

INHEALTH BIZ PROGRAM

:

- Inpatient Benefits
- Outpatient Benefits
- Emergency Benefits
- Pre-existing Conditions Coverage.
- Comprehensive Health Coverage with Special Coverage for COVID-19 cases
- Access to Member Mobile App
- Access to Nationwide Medical Facilities
- Access to Telemedicine Services
- Transaction Verification System
- Dental and Life Group Term with AD&D insurance

| SCHEDULE OF BENEFITS | | |
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| A | ANNUAL PHYSICAL EXAMINATION (Done at accredited clinics) | BASIC 5 |
| 1 | Taking of Medical History/ Physical Examination | Covered |
| 2 | Chest X-ray | Covered |
| 3 | Routine Urinalysis | Covered |
| 4 | Routine Fecalysis | Covered |
| 5 | Complete Blood Count (CBC) | Covered |
| B. | PREVENTIVE HEALTH CARE | |
| 1 | Health Education Counselling on Diet or exercise | Covered |
| 2 | Periodic Monitoring of Health Problems | Covered |
| 3 | Family Planning Counselling | Covered |
| 4 | Passive and active vaccines for treatment of tetanus and animal bites-except human immunoglobulin (ER and Non-ER provided 1st treatment/dose is availed in IHC network) | Covered for the 1 st dose up to P20,000 |
| 5 | Initial treatment of Animal bites | Covered up to P5,000 per year, except cost of vaccines |
| 6 | Covid-19 Vaccines | Not Covered |
| 7 | Wellness Program | Covered (maximum of 2 per year) |
| C | OUT-PATIENT CARE | |
| 1 | Consultations during regular clinic hours, except prescribed medicines | Covered |
| 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, and diagnostic procedures prescribed by an affiliated physician/specialist, provided however that the cost of diagnostic procedures covered shall be limited to a specific amount. | Covered |
| 7 | 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 | Subject to PEC limit |
| 8 | Blood products transfusions and intravenous fluids, including blood screening and cross matching. | Covered (blood screening of donor's blood is excluded) |

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| Laboratory, X-ray, and other diagnostic examinations prescribed by physician on duty are covered up to applicable MBL | | |
| D | TELEMEDICINE CONSULTATIONS | Covered |
| E | ROUTINE PROCEDURES | |
| 1 | Blood Chemistries | Covered |
| 2 | Chest X-ray | Covered |
| 3 | Complete Blood Count | Covered |
| 4 | Fecalysis | Covered |
| 5 | Urinalysis | Covered |
| F. | DIAGNOSTIC PROCEDURES | |
| 1 | 24 Hour EEG Monitoring | Covered, if medically necessary |
| 2 | Esophageal Manometry | Covered, if medically necessary |
| 3 | Positron Emission Tomography (PET scan) | Covered, if medically necessary |
| 4 | Throat Swab | Covered, if medically necessary |
| 5 | 24-hour Holter Monitoring/ Ambulatory Cardiac Monitoring | Covered, if medically necessary |
| 6 | Adrenocortical Function | Covered, if medically necessary |
| 7 | Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam | Covered, if medically necessary |
| 8 | Arterial Blood Gas | Covered, if medically necessary |
| 9 | Audiograms and Tympanograms | Covered, if medically necessary |
| 10 | Bone Density Test (Dex Scan / Bone Mineral Density Studies) without nuclear or radio isotope | Covered, if medically necessary |
| 11 | Computed Tomography Scans (CT scan) | Covered, if medically necessary |
| 12 | Diagnostic Radiographs: | |
| | a. Biliary tract: Cholecystogram and Cholangiogram | Covered, if medically necessary |
| | b. Chest, ribs, sternum, and clavicle | Covered, if medically necessary |
| | c. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series, Small Bowel series | Covered, if medically necessary |
| | d. Face (including sinuses), Head and Neck | Covered, if medically necessary |
| | e. Urinary: KUB, Pyelograms and Cystograms | Covered, if medically necessary |
| | f. X-ray of the extremities and pelvis | Covered, if medically necessary |
| | g. X-ray of the spine (cervical, thoracic, lumbo-sacral) | Covered, if medically necessary |
| 13 | Diagnostic Ultrasounds: | |
| | a. 2D-Echo with Doppler | Covered, if medically necessary |
| | b. Abdomen | Covered, if medically necessary |
| | c. Duplex Scan | Covered, if medically necessary |
| | d. Digestive and Urinary Systems | Covered, if medically necessary |
| | e. Ultrasound of the Lungs and Chest including the Thyroid | Covered, if medically necessary |
| | f. 4D Ultrasound except for maternity-related cases | Covered, if medically necessary |
| 14 | Electroencephalogram | Covered, if medically necessary |
| 15 | Electro myelography and Nerve Conduction Studies | Covered, if medically necessary |
| 16 | Endoscopic Procedures (including video gastroscopy & colonoscopy) | Covered, if medically necessary |
| 17 | Impedance Plethysmography | Covered, if medically necessary |
| 18 | Lead Electrocardiogram | Covered, if medically necessary |
| 19 | Mammography and Sonomammogram | Covered, if medically necessary |
| 20 | Myelogram | Covered, if medically necessary |

