



Member  
Guidebook

# About PhilCare



Established in 1982, PhilCare is a pioneer of the country's Health Maintenance Organizations (HMO). Its parent company is STI Holdings, the multi-billion investment firm that operates STI schools nationwide.

The company's vision is to help Filipinos enjoy a better quality of life by facilitating their access to world-class health services. Throughout more than three decades of service, we have created access to a large nationwide network of over 1,000 clinics and hospitals and >27,000 doctors and specialists to conveniently answer to our customers' medical needs.

PhilCare is committed to facilitate the access of members to effective and quality health care services. To this end, PhilCare has developed products and services that are uniquely its own—PhilCare360, the PhilCare Clinic-at-Work, the PhilCare Wellness Index, the PhilCare NFC-enabled membership cards and the PhilCare GO!Mobile. These technology-based platforms were all designed to empower PhilCare members.

Today, PhilCare sets the pace in the industry with the complete wellness and healthy living philosophy it actively promotes and advocates. The PhilCare Wellness Index conducted in 2014 is the first national study that defines the Filipinos' knowledge, attitudes, and practices in relation to their health. The study helped PhilCare understand the needs of Filipinos, which in turn, helped us create products and programs that will cater to their needs.

PhilCare is the Filipino's partner in health. Let's Make Health Happen!



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# Message to Members

To our most valued PhilCare Members:

I'm very pleased to welcome you to becoming a PhilCare member.

When we think about what we , we think of you. You are our partners in our commitment to healthy living when we facilitate your access to quality healthcare services. As our partners, we are pleased to present to you this PhilCare Member Guidebook that you can use to understand the PhilCare Health Plan offered by your employer, Teletech Customer Care Management Philippines, Inc. Beyond your understanding, we want to invite you to learn about how PhilCare can empower you to stay healthy.

At PhilCare, we strive to provide the best for our customers through constant innovation on how we deliver access to quality and efficient healthcare. PhilCare commits to give you fast, easy and convenient access to our wide network of affiliated clinics and hospitals nationwide. As members, you get to maximize the benefits of technology with the use of your NFC-enabled PhilCare membership card.

You can count on us to deliver with excellence when it comes to your healthcare needs because for us, your interest is our priority.

Thank you very much for your trust. It is an honor to be your health partner.

Together, let's make health happen.

Very truly yours,

Noemi G. Azura  
Chief Executive Officer and President



A close-up photograph of a young child with dark hair and a pink floral headband, looking up with an open mouth. A doctor's hands are visible, holding a stethoscope and gently supporting the child's chin. The background shows a bright, modern medical office with a city skyline visible through the windows.

# PhilCare Clinics

## Makati Clinic

2/F STI Holdings Center, 6764 Ayala Avenue, Makati City  
Tel. Nos.: +63 (2) 892 8844 / 892 8850

## Quezon City

Mezzanine, East Katipunan Bldg., 95 E. Rodriguez Sr. Blvd., Quezon City  
+63 (2) 781 0388 (through Megacenter Diagnostics)

## EDSA Clinic

5th Level Building A, SM Megamall, Mandaluyong City  
Tel. No.: +63 (2) 633 1045

## Manila Clinic

7F VIP Building, Nuestra Sra de Guia cor Roxas Blvd. Ermita, Manila  
Tel. Nos.: +63 (2) 354 4217 / 354 4218

## PhilCare Quick Assist - MMC

2nd Level Tower 1  
Makati Medical Center  
#2 Amorsolo Street, Makati City  
Tel. No.: +63 (2) 831-4751

## PhilCare Quick Assist - TMC

Room 1216, Medical Arts Tower Inc (MATI),  
The Medical City  
Ortigas Avenue, Pasig, Metro Manila  
Tel. Nos.: +63 (2) 531-7177 / 531-7227

# Enrollment Guidelines

## Membership Eligibility

The employees specified below shall be eligible for membership. Member shall mean any principal and/or dependent eligible and enrolled under the Agreement.

### For Principal Membership

- Principal member shall refer to any regular and full time employee of TeleTech who is enrolled on the Effective Date or commencement date of membership, is at least 18 years old but not older than 65 years old and actively at work at the time of enrolment.
- Regular part-time employees who are defined as someone who works 6 hours per day and 5 days per week
- Special accommodation for named seconded employees

### For Dependent Membership

Dependent member shall refer to the individuals identified as stated in the Benefit Schedule.

#### For married employees

- The legitimate spouse who on Effective Date or commencement date of membership, is not older than 65 years old
- Unmarried, legitimate or legally adopted children residing with the employee and who, on Effective Date or commencement date of membership, are at least 15 days old but not older than 22 years

#### For single employees



- A parent or both parents previously enrolled (grandfathered) who, on Effective Date or commencement date of membership, are not older than 65 years old
- Unmarried brother or sister residing with the Principal Member who, on Effective Date or commencement date of membership, are at least 15 days old but not older than 21 years

#### **For single parent employees**

- The employee's own children residing with him or her and who, on Effective Date or commencement date of membership, are at least 15 days old but not older than 21 years
- A parent or both parents previously enrolled (grandfathered) who, on Effective Date or commencement date of membership, are not older than 65

#### **Enrolment of Dependents**

Enrolment and cancellation of dependents are not allowed in the middle of the contract year, except for the following conditions/reasons.

Important Notice: Any request for additional dependents after the prescribed period shall not be accommodated except during renewal period.

#### **Enrolment of Dependents**

**Newly Married Principal Member** - The enrolment of the Principal Member's spouse must be within 30 days from the date of marriage. A Marriage Certificate is required to be submitted together with the enrolment request. If the Marriage Certificate is not available, the Marriage Contract will be accepted in its place.



