



Health Maintenance Organization

HEALTH PROGRAM CONTRACT AGREEMENT

BENEFITS AND COVERAGES

HMO agrees to arrange for preventive, diagnostic and treatment services from HMO Medical Service Units and within HMO Accredited Hospitals or HMO Medical Centers to all qualified and accepted members, subject to the following terms and conditions:

EMERGENCY CARE BENEFITS

1. In cases of emergency where the member avails of the services of HMO Accredited Hospitals or HMO Medical Centers, the following are provided free of charge up to the annual benefit limit:
 - Doctor's services
 - Medicines used during treatment of for immediate relief
 - Oxygen and intravenous fluids
 - Dressings, casts and sutures
 - Laboratory, x-ray and other diagnostic examinations directly related to the emergency management of the patient.
2. EMERGENCY CARE IN NON-HMO ACCREDITED HOSPITALS
 - a. When a member is in immediate danger of losing a limb, eye or other parts of the body or is in severe pain that requires immediate relief and enters a non-HMO accredited hospital for treatment, HMO agrees to reimburse one hundred (100%) of the approved total hospital bills and of professional fees, based on HMO relative values for accredited hospitals, up to the annual benefit limit.
 - b. HMO shall pay the said amount when it is verified that HMO facilities were not used because to have done so would entail a delay resulting in death, serious disability or significant jeopardy to the member's condition or the choice of hospital was beyond the control of the member or the member's family. Other expenses not covered in using non-HMO Accredited Hospitals for emergency care is follow up care.
3. Ambulance services are covered on a reimbursement basis up to P2,500.00 per member per year.
4. EMERGENCY CARE IN FOREIGN COUNTRIES

In cases of emergency where a member avails of services in a foreign territory, HMO shall reimburse one hundred percent (100%) of the approved total hospital bills and of professional fees, based on the HMO relative value and in Philippine currency, but not to exceed to the amount of P30,000.00
5. MEMBER'S FINANCIAL ASSISTANCE INCLUDING ACCIDENTAL DEATH & DISMEMBERMENT

HMO agrees to provide the heirs and/or assigns of such member who is enrolled in this health care program in the event of death or injuries through natural causes or accidental means, the following amounts by way of financial assistance.

SCHEDULE OF MEMBER'S FINANCIAL ASSISTANCE

Natural Death	P 10,000.00
Accidental Means	20,000.00
Loss of both hands	10,000.00
Loss of both feet	10,000.00
Loss of sight (both eyes)	10,000.00
Loss of one hand & one foot	10,000.00
Loss of one hand & sight of one eye	10,000.00
Loss of one foot & sight of one eye	10,000.00
Loss of one hand or one foot	5,000.00
Loss of sight of one eye	5,000.00

Provided, that the death or injury results from causes that are covered and are not under the exclusions or uncovered pre-existing conditions as stated in this Agreement.

The request for members' financial assistance must be filed within sixty (60) days from the occurrence of death or accident.

MEMBERS SATISFACTION SERVICE

- A. All questions or concerns of MEMBERS about the medical services and benefits shall be directed to HMO Head Office. Members should give complete information so that the Members Assistance Personnel at HMO Head Office and/or the appropriate staff or Administrative Personnel can work with the member to resolve the Member's concern in a timely manner.
- B. An Emergency Assistance Response Service (E.A.R.S) that operates on a 24 hour/day 365 day/year basis to respond to inquiries shall be available at the following telephone numbers:

Tel No. : 884-9999
Toll Free Nos. : 1800-1888-9001
Text HMO : Key in specific information or request on your mobile phones and send to: (0917) 8512648 for Globe subscribers; (0908) 8841814 for Smart subscribers and (0923) 8388979 for Customer Management Group.

Open door policy. Direct access to a network of accredited hospitals/clinics nationwide, satellite medical clinics, mall-based clinics, referral desks and a Head Office Clinic.

MOTOR VEHICLE LIABILITY

HMO emergency care services are extended to a member if the member's bodily injuries and fractures are claimed to have been caused by any act or omission of a third party thru a motor vehicle. Provided, however, that the member executes an agreement to subrogate to HMO whatever rights the member may have by reason of such accident or event that gave rise to such claim to the extent of the value of the services so rendered. The agreement to subrogate form is available at HMO Head Office. HMO's liability hereunder shall also be subject to the exclusions stated.

LIMITATIONS, RESTRICTIONS AND EXCLUSIONS

A. HOSPITALIZATION

1. All confinement shall be upon recommendation of the corporate health program holder's HMO accredited Physician, or the HMO Medical Director or the Emergency Room Resident Physician of the HMO Accredited Hospital who decides to admit HMO patient-member in cases of life threatening emergencies.
2. Hospital bills for the following hospital services shall be charged to the account of the HMO patient-member: services of a private nurse or doctor, use of extra food and/or bed, T.V., electric fan and VCD/DVD player.
3. Hospitalization and treatment outside the Philippines is not covered except during emergency cases.
4. HMO is not responsible and will not recognize any hospital bills incurred by a corporate health program holder in hospitals not accredited by HMO, except for emergency care services under the terms provided in this Agreement.
5. Cost of hospitalization, medical services, medicine and other expenses incurred as a result of a member's decision to avail of such hospitalization, medical services, treatment or procedure, not prescribed or contrary to what has been prescribed by the attending HMO provider, or without HMO's express written report shall not be shouldered by HMO.

