

Fax No.: 894-4642



## STANDARD PROPOSAL

#### I. SCHEDULE OF BENEFITS 1

ANNUAL PHYSICAL EXAMINATION 2	Principal Members only	
Can be availed for a minimum of 6 months of continuous coverage at Aventus Clinics or at the company site through a mobile clinic for a minimum of 100 members per eight hour shift.		
Complete blood count 2 Covered		
Pap smear 3	Covered for members 35 years old & above	

PREVENTIVE CARE 4	
Periodic medical check-up 5	Covered
Pre-employment examinations 6	Covered through reimbursement at Aventus Clinics. Applicant shall initially pay cost of exam and will be reimbursed (up to Php 500) upon hiring and inclusion in the program. Exam shall be considered as the member's APE for the contract period.

OUT PATIENT 7	
Medical consultation during regular clinic hours 8	Covered
Speech and Physical Therapy 9	Covered up to 12 sessions each per year
pet scan 10	Covered up to 14 sessions per year

IN-PATIENT/CONFINEMENT 11	
No deposit upon admission 12	Covered
Other hospital charges prescribed for the treatment of member 13	Covered
Ambulance Service (hospital to hospital & point of incident to hospital) 14	Php3,000 per conduction

SPECIAL DIAGNOSTIC PROCEDURES 15		
Heart Surgery/Angiography/Angiogram/Angioplasty 16	up to PEC Limit, not to exceed Php 50,000.00	
Hemorrhoidectomy Procedures 17	up to PEC Limit	
Positron Emitting Tomography (PET Scan) 18	maximum of Php 10,000	
Cryosurgery 19	up to Php1,000/area	

<u>Note:</u> All new modalities of treatment and/or diagnosis, for which there are no comparable conventional or traditional equivalents/counterparts, will a maximum limit of Php 5,000.00 subject to the exclusions and limitations of the contract. 72

### **ROOM AND BOARD ACCOMMODATION 20**

**Involuntary Room Upgrading** - Member will be charged with the **room and board difference only** if he has to occupy a room one category higher that what he is entitled to because of non-availability of the category room. (except suite room) Member should transfer to their category room should it become available. 21

**Voluntary Room Upgrading** - Member will be charged with the **room & board including the incremental cost** if he chooses and occupies a room one category higher that what they are entitled to. 22

EMERGENCY CARE 23		
	Doctor's services 25	
	Medicines used 26	
	Oxygen and intravenous fluids27	
IN ACCREDITED HOSPITALS 24	Dressings, casts and suture 28	
	Laboratory, x-ray and other diagnostic examinations directly related to the emergency management of the patient.29	
IN NON-ACCREDITED HOSPITALS 30	IntelliCare agrees to reimburse up to Eighty Percent (80%) of the total hospital bills including professional fees using IntelliCare Relative Value Scale (RVS) but not exceeding Php30,000.00.	
IN FOREIGN COUNTRIES 31	Confinement in foreign territory shall be treated as if the member had been confined in a non-accredited hospital facility using IntelliCare Relative Value Scale (RVS) but not exceeding Php30,000.00.	
IN AREAS WITHOUT ACCREDITED HOSPITALS 32	IntelliCare agrees to reimburse up to <b>One Hundred Percent (100%)</b> of the total hospital bills including professional fees using IntelliCare <b>Relative Value Scale (RVS)</b> but not exceeding <b>MAXIMUM BENEFIT LIMIT.</b>	

DENTAL SERVICES: DENTAL NETWORK 33	OPTIONAL
Dental Examination 34	Covered

GROUP LIFE INSURANCE & AD&D BENEFIT 35 (FWD Life Insurance Corporation)	Optional Rider
	Covered for All
(1 W D Line insurance corporation)	Principal Members (18-65 Years Old)
Benefit Type	Sum Assured
Group Life Insurance 36	Php100,000.00
Schedule of Injuries	Percentage
Both hands or feet 37	100%

ITIII U, TOUT LIT, OF THE INTERCACTIONS SO	Third, fourth, or fifth Metacarpals 38	1%
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#### **II. PRE-EXISTING CONDITIONS 39**

A disability which is diagnosed before enrollment or during the first year of member's cover; that which presented signs and symptoms of which the member was aware of; and illnesses whose pathogenesis had started **PRIOR TO ENROLLMENT** or during the first year of cover even if the member was not aware thereof.

The following are automatically considered as Pre-Existing Conditions:	
Dreaded Diseases 40	
Hypertension 41	
Principal Member	Covered up to per illness/ member/ year
Dependent Member	To have equal waiver of PEC with principals, at least <b>80% of the total population of principals,</b> must enroll their dependents. If the 80% rule is not met, pre-existing condition of dependents shall not be covered.

