE PROFILE

##### WHO IS PHILCARE?

For **40 years**, since 1982, PhilCare has been driven by its vision to see every Filipino enjoy a better quality of life by making world-class and innovative healthcare solutions accessible.

As a revolutionary leader in the HMO industry that continuously improves technology-enabled customer experience by creating dynamic healthcare plans, we have contributed milestones that include the launch of the first prepaid health cards in the market, the HeyPhil app, and the PhilCare Wellness Index research study on the state of health and wellbeing of Filipinos.

PhilCare is also part of the Maestro Holdings Inc., a part of the Tanco Group of companies. Formerly known as STI Investments, Inc., Maestro operates as the umbrella company that encompasses PhilCare, PhilLife, PhilPlans, and its sister company, PhilsFirst, to bring with them the glorious history of unsurpassed financial services to Filipinos.

#### SUSTAINABLE HEALTHCARE

Attuned to the changing needs of the times, PhilCare's extensive ***suite of Corporate plans*** covers hospitalization, out-patient, and emergency healthcare needs across a nationwide network of hospitals, clinics, and physicians. PhilCare also offers ***comprehensive Individual Plan packages*** fit for individuals and Families which provides outright healthcare coverage. To cover the distinct health needs of Filipinos, PhilCare has also made a pioneering effort in 2010 to create Prepaid Health plans which, as of today, has branched out to a variety of possible healthcare services.

#### LEVERAGING TECHNOLOGY

Innovation is a key pillar at PhilCare and through technology, we are able to create one-of-a-kind and timely products and services that help make healthcare management easier for consumers.

- **PhilCare SNAP** is PhilCare's Near Field Communication-enabled membership card. Designed to make hospital transactions faster, more efficient, and more paperless. With just one tap, a member's profile can be instantly accessed including all information they need to avail of medical services.
- **HEY PHIL** is a mobile app developed by PhilCare to provide more convenient and accessible healthcare services to PhilCare members by using the latest artificial intelligence technology that helps members find doctors or hospitals, create LOA, queue automatically, and do digital consultation.
- **PCare EASy (PhilCare Electronic Approval System)** is one of the channels for LOA issuance via the member gateway that can be accessed through the PhilCare website.
- **Member Gateway**, where members are given the ultimate ***PhilCare*** technology-enabled customer experience by allowing them to access for their reference some of the benefits and features of their plan, inquire about affiliated providers, review their personal medical utilization, check APE results, and conveniently file reimbursements.

## OPTIMIZING CONVENIENCE

At PhilCare, customers' utmost convenience is among our top priorities. This is why we continuously find ways to transform existing services and develop new ones that make access to healthcare as easy.

- √ **PhilCare's Home Care Umbrella** includes an array of services such as the **MedHub Mobile**, a mobile clinic on wheels for corporate members and non-member groups to access medical services at the convenience of their offices or homes within Metro Manila. **Home Care Medical Services** of various packages of services including Diabetic Packages, Hypertension Packages, and COVID-related services such as RT-PCR testing, Rapid Antigen (Nasal Swab) testing and the COVID Panel right at their doorsteps.

Lastly, **COVID Home Care Telemonitoring** offers PhilCare members who are confirmed COVID positive but are showing mild or moderate symptoms to be carefully monitored at home. This allows for timely monitoring of symptoms while reducing hospital visits to minimize risk of transmission.

- √ **DigiMed and DigiMed Plus** allows members to consult with doctors through audio or video calls for smarter, more convenient and safer healthcare services.

## CHAMPIONING HOLISTIC WELLNESS

PhilCare believes that being healthy is a state of holistic wellness that gives people the ability to become productive and bring out their fullest potential. With this in mind, we have come up with solutions that are responsive to Filipinos' in relevance to the changing times.

- √ **Mindscapes** is PhilCare's program that addresses well-rounded mental healthcare through the use of modern digital tools to empower each individual / employee. It offers testing/assessment, consultations & counselling, and learning & training programs for companies and individuals.
- √ **The Wellness Index** is PhilCare's industry-pioneering research study on Filipinos' perception of the state of their health and well-being. The three studies conducted since 2014 have led to the development of new products and services that are even more responsive to the health needs and financial capabilities of local consumers.

## MAXIMIZING HEALTHCARE




PhilCare 360 promotes the well-being of our members through initiatives to maintain healthy lifestyles and manage chronic illness.

- √ **ActivNation** is a program that involves holistic wellness events which helps people reaches total wellness – a sound mind, an active and fit body and positive disposition.
- √ **Wellness Buddies** is a merchant partnership program which offers PhilCare members with exclusive discounts and preferred rates for specialized and related wellness services.

### NETWORK OF PROVIDERS & MEMBERSHIP BASE




2 PhilCare MedHubs | More than 1,600 affiliated hospitals and clinics | More than 49,000 affiliated physicians  
More than 1,500 corporate clients | More than 400,000 members nationwide

**ANNEX B: TABLE OF RATES**

ANNUAL MODE OF PAYMENT								
Plan Type	<b>HEALTH360</b>				<b>HEALTHPRO</b>		<b>HEALTHLUXE</b>	
Type of Limit	<b>ANNUAL BENEFIT LIMIT (ABL)</b>				<b>MAXIMUM BENEFIT LIMIT (MBL)</b>		<b>MAXIMUM BENEFIT LIMIT (MBL)</b>	
Limit Value	100k	150k	300k	500k	150k	300k	150k	300k
Room & Board	Ward 900	Semi-Private 1,000	Private 1,400	Private 1,400	Semi-Private Open	Private Open	Semi Private	Regular Private Open
Age Band	<b>MEMBERSHIP FEES/PREMIUMS (ANNUAL)</b>							
15 days – 5 years old	16,150	18,116	31,455	33,902	28,577	49,420	33,544	58,206
6 – 10	11,329	13,849	21,700	24,147	22,260	34,675	26,074	40,762
11 – 17	8,002	10,030	17,976	20,423	16,627	29,047	19,410	34,104
18 – 30							20,070	34,765
31 – 35	10,276	11,995	21,997	24,438	19,527	35,118	23,498	41,944
36 – 40	11,021	12,746	26,841	29,288	20,630	42,442	24,802	50,613
41 – 45	13,283	19,085	35,834	38,276	30,005	56,039	35,896	66,696
46 – 50	16,531	24,058	42,913	45,354	37,358	66,735	44,593	79,352
51 – 55	22,691	29,434	49,633	52,074	45,304	76,894	53,995	91,370
56 – 60	31,847	42,308	57,943	60,385	64,333	89,460	76,507	106,238




**NOTES:**

1. Additional Php 4,032.00 per annum (VAT Inclusive) for Non-Philhealth Members. (Must be declared upon enrollment)
2. PhilCare Standard Provisions shall apply
3. ABL = aggregate limit: One limit for all illnesses/conditions, replenished yearly
4. MBL = per illness, per member per year, replenished yearly

SEMI-ANNUAL MODE OF PAYMENT								
Plan Type	HEALTH360				HEALTHPRO		HEALTHLUXE	
Type of Limit	ANNUAL BENEFIT LIMIT (ABL)				MAXIMUM BENEFIT LIMIT (MBL)		MAXIMUM BENEFIT LIMIT (MBL)	
Limit Value	100k	150k	300k	500k	150k	300k	150k	300k
Room & Board	Ward 900	Semi-Private 1,000	Private 1,400	Private 1,400	Semi-Private Open	Private Open	Semi-Private	Regular Private Open
Age Band	MEMBERSHIP FEES/PREMIUMS (SEMI-ANNUAL)							
15 days – 5 years old	8,640	9,692	16,829	18,138	15,289	26,440	17,946	31,140
6 – 10	6,061	7,409	11,610	12,919	11,909	18,551	13,949	21,808
11 – 17	4,281	5,366	9,617	10,926	8,896	15,540	10,384	18,246
18 – 30							10,738	18,599
31 – 35	5,498	6,417	11,768	13,075	10,447	18,788	12,571	22,440
36 – 40	5,896	6,819	14,360	15,669	11,037	22,707	13,269	27,078
41 – 45	7,107	10,210	19,171	20,478	16,053	29,981	19,204	35,682
46 – 50	8,844	12,871	22,958	24,265	19,986	35,703	23,857	42,453
51 – 55	12,140	15,747	26,554	27,860	24,238	41,138	28,887	48,883
56 – 60	17,038	22,635	31,000	32,306	34,418	47,861	40,931	56,837

**NOTES:**

1. Additional Php 4,032.00 per annum (VAT Inclusive) for Non-Philhealth Members. (Must be declared upon enrollment)
2. PhilCare Standard Provisions shall apply
3. ABL = aggregate limit: One limit for all illnesses/conditions, replenished yearly
4. MBL = per illness, per member per year, replenished yearly

QUARTERLY MODE OF PAYMENT								
Plan Type	HEALTH360				HEALTHPRO		HEALTHLUXE	
Limit Value	100k	150k	300k	500k	150k	300k	150k	300k
Room & Board	Ward 900	Semi-Private 1,000	Private 1,400	Private 1,400	Semi-Private Open	Private Open	Semi-Private	Regular Private Open
Age Band	MEMBERSHIP FEES/PREMIUMS (QUARTERLY)							
15 days – 5 years old	4,441	4,982	8,650	9,323	7,859	13,591	9,225	16,007
6 – 10	3,115	3,808	5,968	6,640	6,122	9,536	7,170	11,210
11 – 17							5,338	9,379
18 – 30	2,201	2,758	4,943	5,616	4,573	7,988	5,519	9,560
31 – 35	2,826	3,299	6,049	6,721	5,370	9,657	6,462	11,535
36 – 40	3,031	3,505	7,381	8,054	5,673	11,672	6,821	13,919
41 – 45	3,653	5,248	9,854	10,526	8,251	15,411	9,871	18,919
46 – 50	4,546	6,616	11,801	12,472	10,273	18,352	12,263	21,822
51 – 55	6,240	8,094	13,649	14,320	12,459	21,146	14,849	25,127
56 – 60	8,758	11,635	15,934	16,606	17,692	24,602	21,039	29,215

**NOTES:**

1. Additional Php 4,032.00 per annum (VAT Inclusive) for Non-Philhealth Members. (Must be declared upon enrollment)
2. PhilCare Standard Provisions shall apply
3. ABL = aggregate limit: One limit for all illnesses/conditions, replenished yearly
4. MBL = per illness, per member per year, replenished yearly

**Optional Rider: Dental Benefits (Please refer to Annex C for the benefit list)**

Dental Fees			
Payment Mode	<input type="checkbox"/> Package 1	<input type="checkbox"/> Package 2	<input type="checkbox"/> Package 3
Annual	Php 270	Php 495	Php 585
Semi-Annual	Php 135	Php 245	Php 295
Quarterly	Php 70	Php 125	Php 150

## ANNEX C: SUMMARY OF BENEFITS

SERVICES/BENEFITS		HEALTH 360	HEALTH PRO	HEALTH LUXE
1	<b>Product Description</b>	<b>Health360:</b> A standard health plan that is made accessible and affordable, as it should be.	<b>Health Pro:</b> A generous health plan with a Full HMO benefit package and bigger network access. It is enriched with PhilCare Travel Assist, powered by Assist America	<b>Health LUXE:</b> Comprehensive health plan that promotes overall wellness and healthy lifestyle. It gives you direct access to health care, travel assist, and lifestyle services all rolled into one.
2	<b>Benefit Limit</b>	Total Annual Benefit Limit (ABL) = aggregate limit for all illnesses	Maximum Benefit Limit (MBL) = per illness per contract year	Maximum Benefit Limit (MBL) = per illness per contract year
3	<b>Out-Patient &amp; Elective Confinement Access</b>  <b>Clinic Access Type</b> <i>*Except healthway</i>	<b>Clinic based access</b>	<b>Preferred based access</b>	<b>Direct based access</b>
		Primary access: PhilCare owned/Medhub clinics & designated clinics (PCCs)  Access to more than 600 affiliated clinics and if needed, to more than 600 affiliated hospitals <b>by referral</b>	Direct access to more than 1,000 PhilCare affiliated clinics  Access to more than 600 affiliated hospitals <b>by referral</b>	Direct access to more than 1,600 PhilCare affiliated clinics and hospitals nationwide
4	<b>Hospital Access</b>	More than 600 hospitals nationwide	More than 600 hospitals nationwide	More than 600 hospitals nationwide
		With Access to St. Luke's Quezon City, Makati Medical Center, Cardinal Santos Medical Center, and The Medical City <b>(Without Access to St. Luke's Global City and Asian Hospital Medical Center)</b>	With Access to Asian Hospital Medical Center, St. Luke's Quezon City, St. Luke's Global City, Makati Medical Center, Cardinal Santos Medical Center, and The Medical City	With Access to Asian Hospital Medical Center, St. Luke's Quezon City, St. Luke's Global City, Makati Medical Center, Cardinal Santos Medical Center, and The Medical City
<b>ANNUAL PHYSICAL EXAMINATION (via affiliated APE provider only)</b>				
1	Taking of Medical History	Covered	Covered	Covered
2	Physical Examination	Covered	Covered	Covered
3	Chest X-Ray	Covered	Covered	Covered
4	Routine Urinalysis	Covered	Covered	Covered
5	Routine Fecalysis	Covered	Covered	Covered
6	Complete Blood Count (CBC)	Covered	Covered	Covered
7	Electrocardiogram (ECG) for members 35 years old and above or if indicated	Covered	Covered	Covered
8	Pap Smear for female members 35 years old and above or if indicated	Covered	Covered	Covered
<b>PREVENTIVE HEALTH CARE</b>				
1	Health Education Counseling on diet or exercise	Covered	Covered	Covered
2	Periodic Monitoring of Health Problems	Covered	Covered	Covered
3	Family Planning Counseling	Covered	Covered	Covered
<b>OUT-PATIENT CARE (Please refer to previous page for the access procedure)</b>				