B. OUT-PATIENT SERVICES

1. Prescribed medicines on an out-patient basis are not provided by HMO Medical Center or Medical Service Units.
2. The absolutely no charge out-patient medical and health care services are provided only during clinic hours of Medical Service Units.
3. Second opinions and cost of treatment incurred in non-accredited hospital or clinic should the member unilaterally decide to seek such recourse.

C. EXCLUSIONS

1. Cosmetic surgery and dermatological procedures for purposes of beautification, except constructive surgery to treat a functional defect due to disease or accidental injury.
2. Drug addiction, substance abuse and acute or chronic alcoholism
3. Acquired Immune Deficiency Syndrome (AIDS) and AIDS related diseases
4. Treatment of self-inflicted injuries attributable to the member's own misconduct, gross negligence, use of alcohol or drugs, vicious or immoral habits, participation

in act of crime, violation of a law or ordinance, unnecessary exposure to imminent danger or hazard to health, and hazardous sports related injuries.

5. Injuries or illnesses resulting from participation in war like or combat operations, riots, insurrection, rebellion, strikes, and other civil disturbances
6. Rest cures, custodial, domiciliary or convalescent care
7. Sterilization, circumcision, artificial insemination, sex transformation, diagnosis and treatment of infertility
8. Experimental medical procedures such as acupuncture, reflexology
9. Corrective appliances, artificial aids, prosthetic devices and durable equipment.
10. Sleep and eating disorders
11. Services of special nurse or doctor and extra food, bed, electric fan, television and other appliances.
12. Hospitalization and treatment outside the Philippine territory except during emergency cases as provided for in the provisions under emergency care in foreign countries.
13. Hospitalization and treatment in non-accredited hospital except during emergency cases as provided for in the provisions under emergency care benefits.
14. Prescribed out-patient medicines, except when used for out-patient chemotherapy and for emergency room or hospitalization use
15. Corrective eye surgery for error of refraction
16. Psoriasis and vitiligo
17. Hypersensitivity testing and desensitization treatment
18. Physical examination required for obtaining or continuing employment, insurance or government licensing

D. LIMITATION IN SERVICES: HMO is not responsible for the following:

1. Delay of failure to render services due to major disasters, brownouts or epidemics affecting facilities or personnel.
2. Unusual circumstances such as complete or partial destruction of facilities, war riots, disability of a significant number of HMO personnel or similar events which result in delay to provide services.
3. Conditions for which a member has refused recommended treatment for personal reasons, for which HMO physicians believe no professionally acceptable alternative treatment exists.
4. Sudden change of hospital policies.

PRE-EXISTING CONDITIONS PROVISIONS

1. Any illness, injury or any adverse medical condition shall be considered pre-existing if during the entire period prior and within the first twelve (12) months from the effectivity date of this Agreement:
 - a. Any professional advice or consultation and/or treatment was made given as a result of such illness, injury or adverse medical condition; or
 - b. The MEMBER was aware or should reasonably have been aware of the signs or symptoms of such illness, injury or adverse medical condition; or
 - c. The pathogenesis or onset of such illness, injury or adverse medical condition has started during the contestability period for membership in this Corporate Health Program as determined by HMO's Medical Director or accredited physicians.
2. Without necessarily limiting the following enumeration, the following are automatically considered as pre-existing conditions if consultation or treatment is sought within the first twelve (12) months of coverage:
 - a. Any dreaded diseases as defined in this Agreement except letters k and l
 - b. Hypertension
 - c. Goiter (Hypo/Hyperthyroidism)
 - d. Cataracts/Glaucoma
 - e. ENT conditions requiring surgery
 - f. Bronchial Asthma/Allergy/Urticaria
 - g. Tuberculosis
 - h. Chronic Cholecystitis/cholelithiasis (gall bladder stones)
 - i. Acquired Hernias
 - j. Prostate disorders
 - k. Hemorrhoids and Anal Fistulae
 - l. Benign Tumors
 - m. Uterine Myoma, ovarian cyst, Endometriosis
 - n. Buergher's Disease
 - o. Varicose Veins
 - p. Arthritis
 - q. Migraine headache
 - r. Gastritis/Duodenal or Gastric Ulcer
3. All "pre-existing conditions" shall be deemed covered by HMO up to the annual benefit limit per member per year.
4. It is understood that the foregoing benefits shall likewise be applicable to "dreaded diseases"
5. If there is a stipulated maximum limit on selected procedures or benefits, the coverage should be within both the pre-existing coverage and the stated maximum limit.