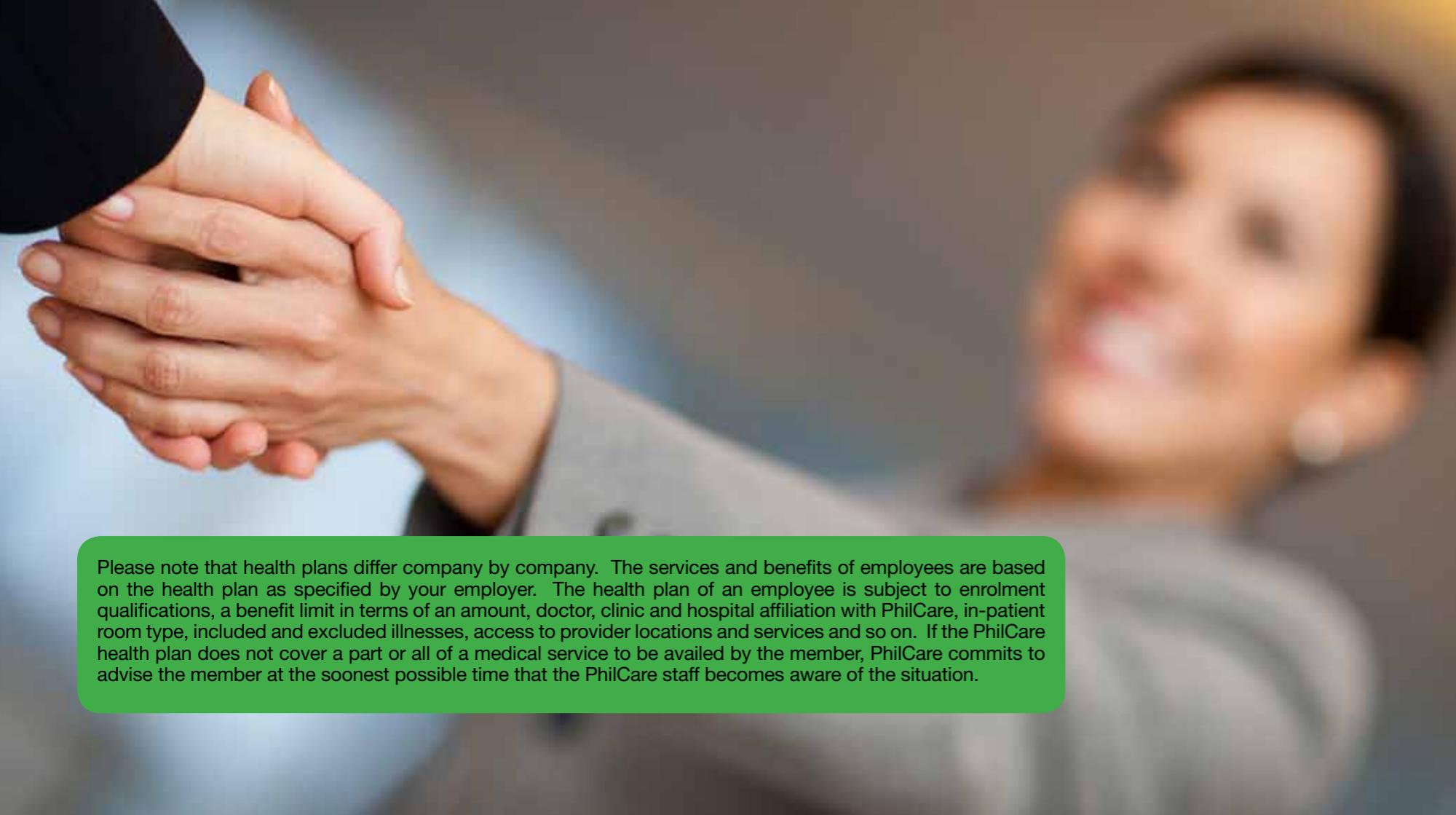
**Newly Born Child of the Principal Member** - At the time of submission of the enrolment documents to PhilCare, the child must be at least 15 days old and not more than 45 days old. Please submit the child's birth certificate together with the enrolment request. Request should be made within 30 days from the 15th day of birth.

#### **Cancellation or Deletion of Dependents**

Important Notice: All requests must be made within 30 days of the qualifying life event.

- If the dependent is covered under another HMO provider. Please submit a photocopy of the dependent's HMOcard submitted together with the request to cancel enrolment.
- If the dependent will migrate or work in another country. Please submit documentary proof of the dependent's migration together with the request to cancel enrolment.
- If the dependent passed away. Please submit a photocopy of the dependent's death certificate together with the request to cancel enrolment.
- If you become legally separated from the dependent. Please submit a photocopy of the legal separation/annulment document provided by the court. cancel enrolment.

All requests should be made via AskNow within 30 days from the qualifying life event, and supporting documentation provided. Submissions outside of the 30 days will not be accommodated.



## PhilCare Health Plan and Membership

Your PhilCare membership card is proof of your coverage under PhilCare. Please safeguard it at all times. You will be asked to present your PhilCare membership card when you avail of services under your PhilCare health plan.



Please take note of the Certificate Number of the PhilCare membership card. This is the unique membership number that identifies you to PhilCare. Please be ready with it whenever you call our Customer Service Hotline (02) 462 1802.

Please note that health plans differ company by company. The services and benefits of employees are based on the health plan as specified by your employer. The health plan of an employee is subject to enrolment qualifications, a benefit limit in terms of an amount, doctor, clinic and hospital affiliation with PhilCare, in-patient room type, included and excluded illnesses, access to provider locations and services and so on. If the PhilCare health plan does not cover a part or all of a medical service to be availed by the member, PhilCare commits to advise the member at the soonest possible time that the PhilCare staff becomes aware of the situation.

Your employer has provided you with a comprehensive health plan. It provides services and benefits under several health care components as follows:

- Preventive Health Care
- Out-Patient Health Care through the PhilCare Preferred Clinics Without Co-Pay Fee and PhilCare Affiliated Clinics
- In-Patient Health Care
- Emergency Care

For a more detailed reference of your benefits, please refer to the PhilCare -TeleTech microsite @ <https://apps.philcare.com.ph/teletech/> or <http://mybenefits.teletech.com>.