1	Consultations during regular clinic hours, except prescribed medicines	Covered	Covered	Covered
2	Pre and Post Natal consultations	Covered excluding laboratory & diagnostic procedures	Covered excluding laboratory & diagnostic procedures	Covered excluding laboratory & diagnostic procedures
3	Eye, ear, nose and throat (EENT) treatment prescribed by an affiliated physician/specialist	Covered	Covered	Covered
4	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered excluding laboratory & diagnostic procedures	Covered	Covered
5	Dressings, conventional casts (plaster of Paris) and sutures.	Covered	Covered	Covered
6	X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an affiliated physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered	Covered	Covered
7	Minor surgery not requiring confinement prescribed by an affiliated physician/specialist	Covered	Covered	Covered
8	Cauterization of Warts prescribed by an Affiliated Physician/Specialist except for genital warts and condyloma acuminatum	If Medically necessary & For therapeutic purposes (e.g. plantar warts, etc.) covered up to ABL	If Medically necessary & For therapeutic purposes (e.g. plantar warts, etc.) covered up to MBL	If Medically necessary & For therapeutic purposes (e.g. plantar warts, etc.) covered up to MBL
9	Speech Therapy	<b>Not Covered</b>	Covered up to Php10,000/member/year (Reimbursement basis)	Covered up to Php10,000/member/year (Reimbursement basis)
10	Initial treatment of animal bites (cleaning, sutures, etc.)	Covered subject to ABL except for the cost of vaccines	Covered subject to MBL except for the cost of vaccines	Covered subject to MBL except for the cost of vaccines
11	Passive and active vaccines for the treatment of tetanus and animal bites (including immunoglobulin)	<b>Not Covered</b>	covered up to P20,000 per member per year	covered up to P20,000 per member per year
<b>IN-PATIENT SERVICES</b>				
	<b>Benefit Limit (Php) Options (see Annex B)</b>	100K to 500K	150K & 300K	150K & 300K
1	Room and Board (R&B) according to the Member's chosen plan and subject to the maximum daily room rate, if any, of the plan under which the Member is enrolled.	Ward P 900	Semi-Private Open	Semi-Private Open



2	Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by attending Affiliated Physician) and recovery room.	up to ABL	Covered subject to MBL	Covered subject to MBL
3	Professional fees in accordance with PhilCare Schedule of Rates.			
	a. Attending Physicians	Covered	Covered	Covered
	b. Surgeons	Covered	Covered	Covered
	c. Anesthesiologists	Covered	Covered	Covered
	d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.	Covered	Covered	Covered
4	Standard Nursing Services	Covered	Covered	Covered
5	Medicines for in-patient use	Covered	Covered	Covered
6	Blood products, transfusions and intravenous fluids, including blood screening and cross matching.	Covered subject to ABL; blood screening of donor's blood <b>not included</b>	Covered subject to MBL <b>including</b> the cost of blood screening	Covered subject to MBL <b>including</b> the cost of blood screening
7	X-Ray, laboratory examinations, diagnostic tests and therapeutic procedures incidental to confinement	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
8	Dressings, conventional casts (plaster of Paris), and sutures	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
9	Anesthesia and its administration	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
10	Oxygen and its administration	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
11	Standard Admission kit	Covered subject to ABL	Covered	Covered
12	All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Affiliated Physician	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
13	Assistance in administrative requirements through a Liaison Officer	Covered subject to ABL	Covered	Covered
<b>SPECIAL MODALITIES OF TREATMENT</b>				
1	Laparoscopic Cholecystectomy	Php30,000 or subject to ABL; whichever is lower; limited to once per contract year	Subject to MBL, once per contract year	Subject to MBL, once per contract year
2	Lithotripsy	Php35,000 or subject to ABL; whichever is lower; limited to once per contract year	Subject to MBL, once per contract year	Subject to MBL, once per contract year

3	Magnetic Resonance Imaging (MRI)	Php5,000	Subject to MBL	Subject to MBL
4	Use of Nuclear/Radioactive Isotopes	Php5,000	Subject to MBL	Subject to MBL
5	Hysteroscopic Myoma Resection	Php20,000	Subject to MBL	Subject to MBL
6	Laparoscopic Adrenalectomy (Unilateral)	Php75,000	Subject to MBL	Subject to MBL
7	Laparoscopic Adrenalectomy (Bilateral)	Php85,000	Subject to MBL	Subject to MBL
8	Transurethral Microwave Therapy of Prostate	Php35,000	Subject to MBL; once per contract year	Subject to MBL; once per contract year
9	Hysteroscopic Guided D&C/Biopsy	Php10,000	Subject to MBL	Subject to MBL
10	Percutaneous Ultrasonic Nephrolithotomy	Php40,000; limited to once per contract	Subject to MBL, once per contract year	Subject to MBL, once per contract year
11	Ureterolithotripsy	Php35,000; limited to once per contract year	Subject to MBL; once per contract year	Subject to MBL; once per contract year
12	Stereotactic Brain Biopsy	Php120,000 or subject to ABL; whichever is lower	Subject to MBL	Subject to MBL
13	Cryosurgery	Php1,000/area; limited to once per contract year	Subject to MBL; once per contract year	Subject to MBL; once per contract year
14	Sleep Study/ Polysomnograms (Sleep Recording)	Php5,000; with or without CPAP	Subject to MBL	Subject to MBL
15	Continuous Positive Airway Pressure (CPAP) titration for sleep study	Covered subject to Php 5,000; with separate limit for sleep study	Covered subject to Php 5,000	Covered subject to Php 5,000
16	Neuroscan	Php5,000	Subject to MBL	Subject to MBL
18	All Special Modalities of treatment and/or diagnostic procedures for which there are no comparable conventional or traditional equivalent or counterparts	Covered up to Php 5,000/ procedure /member /year	Covered up to Php 5,000/ procedure /member /year	Covered up to Php 5,000/ procedure /member /year
19	Sclerotherapy for varicose veins as prescribed by an Affiliated Physician, to be availed through Affiliated vascular surgeons.	Up to Php 5,000/member/year; aggregate limit.	Up to Php 5,000 / leg / member /year	Up to Php 5,000 / leg / member /year
<b>EMERGENCY CARE</b>				
1	In Affiliated Hospitals			
	a. Doctor's services	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	b. Emergency Room Fees	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	c. Medicines used for immediate relief during treatment	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	d. Oxygen, Intravenous fluids and blood products.	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	e. Dressings, conventional casts (plaster of Paris) and sutures.	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL

	f. X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient.	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	g. Room Upgrade in case of room unavailability	Room upgrade will be subject to rules on room upgrading (with additional charge -Waived for the first 24 hours except for Suite room.	Room upgrade will be subject to rules on room upgrading (with additional charge -Waived for the first 24 hours except for Suite room.	Room upgrade will be subject to rules on room upgrading (with additional charge - Waived for the first 24 hours except for Suite room.
2	In Non-Affiliated Hospitals	100% of hospital bills & professional fees based on PhilCare rates up to Php 15,000 /case /member /year (Reimbursement Basis)	80% of hospital bills & professional fees based on PhilCare rates up to Php 30,000 /case /member /year (Reimbursement Basis)	80% of hospital bills & professional fees based on PhilCare rates up to Php 30,000 /case /member /year (Reimbursement Basis)
3	Outside the Philippines	100% of hospital bills & professional fees based on PhilCare rates up to Php 15,000 /case /member /year (Reimbursement Basis)	80% of hospital bills & professional fees based on PhilCare rates up to Php 30,000 /case /member /year (Reimbursement Basis)	80% of hospital bills & professional fees based on PhilCare rates up to Php 30,000 /case /member /year (Reimbursement Basis)
4	Areas w/o Affiliated Hospital ( <i>using the 50km radius rule</i> )	Covered subject to PhilCare rates up to ABL	Covered subject to PhilCare rates up to MBL	Covered subject to PhilCare rates up to MBL
5	Ambulance Service (Affiliated/Non-Affiliated to Affiliated) if within Metro Manila	Covered provided that the case is fully coordinated with PhilCare	Covered provided that the case is fully coordinated with PhilCare	Covered provided that the case is fully coordinated with PhilCare
6	Ambulance Service (Affiliated/Non-Affiliated to Affiliated) if in Provincial areas	Covered up to 2,000 per conduction (reimbursement basis)	Covered up to 2,000 per conduction (reimbursement basis)	Covered up to 2,000 per conduction (reimbursement basis)
<b>PRE-EXISTING CONDITION</b>				
<b>Pre-Existing Condition (PEC)</b>	<b>1st year</b>	All PEC ( <i>whether declared or identified during the contestability period</i> ): Not Covered	All PEC ( <i>shared limit</i> ): Semi-Private Plan: 5,000 Private Plan: 10,000	All PEC ( <i>shared limit</i> ): Semi-Private Plan: 10,000 Private Plan: 20,000
	<b>2nd year onwards</b>		<b>Non-Dreaded Condition:</b> ABL ( <i>regardless of plan</i> )  <b>Dreaded Condition:</b> <b>Shared limit</b> Semi-Private Plan: 5,000 Private Plan: 10,000	<b>Non-Dreaded Condition:</b> ABL ( <i>regardless of plan</i> )  <b>Dreaded Condition:</b> <b>Shared limit</b> Semi-Private Plan: 10,000 Private Plan: 20,000
<b>OTHER BENEFITS/SPECIAL SERVICES</b>				
1	Work Related Conditions based on conditions covered by ECC	Covered subject to ABL	Covered	Covered
2	Motor Vehicular Accidents	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
3	Congenital diseases, except physical therapy sessions and developmental disorders,	Not Covered	Not Covered	Not Covered
	Congenital Hernia	Not Covered	Not Covered	Not Covered
4	Scoliosis (acquired cases only) including necessary procedures, except physical therapy sessions	Not Covered	Covered up to Php 40,000/member/year (only acquired cases)	Covered up to Php 40,000/member/year (only acquired cases)