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| 21 | Pap's Smear | Covered, if medically necessary |
| 22 | Perfusion Scan | Covered, if medically necessary |
| 23 | Plasma/Urinary Cortisol, Plasma Aldosterone | Covered, if medically necessary |
| 24 | Pulmonary Function Tests / Lung Function Studies | Covered, if medically necessary |
| 25 | Radionuclide Ventriculography | Covered, if medically necessary |
| 26 | Surface Electromyography (SEMG) | Covered, if medically necessary |
| 27 | TMST-Treadmill Stress Test (except Nuclear TMST) | Covered, if medically necessary |
| 28 | Genetic/Immunologic Studies | Covered, if medically necessary |
| 29 | Stress Testing (all types except Cardiac and Treadmill Stress Tests) | Covered, if medically necessary |
| 30 | Electrophoresis | Covered, if medically necessary |
| 31 | Inhalation therapy | Covered, if medically necessary |
| 32 | Laryngeal Stroboscopy | Covered, if medically necessary |
| 33 | Arthroscopic diagnostic procedures | Covered, if medically necessary |
| 34 | M-Mode Echocardiography | Covered, if medically necessary |
| 35 | Brain Stem Auditory Evoked Response | Covered, if medically necessary |
| 36 | HEPATITIS PROFILE - e.g., HBeAg, HBS Ag, Anti HBe (IgM), Anti-HAV (IgM) | Covered, if medically necessary |
| 37 | ANA Profile e.g., Anti-Nuclear-Antibody, Anti Native- DNA, Anti-SM, Anti-SSA, Beta HCG, ANA | Covered, if medically necessary |
| 38 | Thyroid Profile e.g., T3, T4, TSH, FTA-ABS | Covered, if medically necessary |
| 38 | TORCH Profile e.g., Anti-Toxoplasma Gondii (IgM), Anti-Rubella, Anti-Cytomegalo - Virus (Total Ig) | Covered, if medically necessary |
| 39 | SLE test, FAT Widal Test, ASO Titer, Serum Ig-Gi, Alpha-Feto Protein, ESR | Covered, if medically necessary |
| 40 | Urine/Blood culture and sensitivity test | Covered, if medically necessary |
| 41 | 24-hour protein determination | Covered, if medically necessary |
| 42 | Troponin | Covered, if medically necessary |
| 43 | Glycosylated Hemoglobin | Covered, if medically necessary |
| 44 | Prostate Specific Antigen (PSA) | Covered, if medically necessary |
| 45 | APAS Testing (Antiphospholipid Antibody Syndrome) | Covered, if medically necessary |
| 46 | Microscopic Examination | Covered, if medically necessary |
| 47 | Allergy Testing / Desensitization (cost of allergens NOT covered) | Covered, except cost of allergens |
| G. | IN-PATIENT SERVICES | |
| 1 | Room and Board according to the Member's Room & Board Accommodation under which the Member is enrolled | Covered |
| 2 | Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by attending Physician) and recovery room | Covered |
| 3 | Professional fees in accordance with IHC Schedule of Rates | Covered |
| | <i>a. Attending Physicians</i> | |
| | <i>b. Surgeons</i> | |
| | <i>c. Anesthesiologists</i> | |
| | <i>d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.</i> | |
| 4 | Standard Nursing Services | Covered |
| 5 | Medicines for in-patient use | Covered |

