







ANNEX B: TABLE OF RATES

| 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 (ANNUAL) | | | | | | | |
| 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 |


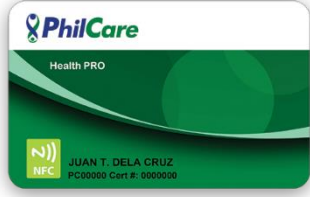

NOTES:

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 | Product Description | Health360: A standard health plan that is made accessible and affordable, as it should be. | Health Pro: 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 | Health LUXE: 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 | Benefit Limit | 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 | Out-Patient & Elective Confinement Access Clinic Access Type <i>*Except healthway</i> | Clinic based access | Preferred based access | Direct based access |
| | | 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 by referral | Direct access to more than 1,000 PhilCare affiliated clinics Access to more than 600 affiliated hospitals by referral | Direct access to more than 1,600 PhilCare affiliated clinics and hospitals nationwide |
| 4 | Hospital Access | 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 <i>(Without Access to St. Luke's Global City and Asian Hospital Medical Center)</i> | 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 |
| ANNUAL PHYSICAL EXAMINATION (via affiliated APE provider only) | | | | |
| 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 Fecalalysis | 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 |
| PREVENTIVE HEALTH CARE | | | | |
| 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 |

| OUT-PATIENT CARE <i>(Please refer to previous page for the access procedure)</i> | | | | |
|--|---|--|--|--|
| 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 | Not Covered | Covered up to Php10,000/member/year <i>(Reimbursement basis)</i> | Covered up to Php10,000/member/year <i>(Reimbursement basis)</i> |
| 10 | Initial treatment of animal bites <i>(cleaning, sutures, etc.)</i> | 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 <i>(including immunoglobulin)</i> | Not Covered | covered up to P20,000 per member per year | covered up to P20,000 per member per year |
| IN-PATIENT SERVICES | | | | |
| | Benefit Limit (Php) Options (see Annex 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 not included | Covered subject to MBL including the cost of blood screening | Covered subject to MBL including 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 |
| SPECIAL MODALITIES OF TREATMENT | | | | |
| 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 |
| EMERGENCY CARE | | | | |
| 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) |
| PRE-EXISTING CONDITION | | | | |
| Pre-Existing Condition (PEC) | 1st year | 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 |
| | 2nd year onwards | | Non-Dreaded Condition: ABL (<i>regardless of plan</i>) | Dreaded Condition: Shared limit Semi-Private Plan: 5,000 Private Plan: 10,000 |
| OTHER BENEFITS/SPECIAL SERVICES | | | | |
| 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 | Mental Health Assessment (MindCheck) | 1 year access | 1 month access | 1 month access |
| 11 | Mental Health Counselling | 2 sessions | 1 session | 1 session |
| DIAGNOSTIC PROCEDURES | | | | |
| 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 | Diagnostic Radiographs: | | | |
| | 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 | Diagnostic Ultrasounds: | | | |
| | 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 | Radioisotope Scans and Function Studies: | | | |
| | 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 limit; Php 5,000 limit per service | Covered subject to MBL | Covered subject to MBL |

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| | h. Cardiac Stress Tests (Thallium and Dipyrindamole 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 |
| THERAPEUTIC PROCEDURES | | | | |
| 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 | Mamotome | 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 |

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| 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 | Therapeutic Radiology: | | | |
| 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:

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|---|---|-------------|---------|---------|
| 1 | Medical Consultation, Evaluation & Referral - 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 | Hospital Admission Assistance - Assist America fosters prompt hospital admission by validating the member's health coverage | Not covered | Covered | Covered |

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|---|--|-------------|---------|---------|
| | or by advancing funds to the hospital, as needed. | | | |
| 3 | Emergency Medical Evacuation -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 | Prescription Assistance - If a member needs a replacement prescription while travelling, Assist America will help in filling that prescription | Not covered | Covered | Covered |
| 5 | Emergency Message Transmission - Assist America will receive and transmit authorized emergency messages for members. | Not covered | Covered | Covered |
| 6 | Compassionate Visit - 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 | Medical Monitoring - 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 | Medical Repatriation - 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 |

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| 9 | Lost Luggage or Document Assistance - Assist America will help members locate lost luggage, documents, or personal belongings. | Not covered | Covered | Covered |
| 10 | Care of Minor Children - 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 | Return of Mortal Remains - 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 | Interpreter & Legal Referrals - Assist America will refer member to interpreters and / or legal personnel, as necessary | Not covered | Covered | Covered |
| 13 | Pre-Trip Information - 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 |
| Conditions and Exclusion: Assist America will not provide services in the following instances: | | | | |
| 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 |

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| 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 |

**GROUP LIFE WITH ACCIDENTAL DEATH & DISABLEMENT (AD&D) BENEFITS
(For Principal Members Only)**

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| 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 |