

NIPPON MICROMETAL CORPORATION PHILIPPINES

Coverage Period: January 1,2022 – December 31,2022

Health Benefit

MedProtectPLUS

'More Than Your Usual HMO'

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MY HEALTH
myhealth.ph/online-consultation



Basic Features

- ☑ 24 x 7 coverage
- ☑ worldwide coverage
- ☑ no-cash-out in accredited clinics & hospitals nationwide

In- Patient Benefit

- ☑ Room and Board accommodation
- ☑ General Nursing Services
- ☑ Services of Physician(s), Specialist(s), Surgeon(s) & anesthesiologist.
- ☑ Use of Operating Room/ Recovery Room
- ☑ Transfusion of blood, blood elements & other IV fluids.
- ☑ ICU confinements
- ☑ Prescribed Laboratory exams
- ☑ Chemotherapy, radiotherapy, physical therapy, speech therapy and dialysis
- ☑ Admission Kit

Out-Patient Benefit

- ☑ Number of medical consultations & follow –up consultation
- ☑ Referral to Accredited Specialist(s)
- ☑ Administration of vaccine (except the cost of vaccine)
- ☑ Prescribed laboratory & Diagnostic examination
- ☑ Emergency treatment and minor surgeries not requiring hospitalization
- ☑ Including emergency first dose of anti-rabies, anti- venom, and/or anti-tetanus

Ambulance

Ambulance land transfer shall be covered up to MBL regardless of area as long as the availment is within the Philippines and from an accredited to accredited provider. Otherwise via reimbursement of **Php2,500 per conduction.**

Life insurance Benefit (For Employees only):

- ☑ Natural Cause: Php 25,000.00
- ☑ Accident: Php 50,000.00

SPECIAL ARRANGEMENTS

- **Pre-existing medical conditions are covered up to MBL.**
- All eligible medical expenses related to the medical management of Human Immunodeficiency Virus infection (HIV) and/or Acquired Immune Deficiency Syndrome (AIDS) shall be covered up to an amount equal to thirty percent (30%) of Plan Member's Maximum Benefit Limit (MBL)
- Congenital conditions (except physical and speech therapy sessions and developmental disorder) are covered up to Php50,000 per member per year (Shared limit for IP and OP).
- Mental health conditions (consultation and treatment only except medicine) are covered up to Php10,000 on a reimbursement basis per member per year.
- Electrocauterization of skin lesions such as plantar warts, flat warts, periungual warts, filiform warts and molluscum contagiosum, in any part of the body prescribed by an accredited Physician/Specialist as medically necessary to be removed Covered up to Php2,000 per member per year.
- Allergy Testing/Allergy Screening and other related examinations prescribed by an accredited physician (cost of allergens is not covered) Covered up to Php3,500 per member per year
- Tuberculin Test for diagnostic purposes; not covered if for screening purposes Covered up to Php1,000 per member per year
- Chronic Dermatoses Covered subject to MBL/ OP Consultations only
- Hepatitis B except vaccines and screening, if acquired Covered subject to MBL (Shared limit for IP and OP)
- Scoliosis (whether pre-existing, congenital or acquired) including necessary procedures, except physical therapy sessions Covered up to Php20,000 per member per year (Shared limit for IP and OP) NOTE: Physical therapy sessions shall form part of the physical therapy/occupational therapy limits

Schedule of Benefits

- ☑ Required to file PhilHealth
- ☑ Applicable on per illness per member per policy year basis
- ☑ In patient & Out Patient Coverage

	Room & Board	Maximum Benefit Limit
Non Manager	Semi-Private	120,000
Manager	Small-Private	150,000

Maternity Benefit

Covered up to Php25,000 for female employees only.