5	Epilepsy, Seizure Disorder	Covered if acquired	Covered if acquired	Covered if acquired
6	Hepatitis B (if acquired, excluding STD) & Hepatitis C	Covered if acquired & not related to STD. Screening test is not Covered	Covered if acquired & not related to STD. Screening test is not Covered	Covered if acquired & not related to STD. Screening test is not Covered
7	Sports-related injuries	covered; except extreme	covered; except extreme sports	covered; except extreme sports
8	Unprovoked Assault, including domestic violence, whether initiated by a known or unknown third party	Covered	Covered	Covered
9	Maternity Assistance	Not covered	Not covered	Not covered
10	<b>Mental Health Assessment (MindCheck)</b>	<b>1 year access</b>	<b>1 month access</b>	<b>1 month access</b>
11	<b>Mental Health Counselling</b>	<b>2 sessions</b>	<b>1 session</b>	<b>1 session</b>
<b>DIAGNOSTIC PROCEDURES</b>				
1	Coronary Angiography	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
2	24 hour EEG Monitoring	Covered up to ABL	Covered subject to MBL	covered up to Php5,000/member/year
3	Esophageal Manometry	Covered up to ABL	covered up to Php5,000/member/year	covered up to Php5,000/member/year
4	Positron Emission Tomography	covered up to Php5,000/member/ year	covered up to Php5,000/member/year	covered up to Php5,000/member/year
5	CT Pulmonary Angiography	Covered up to ABL	covered up to Php5,000/member/year	covered up to Php5,000/member/year
6	Photodynamic Therapy	covered up to Php5,000/member/ year	covered up to Php5,000/member/year	covered up to Php5,000/member/year
7	24-hour Holter Monitoring	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
8	Adrenocortical Function	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
9	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
10	Arterial Blood Gas	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
11	Arthroscopic Procedures, Orthopedic Arthroscopy	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
12	Audiograms and Tympanograms	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
13	Bone Density Test (Dexa Scan/BMD Studies)	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
14	Computed Tomography Scans	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
15	<b>Diagnostic Radiographs:</b>			
	a. Biliary tract: Cholecystogram and Cholangiogram	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	b. Chest, ribs, sternum and clavicle	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	c. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series, Small Bowel series	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	d. Face (including sinuses), Head and Neck	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL

	e. Urinary: KUB, Pyelograms and Cystograms	Covered subject to ABL	Covered subject to MBL	
	f. X-ray of the extremities and pelvis	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	g. X-ray of the spine (cervical, thoracic, lumbosacral)	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
16	<b>Diagnostic Ultrasounds:</b>			
	a. 2D-Echo with Doppler	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	b. Abdomen	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	c. Duplex Scan	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	d. Digestive and Urinary Systems	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	e. Ultrasound of the Lungs	covered up to Php5,000	Covered subject to MBL	Covered subject to MBL
	f. 4D Ultrasound except for maternity-related cases	Covered subject to ABL	covered up to Php5,000/member/year	covered up to Php5,000/member/year
	Electroencephalogram	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Electromyography and Nerve Conduction Studies	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Endoscopic Procedures	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Fluorescein Angiography	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Impedance Plethysmography	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Lead Electrocardiogram	Covered up to Php5,000	Covered subject to MBL	Covered subject to MBL
	Magnetic Resonance Angiography (MRA)	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Mammography and Sonomammogram	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Myelogram	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Pap's Smear	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Perfusion Scan	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Plasma Urinary Cortisol, Plasma Aldosterone	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Polysomnograms (Sleep Recording)	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Pulmonary Function Tests	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
17	<b>Radioisotope Scans and Function Studies:</b>			
	a. Cardiac	subject to special modalities limit; Php5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	b. Gastrointestinal	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	c. Liver	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	d. Parathyroid Bone, Pulmonary (Perfusion/Ventilation Lung Scans)	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	e. Renal	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	f. Thyroid Scans	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	g. Total Body Scans	subject to special modalities	Covered subject to MBL	Covered subject to MBL

		limit; Php 5,000 limit per service		
	h. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	Radionuclide Ventriculography	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	Surface Electromyography (SEMG)	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	Thallium Scintigraphy	subject to special modalities	Covered subject to MBL	Covered subject to MBL
	TMST-Treadmill Stress Test	Covered subject to ABL except for Nuclear TMST	Covered subject to MBL	Covered subject to MBL
	Cataract extraction except the cost of the lens	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an accredited physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Tuberculin test	covered up to Php600/member/year	covered up to Php600/member/year	covered up to Php600/member/year
	Blood Chemistries	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Chest X-Ray	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Complete Blood Count (CBC)	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Fecalysis	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Urinalysis	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
<b>THERAPEUTIC PROCEDURES</b>				
1	Angioplasty / Coronary Artery Bypass Graft	Covered subject to ABL (Stent or Balloon not covered)	Covered subject to MBL (Stent or Balloon not covered)	Covered subject to MBL (Stent or Balloon not covered)
2	Gamma Knife Surgery	covered subject to prevailing rate/RUV of conventional method	covered subject to prevailing rate/RUV of conventional method	covered subject to prevailing rate/RUV of conventional method
3	Laparoscopy (except those listed in the Special Modalities of Treatment)	covered subject to ABL	Covered subject to MBL	Covered subject to MBL
4	Conventional Hemorrhoidectomy	covered subject to ABL	Covered subject to MBL	Covered subject to MBL
5	Scalpel Hemorrhoidectomy	covered subject to ABL	Covered subject to MBL	Covered subject to MBL
6	Stapled Hemorrhoidectomy	covered subject to ABL except cost of staple	Covered up to Php 5,000 /member /year	Covered up to Php 5,000 /member /year
7	Mammotome	subject to special modalities limit; Php 5,000 limit per service	Covered up to Php5,000/member/year	Covered up to Php5,000/member/year
8	Botox which is not cosmetic in nature nor for beautification purpose	subject to special modalities limit; Php 5,000 limit per service	Covered up to Php5,000/member/year	Covered up to Php5,000/member/year
9	Dialysis	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
10	Intravenous Chemotherapy	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL

11	Physical therapy (PT)/ Occupational Therapy (OT) excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.	For OP: PT & OT is shared/aggregate limit & whichever comes first (either 12 sessions or ABL); For IP: subject to aggregate ABL - For Rehabilitative purposes only	For OP: PT & OT is shared/aggregate limit & whichever comes first (either 12 sessions or MBL); For IP: subject to aggregate MBL - For Rehabilitative purposes only	For OP: PT & OT is shared/aggregate limit & whichever comes first (either 12 sessions or MBL); For IP: subject to aggregate MBL - For Rehabilitative purposes only
12	<b>Therapeutic Radiology:</b>			
13	a. Brachytherapy	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
14	b. Cobalt	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
15	c. Linear Accelerator Therapy	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
16	d. Radioactive Cesium	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
17	e. Radioactive Iodine	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
18	f. Intensified Modulated Radiotherapy	Covered up to Php5,000/member/year	Covered up to Php5,000/member/year	Covered up to Php5,000/member/year
19	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
20	Minor surgery not requiring confinement prescribed by an Affiliated Physician / Specialist	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
21	Eye laser therapy for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an affiliated Physician/Specialist , excluding eye correction such as Lasik, PRK and the like	covered up to ABL, except for correction of EOR such as myopia, astigmatism and hyperopia	Covered up to Php 10,000 /eye /member /year	Covered up to Php 10,000 /eye /member /year
22	Blood products transfusions and intravenous fluids, including blood screening and cross matching	Covered up to ABL except blood donor screening test	Covered subject to MBL	Covered subject to MBL

#### TRAVEL ASSISTANCE

*All Principals are entitled to Emergency Assistance worldwide provided for by ASSIST AMERICA, subject to the terms and conditions stated below. Members may avail this Emergency assistance if they are 150 kilometers from declared residence and travelling not more than 90 days in foreign country.*

#### Key Services:

1	<b>Medical Consultation, Evaluation &amp; Referral</b> - Calls to Assist America's Operation Center are evaluated by medical personnel and referred to qualified doctors and/ or hospitals.	Not covered	Covered	Covered
2	<b>Hospital Admission Assistance</b> - Assist America fosters prompt hospital admission by validating the member's health coverage or by advancing funds to	Not covered	Covered	Covered

	the hospital, as needed.			
3	<b>Emergency Medical Evacuation</b> -If adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment, and personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.	Not covered	Covered	Covered
4	<b>Prescription Assistance</b> - If a member needs a replacement prescription while travelling, Assist America will help in filling that prescription	Not covered	Covered	Covered
5	<b>Emergency Message Transmission</b> - Assist America will receive and transmit authorized emergency messages for members.	Not covered	Covered	Covered
6	<b>Compassionate Visit</b> - If a member is travelling alone and will be hospitalized for more than seven days, Assist America will provide economy, round trip, and common carrier transportation to the place of hospitalization for a designated family member or friend.	Not covered	Covered	Covered
7	<b>Medical Monitoring</b> - Assist America medical personnel will maintain regular communication with the member's attending physician and/ or hospital and relay information to the family, as	Not covered	Covered	Covered
8	<b>Medical Repatriation</b> - If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate them home or to a rehabilitation facility with a medical or non-medical escort, as necessary.	Not covered	Covered	Covered



9	<b>Lost Luggage or Document Assistance</b> - Assist America will help members locate lost luggage, documents, or personal belongings.	Not covered	Covered	Covered
10	<b>Care of Minor Children</b> - Assist America will arrange for the care of children left unattended as the result of medical emergency and pay for any transportation costs involved in such arrangements.	Not covered	Covered	Covered
11	<b>Return of Mortal Remains</b> - Assist America will assist with the logistics of returning a member's remains home in the event of his or her death. This service includes arranging the preparation of the remains for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.	Not covered	Covered	Covered
12	<b>Interpreter &amp; Legal Referrals</b> - Assist America will refer member to interpreters and / or legal personnel, as necessary	Not covered	Covered	Covered
13	<b>Pre-Trip Information</b> - Assist America offers members country profiles that include visa requirements, immunization and inoculation recommendations, as well as security advisories for any travel destination.	Not covered	Covered	Covered
<b>Conditions and Exclusion: Assist America will not provide services in the following instances:</b>				
1	<i>Travel undertaken specifically for securing medical treatment</i>	N/A	Applicable exclusion	Applicable exclusion
2	<i>Injuries resulting from participation in acts of war or insurrection</i>	N/A	Applicable exclusion	Applicable exclusion
3	<i>Attempt at suicide</i>	N/A	Applicable exclusion	Applicable exclusion
4	<i>Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care.</i>	N/A	Applicable exclusion	Applicable exclusion

5	<i>Commission of unlawful act(s)</i>	N/A	Applicable exclusion	Applicable exclusion
6	<i>Incidents involving the use of drugs unless prescribed by a physician</i>	N/A	Applicable exclusion	Applicable exclusion
7	<i>Assist America will not evacuate or repatriate a member - Without medical authorization; With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; With pregnancy over six months; With mental or nervous disorders unless hospitalized</i>	N/A	Applicable exclusion	Applicable exclusion
<b>GROUP LIFE WITH ACCIDENTAL DEATH &amp; DISABLEMENT (AD&amp;D) BENEFITS (For Principal Members Only)</b>				
1	Death	Php 100,000	Php 100,000	Php 100,000
2	AD&D Coverage	Php 100,000	Php 100,000	Php 100,000
	a. life	100% of amount of insurance	100% of amount of insurance	100% of amount of insurance
	b. entire sight of both eyes	100% of amount of insurance	100% of amount of insurance	100% of amount of insurance
	c. both hands or both feet	100% of amount of insurance	100% of amount of insurance	100% of amount of insurance
	d. one hand and one foot	100% of amount of insurance	100% of amount of insurance	100% of amount of insurance
	e. either hand or foot and sight of one eye	100% of amount of insurance	100% of amount of insurance	100% of amount of insurance
	f. Arm at or above elbow	70% of amount of insurance	70% of amount of insurance	70% of amount of insurance
	g. Leg at or above knee	60% of amount of insurance	60% of amount of insurance	60% of amount of insurance
	h. One hand at or above wrist	50% of amount of insurance	50% of amount of insurance	50% of amount of insurance
	i. One foot at or above the ankle	50% of amount of insurance	50% of amount of insurance	50% of amount of insurance
	j. Hearing of both ears	50% of amount of insurance	50% of amount of insurance	50% of amount of insurance
	k. Sight of one eye	50% of amount of insurance	50% of amount of insurance	50% of amount of insurance
	l. Four fingers and thumb of one hand	50% of amount of insurance	50% of amount of insurance	50% of amount of insurance

**OPTIONAL RIDER: DENTAL BENEFITS**

<input type="checkbox"/> <b>Package 1: Standard Package</b>	<ul style="list-style-type: none"> <li>• Annual dental examination and consultations</li> <li>• Emergency out-patient dental treatment</li> <li>• Oral Prophylaxis once a year (light cases only)</li> <li>• Simple tooth extractions</li> <li>• Restorative and prosthodontics treatment planning</li> <li>• Unlimited Temporary fillings (as needed)</li> <li>• Desensitization of hypersensitive teeth</li> <li>• Simple adjustment of dentures</li> <li>• Simple adjustment of dentures</li> <li>• Recementation of loose crows, inlays and onlays</li> <li>• Dental nutrition and dietary counselling</li> <li>• Dental health education</li> <li>• Temporo mandibular joint consultation</li> <li>• Gum treatment for cases like inflammation</li> </ul>
<input type="checkbox"/> <b>Package 2: Non-Standard Package A</b>	<ul style="list-style-type: none"> <li>• Package 1: Standard Package</li> <li><b>Plus:</b></li> <li>• <b>2 surfaces light-cure dental filling</b></li> </ul>
<input type="checkbox"/> <b>Package 3: Non-Standard Package B</b>	<ul style="list-style-type: none"> <li>• Package 1: Standard Package</li> <li><b>Plus:</b></li> <li>• <b>1 additional prophylaxis</b></li> <li>• <b>2 surfaces light-cure dental filling</b></li> </ul>