### **Your Maximum Benefit Limit**

Maximum Benefit Limit (MBL), as stated in the Benefit Schedule, shall be the aggregate liability of PhilCare per illness or injury per contract year of any one Member. The MBL shall include all covered expenses incurred in the treatment of the particular illness or injury, inclusive of PhilHealth benefits. The MBL is reset upon renewal of the contract but not during extension of coverage.

### **Preventive Health Care**

This is the component of the PhilCare health care plan that provides health care services intended to increase your awareness of your health, its importance and how you can better take care of it before you get sick.

### **Your Preventive Health Care Benefits**

Annual Physical Examination, otherwise known as the APE consists of the following tests and is supplemented with diagnostic procedures specific to age and gender.

- Taking of Medical History
- Physical Examination
- Chest X-ray
- Routine Urinalysis
- Routine Stool Examination
- Complete Blood Count (CBC)
- Electrocardiogram (ECG) for Members 35 years old and above
- Pap smear for female Members 35 years old and above.

Passive & active vaccines for treatment of tetanus, animal bites and snake bites up to Php15,000 per year

From time to time, in coordination with the TeleTech, various health and wellness programs will be made available to you at your work site. Please do watch out for announcements so you can participate and maximize your investment in your own health.





### **How To Avail of Preventive Health Care**

Please watch out for announcements from Human Capital – Global Benefits on the schedule for the APE and various health and wellness programs at your work site. Do visit [www.apps.philcare.com.ph/teletech](http://www.apps.philcare.com.ph/teletech) for updates.

### **PhilCare Tips Relating to Preventive Health Care Benefits**

Don't skip your APE. It's important that you have a regular check-up for early diagnosis of any condition you may develop.

Do sign up and attend the various health and wellness programs. You'll learn something new and practical about how to take better care of yourself and your loved ones. You can also visit [www.philcare.com.ph](http://www.philcare.com.ph) and read up on many health and wellness articles that are categorized For Him, For Her, For Kids and Workplace Wellness.



## Your Out-Patient Health Care Benefits

The PhilCare Wellness Index showed that although the majority of Filipinos said they can readily access medical professional services, they tend to self-medicate. This is a risky and dangerous practice and should not be encouraged. We recommend that without delay, you seek expert medical help, as soon as you observe or experience symptoms. Do not worry if you are not certain of the medical help you require. Facilitating your access to the most appropriate care is PhilCare's commitment to our members.

PhilCare for Out-Patient health care consists of services you would likely avail at a clinic. Examples of these services are consultation with a physician and the diagnostic procedures that he or she may prescribe for further diagnosis.

Aside from consultation with competent medical professionals, out-patient health care includes coverage for diagnostic and therapeutic procedures prescribed by a PhilCare-affiliated physician. The diagnostic procedures are intended to aid the doctor in assessing and accurately diagnosing the illness of members and to manage treatment. Examples of diagnostic procedures are blood tests, x-ray, urinalysis, ultrasound and MRI. Therapeutic procedures are treatment intended to cure the condition of the member. Examples of therapeutic procedures are dialysis, therapeutic radiology, intravenous chemotherapy.



Below are more examples of out-patient services that are included in your PhilCare health plan.

- Ear, Nose and Throat (ENT) consultation and treatment
- Eye laser therapy for retinal hole, retinal detachment and glaucoma. This excludes eye correction therapy such as Lasik, PRK and the like. For an employee, the benefit is up to their Maximum Benefit Limit (MBL). For each dependent, the limit is up to Php30,000 per year.
- Cauterization of warts up to Php1,000 per year. Cauterization of genital warts is not covered.
- Minor surgery not requiring confinement
- Pre-natal and post-natal consultation, excluding laboratory and other work-up; limited to 14 sessions per year
- Physical and Occupational therapy for Principal members. As Principal, you are entitled to a maximum of sixteen (16) sessions for both types of therapies. For Dependent the shared limit is up to ten (10) sessions per year subject to MBL. Please note that therapy of one (1) body area shall be considered as one (1) session.
- Routine diagnostic procedures such as x-ray and laboratory examinations prescribed by a PhilCare affiliated physician
- Sclerotherapy for varicose veins as prescribed by a PhilCare affiliated physician and performed by a PhilCare affiliated vascular surgeon. For an employee, the benefit is up to Php30,000 per year. For each dependent, the benefit is up to Php10,000 per year.



- Therapeutic procedures.
  - Chemotherapy - for oral chemotherapy, up to Php60,000 shared limit for out-patient and in-patient requirement
  - Dialysis - Principal member is entitled up to eighteen (18) sessions of per year subject to MBL. Dependent is entitled up to ten (10) sessions per year subject to MBL
  - Radiotherapy (Cobalt, Iodine, Radioactive Cesium, Linear Accelerator Therapy, Brachytherapy)- Principal is entitled up to eighteen (18) sessions per year for each type of these radiotherapy services subject to MBL . Dependent is entitled up to ten (10) sessions per year subject to MBL
- Tuberculin test. If availed at the PhilCare Clinics and PhilCare Preferred Clinics Without Co-Pay Fee, the test will be charged to your health care plan. Outside these clinics, you may seek reimbursement up to Php600 per year.

## Where To Avail Out-Patient Health Care Benefits

Your primary point of reference should be the TeleTech Onsite Clinic in your work location.

(PhilCare Preferred Clinics Without Co-Pay Fee (no-copay clinic) and Out-Patient logo with PhilCare-TeleTech Co-Pay Arrangement)

We will deliver your out-patient health care at your work site, at a PhilCare Preferred Clinic Without Co-Pay Fee (no-copay clinic) and PhilCare Affiliated clinics.

### TeleTech Onsite Clinics

TeleTech is committed to provide its employees immediate access to the most appropriate care outside and inside your work premises. Should you observe or experience symptoms while working and need expert medical help, the the TeleTech onsite clinic is ready to give you the medical assistance you need.