LOA Facilitated if availed within the network and shall be reimbursement basis based on actual amount and subject to the mentioned limits if availed outside the network. Maternity Benefit coverage including laboratory work-ups but limited to 9 procedures only:

1. CBC and Blood Typing
2. Urinalysis
3. Pap smear
4. Transvaginal ultrasound
5. Pelvic ultrasound
6. Oral glucose tolerance/challenge test
7. Hepa B surface antigen (HBASG)
8. Biophysical profile or scoring and
9. Non-stress test (For ER cases only)

Annual Physical Examination

To be scheduled by the HR and includes the following:

- ☑ Complete Blood Count (CBC)
- ☑ Routine Fecalalysis
- ☑ Routine Urinalysis
- ☑ Chest X-ray
- ☑ Complete Physical Exam including:
 - ☑ Oral Exam
 - ☑ Visual Acuity
 - ☑ Medical History
- ☑ ECG for dependents 35 y/o and above
- ☑ Pap smear for female dependents 35 y/o and above.
- ☑ Fasting Blood Sugar (FBS)
- ☑ Cholesterol

Dental Benefits

Available ONLY at any **Health Partner dental accredited dentists - dental clinics nationwide**

- ☑ Dental examination
- ☑ Oral prophylaxis (Twice per Year)
- ☑ Oral health education through chairside instruction
- ☑ Orthodontic consultation (braces and malposition of teeth)
- ☑ Pre-natal check of teeth and gums
- ☑ Conduct activities on dental health education (e.g. regarding AIDS)
- ☑ Emergency dental treatment for the relief of pain
- ☑ Gum treatment for cases life inflammation or bleeding
- ☑ Temporary fillings
- ☑ Simple extraction of unsavable tooth
- ☑ Recementation of fixed bridges, crowns, jackets, inlays / outlays
- ☑ 2 Teeth permanent light cure fillings per year

Summary of Limitations

- ☑ Expenses that should be taken cared by any government programs such as Phil Health
- ☑ Services rendered or supplies provided free of charge;
- ☑ Additional hospital charges and/or professional fee charges resulting from the Plan holder's taking a room accommodation more than his Room & Board limit (excesses and/or incremental costs);
- ☑ Maternity and maternity-related conditions and/or complications except those benefits that may be provided by the (optional) Maternity Benefit, if any, of this Agreement;
- ☑ Sterilization of either sex or reversal of such, artificial insemination, sex change, consultation/confinement regarding infertility;
- ☑ Non-recommended confinement, convalescent/domiciliary/custodial care; rest cures,
- ☑ Dental-related cases except those that may be provided by the (optional) Dental Benefits, if any, of this Agreement and to the extent that are necessary for the repair or

alleviation of damage caused solely by accidental injury sustained (and not caused) by the Plan Member;

- ☒ Circumcision, cosmetic/aesthetic procedures except re-constructive surgery to treat functional defect(s) due to a covered disease and/or accidental injury;
- ☒ Psychiatric disorders, psychosomatic conditions, treatment for any mental or nervous disorders, illness/injury/condition/complication arising from the Plan Member's too much alcohol intake and/or use of regulated/prohibited drugs;
- ☒ Illnesses and/or injuries arising from the Plan Member's participation in brawl, riots, commission of a crime, violation of ordinances and the likes;
- ☒ Illnesses/injuries resulting under conditions of war or sustained from combat-related activities;
- ☒ Illnesses/injuries resulting from the Plan Member's active participation in hazardous activities such as, but not limited to, bungee jumping, hang-gliding, scuba diving, mountain/wall climbing including professional sports;
- ☒ Illnesses/injuries attributable to the Plan Member's own misconduct/ gross negligence/immoral habits, willful and unnecessary exposure to danger or hazard to health;
- ☒ Self-inflicted injuries including and, not limited to, any form of suicide attempt;
- ☒ Acquisition of prosthetic appliances, artificial aids, durable equipment, surgically implanted devices and external prosthetic devices except those that are explicitly covered and enumerated in the "Special Procedures or New Modalities of Treatment" provision of this Agreement;
- ☒ Organ transplant-expense relating to organ donation of the donating party/parties;
- ☒ Executive check-ups, unless explicitly provided by this Agreement, and/or confinement purely for diagnostic purposes and non-recommended confinements;
- ☒ Take-home medicines, unless "Reimbursement of Prescribed Medicines" is provided in this Agreement, and vaccines except first dose of either anti-venom, anti-rabies and anti-tetanus used for emergency treatment;
- ☒ Medico-Legal Fees including costs of Medical Certificates that a Plan Member may require for any purpose it may serve him;
- ☒ Medical and/or surgical procedures/diagnostic tests that are experimental in nature and/or not generally accepted by the medical profession such as, but not limited to, iridology, chiropractic services, acupuncture.