## ANNEX E: CUSTOMER JOURNEY

<u>Process</u>	<u>Requirements</u>	<u>TAT</u>
1. <b>Client's Submission of enrolment requirements</b>	<ul style="list-style-type: none"> <li>● Application form</li> <li>● Valid ID (gov't ID)</li> <li>● <i>*For 50 years old &amp; up or if required: Medical Exam</i></li> </ul>	<u>N/A</u>
2. <b>PhilCare's Assessment &amp; Offer</b> <i>(Acceptance/Decline)</i>	<b>Assessment:</b> <ul style="list-style-type: none"> <li>● With Health declaration</li> <li>● Without a Health declaration</li> </ul>	2–5 business days Without Health dec: 2 days With Health dec: 3 – 5 days
3. <b>Client's/Applicant's Acceptance and Settlement</b>	<b>Premiums Payment</b> <b>Options:</b> <ul style="list-style-type: none"> <li>● Credit card</li> <li>● Banks (<i>deposit, transfer, bills payment</i>)</li> <li>● Check payments</li> <li>● PhilCare Offices (cashier)</li> <li>● Payment centers (<i>Lhuillier, etc.</i>)</li> <li>● Web payments</li> </ul> <b>Mode of Pay:</b> <ul style="list-style-type: none"> <li>● Annual, Semi-Annual &amp; Quarterly</li> </ul>	<u>N/A</u>
4. <b>Membership Activation</b>	<i>Same day from activation date:</i> <ul style="list-style-type: none"> <li>● Provision of Certificate Number</li> <li>● Access to HeyPhil App</li> </ul>	7 days
5. <b>Release of Deliverables</b>	<ul style="list-style-type: none"> <li>● Membership card &amp; booklet</li> <li>● Policy Agreement</li> <li>● Dental Card (<i>if applicable</i>)</li> </ul>	7 business days
Release of Modal Billing: 30 days prior to the due date Release of Renewal Proposal: 60 days prior to expiry Account Renewal processing: 5 days ( <i>from payment receipt</i> )		
<b>**Medical Exam:</b> <b>Physical Exam   Urinalysis   ECG   Blood Tests – CBC, Sodium, Chloride, Bicarbonate, Calcium, Glucose, BUN and Potassium</b> <b>Note:</b> <i>Medical Tests from accredited providers 6 months &amp; below may be accepted. Expense for Medical Exam may be reimbursed up to <b>Php 2,250.00</b>, for approved applications.</i>		

### OPTIONS TO APPLY FOR A PLAN:

1. Manual Sign-up (*hard copies/printed copies submitted to PhilCare office*)
2. Soft copy (*editable PDF*). Click this link to access the form: <https://tinyurl.com/mr355vfa>
3. Online Application through PhilCare's site via (*scan the QR code below*):

**EASyPhil**

Electronic Application System by SPNGen



## **ANNEX F: PHILCARE'S GENERAL EXCLUSIONS APPLICABLE TO HEALTH CARE COVERAGE**

***"No Health Care Benefits shall be paid for the following services, procedures or conditions unless otherwise specified in the contract."***

1. Care by Non-Affiliated Physician in either Affiliated or Non-Affiliated Hospitals, except in emergencies wherein the Emergency Provision of the Agreement shall apply;
2. Care by an Affiliated Physician in Non-Affiliated Hospital;
3. Additional hospital charges and Professional Fees resulting from taking a Room Category higher than that specified in the Member's Benefit Schedule.
4. Additional personal comfort items (e.g., telephone and television, additional food trays, admission kit and such other items of the same nature);
5. Procurement or use of corrective appliances, prosthesis, artificial aids and durable equipment such as but not limited to the following: (a) stents; (b) prolene mesh; (c) pins, screws, plates, wires; (d) VP shunt, clips; (e) hearing aids; (f) intraocular lens, eyeglasses, contact lenses; (g) balloons, valves; (h) braces, crutches; (i) pace maker;
6. All pregnancy-related conditions and complications relating to mother and unborn child, requiring medical and surgical care, regardless of time/date of occurrence (during the actual time of pregnancy or thereafter);
7. All sexually transmitted diseases
8. Circumcision, sterilization of either sex or reversal of such, artificial insemination, sex transformation or diagnosis and treatment of infertility.
9. Rest cures, custodial, domiciliary and convalescent care. These pertain to care in a skilled affiliated facility or an institution that meets certain standards for medical care and includes nursing care and therapeutic services following hospital confinement.
10. Cosmetic procedure and surgery and oral surgery solely for purpose of beautification, except reconstructive surgery to treat functional defects due to disease or accidental injury;
11. Blood screening, blood typing, cross-matching for potential donors in relation to blood donation and transfusion;
12. Weight reduction programs, surgical operation or procedure for treatment of obesity, including but not limited to gastric stapling;
13. Dental examination, extractions, fillings and general dental attention and conditions and all complications arising there from, including oral surgery and prosthodontal procedures following accidental injury to teeth for purposes of beautification. Exceptions are treatment to the extent necessary for repair and/or restoration of function, when the damage is caused solely by accidental injuries;

14. All forms of behavioral disorders whether congenital or acquired; developmental or psychiatric disorder; psychosomatic illness;
15. Any injury, illness or condition which the Member may suffer after he has taken intoxicating drugs or alcoholic beverage as evidenced by clinical history or alcoholic breath as determined by the examining physician and/or conditions or illnesses resulting from Alcoholism and Drug Addiction;
16. Medical or surgical procedures that are experimental in nature and those that are not generally accepted as standard medical treatment by the medical profession, that may include but is not limited to, Chiropractic Services, Acupuncture, and Reflexology;
17. Allergens used for hypersensitivity testing regardless if administered as an out-patient or in-patient procedure;
18. All expenses incurred by the Member in the process of donating organs;
19. Treatment of injuries or illnesses resulting from the voluntary participation of a Member in any hazardous sport or activity that may include but is not limited to: bungee jumping, scuba diving, hang-gliding, mountain climbing, parachuting, surfing, rock climbing, airsoft, paintballing, boxing, wrestling, martial arts (such as taekwondo, judo, karate, etc.), gymnastics, motor sports (drag racing, jet skiing), wakeboarding, water skiing and all such other voluntary activities which pose a grave danger to life and limb, except those related to or directly connected with the Member's occupation as declared in the application for health care coverage under the Agreement;
20. Physical examinations, certification of results/fitness and other related services required for obtaining or continuing employment, insurance application, government licensing, travel clearances, dental clearance, school clearances, sports and competition clearances, company promotions or not related to the health maintenance of the client;
21. Treatment of injuries or illnesses due to military service or suffered under conditions of war;
22. Executive check-ups and confinement which are for purely diagnostic purposes except as specified in the Agreement;
23. Treatment of injuries or illnesses wherein the care or reimbursement of services is provided by law or a government program, up to the stipulated limits;
24. Treatment of any injury which is proven to be attributable to the Member's own misconduct such as negligence, intemperate use of drugs or alcoholic liquor, direct or indirect participation in the commission of a crime, whether consummated or not, violation of a law or ordinance, unnecessary exposure to imminent danger or hazard to health, infections or complications as a result of tattoos and piercing of the ear or any body part, whether self-inflicted or done by a third party, or attempted suicide or self-destruction, whether sane or insane. Self-inflicted fireworks-related injuries fall within the foregoing exclusions.
25. All cases of assault perpetrated by the Member including domestic violence which result in harm or injury to the Member perpetrator.

26. Charges by physicians and health professionals, whether or not affiliated by PhilCare, on the difference between their charged rate and PhilCare standard professional fees for specific medical services;
27. Take-home medicines, preventive and /or non-therapeutic drugs, such as but not limited to vitamins, supplements, hormonal preparations, medicines or drugs during confinement which are not available in the Philippines, immunizing agents and all other medicines/drugs not approved by the Bureau of Food and Drugs (BFAD);
28. Out-patient medicines, with the exception of intravenous chemotherapy medicine and those administered during an emergency treatment;
29. Vaccines, whether elective or administered during an emergency treatment are not covered.
30. All hospital charges and Professional Fees incurred after the day and time the discharge from the hospital has been duly authorized.
31. Diagnosis and Treatment of Error of Refraction (EOR) conditions such as myopia, astigmatism, and the like, including laser treatment for the purpose of corrective eye refraction.
32. Out-Patient Pain Management is not covered except in cases of emergency. In- Patient Pain Management necessitating specialized pain management team and/or the use of specialized equipment are likewise not covered.
33. Complications arising from non-covered procedures and surgery;
34. All diseases declared as epidemic by the Department of Health and any other recognized health agencies.
35. "Medico-Legal Fees." These are professional fees of a medico-legal consultant to whom a patient is referred primarily for the issuance of a medical certificate for legal purposes.
36. All procedures and/ or services considered screening

# WE ARE PHILCARE



For over 43 years, since 1982, PhilCare has aimed to enhance the quality of life for every Filipino through accessible, and quality healthcare solutions. As a pioneering force in the HMO industry, we continually enhance customer experiences with technology-driven healthcare plans.

Notable milestones include introducing the first prepaid health cards, launching the HeyPhil 2.0 app, and conducting the PhilCare Wellness Index research study on Filipino health.

PhilCare is a proud member of Maestro Holdings Inc., part of the Tanco Group, formerly known as STI Investments, Inc., overseeing PhilCare, PhilLife, PhilPlans, and its sister company, PhilFirst.



## Sustainable Healthcare

Attuned to the changing needs of the times. PhilCare's extensive suite of Corporate Plans covers hospitalization, out-patient, and emergency healthcare needs across a nationwide network of hospitals, clinics, and physicians.

PhilCare offers Comprehensive Individual Plan packages fit for Individuals and Families which provides outright healthcare coverage.

PhilCare also empowers individuals and employees with a comprehensive mental health program, **mindsapes**. We provide testing, counseling, and learning programs tailored for both companies and individuals.

To answer the distinct health needs of Filipinos, PhilCare also made a pioneering effort in 2010 to create Prepaid Health Plans with competitive benefit packages that are affordable, and accessible in various shop sites.



## Leveraging Technology



### Hey Phil 2.0 App

PhilCare mobile app, enhances accessibility for members. It streamlines health services by facilitating doctor/hospital searches, creating LOAs, automating queues, and enabling digital consultations.



### PhilCare Snap

PhilCare's Near Field Communication-enabled membership card. Designed to make hospital transactions faster, more efficient, and more paperless. With just one tap, a member's profile can be instantly accessed including all information they need for medical services.



### PhilCare EASy (PhilCare Electronic Approval System)

This is one of the channels for LOA issuance via Member Gateway that can be accessed through the PhilCare website.



SCAN TO  
CONNECT





# Optimizing Convenience

At PhilCare, ensuring customers' utmost convenience is a top priority. We consistently innovate existing services and create new ones to simplify healthcare access, yet not compromising the quality.

**PhilCare's Home Care Umbrella** includes variety of services such as:

- **MedHub Mobile** - A mobile clinic on wheels for corporate and non-member groups to access medical services for their offices or homes within Metro Manila.
- **Home Care Medical Services** - Offers various packages of services including Diabetic Packages, Hypertension Packages, and COVID - related services such RT-PCR testing, Rapid Antigen (Nasal Swab) Test, and the COVID Panel right at their doorstep.
- **COVID Home Care Telemonitoring** - Offers PhilCare members who tested positive in COVID but are showing none to mild symptoms to be carefully monitored from home.

**DigiMed** allows members to consult with doctors through audio or video calls for smarter, more convenient, and safer medical consultations with PhilCare physicians.



# Championing Holistic Wellness

PhilCare sees health as holistic wellness, empowering individuals to be productive and reach their full potential. Our solutions are tailored to address Filipinos' evolving needs in today's dynamic landscape.

- **The Wellness Index** - PhilCare's groundbreaking research on Filipinos' health perceptions has resulted in a series of wellness studies since 2014, driving the creation of products and services that better cater to local health needs and financial capacities.
- **2014** - A survey to create a wellness index and to determine knowledge, attitude and practices on HMO among upper-middle class Filipinos.
- **2019** - A national wellness index study that is inclusive, representing the Filipino population better.
- **2020** - A nationwide study on the mindset of Filipinos during the COVID-19 community quarantines.
- **2021** - A nationwide study on the state of employed Filipinos during the pandemic.
- **2022** - Filipinos' attitudes and behaviors toward health and wellness.
- **2023** - Philippine Workplace: The Rise of Gen Z. A nationwide online survey of Filipinos between 16 and 26 years old about their work ethic and behavior.
- **2024** - The ABCs of Gen Xs and Ys. A study of Filipinos about health choices, life priorities and work ethics.



# Maximizing Healthcare

PhilCare 360 promotes the well-being of our members through initiatives to maintain healthy lifestyles and manage chronic illness for corporate accounts.