The TeleTech Onsite clinics are staffed by PhilCare doctors and TeleTech nurses. By visiting the onsite clinics the medical staff can build and gain an in-depth profile of your health concerns. With this knowledge, the staff will be in a better position to interpret complaints, relate symptoms, prescribe the appropriate diagnostic procedures at the right time and anticipate possible drug interaction.

If your condition requires to be attended by a more specialized medical professional, the PhilCare doctor will facilitate the referral to the appropriate specialist affiliated with PhilCare.

### PhilCare Preferred Out-Patient Health Care Clinics Without Co-Pay Fee (No - copay clinics)

The PhilCare Clinic-at-Work in your work site may refer you to one of the PhilCare Preferred Out-Patient Health Care Clinics Without Co-Pay for a referral to a specialist physician or for diagnostic or therapeutic procedures. Regardless of the number of times that you visit any clinic in the list below, there will be no co-pay fee. There's sure to be a clinic near your work or home.



TeleTech Work Site	PhilCare Preferred Out-Patient Health Care Clinics Without Co-Pay
Araneta Aseana One Ayala (FGU) Cainta Makati Ecoplaza Novaliches Pioneer Quezon City Roxas 2ECom Roxas 5Ecom	<ul style="list-style-type: none"><li>• PhilCare EDSA</li><li>• PhilCare Manila</li><li>• PhilCare Makati</li><li>• PhilCare Quezon City</li><li>• PhilCare The Medical City Quick Assist Desk for consultation only</li><li>• Biomedix - Makati</li><li>• Borough Medical Clinics - Mall of Asia</li><li>• Evergreen Medical &amp; Diagnostic Center</li><li>• Family Care Clinic - Lagro</li><li>• Friendly Care - Lagro</li><li>• Hi-Precision Clinic - Alabang</li><li>• Hi-Precision Clinic - Global City</li><li>• Hi-Precision Clinic - Manila</li><li>• Hi-Precision Clinic - Paranaque</li><li>• Hi-Precision Clinic - Pioneer</li><li>• Inter-Industrial Physicians' Medical Services</li><li>• Megaclinic - SM Megamall</li><li>• Polymed Lakandula</li><li>• Polymed Hermosa</li><li>• SMS Laboratory Health Services</li></ul>
Sta. Rosa	<ul style="list-style-type: none"><li>• Cygnet Med Health System</li><li>• Laguna Industrial Health Clinic - SM Sta Rosa</li><li>• PMP Diagnostic Clinic</li><li>• Wellicare Clinic</li></ul>
Lipa	<ul style="list-style-type: none"><li>• MD Link Healthcare</li><li>• St. Joseph Healthcare - Lipa</li></ul>

continuation of list on next page

TeleTech Work Site	PhilCare Preferred Out-Patient Health Care Clinics Without Co-Pay
Pampanga	<ul style="list-style-type: none"> <li>• MD Link Healthcare</li> <li>• St. Joseph Healthcare - Lipa</li> <li>• Hematech Diagnostic Center</li> <li>• Hi-Precision Clinic - Angeles City</li> <li>• Parian Diagnostic Laboratory</li> <li>• Stotsenberg Medical Center</li> <li>• R.A.C.H.F Diagnostic Lab</li> </ul>
Bacolod	<ul style="list-style-type: none"> <li>• MP Analysis &amp; Laboratory</li> <li>• MCS Diagnostics</li> <li>• Villanueva Clinics</li> </ul>
Cebu1 Cebu2 EBloc	<ul style="list-style-type: none"> <li>• Cebu St. Lukes Clinic</li> <li>• Hi Precision Clinic - Mandaue</li> <li>• Hi Precision Clinic - Cebu City</li> <li>• Hi Precision Clinic -Lapu-Lapu City</li> <li>• Hi Precision Clinic - Talisay</li> <li>• LH Prime Medical Clinic - Consolacion</li> <li>• LH Prime - Mactan</li> <li>• LH Prime Medical Clinic - Mandaue</li> <li>• Lifelab Diagnostics</li> </ul>
Dumaguete	<ul style="list-style-type: none"> <li>• Metro Dumaguete Diagnostics Care &amp; Laboratory Services - Maria Cristina</li> <li>• Metro Dumaguete Diagnostics Care &amp; Laboratory Services -Maxima Limquiano</li> <li>• Negros Oriental Hospital and Health Services Cooperative</li> </ul>
Iloilo	<ul style="list-style-type: none"> <li>• Statlab Clinical Laboratory</li> <li>• Medicus Clinic - Main , Medicus Clinic - Jaro, Medicus Clinic - La Paz, Medicus Clinic - Manduriaao, Medicus Clinic - Oton, Medicus Clinic - Molo, Medicus Clinic - Tabuc-Suba, Medicus Clinic - Balasan, Medicus Clinic - Passi, Medicus Clinic - Sara, Medicus Clinic - Sta. Barbara</li> </ul>

This list is subject to change. For the most up to date listing of providers, please visit the PhilCare Microsite ([link](#)) or [Mybenefits.teletech.com](http://Mybenefits.teletech.com).

## PhilCare Affiliated Clinics under the PhilCare-TeleTech Out-Patient Co-Pay Arrangement

(Out-Patient logo with PhilCare-TeleTech Co-Pay Arrangement logo)

PhilCare has many more quality and reputable affiliated providers throughout the Philippines. You can seek health care from these providers with some of the health care cost shared with you. In coordination with your employer, we will implement the PhilCare-TeleTech Co-Pay Arrangement where a PhilCare member will shoulder some of the health care cost.

The PhilCare-TeleTech Co-Pay Arrangement will be applied to the following health care components:

- Out-Patient Health Care through the PhilCare Affiliated Clinics and Hospitals
- In-Patient Health Care
- Emergency Care

Please review the following important references. They will enhance your understanding of the PhilCare-TeleTech Co-Pay Arrangement for Out-Patient Health Care.