SPECIAL PROCEDURE – NEW MODALITIES

The following special procedures are payable and expense on such will form part of the entire medical expense relating to the medical management of the covered illness/condition requiring such special procedures:

Special Procedure/New Modality of Treatment	Maximum Amount of Coverage	Special Procedure/New Modality of Treatment	Maximum Amount of Coverage
a. Lithotripsy b. arthroscopic procedure c. laparoscopic procedures d. laser therapy (excludes use for correction of vision) e. nuclear/radioactive isotope scans f. cost of artificial limbs, joint prosthesis and heart valve prosthesis g. other new modalities of treatment for conditions with established etiologies and are used as alternative to the conventional or traditional procedures	Up to MBL	h. Dialysis i. Chemotherapy j. Radiation oncology/Therapeutic radiology k. Sclerotherapy l. Physical and Speech therapy m. Angiography n. Tests involving the use of nuclear technologies (e.g. but not limited to Radionuclide Ventriculography, Thallium Stress Testing, Radionuclide/Thyroid Scan, Pyrophosphate, Scintigraphy, Positron Emission Tomography, Radio Isotope Scanning) o. Thallium scintigraphy p. CT Scan/Magnetic Resonance Imaging q. Pulmonary perfusion scan r. Endoscopy s. Bone Densitometry Scan t. Anti-Nuclear Anti-Body (ANA) u. C-Reactive Protein (Rheumatic and its complications) v. Lupus cell exam w. Sleep therapy	Covered as charged and will form part of the entire expense in the medical management of the illness requiring such special procedure or new modality of treatment



Availment Process (Emergency)

1. Member proceeds to ETIQA PH nearest accredited hospital.
2. Presents ETIQA ID & any valid ID with picture to ER staff.
3. Evaluation and treatment.
4. ER staff calls MIC for Letter of Guarantee (LOG) and approval of out-patient availment or notifies MIC of admission, if applicable.
5. Member settles excess over MBL or ineligible expenses prior to discharge.
6. Discharge or Admission whichever is applicable

Availment Process (In-Patient Care)

1. Member proceeds to ETIQA PH nearest accredited hospital/clinic
2. Presents ETIQA ID, any valid ID and admitting orders to the Medical Coordinator. MC calls MIC for in-patient approval & issuance of Letter of Guarantee (LOG).
3. Occupies room based on plan.
4. Treatment
5. Member notifies MIC/LO once informed of discharge.
6. Member files Philhealth and settles expenses over MBL ineligible expenses prior to discharge

Availment Process (Out-Patient Care)

1. Member proceeds to ETIQA PH nearest accredited hospital/clinic
2. Presents ETIQA ID & any valid ID to Medical Coordinator for verification, evaluation, & treatment
3. MC issues referral or diagnostic request form to member, if necessary.
4. Proceeds to laboratory unit or Specialist's clinic to avail of the approved out-patient services according to benefit.
5. Member should file Philhealth for OP-OR procedures, hemodialysis, endoscopic exam, chemo-radio therapy, and other procedures with PHIC equivalent prior to the procedure.
6. Member settles excess over MBL/Annual Limit or ineligible expenses prior to discharge.

Frequently Asked Questions

Now that I have my ETIQA PH Program in place, what should I keep in mind first and foremost?