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| 6 | Blood products transfusions and intravenous fluids, including blood screening and cross matching. | Covered |
| 7 | Laboratory examinations, diagnostic tests, and therapeutic procedures incidental to confinement | Covered |
| 8 | Dressings, conventional casts, and sutures | Covered |
| 9 | Anesthesia and its administration | Covered |
| 10 | Oxygen and its administration | Covered |
| 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 |
| 13 | Assistance in administrative requirements through a Medical Liaison Officer | Covered |
| H | EMERGENCY CARE | |
| 1 | In Affiliated Hospitals | |
| | a. Doctor's services | Covered up to MBL |
| | b. Emergency Room Fees | |
| | c. Medicines used for immediate relief during treatment | |
| | d. Oxygen, Intravenous fluids, and blood products. | |
| | e. Dressings, conventional casts (plaster of Paris) and sutures. | |
| | f. Laboratory and diagnostic examinations and other medical services related to the emergency treatment of the patient | |
| | g. Room Upgrade (Emergency Case) – Except Suite Room Accommodation | Member shall shoulder excess charges and incremental cost |
| 2 | In Non-affiliated Hospitals | REIMBURSEABLE up to 100% of hospital & professional fees based on IHC rates up to P30,000 per case per member |
| 3 | Outside the Philippines | REIMBURSEABLE up to 100% of hospital & professional fees based on IHC rates up to P30,000 per case per member |
| 4 | Areas w/o affiliated Hospital | REIMBURSEABLE up to 100% of hospital & professional fees based on IHC rates up to 50% of the MBL |
| 5 | Ambulance Service (affiliated to affiliated) | Covered subject to 50% of MBL |
| 6 | Ambulance Service (Affiliated/Non-Affiliated to Affiliated); if in Provincial areas - Hospital to Hospital | Reimbursable up to P2,500 per conduction |
| I | PRE-EXISTING CONDITIONS (PEC) | |
| | FOR PRINCIPAL MEMBERS | PEC are covered up to MBL |
| | FOR DEPENDENTS | |
| | At least 75% participation | PEC are covered up to MBL |
| | If 25% <= Participation < 75% | PEC not covered; subject to 1 year contestability |
| J. | OTHER BENEFITS/SPECIAL SERVICES | |
| 1 | Covid-19 Cases are covered up to applicable limits per year | Ward Plan - Up to P50,000 per year |
| | | Semi-private Plan - Up to P75,000 per year or MBL, whichever is less |
| | | Private Plans - Up to P100,000 per year or MBL, whichever is less |

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| 2 | Covid-19 Testing | Covered up to P2,500 if SYMPTOMATIC. otherwise not covered |
| 3 | Motor Vehicular Accidents | If in an IHC accredited provider: up to P10,000 per incident but not to exceed 50% of MBL. If in non-IHC accredited provider, 100% of hospital bills and professional fees up to P10,000 per case on reimbursement basis |
| 4 | Unprovoked Assault, including domestic violence, whether initiated by the Member or by a known or unknown third party | |
| J. | DENTAL CARE | Reliant Health Med Alliance Corp (PACKAGE 2) |
| 1 | PREVENTIVE SERVICES | |
| | Unlimited Consultations | Covered |
| | Oral Hygiene Instruction | Covered |
| | Oral Prophylaxis (mild to moderate) | Covered (Once per year) |
| | Annual Dental Examination | Covered |
| 2 | RESTORATIONS | |
| | Unlimited Temporary fillings | Covered |
| | Permanent Fillings | Three (3) surfaces Amalgam OR Two (2) surfaces Light cure |
| | Unlimited re-cementation of jacket crown inlays and onlays | Covered |
| | Unlimited Simple Tooth extraction except surgery for impaction | Covered |
| 3 | DENTURES & ORTHODONTICS | |
| | Adjustment of Dentures - limited to adjustment of clasp | Covered |
| | Orthodontic Consultation | Covered |
| | Aesthetic Dental Consultation | Covered |
| | Dental education and counselling | Covered |
| 4 | TREATMENTS | |
| | Treatment for lesions, wounds, and burns | |
| | Treatment of Dental related pain excluding cost of prescribed medicines | Covered |
| | Relief and/or prescription for acute dental pain | Covered |
| | Emergency desensitization of hypersensitive teeth | Covered |
| | Gum Treatment (except gum surgery) excluding cost of prescribed medicines. This shall include the management of other dental problems excluding surgeries. | Covered |
| K. | GROUP LIFE WITH ACCIDENTAL DEATH & DISABLEMENT (AD&D) BENEFITS | |
| 1 | Life | 10,000 |
| 2 | AD&D Coverage | |
| | <i>a. life</i> | <i>100% of amount of insurance</i> |
| | <i>b. entire sight of both eyes</i> | <i>100% of amount of insurance</i> |
| | <i>c. both hands or both feet</i> | <i>100% of amount of insurance</i> |
| | <i>d. one hand and one foot</i> | <i>100% of amount of insurance</i> |
| | <i>e. either hand or foot and sight of one eye</i> | <i>100% of amount of insurance</i> |
| | <i>f. Arm at or above elbow</i> | <i>70% of amount of insurance</i> |
| | <i>g. Leg at or above knee</i> | <i>60% of amount of insurance</i> |
| | <i>h. One hand at or above wrist</i> | <i>50% of amount of insurance</i> |
| | <i>i. One foot at or above the ankle</i> | <i>50% of amount of insurance</i> |
| | <i>j. Hearing of both ears</i> | <i>50% of amount of insurance</i> |
| | <i>k. Sight of one eye</i> | <i>50% of amount of insurance</i> |
| | <i>l. Four fingers and thumb of one hand</i> | <i>50% of amount of insurance</i> |