1. Important Notes on the PhilCare-TeleTech Out-Patient Co-Pay Arrangement on page xx
- 2.Tips to Minimize the PhilCare-TeleTech Out-Patient Co-Pay Fees on page xx, and
- 3.PhilCare-TeleTech Out-Patient Co-Pay Arrangement Scenarios on page xx

Remember: The PhilCare-TeleTech Out-Patient Co-Pay Arrangement does not apply to the Preferred Outpatient Health Care Clinics Without Co-Pay (no-copay clinics).

Co-pays will be taken via salary deduction in amount of no more than P250 per pay period. Deductions will start within 45 days from date of service. Please refer to the Co-Pay Collection Policy that can be located in the AskNow knowledgebase.

Points of Co-Pay Payments:

The Medical City and Makati Medical Center - Mondays-Fridays (8:00AM-5:00PM)

If you have any concerns about the PhilCare-TeleTech Out-Patient Co-Pay Arrangement that are not addressed by the information provided, please do course your query via AskNow

## How to Avail of Out-Patient Health Care

Availment of out-patient health care at a clinic or hospital affiliated with PhilCare is subject to the issuance of a Letter of Authority or LoA. This guideline applies to clinics included in the PhilCare Preferred List of Out-Patient Health Care Clinics Without Co-Pay.

Please note that the issued LOA is valid for 3 calendar days from its date of issuance. Please be mindful of non-working holidays and weekends.

For your convenience, you can find the provider location most convenient to your home or work through [www.philcare.com.ph/find](http://www.philcare.com.ph/find). Based on your geographic area of interest, you can easily find PhilCare-affiliated clinics and hospitals offering Out-Patient services.

### LOA Issuance by the PhilCare Doctor at TeleTech Onsite Clinics

Please do visit the PhilCare Clinic-at-Work. They can issue an LoA for consultation and select services for the target clinic or hospital. In this case, you can simply present the issued LoA to the clinic or hospital.

- At a clinic, for subsequent requests prescribed by the PhilCare-affiliated physician, you can obtain your LoA from the clinic itself.
- At a hospital, for subsequent requests prescribed by the PhilCare-affiliated physician, you can obtain your LoA from the LoA Issuer whom PhilCare has designated at that hospital.

### LoA Issuance for Availment of Out-Patient Health Care at a Clinic Affiliated with PhilCare

For consultation and subsequent requests prescribed by the PhilCare-affiliated physician, you can obtain your LoA from the clinic itself.



### **LoA Issuance for Availment of Out-Patient Health Care at a Clinic Affiliated with PhilCare**

For consultation and subsequent requests prescribed by the PhilCare-affiliated physician, you can obtain your LoA from the clinic itself.

### **LoA Issuance for Availment of Out-Patient Health Care at a Hospital Affiliated with PhilCare**

At a hospital, for consultation and subsequent requests prescribed by the PhilCare-affiliated physician, you can obtain your LoA from the LoA Issuer whom PhilCare has designated. Please refer to [www.philcare.com.ph/loaissuers](http://www.philcare.com.ph/loaissuers) for the updated list of LoA Issuers, by hospital.

For consultation and availment of services at the Makati Medical Center in Makati City and The Medical City in Pasig City, you obtain your LoA from the PhilCare Quick Assist Centers in these hospitals. Please visit [www.philcare.com.ph/quickassist](http://www.philcare.com.ph/quickassist) for new Quick Assist Centers and updated information.



#### **PhilCare Quick Assist - MMC**

2nd Level Tower 1 Makati Medical Center  
#2 Amorsolo Street, Makati City

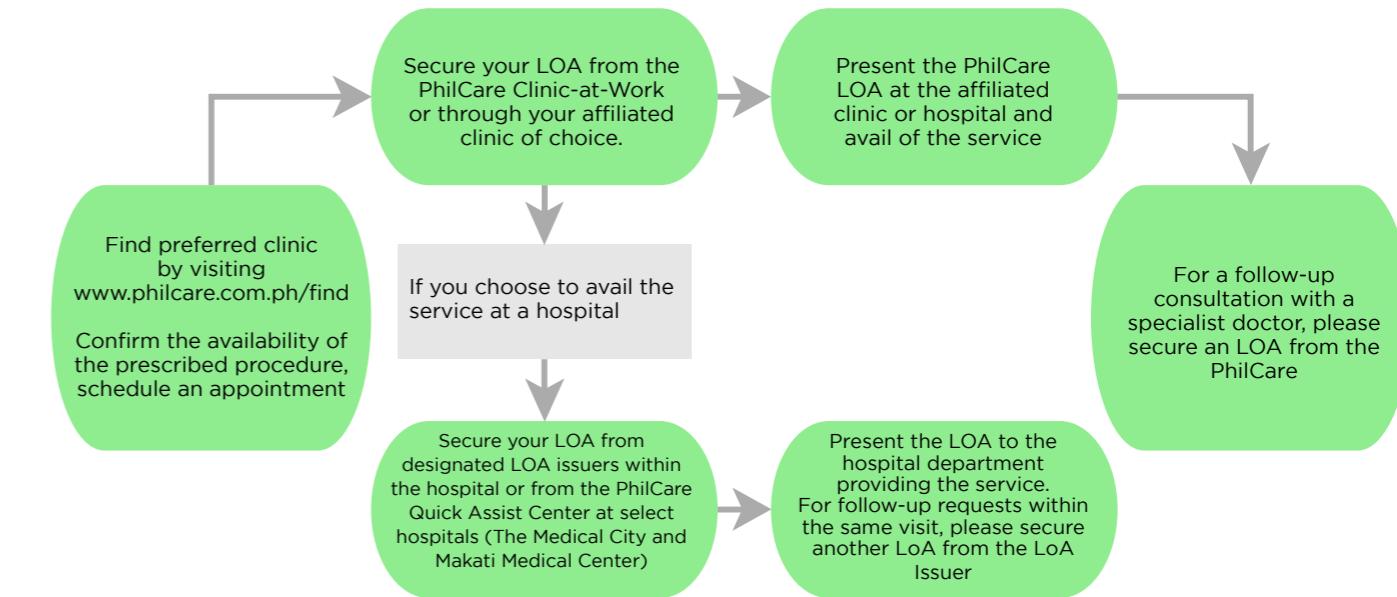
Tel. No.: +63(2) 831-4751



#### **PhilCare Quick Assist - TMC**

Room 1216, Medical Arts Tower Inc. (MATI),  
The Medical City  
Ortigas Avenue, Pasig, Metro Manila

Tel. Nos.: +63 (2) 531-7177  
+63 (2) 531-7227



Please note that the issued LOA is valid for 3 calendar days from its date of issuance. Please be mindful of non-working holidays and weekends.