- ☒ The member should carefully study the list of accredited hospitals that can be found in the membership pack provided.
- ☒ In case of emergency, the member should know exactly the hospitals nearest to their place of residence / work / and other places usually frequented.
- ☒ And of course, while studying the list and discussing this with the spouse and the dependents, they should also familiarize themselves with the addresses / locations of the clinics recommended for consultations and dental appointments.

Where should I go for consultations?

- ☒ For consultation, always call first the ETIQA PH Coordinator to check schedules of doctors. Telephone numbers are in the provided List of Accredited Doctors & Hospitals.
- ☒ The ETIQA PH coordinator is also a medical specialist. He can examine the member and refer him to other specialists, if necessary.
- ☒ In case lab exams are required, the coordinator will also issue authorization/referral.
- ☒ In some cases, the patient may be required to consult again after several days, in which case, the patient should request another authorization from the Coordinator.

- ☒ Get the most out of a Coordinator's/ Doctor's appointment: The key to getting the most out of a doctor's appointment is preparation. It is suggested that patients prepare a list of questions before visits and be very clear about their concerns. Patients might also want to review the medical history of their dependents and bring copies of these records with them for their visit, especially if a patient is seeing a new doctor.

Do I need to notify ETIQA PH in case of confinement?

- ☒ Yes. To ensure assistance and provide you proper information of the extent of services during your confinement.

What happens if we fail to file our Philhealth Benefit Claim form upon discharge?

- ☒ If the Member fails to file the Philhealth benefit Claim form, he will have to pay for the Philhealth cost equivalent upon discharge.

If I avail with a non-accredited hospital/doctor for an elective confinement or out-patient consultation, can I file for reimbursement?

- ☒ Yes, you just need to complete the required documentations.

If my membership card is lost, could I still avail of the benefits?

- ☒ Yes, but you need to present valid I.D. to the coordinator for verification.

- ☒ Immediately, please report lost card to your HR for replacement

- ☒ Pay the corresponding replacement fee of Php50.00.

Are medicines during confinement covered under the health program?

- ☒ Yes, all medicines necessary for the proper medical management of the patient are covered.

Are vaccines covered under the plan?

- ☒ No, they are not covered.

Reimbursement Checklist

- ☒ **HOSPITALIZATION**

- ☒ Submit accomplished 'Hospitalization Claim Form'
 - Part 1 - by the insured
 - Part 2 - by the authorized HR officer
 - Part 3 - by the ATTENDING physician

- ☒ ORIGINAL of the following should also be submitted:

- ☒ Official Receipt(s)
- ☒ Hospital bills, Professional Fee(s)
- ☒ Medicines bought outside the hospital administered during confinement
- ☒ Statement of Account (SOA)
- ☒ Itemized list of expense, Charge Slips

- ☒ (Police Report, when necessary)

OUT - PATIENT

- ☒ Submit 'Out-Patient Claim Form' accomplished and signed by:

- ☒ Part 1 - by the insured

- ☒ Part 2 - by the authorized HR officer

- ☒ Part 3 - by the ATTENDING physician

- ☒ ORIGINAL of the following should be submitted as well:

- ☒ Official Receipt(s)
- ☒ professional fee
- ☒ prescribed diagnostic test(s)
- ☒ Prescription(s)
- ☒ diagnostic test,
- ☒ (Police Report, when necessary)

You can File Reimbursement on Smile PH

1. To file a claim, the member should download a claim form first
2. Submit the Scan/picture of the complete documents
3. Select claim type and patient then tap 'Submit'
4. You can also choose the payment method (Gcash, Paymaya or Bank transfer)

Online LOG (letter of guarantee) Link:
<https://etiqaph.freshdesk.com/support/tickets/new>

You May Reach Us
Medical Information Center (MIC)

you can easily reach us **24/7:**

(+63) 895-3308

1-800-10895-3308

Toll Free Number (PLDT Line)

ETIQA Representative: 0960 828 5511

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