

ADDITIONAL FEATURES

DENTAL BENEFITS

- Annual Dental Examination and Consultation
- Emergency Dental Treatment
- Once (1) a year oral prophylaxis
- Simple tooth extractions
- Temporary fillings – unlimited as needed
- Desensitization of Hypersensitive Teeth - Covered up to two (2) teeth
- Simple adjustment of Dentures
- Re-cementation of loose jackets, crowns, in-lays and on-lays
- Gum treatment for cases like inflammation or bleeding
- Permanent lightcure fillings – covered up to 2 teeth

*Please set an appointment and contact Health Partners:
(+632) 711-0200

RANK/LEVEL (PRINCIPALS AND DEPENDENTS)	ROOM AND BOARD	MAXIMUM LIMIT
EXECUTIVES	LARGE SUITE	1,000,000
DIRECTORS	REGULAR PRIVATE	500,000
SENIOR MANAGERS & MANAGERS	REGULAR PRIVATE	180,000
SUPERVISORS	REGULAR PRIVATE	150,000
RANK AND FILE	SEMI-PRIVATE	120,000
ALL EMPLOYEES FROM SURESTE MONTE ORO	REGULAR PRIVATE	100,000

* NOTES:

- MBL works on per illness, per injury, per member per year
- Pre-existing conditions are covered

PREVENTIVE HEALTH

1. Age Eligibility

Principals	18 to 65 years old
Adult Dependents (Spouse/ Parent)	18 to 65 years old
Minor Dependents (Sibling/ Children)	15 days to 21 years old

* No coverage for extended dependents.

2 Hierarchy of Enrollment to be followed:

Married Employees	Legal spouse must be enrolled first, followed by the eldest to the youngest child
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* Enrollment of parents of married employees with non-eligible dependents subject to submission of supporting documents i.e. proof of coverage with other provider of eligible spouse and children; should be within the age eligibility

Single Employees

Both parents (Mother first) and then siblings (eldest to youngest)

Single Parent Employees

Children (eldest to youngest) and/or Parents (Mother first)

- Periodic monitoring of health problems
- Health education and counseling on diets or exercise
- Family planning counseling
- Passive and active vaccines for treatment of tetanus and animal bites prescribed by an Affiliated physician (ER and Non-ER provided 1st treatment/dose is availed in PhilCare network) covered up to 18,000/member/year

Annual Physical Examination (APE)

- Scheduled through PhilCare Office by HR. Included are the following to be availed at PhilCare Owned and affiliated clinics
- Physical examination
- Taking of Medical History
- Chest X-ray
- Stool Examination (Fecalysis)
- Routine Urinalysis
- Complete Blood Count (CBC)
- Electrocardiogram (ECG) for Members 35 years old and above or if indicated
- Pap Smear for female members 35 years old and above or if indicated

EXCLUSIONS & LIMITATIONS

Notwithstanding any provisions to the contrary, the following shall not be covered except otherwise specified in List of Benefits":

- Care by Non-Affiliated Physician in either Affiliated or Non-Affiliated Hospitals, except in emergencies wherein the Emergency Provision of the Agreement shall apply
- Care by an Affiliated Physician in Non-Affiliated Hospital
- Additional hospital charges and Professional Fees resulting from taking a Room Category higher than that specified in the Member's Benefit Classification, additional personal comfort items (e.g. telephone and television, admission kit) and such other items of the same nature
- All pregnancy related conditions requiring medical and surgical care
- Circumcision, sterilization of either sex or reversal of such, artificial insemination, sex transformation or diagnosis and treatment of infertility
- Rest cures, custodial, domiciliary and convalescent care.
- Cosmetic procedure and surgery and oral surgery solely for purpose of beautification, except reconstructive surgery to treat functional defects due to disease or accidental injury
- Dental examination, extractions, fillings and general dental attention and conditions and all complications arising there from, except to the extent that are necessary for repair or alleviation of damage to the covered person caused solely by accidental injuries and those dental benefits as specified in the Agreement
- All forms of behavioral disorders whether congenital or acquired; developmental or psychiatric disorder; psychosomatic illness
- Any injury, illness or condition which the Member may suffer after he has taken intoxicating drugs or alcoholic beverage as evidenced by clinical history or alcoholic breath as determined by the examining physician and/or conditions or illnesses resulting from Alcoholism and Drug Addiction
- Medical or surgical procedures that are experimental in nature and not generally accepted as standard medical treatment by the medical profession, that may include but is not limited to, Chiropractic Services and Acupuncture

- Allergens used for hypersensitivity testing regardless if administered as an out-patient or in-patient procedure
- Procurement or use of corrective appliances, prosthesis, artificial aids and durable equipment such as but not limited to the following: (a) stents; (b) prolene mesh; (c) pins, screws, plates, wires; (d) VP shunt, clips; (e) hearing aids; (f) intraocular lens, eyeglasses, contact lenses; (g) balloons, valves; (h) braces, crutches; (a) pace maker
- All expenses incurred by the Member in the process of donating organs
- Physical examinations and other related services required for obtaining or continuing employment, insurance or government licensing, or not related to the health maintenance of the client
- Injuries or illnesses wherein the care or reimbursement of services is provided by law or a government program, up to the stipulated limits;
- Injuries or illness which are self-inflicted, caused by attempt at suicide, or incurred as a result of or while participating in the commission of a crime or acts involving the violation of laws or ordinances
- Take-home medicine, immunizing agents and out-patient medicines, with the exception of intravenous chemotherapy medicine and those administered during an emergency treatment
- Vaccines, whether elective or administered during an emergency treatment are not covered
- Diagnosis and Treatment of Error of Refraction (EOR) conditions such as myopia, astigmatism, and the like, including laser Treatment for the purpose of corrective eye refraction
- "Medico-Legal Fees" These are professional fees of a medico-legal consultant to whom a patient is referred primarily for the issuance of a medical certificate for legal purposes
- Diseases declared by the Department of Health as "epidemic" shall be not covered by PhilCare under the Agreement including all related consultations and diagnostic procedures.
- "All cases of assault perpetrated by the Member including domestic violence which result in harm or injury to the Member perpetrator."
- "Charges by physicians and health professionals, whether or not affiliated by PhilCare, on the difference between their charged rate and PhilCare standard professional fees for specific medical services"
- "Additional personal comfort items (e.g., telephone and television, additional food trays, admission kit unless otherwise specified) and such other items of the same nature"
- Hepatitis B, Hepatitis C and other sexually transmitted diseases
- Blood screening, blood typing, cross-matching for potential donors



Summary of Benefits and Guideline Procedures for

SURESTE PROPERTIES INC.

5th Floor, STI Holdings Center, 6764 Ayala Avenue, Makati City

Trunk Line: 802-7333; Fax: 802-7311 loc 19077;
24-hour hotlines: 462-1800
Toll Free Hotline: 1-800-1888-3230

Call center email address: callcenter@philcare.com.ph
Portal: www.philcare.com.ph

PhilCare's Infotext:

GLOBE (+63917) 88PCARE [(88-72273)]
SMART (+63908) 88PCARE [(88-72273)]
SUN (+63932) 88PCARE [(88-72273)]



* NOTE: This benefit flyer does not supersede the contract; this is for member's availment guide only.