## Important Notes for Complete Understanding of the PhilCare-TeleTech Out-Patient Co-Pay Arrangement Scenarios

For Out-Patient Health Care through PhilCare Affiliated providers, the PhilCare-TeleTech Out-Patient Co-Pay Arrangement will depend on all of these factors:

1. If you avail of service at a clinic or hospital, and
2. The issuance date of the Letter of Authorization, and
3. The number of providers for which an LoA is issued within a day

### Definition of a Visit

- A visit is defined as the issuance of an Out-Patient LoA.
- On a visit, multiple Out-Patient LoAs can be issued for 1 member for the same clinic or hospital. A visit is counted as one regardless of the number of Out-Patient LoAs issued within the same visit as long as it is for the same clinic or hospital.
- The day of issuance of the Out-Patient LoA is highlighted to show that it is a factor in computing the applicable Out-Patient Co-Pay Fee.
- The relationship of multiplied issued Out-Patient LoAs to are related or not related to the same set of sickness or illness.

### The Significance of an Out-Patient LOA

- The issuance of an Out-Patient LoA is important for both the member and PhilCare. Through the Out-Patient LoA, PhilCare provides authorization to members to seek and avail medical care through its PhilCare affiliated providers.
- The issuance of an Out-Patient LoA assumes that you have a valid reason to seek medical care and that you agree to the PhilCare-TeleTech Out-Patient Co-Pay Arrangement if you are seeking health care from a PhilCare affiliated provider not included in the PhilCare Preferred Outpatient Health Care Clinics Without Co-Pay.

#### Issuance, Use and Cancellation of the Out-Patient LoA

- The service authorized by the Out-Patient LoA can be availed within its 3-day validity date, in coordination with the clinic or hospital in terms of schedule and preparation requirements like fasting.
- As part of the process of the issuance of an Out-Patient LoA, PhilCare will instantaneously send an SMS and an email to the member's email address and cellphone number (as long as it has been provided to PhilCare).
- If you have been issued an Out-Patient LoA and do not wish to proceed with the service that has been authorized, you are required to cancel it within the same day that the Out-Patient LoA was issued.
- The only and easiest way to cancel the Out-Patient LoA is by calling the PhilCare Customer Hotline at +63 (2) 462-1802.
- If you do not call to cancel the Out-Patient LoA within the same day of its issuance, the applicable Out-Patient Co-Pay Fee for that LoA will be automatically charged to your account.
- An Out-Patient LoA that has not been cancelled after the day it was issued will be considered availed whether service was actually rendered or not.
- For Out-Patient LoAs issued at Makati Medical City (Makati City, Metro Manila) and The Medical City (Pasig City, Metro Manila), cancellation must be done within its day of issuance by returning the complete set of the issued LoA and the PhilCare Official Receipt to the PhilCare Quick Assist Center in these hospitals.



#### Settlement of the Out-Patient Co-Pay Fee

- The Out-Patient Co-Pay Fee will be settled by the member through salary deduction. The exceptions are as follows:

Place of Issuance of Out-Patient LOA	Out-Patient Co-Pay Fee
Makati Medical Center Makati City	Php 300 cash to be paid upon issuance of the LOA at the PhilCare Quick Assist Center at Makati Medical Center
The Medical City Pasig City	Php 300 cash to be paid upon issuance of the LOA at the PhilCare Quick Assist Center at the Medical City

For PhilCare affiliated clinics and hospitals outside Metro Manila, the Out-Patient Co-Pay Fees indicated are the maximum amounts they are expected to settle through salary deduction. If the actual fee charged to PhilCare is less than the amount indicated, the member will pay the lower fee.

PhilCare Affiliated Provider	Out-Patient Co-Pay Fee to be Settled by Salary Deduction
Provincial Clinic	Php 100 or Actual Cost, whichever is lower
Provincial Hospital	Php 300 or Actual Cost, whichever is lower

As earlier established, the computation of Co-Pay fees to be applied to the member is determined by the number of LoAs issued, the days of availment, and the locations these where availed. Please carefully go through the following scenarios to know exactly how Co-Pay fees are applied.

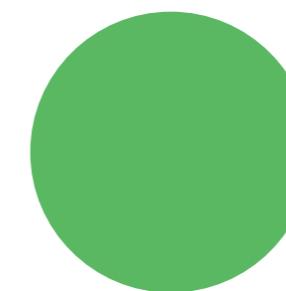
## Tips to Minimize the PhilCare-TeleTech Out-Patient Co-Pay Fees

(Use stills from the video that can be incorporated into the guidebook.)

1. The first important tip is to check the PhilCare Preferred Outpatient Health Care Clinics Without Co-Pay (No Co-Pay Clinics). There is no associated Out-Patient Co-Pay Fee for availment at these clinics, regardless of the number of visits. (include link to the list of no copay clinics)
2. Prepare your NFC-enabled PhilCare membership card that will be used by the provider to easily retrieve and access your PhilCare membership records. The absence of the PhilCare membership card will require additional time for the provider to determine the member's benefits and current membership status.
3. Prioritize the selection of a PhilCare affiliated clinic near your home or work to maximize your convenience and minimize the Out-Patient Co-Pay Fee.
4. Limit your availment at a PhilCare affiliated hospital for highly specialized consultations and diagnostic and therapeutic procedures.
5. Plan and schedule your visit to the PhilCare affiliated clinic or hospital.
  - For maximum flexibility, allocate the whole day when seeking health care.
  - Anticipate queues and provide additional time. Be at the provider's location earlier than later.
  - Familiarize yourself with your clinic or hospital of choice
    - Location, direction, transportation options to visit the clinic or hospital