- **ActivNation** - A program that involves holistic wellness events which helps people reach total wellness- a sound mind, an active and fit body and positive disposition.
- **Wellness Buddies** - A merchant partnership program which offers PhilCare members with exclusive discounts and preferred rates for specialized and related wellness services.



# Network Providers

- **7 Primary Care Clinics**
- **55,000+ Affiliated Physicians**
- **700,000+ PhilCare Members**
- **1,800+ Affiliated Hospitals and Clinics**
- **1,900+ Corporate Client**

## Main Office

12/F STI Holdings Center  
6764 Ayala Avenue, Makati City  
Metro Manila, Philippines, 1226  
(02) 8 802 7333

## Cebu

Suite 101-C, G/F Kepwealth Center,  
Samar Loop corner Cardinal Rosales  
Avenue  
Cebu Business Park Cebu City, 6000  
(032) 239 0912 | (032) 231-7114

## Bacolod

Rm.26 2/F EL Court Bldg.  
1st Lacson St., Bacolod City, 6100  
(034) 435 2764

## Davao

3/F FTC Tower  
1034 Mt. Apo St., Poblacion District  
Davao City, 8000  
(082) 225 1442

## SME LUXE 5-19

**EMPLOYEES: DIRECT ACCESS-HOSPITAL BASED (NATIONWIDE ACCESS)**

**OPTION 1: WITH ACCESS TO ALL AFFILIATED PROVIDERS INCLUDING SIX (6) MAJOR HOSPITAL\*\***

Room & Board	MBL*	<input type="checkbox"/> Annual Fee	<input type="checkbox"/> Semi-Annual Fee	<input type="checkbox"/> Quarterly Fee
<input type="checkbox"/> Suite 4,000	400,000	28,358.40	15,171.74	7,798.56
<input type="checkbox"/> Suite 3,000	300,000	26,084.80	13,955.37	7,173.32
<input type="checkbox"/> Open-Private	250,000	22,204.00	11,879.14	6,106.10
<input type="checkbox"/> Regular Private	250,000	19,096.00	10,216.36	5,251.40
<input type="checkbox"/> Semi-Private	200,000	15,321.60	8,197.06	4,213.44
<input type="checkbox"/> Ward Open	100,000	11,832.80	6,330.55	3,254.02

**OPTION 2: WITH ACCESS TO ALL AFFILIATED PROVIDERS EXCLUDING SIX (6) MAJOR HOSPITAL\*\***

Room & Board	MBL*	<input type="checkbox"/> Annual Fee	<input type="checkbox"/> Semi-Annual Fee	<input type="checkbox"/> Quarterly Fee
<input type="checkbox"/> Suite 4,000	400,000	20,804.00	11,130.14	5,721.10
<input type="checkbox"/> Suite 3,000	300,000	19,230.40	10,288.26	5,288.36
<input type="checkbox"/> Open-Private	250,000	15,864.80	8,487.67	4,362.82
<input type="checkbox"/> Regular Private	250,000	14,257.60	7,627.82	3,920.84
<input type="checkbox"/> Semi-Private	200,000	11,334.40	6,063.90	3,116.96
<input type="checkbox"/> Ward Open	100,000	8,904.00	4,763.64	2,448.60

**DEPENDENTS: DIRECT ACCESS-HOSPITAL BASED (NATIONWIDE ACCESS)**

**OPTION 1: WITH ACCESS TO ALL AFFILIATED PROVIDERS INCLUDING SIX (6) MAJOR HOSPITAL\*\***

Room & Board	MBL*	<input type="checkbox"/> Annual Fee	<input type="checkbox"/> Semi-Annual Fee	<input type="checkbox"/> Quarterly Fee
<input type="checkbox"/> Suite 4,000	400,000	38,012.80	20,336.85	10,453.52
<input type="checkbox"/> Suite 3,000	300,000	35,201.60	18,832.86	9,680.44
<input type="checkbox"/> Open-Private	250,000	29,528.80	15,797.91	8,120.42
<input type="checkbox"/> Regular Private	250,000	25,491.20	13,637.79	7,010.08
<input type="checkbox"/> Semi-Private	200,000	20,059.20	10,731.67	5,516.28
<input type="checkbox"/> Ward Open	100,000	15,629.60	8,361.84	4,298.14

**OPTION 2: WITH ACCESS TO ALL AFFILIATED PROVIDERS EXCLUDING SIX (6) MAJOR HOSPITAL\*\***

Room & Board	MBL*	<input type="checkbox"/> Annual Fee	<input type="checkbox"/> Semi-Annual Fee	<input type="checkbox"/> Quarterly Fee
<input type="checkbox"/> Suite 4,000	400,000	27,479.20	14,701.37	7,556.78
<input type="checkbox"/> Suite 3,000	300,000	25,536.00	13,661.76	7,022.40
<input type="checkbox"/> Open-Private	250,000	21,324.80	11,408.77	5,864.32
<input type="checkbox"/> Regular Private	250,000	18,681.60	9,994.66	5,137.44
<input type="checkbox"/> Semi-Private	200,000	14,862.40	7,951.38	4,087.16
<input type="checkbox"/> Ward Open	100,000	11,530.40	6,168.76	3,170.86

**OPTIONAL RIDERS**

<input type="checkbox"/> <b>DENTAL BENEFIT (WITH 12% VAT)</b>				
Type of Package	<input type="checkbox"/> ANNUAL FEE	<input type="checkbox"/> SEMI ANNUAL	<input type="checkbox"/> QUARTERLY	
<input type="checkbox"/> Standard Dental (1 Oral Prophylaxis, No Permanent Fill)	PHP 296.80	PHP 158.79	PHP	81.62
<input type="checkbox"/> Standard + 1 Additional Oral Prophylaxis + 2 surfaces Light cure	PHP 448.00	PHP 242.68	PHP	123.20
<input type="checkbox"/> Standard + 1 Additional Oral Prophylaxis + 2 teeth Light cure	PHP 515.20	PHP 275.63	PHP	141.68
<input type="checkbox"/> <b>LIFE INSURANCE RIDER: GROUP LIFE AND AD&amp;D (WITH 12% VAT)</b>				
COVERAGE	<input type="checkbox"/> ANNUAL FEE	<input type="checkbox"/> SEMI ANNUAL	<input type="checkbox"/> QUARTERLY	
<input type="checkbox"/> 10,000	PHP 100.80	PHP 53.93	PHP	27.72
<input type="checkbox"/> 20,000	PHP 201.60	PHP 107.86	PHP	55.44
<input type="checkbox"/> 25,000	PHP 252.00	PHP 134.82	PHP	69.30
<input type="checkbox"/> 50,000	PHP 504.00	PHP 269.64	PHP	138.60
<input type="checkbox"/> 100,000	PHP 1,008.00	PHP 539.28	PHP	277.20

**SME LUXE LIST OF BENEFITS**

SERVICES/BENEFITS		COVERAGE
<b>ANNUAL PHYSICAL EXAMINATION</b>		
1	Taking of Medical History	Covered
2	Physical Examination	Covered
3	Chest X-Ray	Covered
4	Routine Urinalysis	Covered
5	Routine Fecalysis	Covered
6	Complete Blood Count (CBC)	Covered
7	Electrocardiogram (ECG) for members 35 years old and above or if indicated	Covered
8	Pap Smear for female members 35 years old and above or if indicated	Covered
9	<b>Mindcheck</b>	<b>Covered</b>
	Pre-employment Examination	Applicant to pay prior to availment. Reimbursable up to Php350 upon regularization
<b>PREVENTIVE HEALTH CARE</b>		
1	Health Education Counseling on diet or exercise	Covered
2	Periodic Monitoring of Health Problems	Covered
3	Family Planning Counseling	Covered
4	<b>Mental Health Counselling</b>	<b>Covered up to 5 sessions per member per year</b>
<b>OUT-PATIENT CARE</b>		
1	Consultations during regular clinic hours, except prescribed medicines	Covered
2	Pre and Post Natal consultations	Covered excluding laboratory & diagnostic procedures
3	Eye, ear, nose and throat (EENT) treatment prescribed by an affiliated physician/specialist	Covered
4	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered
5	Dressings, conventional casts (plaster of Paris) and sutures.	Covered
6	X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an affiliated physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered
7	Minor surgery not requiring confinement prescribed by an affiliated physician / specialist	Covered
8	Cauterization of Warts prescribed by an Affiliated Physician/Specialist except genital warts and condyloma acuminatum	If Medically necessary & For therapeutic purposes (e.g. plantar warts, etc.) covered up to MBL; Php2,000 reimbursable Face Down for aesthetic purposes
9	Speech Therapy	Covered up to Php10,000/member/year (ON REIMBURSEMENT ONLY)

10	Initial treatment of Animal bites	Covered subject to MBL except cost of vaccines which is subject to a separate limit/coverage
11	<b>Passive and active vaccines for treatment of tetanus and animal bites (including immunoglobulin)</b>	<b>covered up to P40,000 per member per year</b>
12	Allergy Testing/ allergy screening and other related examinations prescribed by an affiliated Physician	Covered up to Php 2,500/member/year
<b>IN-PATIENT SERVICES</b>		
1	Room and Board according to the Member's Room and Board Accommodation and subject to the maximum rate of Daily Room and Board, if any, of the plan under which the Member is enrolled.	Covered
2	Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by attending Affiliated Physician) and recovery room.	Covered subject to MBL
3	Professional fees in accordance with PhilCare Schedule of Rates.	Covered subject to MBL
	a. Attending Physicians	
	b. Surgeons	
	c. Anesthesiologists	
	d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.	
4	Standard Nursing Services	Covered
5	Medicines for in-patient use	Covered subject to MBL
6	Blood products transfusions and intravenous fluids, including blood screening and cross matching.	Covered subject to MBL <b>including</b> the cost of blood screening
7	X-Ray, laboratory examinations, diagnostic tests and therapeutic procedures incidental to confinement	Covered subject to MBL
8	Dressings, conventional casts (plaster of Paris) and sutures	Covered subject to MBL
9	Anesthesia and its administration	Covered subject to MBL
10	Oxygen and its administration	Covered subject to MBL
11	Standard Admission kit	Covered
12	All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Affiliated Physician	Covered subject to MBL
13	Assistance in administrative requirements through a Liaison Officer	Covered
<b>SPECIAL MODALITIES OF TREATMENT</b>		
1	Laparoscopic Cholecystectomy	Subject to MBL
2	Lithotripsy	Subject to MBL, once per contract year
3	Magnetic Resonance Imaging (MRI)	Subject to MBL
4	Use of Nuclear/Radioactive Isotopes	Subject to MBL
5	Hysteroscopic Myoma Resection	Subject to MBL

6	Laparoscopic Adrenalectomy (Unilateral)	Subject to MBL
7	Laparoscopic Adrenalectomy (Bilateral)	Subject to MBL
8	Transurethral Microwave Therapy of Prostate	Subject to MBL; once per contract year
9	Hysteroscopic Guided D&C/Biopsy	Subject to MBL
10	Percutaneous Ultrasonic Nephrolithotomy	Subject to MBL, once per contract year
11	Ureterolithotripsy	Subject to MBL; once per contract year
12	Stereotactic Brain Biopsy	Subject to MBL
13	Cryosurgery	Subject to MBL; once per contract year
14	Sleep Study/Polysomnograms (Sleep Recording)	Subject to MBL
15	<b>Continuous Positive Airway Pressure (CPAP) titration for sleep study</b>	<b>Covered subject to Php60,000 per member per year</b>
16	Neuroscan	Subject to MBL
17	Pelvic Laparoscopy	Subject to MBL
18	All Special Modalities of treatment and/or diagnostic procedures for which there are no comparable conventional or traditional equivalent or counterparts	Covered up to Php5,000/ procedure /member /year
19	Sclerotherapy for varicose veins as prescribed by an Affiliated Physician, to be availed through Affiliated vascular surgeons.	Up to Php5,000 / leg / member /year
<b>EMERGENCY CARE</b>		
1	In Affiliated Hospitals	
	a. Doctor's services	Covered subject to MBL
	b. Emergency Room Fees	Covered subject to MBL
	c. Medicines used for immediate relief during treatment	Covered subject to MBL
	d. Oxygen, Intravenous fluids and blood products.	Covered subject to MBL
	e. Dressings, conventional casts (plaster of Paris) and sutures.	Covered subject to MBL
	f. X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient.	Covered subject to MBL
	g. Room Upgrade in case of room unavailability	up to 24 hours except Suite Room
2	In Non-Affiliated Hospitals	100% of hospital bills & professional fees based on PhilCare rates up to Php30,000 /case /member /year (Reimbursement Basis)
3	Outside the Philippines	100% of hospital bills & professional fees based on PhilCare rates up to Php30,000 /case /member /year (Reimbursement Basis)
4	Areas w/o Affiliated Hospital	Covered subject to PhilCare rates up to MBL (using the 50-km radius rule)
5	Ambulance Service (Affiliated/Non-Affiliated to Affiliated) if within Metro Manila	Covered provided that case is fully coordinated with PhilCare
6	Ambulance Service (Affiliated/Non-Affiliated to Affiliated) if in Provincial areas	Covered up to Php2,500 per conduction (reimbursement)

