



Republic of the Philippines
Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OF BAGUIO CITY



January 29, 2026

DIVISION MEMORANDUM

No. **077-2026**

AVAILMENT OF PHILHEALTH OPTOMETRY BENEFIT PACKAGE FOR GRADE 1 PUPILS WHO FAILED THE AUGUST 2025 VISION SCREENING

All Public Schools District Supervisors
Public Elementary Heads
School Health Personnel
Others Concerned

1. Relative to the vision screening conducted among all Grade 1 pupils in public elementary schools in August 2025, thirty-six percent (36%) of the pupils were referred to an optometrist for further assessment. To ensure continued care, the Department of Education – Schools Division Office (SDO) of Baguio City, as a PhilHealth Konsulta Package Provider, has entered into a Memorandum of Agreement (MOA) with **Re-Vision Optical Clinic** as its accredited referral facility for the **PhilHealth Optometry Benefit Package**, in accordance with **PhilHealth Circular No. 2025-0002**.
2. The PhilHealth Optometry Benefit Package covers vision assessment and prescription eyeglasses (frames and lenses) for children aged zero (0) to fifteen (15) years old, with a benefit of **Php 2,500.00 per case**, available to PhilHealth members and their qualified dependents.
3. Schools are requested to review the list of referred Grade 1 pupils and identify those who have not yet consulted an optometrist. These pupils shall be enrolled under the **PhilHealth Konsulta Package Provider – SDO Baguio City** to facilitate referral to **Re-Vision Optical Clinic**.
4. Schools must complete the required information in the Google Sheet thru this link <https://tinyurl.com/grade-1-for-eye-referral> on or before **February 13, 2026** and secure parental consent. Signed consent forms should be submitted to **Ms. Shyragail Miranda** at SDO Health and Nutrition Section **on or before 13 February 2026**.
5. Attached herewith is the parental consent form for reference and compliance.
6. Immediate dissemination of this Memorandum is requested.

SORAYA T. FACULO PhD, CESO V
Schools Division Superintendent





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CONSENT FORM

I, _____, parent/guardian of _____, hereby give my consent to the **Schools Division Office (SDO) of Baguio City**, as a **PhilHealth Konsulta Package Provider**, to register my child under the PhilHealth Konsulta Program.

I further authorize the **PhilHealth** and the **Schools Division Office (SDO) of Baguio City – PhilHealth Konsulta Package Provider** to collect my child's personal and health information and to conduct health screening, assessment, and consultation at any time during the school year. I also consent to the transmission and processing of my child's personal data and health records for purposes of PhilHealth payment, monitoring of provider performance, and implementation of the PhilHealth Konsulta Benefit and the **Universal Health Care Act**, in accordance with **Republic Act No. 10173**, otherwise known as the **Data Privacy Act of 2012**.

Signature of Parent/Guardian: _____

Date: _____

Contact Number: _____