ANNEX B
STANDARD PERMANENT EXCLUSIONS TO THE HEALTH CARE COVERAGE

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| 1 | Care by non-accredited Physician and / or in a non-accredited hospital / clinic except in emergencies wherein the Emergency Provision of the Agreement will apply. |
| 2 | All Pregnancy-related conditions requiring medical/surgical care and screening tests related thereto. |
| 3 | All dental related services not expressly stipulated in the Dental Rider Endorsement. |
| 4 | Sterilization of either sex or reversal of such, artificial insemination, sex transformations, or diagnosis and treatment of infertility, and circumcision (except for treatment of urological conditions). |
| 5 | Rest cures, custodial, domiciliary, or convalescent care. |
| 6 | Cosmetic surgery, dental/oral surgery, and dermatological procedures for the purpose of beautification except reconstructive surgery to treat a dysfunctional defect due to a disease or accident. |
| 7 | Psychiatric disorders, psychosomatic illnesses, hyperventilation syndrome, stress related conditions, adjustment disorders, alcoholism and its complications or conditions related to substance or drug abuse, addiction, and intoxication. |
| 8 | Sexually transmitted diseases/infection. |
| 9 | Medical and/or surgical procedures which are not generally accepted as standard treatment by the medical profession like acupuncture. |
| 10 | Procurement or use of corrective appliances, artificial aids and durable equipment, and orthopedic prosthesis and implants. |
| 11 | Surcharges resulting from additional personal (luxuries/accommodation) request or service including special nursing services. |
| 12 | Physical examination required for obtaining employment, certification for whatever legal purpose it may serve, insurance or a government license. |
| 13 | Injuries or illnesses due to military, paramilitary, police service, high risk activities, or suffered under conditions of war. |
| 14 | Reimbursement of procedures obtained through government programs. |
| 15 | Injuries or illnesses which are self-inflicted, caused by attempt at suicide or incurred because of or while participating in a crime or acts involving the violation of law, administrative order, or ordinances. |
| 16 | Outpatient/Take home medicines. |
| 17 | Valvular Heart Disease and/or Rheumatic Heart Disease. |
| 18 | Medico-legal consultations and confinements. |
| 19 | All hospital expenses and professional fees incurred by a Member when discharged against medical advice and those subsequent expenses incurred by the said Member for the same condition and its complications after such discharge during the contract period. |
| 20 | Organ or Blood donor screening and other screening services that are purely diagnostic or for screening purposes including among others, Purified Protein Derivative (PPD), and procedures conducted prior to hormonal replacement therapy. |
| 21 | Organ Donor Services for organ transplants and/or open-heart surgery and all services related thereto. |
| 22 | All hospital charges and professional fees after the day and time hospital discharge have been duly authorized. |
| 23 | Professional fees of assistant surgeons. |
| 24 | Conditions excluded by medical underwriting. |
| 25 | Concealment cases. |
| 26 | Use of emergency room facilities on non- emergency cases or by reason of conditions/ injuries not falling under the term "Emergency" as defined under this Agreement. |
| 27 | Diseases declared by the Department of Health as "epidemic". |
| 28 | Miscellaneous Fees not related in the diagnosis and treatment of a member's condition such as, but not limited to, "nursing fee", waste/biologic hazard disposal fee, management fee, local taxes, and other analogous fees. |
| 29 | All hospital charges and professional fees after the day and time the hospital discharge had been duly authorized. |

OUR DIGITAL CAPABILITIES

CORPORATE HR WEB PORTAL is a gateway to access the Account's Information and to easily enroll members by uploading per batch or per individual member. Allows access to view the unsettled bills, member's information and to generate reports for monitoring purposes such as top utilization and diagnostics.



Account Profile Management:

Includes Corporate profile registration and use r account information.

Member Listing

Grid view display of all Enrolled Members equipped with quick search feature and be filtered through Member Status and Date of Enrollment.

Member Enrollment

Allows manual data updating of Member records via flagging as Terminated / Resigned, manual data creation (enrollment) and update.