PRE-EXISTING CONDITION		100% subject to MBL
<b>OTHER BENEFITS/SPECIAL SERVICES</b>		
1	Work Related Conditions based on conditions covered by ECC	Covered
2	Motor Vehicular Accidents	Covered subject to MBL
3	Congenital diseases, except physical therapy sessions and developmental disorders,	<b>up to Php60,000/member/year</b>
	Congenital Hernia	Covered subject to MBL
4	<b>Scoliosis (whether pre-existing, congenital, or acquired) including necessary procedures, except physical therapy sessions</b>	<b>Covered up to Php60,000/member/year</b>
5	Epilepsy, Seizure Disorder	Covered if acquired
6	Hepatitis B (if acquired, excluding STD) & Hepatitis C	Covered if acquired & not related to STD. Screening test is not Covered
7	Sports-related injuries	covered; if extreme sports, not covered
8	Unprovoked Assault, including domestic violence, whether initiated by a known or unknown third party	Covered
9	Maternity Assistance <i>(For Female employees only, for delivery only and subject to 280 days waiting period)</i>	Covered up to P5,000 (on reimbursement – once per contract year)
<b>DIAGNOSTIC PROCEDURES</b>		
	Coronary Angiography	Covered subject to MBL
	24-hour EEG Monitoring	Covered up to Php5,000/member/year
	Esophageal Manometry	Covered up to Php5,000/member/year
	Positron Emission Tomography	Covered up to Php5,000/member/year
	CT Pulmonary Angiography	Covered up to Php5,000/member/year
	Photodynamic Therapy	Covered up to Php5,000/member/year
	24-hour Holter Monitoring	Covered subject to MBL
	Adrenocortical Function	Covered subject to MBL
	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered subject to MBL
	Arterial Blood Gas	Covered subject to MBL
	Arthroscopic Procedures, Orthopedic Arthroscopy	Covered subject to MBL
	Audiograms and Tympanograms	Covered subject to MBL
	Bone Density Test (Dexa Scan/BMD Studies)	Covered subject to MBL
	Computed Tomography Scans	Covered subject to MBL
	<b>Diagnostic Radiographs:</b>	
	a. Biliary tract: Cholecystogram and Cholangiogram	Covered subject to MBL
	b. Chest, ribs, sternum and clavicle	Covered subject to MBL
	c. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series, Small Bowel series	Covered subject to MBL
	d. Face (including sinuses), Head and Neck	Covered subject to MBL
	e. Urinary: KUB, Pyelograms and Cystograms	Covered subject to MBL
	f. X-ray of the extremities and pelvis	Covered subject to MBL
	g. X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered subject to MBL
	<b>Diagnostic Ultrasounds:</b>	

a. 2D-Echo with Doppler	Covered subject to MBL
b. Abdomen	Covered subject to MBL
c. Duplex Scan	Covered subject to MBL
d. Digestive and Urinary Systems	Covered subject to MBL
e. Ultrasound of the Lungs	Covered subject to MBL
f. 4D Ultrasound except for maternity-related cases	covered up to Php5,000/member/year
Electroencephalogram	Covered subject to MBL
Electromyography and Nerve Conduction Studies	Covered subject to MBL
Endoscopic Procedures	Covered subject to MBL
Fluorescein Angiography	Covered subject to MBL
Impedance Plethysmography	Covered subject to MBL
Lead Electrocardiogram	Covered subject to MBL
Magnetic Resonance Angiography (MRA)	Covered subject to MBL
Mammography and Sonomammogram	Covered subject to MBL
Myelogram	Covered subject to MBL
Pap` s Smear	Covered subject to MBL
Perfusion Scan	Covered subject to MBL
Plasma Urinary Cortisol, Plasma Aldosterone	Covered subject to MBL
Polysomnograms (Sleep Recording)	Covered subject to MBL
Pulmonary Function Tests	Covered subject to MBL
<b>Radioisotope Scans and Function Studies:</b>	
a. Cardiac	Covered subject to MBL
b. Gastrointestinal	Covered subject to MBL
c. Liver	Covered subject to MBL
d. Parathyroid Bone, Pulmonary (Perfusion/ Ventilation Lung Scans)	Covered subject to MBL
e. Renal	Covered subject to MBL
f. Thyroid Scans	Covered subject to MBL
g. Total Body Scans	Covered subject to MBL
h. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	Covered subject to MBL
Radionuclide Ventriculography	Covered subject to MBL
Surface Electromyography (SEMG)	Covered subject to MBL
Thallium Scintigraphy	Covered subject to MBL
TMST-Treadmill Stress Test	Covered subject to MBL
Cataract extraction except cost of lens	Covered subject to MBL
X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an accredited physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered subject to MBL
Tuberculin test	covered up to Php600/member/year
Blood Chemistries	Covered subject to MBL
Chest X-Ray	Covered subject to MBL
Complete Blood Count (CBC)	Covered subject to MBL



	Fecalysis	Covered subject to MBL
	Urinalysis	Covered subject to MBL
<b>THERAPEUTIC PROCEDURES</b>		
	Angioplasty / Coronary Artery Bypass Graft	Covered subject to MBL
	Gamma Knife Surgery	Covered subject to MBL
	Laparoscopy (except those listed in the Special Modalities of Treatment)	Covered subject to MBL
	Conventional Hemorrhoidectomy	Covered subject to MBL
	Scalpel Hemorrhoidectomy	Covered subject to MBL
	Stapled Hemorrhoidectomy	Covered up to Php 5,000 /member /year
	Mammotome	Covered up to Php5,000/member/year
	Botox which is not cosmetic in nature nor for beautification purpose	Covered up to Php5,000/member/year
	Dialysis	Covered subject to MBL
	Intravenous Chemotherapy	Covered subject to MBL
	Oral Chemotherapy	Covered subject to MBL for IP only
	Physical therapy/Occupational Therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.	Physical and Occupational Therapy is covered up to 12 sessions subject to MBL per member per year for OP; subject to MBL for IP
<b>Therapeutic Radiology:</b>		
	a. Brachytherapy	Covered subject to MBL
	b. Cobalt	Covered subject to MBL
	c. Linear Accelerator Therapy	Covered subject to MBL
	d. Radioactive Cesium	Covered subject to MBL
	e. Radioactive Iodine	Covered subject to MBL
	f. Intensified Modulated Radiotherapy	Covered up to Php5,000/member/year
	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered subject to MBL
	Minor surgery not requiring confinement prescribed by an Affiliated Physician / Specialist	Covered subject to MBL
	Eye laser therapy for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an affiliated Physician/Specialist, excluding eye correction such as Lasik, PRK and the like	Covered up to Php10,000 /eye /member /year
	Blood products transfusions and intravenous fluids, including blood screening and cross matching	Covered subject to MBL
<b>DENTAL CARE</b>		<b>OPTIONAL</b>
1	Annual Dental examination and consultation	Covered
2	Emergency Out-patient Dental Treatment – to be availed at Affiliated dental clinics only	Covered
3	Oral prophylaxis	Covered – Once a year
4	Simple tooth extractions	Covered
5	Restorative and prosthodontic treatment planning	Covered
6	Temporary Fillings	Unlimited, As needed
7	Desensitization of hypersensitive teeth	Covered
8	Simple adjustment of dentures	Covered

9	Re-cementation of loose crowns, inlays and onlays	Covered
10	Dental Nutrition and Dietary Counseling	Covered
11	Dental Health Education	Covered
12	Pre-natal check of teeth and gums	Covered
13	Temporo Mandibular Joint Consultation	Covered
14	Gum treatment for cases like inflammation or bleeding	Covered
15	Permanent fillings Light cure (if applicable & costed)	Not covered
<b>GROUP LIFE WITH ACCIDENTAL DEATH &amp; DISABLEMENT (AD&amp;D) BENEFITS (For Principal Members/Employees only)</b>		<b>OPTIONAL</b>
1	Death	Php --
2	AD&D Coverage	Php --
	a. life	100% of amount of insurance
	b. entire sight of both eyes	100% of amount of insurance
	c. both hands or both feet	100% of amount of insurance
	d. one hand and one foot	100% of amount of insurance
	e. either hand or foot and sight of one eye	100% of amount of insurance
	f. Arm at or above elbow	70% of amount of insurance
	g. Leg at or above knee	60% of amount of insurance
	h. One hand at or above wrist	50% of amount of insurance
	i. One foot at or above the ankle	50% of amount of insurance
	j. Hearing of both ears	50% of amount of insurance
	k. Sight of one eye	50% of amount of insurance
	l. Four fingers and thumb of one hand	50% of amount of insurance
<b>MEMBERSHIP GUIDELINES</b>		
1	Age Eligibility	Based on actual age at the time of enrolment
	Principals	18 up to 65 years old
	Adult Dependents	18 up to less than 65 years old
	Minor Dependents	15 days old up to 23 years old
	Hierarchy Rule	
	Dependent of Married Employees Spouse Children	Legal spouse must be enrolled first, followed by the eldest to the youngest child.
	Dependent of Single Employees Parents Siblings	Both parents must be enrolled first, followed by the eldest to youngest sibling.
	Dependent of Single Parent Employees Children and/or Parents	Eldest to youngest child first, followed by parents.
	Participation Requirement	
	a. Non-contributory accounts	100% of all eligible employees should enroll all the eligible dependents under the program or at least 75% of all eligible employees should enroll all the eligible dependents under the program
	b. Contributory accounts	At least 75% of all eligible employees should enroll all the eligible dependents under the program.

	Philhealth Integration	MBL on top of Philhealth. Philhealth portion not deductible to the member's MBL. Required to file Philhealth
	Philhealth Amount (Non-Philhealth)	Additional Philhealth fee on the onset of enrollment: Php 4,032 per Non-Philhealth member per year
<b>Actual Age Definition – Age based on the individuals actual birthday on the time of the start of the contract</b>		
2	Effective date proviso	<p>Not waived.</p> <p>Under the Effective Date Provision, if the enrolled person, on account of injury or illness, is not actively working in full time employment on the date his coverage would otherwise have become effective as provided above, the coverage shall not become effective until the date such person returns to full time active work.</p> <p>If the enrolled dependent, on account of injury or illness, is confined in a hospital on the date his coverage would otherwise have become effective as provided above, the coverage shall not become effective until the date such dependent is discharged from the hospital.</p>
<b>DELIVERABLES &amp; OTHER ARRANGEMENTS:</b>		
1	Timeline for Deliverables (Cards, SOA & Contract)	PhilCare to provide the deliverables within 10 to 15 working days from inception date; provided all documents are submitted & complete (in compliance to SME requirement)
2	Payment Arrangement	10 working days from SOA receipt
3	Submission of Signed Contract by the client	Should be submitted back to PhilCare within 10 working days from receipt of contract

4	IT-Enabled Customer Experience	<p><b>HR Portal</b> for authorized HR representative. Pls. provide name &amp; email address of appointed HR representative:</p> <hr/> <p><b>Hey Phil and Member Gateway</b> provided for all enrolled PhilCare eligible members</p> <ul style="list-style-type: none"> <li>▪ <b>Self Service LOA Generation.</b> Member can generate their LOA by plugging in the required information and HeyPhil will generate a copy of an LOA using the populated details provided by the member.</li> <li>▪ <b>Digi-Card</b> is the latest enhancement of the HeyPhil application by using HeyPhil, members can view the digital copy of their Philcare membership card through their Mobile Phone.</li> <li>▪ <b>TeleMedicine,</b> A platform where members can have a video consultation with <b>PhilCare</b> affiliated doctors with different specialization including other healthcare professionals such as MindCare Counseling and Online Physical Therapist through Guided Rehabilitation Exercises.</li> </ul>
5	<b>Provider Information:</b>	
	Accredited Hospitals & clinics nationwide	More than 1,600
	Accredited Physicians by affiliation	More than 48,000
	PhilCare Owned Clinics	2 PhilCare Clinics (Makati & MOA)

<b>NOTES:</b>	
1	The coverage for the Special Diagnostic Procedures are subject to the recommendation of the affiliated physician if medically necessary.
2	Above limits are inclusive of room & board, operating room charges, professional fees and other incidental expenses relative to the procedure. The maximum benefit limit shall be inclusive of consultations, routine procedures, diagnostic and therapeutic procedures and hospitalization. All procedures or benefits are subject to the limitations on pre-existing conditions as stated in this proposal.