#### **III. MEMBERSHIP ELIGIBILITY 42**

1)	Principal Member	18 to 65 years old
2)	Dependent	HIERARCHY RULE
	A. Married Principals	spouse first, aged 65 years old & below, followed by eldest to the youngest child aged 30 days old up to 21 years old
	B. Single/Unmarried Principals	acknowledged natural children first aged 30 days old up to 21 years old, parents aged 65 years old and below, then siblings, eldest brother/sister to the youngest child aged 30 days old up to 21 years old
3)	Over-aged and Extended Dependent (parents and siblings of married principals, nephews, nieces, cousins, in-laws, grandchildren, housemaids, drivers, etc.)	not eligible to enroll
4)	Enrollment of dependents must be within 30 days from effectivity date of membership. Newly regularized may enroll their dependents within 30 days from the date of regularization/hiring.	
5)	Maximum limit per illness per year for dependent members enrolled after 6 months from effective date of coverage shall be availed on a pro-rated basis.	

### **IV. SERVICE CAPABILITIES 43**

Accredited Hospitals	615
Accredited Clinics	806

#### V. ADDITIONAL BENEFITS 44

Anti-tetanus, anti-rabies & anti-venom vaccines 45	Php20,000 each /per member
Human Blood products (e.g. platelets/packed RBC) and its processing/screening except gamma globulin and cost of donor 46	Covered up to Maximum Benefit Limit
Scoliosis, Slipped Disc, Spondylosis, Spinal Stenosis 47	Up to PEC Limit

Mark Deleted Illegers / Injuries 40	
Work Related Illnesses/Injuries 48 (subject to Exclusions & Limitations of the program)	Up to Maximum Benefit Limit
Eye Laser Treatment for retinal hole, retinal detachment and glaucoma (excluding myopia or correction of error of	Un to DEC Limit
refraction such as Lasik, PRK and the like) 49	Up to PEC Limit
Vehicular Accidents 50	
(subject to Police Report)	Up to Maximum Benefit Limit
Cataract Surgery excluding cost of lens 51	Up to PEC Limit
Unprovoked Murder & Assault 52	·
(subject to Exclusions & Limitations of the program)	Up to Maximum Benefit Limit
Chronic Dermatoses, Scabies 53	Consultations only
Sports-related Injuries 54	
(subject to Exclusions & Limitations of the program)	Php10,000/member/year
Organ Transplant (excluding cost of donor and cost of organ)	0 1
55	Covered up to PEC Limit
	MEDGATE is the leading international
MEDGATE 56	provider of telemedicine with operations in
	Switzerland, the Middle East, Australia and
360° Healthmanager - The physician in your hand. Get mobile	the Philippines.
access to Medgate services.	
	Medgate brings 20 years of telemedicine
	experience to the Philippines.
For All Members	The Medgate Telemedicine Center offers you
	expert medical advice around the clock over
	the phone. You can even contact their
	medical team on weekends or from abroad;
	<ul> <li>Call their reception desk, where a receptionist will take your</li> </ul>
	receptionist will take your symptoms and your personal details.
	Take photos of the affected skin
	areas and send them by email or
	through the Medgate Mobile App.
	Their medical team will discuss the
	ideal treatment for your condition
	with you.
	If their team feels that it is medically
	required, the Medgate physician will
	issue a prescription if deemed
	necessary.

#### **VI. GENERAL EXCLUSIONS 57**

- Services rendered by non-IntelliCare doctors, except with the prior written authorization of an IntelliCare coordinator, or in emergency cases. 58
- Hospital charges for special or private nursing services, supplemental foods and medicines like vitamins and minerals (unless prescribed), extra accommodation and non-medical personal appliances such as radio, television, telephone, computer. 59

#### TREATMENT AND PROCEDURES 60

- 1) Circumcision, infertility or fertility and virility/potency (erectile dysfunction), artificial insemination, sex change 61
- All other treatments, laboratory examinations, diagnostic procedures and surgical procedures not specifically defined in this agreement are considered not covered (Example but not limited to the following: Dental Surgery, Dental X-Ray, etc.) 62

# DISCLAIMER: EXCLUSIONS STATED HERE ARE STANDARD AND WILL BE SUPERSEDED BY THE BENEFITS INDICATED ON THE PROPOSAL.

(veridata: this is a condition, that yes trumps no for these exclusions)

#### **EXTERNAL FORCES / ACTIVITIES 63**

War-like or combat operations, government declared acts of rebellion, active participation in riots or demonstration, strikes or labor disputes, terrorism, provoked criminal acts, violation of a law or ordinance, commission of a crime whether consummated 64

#### **ILLNESSES / CONDITIONS 65**