video stills

video stills



- Contact the clinic or hospital to determine their facilities
  - a. Clinic and operating hours
  - b. Identify all physicians and specialists whom you want to consult
  - c. Availability of the physicians and specialists
  - d. Schedule of physicians
  - e. Expected queue time
  - f. Best time to visit to minimize waiting time
  - g. References to bring: medical records, results of previous diagnostic and therapeutic tests
- Requirements
  - a. Testing requirements such as fasting and specimens for testing
  - b. Other preparation
- At the provider's location, identify the customer-facing staff. State your requirements as clearly as possible.
  - a. Present your PhilCare NFC-enabled membership card together with a valid ID card.
  - b. For a 1st time consultation, be ready with your chief complaint or the reason why you are seeking health care. Examples are a pain in your body or symptoms like coughing and fever.
  - c. For a follow-up consultation, provide the details on the earlier consultation like the doctor's name and date of consultation and all prescription issued. Provide the complete results of all diagnostic tests requested by the doctor in the earlier consultation.
- Repeat the instructions of the provider's staff and ask them to verify your understanding . Ask them to repeat the instructions if you are confused.



## In-Patient Health Care

When a PhilCare affiliated doctor deems that it is medically necessary to hospitalize a member, PhilCare commits that it will facilitate your confinement from the point of admission to discharge.

The member's PhilCare health plan will cover hospitalisation expenses according to the terms of the plan. For hospitalisation cases that are covered, the PhilCare health plan covers room and board, special room types like the nursery, isolation room, intensive care unit (ICU), medicines prescribed and transfusion of blood and blood elements while confined and operating and recovery room expenses. The PhilCare health plan will also cover the professional fees of the attending physician, surgeons, anaesthesiologists and of those physicians whose clearance is sought prior to surgery. In essence, all items directly related to the medical management of the patient, as deemed medically necessary by the attending physician affiliated with PhilCare, will be covered by the PhilCare health plan.

Your PhilCare affiliated physician will be the one to determine if you need to be confined for medical reasons. On your end, you can determine where you will be admitted. Your primary considerations should be your doctor of choice, his hospital affiliation and how you can best maximize your PhilCare health plan to cover your hospitalisation expenses. All hospitals affiliated with PhilCare are licensed by the Department of Health and accredited with PhilHealth.

While hospitalised, PhilCare remains committed to safeguarding the sensible and thoughtful use of our members' health plan benefits by medical professionals.



**The PhilCare Hospital Coordinator**



**PhilCare Liaison Officer**

A senior member amongst the hospital's roster of physicians, the PhilCare Hospital Coordinator provides oversight to the medical management of the PhilCare member. Members should view the PhilCare Hospital Coordinator as their ally, someone whom they can approach and to whom they can confidentially express concerns or questions about their medical treatment.

Another person that a hospitalised member can approach and rely upon is the PhilCare Liaison Officer also known as the PhilCare LO who is a registered nurse, by profession. The PhilCare LO provides assistance by way of referring specialists, escalate a member's concern to the PhilCare Hospital Coordinator, coordinate with various hospital departments, and help the member understand the hospital charges and relate it to the member's benefits under the PhilCare health plan.



### Your In-Patient Health Care Benefits

When confined, the physician harnesses the resources of the hospital to deliver therapeutic treatment to the PhilCare member. It's essential that for elective or non-emergency confinement, the PhilCare member must be treated by a physician in a hospital, both of which must be affiliated with PhilCare. Otherwise, the PhilCare in-patient health care benefits will not apply. Further, the PhilCare health plan will be responsible for hospital charges only until the date and time that the PhilCare physician orders the discharge of the patient. In case the PhilCare member refuses to be discharged, the hospital charges beyond the date and time of confinement ordered by the PhilCare physician will not be covered by the PhilCare health plan. The PhilCare health plan will be responsible for the following charges.

The PhilCare health plan will be responsible for the following charges.

- Admission kit
- Anaesthesia and its administration. Management of pain requiring specialized pain management team and/or the use of specialized equipment, are not covered.
- Confinement in Intensive Care Unit (ICU)
- Drug and medication during confinement
- Professional fees of the PhilCare affiliated physician including surgical services. Assistant surgeons are not covered.
- Room and Board according to the type of room accommodation
- Standard nursing services. Does not include private duty nurse.
- Use of operating room and recovery room
- Other services deemed medically necessary such as but not limited to:
  - a. Oxygen and its administration
  - b. Dressings, plaster casts and other medical supplies
  - c. Laboratory tests, x-rays and other necessary diagnostic services
  - d. Blood and other blood elements transfusion including screening and cross-matching subject to General Exclusions
  - e. Dialysis, chemotherapy and similar treatment procedures, except occupational therapy

Medicine is one of the most innovative fields. There are new techniques and materials that are discovered, tested and eventually made available to patients. Please always consult with your PhilCare affiliated physician on the merits of the use of newer procedures to address your specific medical requirement.

These newer procedures are covered by PhilCare when it is recommended for you by your PhilCare affiliated physician, based on the schedule below.

Procedure	Principal Members	Dependent Members
	Benefit Coverage Limit	
Angioplasty/ Coronary Angiogram/ Coronary Artery Bypass Graft	Shared limit subject to Maximum Benefit Limit	Shared limit subject to Maximum Benefit Limit
Arthroscopic Procedures or Orthopedic Arthroscopy	Up to Maximum Benefit Limit	Up to Maximum Benefit Limit
Endoscopic Procedures	Up to Maximum Benefit Limit	Up to Maximum Benefit Limit
Gamma Knife Surgery	Up to Maximum Benefit Limit	Up to Php40,000 per year
Hysteroscopic Myoma Resection	Up to Maximum Benefit Limit	Up to Php40,000 per year
Laparoscopic Cholecystectomy	Up to Maximum Benefit Limit	Up to Php40,000 per year
Lithotripsy	Up to Maximum Benefit Limit	Up to Php40,000 per year
Percutaneous Ultrasonic Nephrolithotomy	Up to Maximum Benefit Limit	Up to Php40,000 per year
Stereotactic Brain Biopsy	Up to Maximum Benefit Limit	Up to Maximum Benefit Limit
Trans-urethral Microwave Therapy of Prostate	Up to Maximum Benefit Limit	Up to Php40,000 per year

#### Where To Avail In-Patient Health Care Benefits

Once your PhilCare affiliated physician has determined that you need to be confined, you can determine your choice of hospital. Your primary considerations are his hospital affiliation and how you can best maximize your PhilCare health plan to cover your hospitalisation expenses.