## SME LUXE 20-200

### EMPLOYEES: DIRECT ACCESS-HOSPITAL BASED (NATIONWIDE ACCESS)

**OPTION 1: WITH ACCESS TO ALL AFFILIATED PROVIDERS INCLUDING SIX (6) MAJOR HOSPITAL\*\***

Room & Board	MBL*	<input type="checkbox"/> Annual Fee	<input type="checkbox"/> Semi-Annual Fee	<input type="checkbox"/> Quarterly Fee
<input type="checkbox"/> Suite 4,000	400,000	24,281.60	12,990.66	6,677.44
<input type="checkbox"/> Suite 3,000	300,000	22,366.40	11,966.02	6,150.76
<input type="checkbox"/> Open-Private	250,000	18,956.00	10,141.46	5,212.90
<input type="checkbox"/> Regular Private	250,000	16,424.80	8,787.27	4,516.82
<input type="checkbox"/> Semi-Private	200,000	13,227.20	7,076.55	3,637.48
<input type="checkbox"/> Ward Open	100,000	10,147.20	5,428.75	2,790.48

**OPTION 2: WITH ACCESS TO ALL AFFILIATED PROVIDERS EXCLUDING SIX (6) MAJOR HOSPITAL\*\***

Room & Board	MBL*	<input type="checkbox"/> Annual Fee	<input type="checkbox"/> Semi-Annual Fee	<input type="checkbox"/> Quarterly Fee
<input type="checkbox"/> Suite 4,000	400,000	17,920.00	9,587.20	4,928.00
<input type="checkbox"/> Suite 3,000	300,000	16,598.40	8,880.14	4,564.56
<input type="checkbox"/> Open-Private	250,000	13,955.20	7,466.03	3,837.68
<input type="checkbox"/> Regular Private	250,000	12,348.00	6,606.18	3,395.70
<input type="checkbox"/> Semi-Private	200,000	10,080.00	5,392.80	2,772.00
<input type="checkbox"/> Ward Open	100,000	7,677.60	4,107.52	2,111.34

### DEPENDENTS: DIRECT ACCESS-HOSPITAL BASED (NATIONWIDE ACCESS)

**OPTION 1: WITH ACCESS TO ALL AFFILIATED PROVIDERS INCLUDING SIX (6) MAJOR HOSPITAL\*\***

Room & Board	MBL*	<input type="checkbox"/> Annual Fee	<input type="checkbox"/> Semi-Annual Fee	<input type="checkbox"/> Quarterly Fee
<input type="checkbox"/> Suite 4,000	400,000	32,390.40	17,328.86	8,907.36
<input type="checkbox"/> Suite 3,000	300,000	30,027.20	16,064.55	8,257.48
<input type="checkbox"/> Open-Private	250,000	25,110.40	13,434.06	6,905.36
<input type="checkbox"/> Regular Private	250,000	21,800.80	11,663.43	5,995.22
<input type="checkbox"/> Semi-Private	200,000	16,363.20	8,754.31	4,499.88
<input type="checkbox"/> Ward Open	100,000	13,176.80	7,049.59	3,623.62

**OPTION 2: WITH ACCESS TO ALL AFFILIATED PROVIDERS EXCLUDING SIX (6) MAJOR HOSPITAL\*\***

Room & Board	MBL*	<input type="checkbox"/> Annual Fee	<input type="checkbox"/> Semi-Annual Fee	<input type="checkbox"/> Quarterly Fee
<input type="checkbox"/> Suite 4,000	400,000	23,531.20	12,589.19	6,471.08
<input type="checkbox"/> Suite 3,000	300,000	21,896.00	11,714.36	6,021.40
<input type="checkbox"/> Open-Private	250,000	18,211.20	9,742.99	5,008.08
<input type="checkbox"/> Regular Private	250,000	16,066.40	8,595.52	4,418.26
<input type="checkbox"/> Semi-Private	200,000	11,989.60	6,414.44	3,297.14
<input type="checkbox"/> Ward Open	100,000	9,716.00	5,198.06	2,671.90

**OPTIONAL RIDERS**

<input type="checkbox"/> <b>DENTAL BENEFIT (WITH 12% VAT)</b>						
Type of Package	<input type="checkbox"/> ANNUAL FEE		<input type="checkbox"/> SEMI ANNUAL		<input type="checkbox"/> QUARTERLY	
<input type="checkbox"/> Standard Dental (1 Oral Prophylaxis, No Permanent Fill)	PHP	296.80	PHP	158.79	PHP	81.62
<input type="checkbox"/> Standard + 1 Addtl Oral Prophylaxis + 2 surfaces Light cure	PHP	448.00	PHP	242.68	PHP	123.20
<input type="checkbox"/> Standard + 1 Addtl Oral Prophylaxis + 2 teeth Light cure	PHP	515.20	PHP	275.63	PHP	141.68
<input type="checkbox"/> <b>LIFE INSURANCE RIDER: GROUP LIFE AND AD&amp;D (WITH 12% VAT)</b>						
COVERAGE	<input type="checkbox"/> ANNUAL FEE		<input type="checkbox"/> SEMI ANNUAL		<input type="checkbox"/> QUARTERLY	
<input type="checkbox"/> 10,000	PHP	100.80	PHP	53.93	PHP	27.72
<input type="checkbox"/> 20,000	PHP	201.60	PHP	107.86	PHP	55.44
<input type="checkbox"/> 25,000	PHP	252.00	PHP	134.82	PHP	69.30
<input type="checkbox"/> 50,000	PHP	504.00	PHP	269.64	PHP	138.60
<input type="checkbox"/> 100,000	PHP	1,008.00	PHP	539.28	PHP	277.20

**Requirements:**

1. SEC
2. BIR 2303
3. SIGNED CONFORME
4. SSS R3 LIST (updated with payment validation) or its equivalent

**Note: Above Rates are Offered to:**

1. Single Account Only (no affiliates or sub-offices)
2. No Overage Enrollees
3. No Extended Dependents

**SME LUXE LIST OF BENEFITS**

SERVICES/BENEFITS		COVERAGE
<b>ANNUAL PHYSICAL EXAMINATION</b>		
1	Taking of Medical History	Covered
2	Physical Examination	Covered
3	Chest X-Ray	Covered
4	Routine Urinalysis	Covered
5	Routine Fecalysis	Covered
6	Complete Blood Count (CBC)	Covered
7	Electrocardiogram (ECG) for members 35 years old and above or if indicated	Covered
8	Pap Smear for female members 35 years old and above or if indicated	Covered
9	<b>Mindcheck</b>	<b>Covered</b>
	Pre-employment Examination	Applicant to pay prior to availment. Reimbursable up to Php350 upon regularization
<b>PREVENTIVE HEALTH CARE</b>		
1	Health Education Counseling on diet or exercise	Covered
2	Periodic Monitoring of Health Problems	Covered
3	Family Planning Counseling	Covered
4	<b>Mental Health Counselling</b>	<b>Covered up to 5 sessions per member per year</b>
<b>OUT-PATIENT CARE</b>		
1	Consultations during regular clinic hours, except prescribed medicines	Covered
2	Pre and Post Natal consultations	Covered excluding laboratory & diagnostic procedures
3	Eye, ear, nose and throat (EENT) treatment prescribed by an affiliated physician/specialist	Covered
4	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered
5	Dressings, conventional casts (plaster of Paris) and sutures.	Covered
6	X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an affiliated physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered
7	Minor surgery not requiring confinement prescribed by an affiliated physician / specialist	Covered
8	Cauterization of Warts prescribed by an Affiliated Physician/Specialist except genital warts and condyloma acuminatum	If Medically necessary & For therapeutic purposes (e.g. plantar warts, etc.) covered up to MBL; Php2,000 reimbursable Face Down for aesthetic purposes
9	Speech Therapy	Covered up to Php10,000/member/year

		(ON REIMBURSEMENT ONLY)
10	Initial treatment of Animal bites	Covered subject to MBL except cost of vaccines which is subject to a separate limit/coverage
11	<b>Passive and active vaccines for treatment of tetanus and animal bites (including immunoglobulin)</b>	<b>covered up to P40,000 per member per year</b>
12	Allergy Testing/ allergy screening and other related examinations prescribed by an affiliated Physician	Covered up to Php 2,500/member/year
<b>IN-PATIENT SERVICES</b>		
1	Room and Board according to the Member's Room and Board Accommodation and subject to the maximum rate of Daily Room and Board, if any, of the plan under which the Member is enrolled.	Covered
2	Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by attending Affiliated Physician) and recovery room.	Covered subject to MBL
3	Professional fees in accordance with PhilCare Schedule of Rates.	Covered subject to MBL
	a. Attending Physicians	
	b. Surgeons	
	c. Anesthesiologists	
	d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.	
4	Standard Nursing Services	Covered
5	Medicines for in-patient use	Covered subject to MBL
6	Blood products transfusions and intravenous fluids, including blood screening and cross matching.	Covered subject to MBL <b>including</b> the cost of blood screening
7	X-Ray, laboratory examinations, diagnostic tests and therapeutic procedures incidental to confinement	Covered subject to MBL
8	Dressings, conventional casts (plaster of Paris) and sutures	Covered subject to MBL
9	Anesthesia and its administration	Covered subject to MBL
10	Oxygen and its administration	Covered subject to MBL
11	Standard Admission kit	Covered
12	All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Affiliated Physician	Covered subject to MBL
13	Assistance in administrative requirements through a Liaison Officer	Covered
<b>SPECIAL MODALITIES OF TREATMENT</b>		
1	Laparoscopic Cholecystectomy	Subject to MBL
2	Lithotripsy	Subject to MBL, once per contract year
3	Magnetic Resonance Imaging (MRI)	Subject to MBL
4	Use of Nuclear/Radioactive Isotopes	Subject to MBL



5	Hysteroscopic Myoma Resection	Subject to MBL
6	Laparoscopic Adrenalectomy (Unilateral)	Subject to MBL
7	Laparoscopic Adrenalectomy (Bilateral)	Subject to MBL
8	Transurethral Microwave Therapy of Prostate	Subject to MBL; once per contract year
9	Hysteroscopic Guided D&C/Biopsy	Subject to MBL
10	Percutaneous Ultrasonic Nephrolithotomy	Subject to MBL, once per contract year
11	Ureterolithotripsy	Subject to MBL; once per contract year
12	Stereotactic Brain Biopsy	Subject to MBL
13	Cryosurgery	Subject to MBL; once per contract year
14	Sleep Study/Polysomnograms (Sleep Recording)	Subject to MBL
15	<b>Continuous Positive Airway Pressure (CPAP) titration for sleep study</b>	<b>Covered subject to Php60,000 per member per year</b>
16	Neuroscan	Subject to MBL
17	Pelvic Laparoscopy	Subject to MBL
18	All Special Modalities of treatment and/or diagnostic procedures for which there are no comparable conventional or traditional equivalent or counterparts	Covered up to Php5,000/ procedure /member /year
19	Sclerotherapy for varicose veins as prescribed by an Affiliated Physician, to be availed through Affiliated vascular surgeons.	Up to Php5,000 / leg / member /year
<b>EMERGENCY CARE</b>		
1	In Affiliated Hospitals	
	a. Doctor's services	Covered subject to MBL
	b. Emergency Room Fees	Covered subject to MBL
	c. Medicines used for immediate relief during treatment	Covered subject to MBL
	d. Oxygen, Intravenous fluids and blood products.	Covered subject to MBL
	e. Dressings, conventional casts (plaster of Paris) and sutures.	Covered subject to MBL
	f. X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient.	Covered subject to MBL
	g. Room Upgrade in case of room unavailability	up to 24 hours except Suite Room
2	In Non-Affiliated Hospitals	100% of hospital bills & professional fees based on PhilCare rates up to Php30,000 /case /member /year (Reimbursement Basis)
3	Outside the Philippines	100% of hospital bills & professional fees based on PhilCare rates up to Php30,000 /case /member /year (Reimbursement Basis)
4	Areas w/o Affiliated Hospital	Covered subject to PhilCare rates up to MBL (using the 50-km radius rule)
5	Ambulance Service (Affiliated/Non-Affiliated to Affiliated) if within Metro Manila	Covered provided that case is fully coordinated with PhilCare
6	Ambulance Service (Affiliated/Non-Affiliated to Affiliated) if in Provincial areas	Covered up to Php2,500 per conduction (reimbursement)