Member Upload

Feature of an MS Excel File for fast implementation of Member Enrollment. Also, produces negative listing report.

Billing Ledger

Allows the Corporate HR to re-print the Billing or high-level view of associated members as annexed to the Billing Top Sheet.

Reports and Data Analytics

Account Master List Report, Claims Summary Report, Claims Analysis Report, Reimbursement Report, Summary of Issued Letter of Authorization, Benefit Consumption Report, Top Awaiting Members, Top Diagnosis, Top Utilization per Hospital and Medical Guarantee Report.

MEMBER MOBILE APPLICATION is a web-based software application that is specially designed for the members of Insular Health Care. It is available on both Appstore and Google Play.

General Features

Quick Access Data References

All the important information about membership and plan benefit at the member's fingertips.

Interactive Transactions

Request for LOA, Request for Call Back, Reimbursement processing and Shared images capability of up to 5 image/photo uploads

Wellness and Family Health Kit

Health Data Recording, Online Illness Inquiry, Medicine Reminders and Doctor's Advice recording capability.



Available



TRANSACTION VERIFICATION SYSTEM (TVS) provides fast, secure, and reliable way of determining a member's eligibility.



TELEMEDICINE provides members 24/7 access to online consultations with licensed medical practitioners and availments will not be deducted from the Maximum Benefit Limit (MBL).



OUR PARTNERS

NATIONWIDE NETWORK OF CLINICS, HOSPITALS & DOCTORS

Our services can be availed in more than **1,600 accredited clinics and hospitals nationwide** and with more than **40,498 accredited medical specialists.** ()

ACCREDITATION WITH INSURANCE COMMISSION

Fully accredited and recognized by the **Insurance Commission (IC)** as a stable and financially responsible Health Maintenance Organization.

AFFILIATION WITH AHMOPI

A proud member of Association of Health Maintenance Organizations of the Philippines, Inc. (AHMOPI). Towards a Total Vision of National Health and Wellness.

ABOUT INLIFE HEALTH CARE

InLife Health Care, formerly I-Care, continues in the pioneering spirit of its parent company, Insular Life, the first and largest Filipino life insurance company with an unbroken service record of 108 years. Like its parent, IHC has an unbroken service record which now spans 29 years since 1991.

As an all-Filipino HMO, IHC has unique and deep insight into Filipinos' health care requirement and how best to deliver an experience that is aligned with their values and cultural preferences.

We are committed to be the HMO that is responsive to the widespread demand for timely, medically appropriate, affordable, and accessible medical care. We design and curate our health care solutions to promote holistic wellness throughout life stages. It is about making sure our members live a rich and sustainable lifestyle, empowering them to identify choices that will contribute toward their well-being, and connecting them to the latest and most credible health care resources on self-care and disease management. IHC dedicates itself as the health partner of Filipinos in achieving wellness for a lifetime.

To deliver this promise, IHC uses a mix of people connection and technology. To date, our health care network consists of more than 37,000 accredited medical specialist and over 1,174 medical facilities nationwide, and we employ advanced technology to streamline our operation efficiencies and create an exclusive and premiere HMO experience. We are constantly working to expand our network of collaborators and improving our systems to be able to reach and impact as many Filipinos as possible.

We make the Filipino's health journey our mission.

MISSION

Uplifting the Quality of Life.

We are a member of the Insular Group that provide quality and dependable health care to all individuals.

We uplift the quality of life of our employees, agents, and partners, as we empower them to reach more individuals and to provide the Filipino way of caring.

We show our concern for our customers' well-being through continuous innovation and use of technology in the development of excellent health care products and delivery of services.

We uphold the right of individuals to have access to quality health care.

VISION

Lifetime of Health and Wellness for an awakened nation.

CORE VALUES

Integrity

We uphold uncompromising adherence to the highest moral and ethical principles in always conducting our business. We exercise true, honest, prudent, dignified, and objective methods of implementing our Mission.

Commitment to Excellence

We are dedicated to exceeding the highest quality of health care products and services to the public and to our members through constant delivery of efficient and superior degree of service and care. We continue to involve ourselves in uplifting the conditions of the community by contributing to national growth, providing healthcare services responsive to the majority in the society and the continuing improvement in the company performance.

Concern for Customer Well-Being

We always espouse the patient's rights and welfare and in all undertakings. We provide our clients and members not only comprehensive, affordable, and cost-effective health care programs, but also high quality of health care services through our qualified, competitive, well-trained, and committed health care providers and personnel. We continue to desire to work for common good and render what is rightfully due to all members of society – the members, employees, agents, medical providers, stockholders, and the public.