<b>PRE-EXISTING CONDITION</b>		<b>100% subject to MBL</b>
<b>OTHER BENEFITS/SPECIAL SERVICES</b>		
1	Work Related Conditions based on conditions covered by ECC	Covered
2	Motor Vehicular Accidents	Covered subject to MBL
3	Congenital diseases, except physical therapy sessions and developmental disorders,	<b>up to Php60,000/member/year</b>
	Congenital Hernia	Covered subject to MBL
4	<b>Scoliosis (whether pre-existing, congenital, or acquired) including necessary procedures, except physical therapy sessions</b>	<b>Covered up to Php60,000/member/year</b>
5	Epilepsy, Seizure Disorder	Covered if acquired
6	Hepatitis B (if acquired, excluding STD) & Hepatitis C	Covered if acquired & not related to STD. Screening test is not Covered
7	Sports-related injuries	covered; if extreme sports, not covered
8	Unprovoked Assault, including domestic violence, whether initiated by a known or unknown third party	Covered
9	Maternity Assistance ( <i>For Female employees only, for delivery only and subject to 280 days waiting period</i> )	Covered up to P5,000 (on reimbursement – once per contract year)
<b>DIAGNOSTIC PROCEDURES</b>		
	Coronary Angiography	Covered subject to MBL
	24-hour EEG Monitoring	Covered up to Php5,000/member/year
	Esophageal Manometry	Covered up to Php5,000/member/year
	Positron Emission Tomography	Covered up to Php5,000/member/year
	CT Pulmonary Angiography	Covered up to Php5,000/member/year
	Photodynamic Therapy	Covered up to Php5,000/member/year
	24-hour Holter Monitoring	Covered subject to MBL
	Adrenocortical Function	Covered subject to MBL
	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered subject to MBL
	Arterial Blood Gas	Covered subject to MBL
	Arthroscopic Procedures, Orthopedic Arthroscopy	Covered subject to MBL
	Audiograms and Tympanograms	Covered subject to MBL
	Bone Density Test (Dexa Scan/BMD Studies)	Covered subject to MBL
	Computed Tomography Scans	Covered subject to MBL
	<b>Diagnostic Radiographs:</b>	
	a. Biliary tract: Cholecystogram and Cholangiogram	Covered subject to MBL
	b. Chest, ribs, sternum and clavicle	Covered subject to MBL
	c. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series, Small Bowel series	Covered subject to MBL
	d. Face (including sinuses), Head and Neck	Covered subject to MBL
	e. Urinary: KUB, Pyelograms and Cystograms	Covered subject to MBL
	f. X-ray of the extremities and pelvis	Covered subject to MBL
	g. X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered subject to MBL

	<b>Diagnostic Ultrasounds:</b>	
	a. 2D-Echo with Doppler	Covered subject to MBL
	b. Abdomen	Covered subject to MBL
	c. Duplex Scan	Covered subject to MBL
	d. Digestive and Urinary Systems	Covered subject to MBL
	e. Ultrasound of the Lungs	Covered subject to MBL
	f. 4D Ultrasound except for maternity-related cases	covered up to Php5,000/member/year
	Electroencephalogram	Covered subject to MBL
	Electromyography and Nerve Conduction Studies	Covered subject to MBL
	Endoscopic Procedures	Covered subject to MBL
	Fluorescein Angiography	Covered subject to MBL
	Impedance Plethysmography	Covered subject to MBL
	Lead Electrocardiogram	Covered subject to MBL
	Magnetic Resonance Angiography (MRA)	Covered subject to MBL
	Mammography and Sonomammogram	Covered subject to MBL
	Myelogram	Covered subject to MBL
	Pap's Smear	Covered subject to MBL
	Perfusion Scan	Covered subject to MBL
	Plasma Urinary Cortisol, Plasma Aldosterone	Covered subject to MBL
	Polysomnograms (Sleep Recording)	Covered subject to MBL
	Pulmonary Function Tests	Covered subject to MBL
	<b>Radioisotope Scans and Function Studies:</b>	
	a. Cardiac	Covered subject to MBL
	b. Gastrointestinal	Covered subject to MBL
	c. Liver	Covered subject to MBL
	d. Parathyroid Bone, Pulmonary (Perfusion/ Ventilation Lung Scans)	Covered subject to MBL
	e. Renal	Covered subject to MBL
	f. Thyroid Scans	Covered subject to MBL
	g. Total Body Scans	Covered subject to MBL
	h. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	Covered subject to MBL
	Radionuclide Ventriculography	Covered subject to MBL
	Surface Electromyography (SEMG)	Covered subject to MBL
	Thallium Scintigraphy	Covered subject to MBL
	TMST-Treadmill Stress Test	Covered subject to MBL
	Cataract extraction except cost of lens	Covered subject to MBL
	X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an accredited physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered subject to MBL
	Tuberculin test	covered up to Php600/member/year
	Blood Chemistries	Covered subject to MBL
	Chest X-Ray	Covered subject to MBL

	Complete Blood Count (CBC)	Covered subject to MBL
	Fecalysis	Covered subject to MBL
	Urinalysis	Covered subject to MBL
<b>THERAPEUTIC PROCEDURES</b>		
	Angioplasty / Coronary Artery Bypass Graft	Covered subject to MBL
	Gamma Knife Surgery	Covered subject to MBL
	Laparoscopy (except those listed in the Special Modalities of Treatment)	Covered subject to MBL
	Conventional Hemorrhoidectomy	Covered subject to MBL
	Scalpel Hemorrhoidectomy	Covered subject to MBL
	Stapled Hemorrhoidectomy	Covered up to Php 5,000 /member /year
	Mammotome	Covered up to Php5,000/member/year
	Botox which is not cosmetic in nature nor for beautification purpose	Covered up to Php5,000/member/year
	Dialysis	Covered subject to MBL
	Intravenous Chemotherapy	Covered subject to MBL
	Oral Chemotherapy	Covered subject to MBL for IP only
	Physical therapy/Occupational Therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.	Physical and Occupational Therapy is covered up to 12 sessions subject to MBL per member per year for OP; subject to MBL for IP
	<b>Therapeutic Radiology:</b>	
	a. Brachytherapy	Covered subject to MBL
	b. Cobalt	Covered subject to MBL
	c. Linear Accelerator Therapy	Covered subject to MBL
	d. Radioactive Cesium	Covered subject to MBL
	e. Radioactive Iodine	Covered subject to MBL
	f. Intensified Modulated Radiotherapy	Covered up to Php5,000/member/year
	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered subject to MBL
	Minor surgery not requiring confinement prescribed by an Affiliated Physician / Specialist	Covered subject to MBL
	Eye laser therapy for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an affiliated Physician/Specialist, excluding eye correction such as Lasik, PRK and the like	Covered up to Php10,000 /eye /member /year
	Blood products transfusions and intravenous fluids, including blood screening and cross matching	Covered subject to MBL
<b>DENTAL CARE</b>		<b>OPTIONAL</b>
1	Annual Dental examination and consultation	Covered
2	Emergency Out-patient Dental Treatment – to be availed at Affiliated dental clinics only	Covered
3	Oral prophylaxis	Covered – Once a year
4	Simple tooth extractions	Covered
5	Restorative and prosthodontic treatment planning	Covered
6	Temporary Fillings	Unlimited, As needed
7	Desensitization of hypersensitive teeth	Covered

8	Simple adjustment of dentures	Covered
9	Re-cementation of loose crowns, inlays and onlays	Covered
10	Dental Nutrition and Dietary Counseling	Covered
11	Dental Health Education	Covered
12	Pre-natal check of teeth and gums	Covered
13	Temporo Mandibular Joint Consultation	Covered
14	Gum treatment for cases like inflammation or bleeding	Covered
15	Permanent fillings Light cure (if applicable & costed)	Not covered
<b>GROUP LIFE WITH ACCIDENTAL DEATH &amp; DISABLEMENT (AD&amp;D) BENEFITS (For Principal Members/Employees only)</b>		<b>OPTIONAL</b>
1	Death	Php --
2	AD&D Coverage	Php --
	a. life	100% of amount of insurance
	b. entire sight of both eyes	100% of amount of insurance
	c. both hands or both feet	100% of amount of insurance
	d. one hand and one foot	100% of amount of insurance
	e. either hand or foot and sight of one eye	100% of amount of insurance
	f. Arm at or above elbow	70% of amount of insurance
	g. Leg at or above knee	60% of amount of insurance
	h. One hand at or above wrist	50% of amount of insurance
	i. One foot at or above the ankle	50% of amount of insurance
	j. Hearing of both ears	50% of amount of insurance
	k. Sight of one eye	50% of amount of insurance
	l. Four fingers and thumb of one hand	50% of amount of insurance
<b>MEMBERSHIP GUIDELINES</b>		
1	Age Eligibility	Based on actual age at the time of enrolment
	Principals	18 up to 65 years old
	Adult Dependents	18 up to less than 65 years old
	Minor Dependents	15 days old up to 23 years old
	Hierarchy Rule	
	Dependent of Married Employees Spouse Children	Legal spouse must be enrolled first, followed by the eldest to the youngest child.
	Dependent of Single Employees Parents Siblings	Both parents must be enrolled first, followed by the eldest to youngest sibling.
	Dependent of Single Parent Employees Children and/or Parents	Eldest to youngest child first, followed by parents.
	Participation Requirement	
	a. Non-contributory accounts	100% of all eligible employees should enroll all the eligible dependents under the program or at least 75% of all eligible employees should enroll all the eligible dependents under the program
	b. Contributory accounts	At least 75% of all eligible employees should enroll

		all the eligible dependents under the program.
	Philhealth Integration	MBL on top of Philhealth. Philhealth portion not deductible to the member's MBL. Required to file Philhealth
	Philhealth Amount (Non-Philhealth)	Additional Philhealth fee on the onset of enrollment: Php 4,032 per Non-Philhealth member per year
<b>Actual Age Definition – Age based on the individuals actual birthday on the time of the start of the contract</b>		
2	Effective date proviso	<p>Not waived.</p> <p>Under the Effective Date Provision, if the enrolled person, on account of injury or illness, is not actively working in full time employment on the date his coverage would otherwise have become effective as provided above, the coverage shall not become effective until the date such person returns to full time active work.</p> <p>If the enrolled dependent, on account of injury or illness, is confined in a hospital on the date his coverage would otherwise have become effective as provided above, the coverage shall not become effective until the date such dependent is discharged from the hospital.</p>
<b>DELIVERABLES &amp; OTHER ARRANGEMENTS:</b>		
1	Timeline for Deliverables (Cards, SOA & Contract)	PhilCare to provide the deliverables within 10 to 15 working days from inception date; provided all documents are submitted & complete (in compliance to SME requirement)
2	Payment Arrangement	10 working days from SOA receipt
3	Submission of Signed Contract by the client	Should be submitted back to PhilCare within 10 working days from receipt of contract

4	IT-Enabled Customer Experience	<p><b>HR Portal</b> for authorized HR representative.          Pls. provide name &amp; email address of appointed HR representative:</p> <hr/> <p><b>Hey Phil and Member Gateway</b> provided for all enrolled PhilCare eligible members</p> <ul style="list-style-type: none"> <li>▪ <b>Self Service LOA Generation.</b> Member can generate their LOA by plugging in the required information and HeyPhil will generate a copy of an LOA using the populated details provided by the member.</li> <li>▪ <b>Digi-Card</b> is the latest enhancement of the HeyPhil application by using HeyPhil, members can view the digital copy of their Philcare membership card through their Mobile Phone.</li> <li>▪ <b>TeleMedicine,</b> A platform where members can have a video consultation with <b>PhilCare</b> affiliated doctors with different specialization including other healthcare professionals such as MindCare Counseling and Online Physical Therapist through Guided Rehabilitation Exercises.</li> </ul>				
		<p><b>5</b> <b>Provider Information:</b></p> <table border="1"> <tr> <td>Accredited Hospitals &amp; clinics nationwide</td> <td>More than 1,600</td> </tr> <tr> <td>Accredited Physicians by affiliation</td> <td>More than 48,000</td> </tr> <tr> <td>PhilCare Owned Clinics</td> <td>2 PhilCare Clinics (Makati &amp; MOA)</td> </tr> </table>	Accredited Hospitals & clinics nationwide	More than 1,600	Accredited Physicians by affiliation	More than 48,000
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PhilCare Owned Clinics	2 PhilCare Clinics (Makati & MOA)					

<b>NOTES:</b>	
1	The coverage for the Special Diagnostic Procedures are subject to the recommendation of the affiliated physician if medically necessary.
2	Above limits are inclusive of room & board, operating room charges, professional fees and other incidental expenses relative to the procedure. The maximum benefit limit shall be inclusive of consultations, routine procedures, diagnostic and therapeutic procedures and hospitalization. All procedures or benefits are subject to the limitations on pre-existing conditions as stated in this proposal.