1. Find the provider location most convenient to your home or work! Visit [www.philcare.com.ph/find](http://www.philcare.com.ph/find) and based on your geographic area of interest, you can easily find PhilCare-affiliated hospital offering In-Patient services. Please note that the hospitals that will be reflected in your search are those to which you have access under your PhilCare health plan. If a hospital does not appear in the search results, it means that you do not have access to it under your health plan.
2. Contact PhilCare for free counselling on your best hospitalisation options. Visit us at [www.philcare.com.ph/bestoptionforme](http://www.philcare.com.ph/bestoptionforme) for more useful information about hospitalisation; for one-on-one counselling, leave your contact details and the details of your elective hospitalisation and PhilCare will contact you within office hours from Monday to Friday. Please submit your request for consultation at least 3 working days prior to your intended hospitalisation date.



## How to Avail of In-Patient Health Care

Health care is a very important benefit for employees. One way to sustainably offer health care to employees is to share its cost between employer and employee. In coordination with your employer, we will implement the PhilCare-TeleTech Co-Pay Arrangement where a PhilCare member will shoulder some of the health care cost. In particular, the PhilCare-TeleTech Co-Pay Arrangement will be applied to the In-Patient Health Care.

### Secure the In-Patient LoA

1. After you've identified the hospital where you will be confined, please advise your PhilCare affiliated physician. He will then issue an order for admission addressed to the hospital. Typically, the doctor will also provide you the date by which you are expected to be confined.

2. You should also request for the two (2) forms required by PhilHealth from your Human Capital. These forms are required at the point of admission so that your eligibility for PhilHealth benefits can be assessed.

- a. Your PhilHealth Member Data Record (MDR)
- b. A completed and signed PhilHealth Claim Form 1

### Important Things to Know About Your PhilHealth Benefit

Please note that it is PhilHealth that does not allow 'late filing' of their forms. If you want to have an idea of the PhilHealth benefits that will apply to your confinement, the above-mentioned PhilHealth documents must be submitted during the period of confinement and the PhilCare LO will help determine the amount of PhilHealth benefit that will be applied. The latest point at which the PhilHealth documents should be submitted is at discharge. If the PhilHealth documents are incomplete or not submitted, the hospital will automatically charge the PhilCare member for the portion that PhilHealth would have covered.



It is also possible that PhilHealth may decide that a PhilCare member is ineligible for PhilHealth benefits based on their rules. In that case, PhilCare will be responsible for the portion that PhilHealth would have covered if the member was eligible for PhilHealth benefits.

3. Get your LOA from the designated PhilCare LoA Issuers within the hospital premises. Please refer to [www.philcare.com.ph/loaissuers](http://www.philcare.com.ph/loaissuers) for the updated list of LoA Issuers, by hospital. At select hospitals with PhilCare Quick Assist, you will get your LOA from the PhilCare Quick Assist Center. Please visit [www.philcare.com.ph/quickassist](http://www.philcare.com.ph/quickassist) for new Quick Assist Centers and updated information.



To the PhilCare LoA Issuer, present the order of admission together to obtain your In-Patient LoA.

### Being Admitted to the Hospital

4. Once the In-Patient LoA has been issued, present the 2 documents below to the hospital's admitting section.

- a. Order of Admission
- b. PhilCare In-Patient LoA

### During Confinement

5. During confinement, you will be visited by the physician designated as the PhilCare Hospital Coordinator. For select hospitals, you may also be visited by a PhilCare Liaison Officer (LO). You may submit the PhilHealth forms to the PhilCare LO or to the Billing Section of the hospital.

6. On a regular basis, the PhilCare LO will review the latest hospital charges and if possible, anticipate and advise the member on the hospital billing including if there are amounts that will not be covered under the PhilCare health plan.

In a hospital without an assigned PhilCare LO, you can request for an updated statement from the hospital's billing unit prior to discharge. Specifically, you can ask them to identify the specific items and the corresponding charges that will not be covered by the PhilCare health plan to help you prepare funding for the settlement of this amount. You may also call the PhilCare Customer Hotline at (02) 4621802 for any other concerns you may have about your confinement, medical treatment and billing.

Upon Discharge, the PhilCare-TeleTech In-Patient Co-Pay Fee and Settling the Hospital Bill

7. For hospitals with a PhilCare LO, when the doctor has issued the discharge order, the PhilCare LO will facilitate the settlement of the hospital bill. For hospitals without a PhilCare LO, the hospital's Billing Section will directly coordinate with PhilCare and the PhilCare member. PhilCare commits to ensure that the PhilCare-TeleTech In-Patient Co-Pay Arrangement and the benefits of the PhilCare member are properly and accurately applied. These benefits include Senior Citizen's discount and PhilHealth benefits.

8. For In-Patient Health Care through PhilCare Affiliated hospitals, the (1) PhilCare health plan, the (2) PhilCare-TeleTech In-Patient Co-Pay Arrangement and (3) the member's PhilHealth work together. Here is an example of a hospital bill. Please review it so that you can gain a better understanding of the PhilCare In-Patient health care component.

(Show the logos of the PhilCare-TeleTech In-Patient Co-Pay

logos

GENERAL HOSPITAL Statement of Account	
Total Hospital Bill Cesarean Section Package Php 61,200	
Service & Charges	
Extra food trays Php 150 Room phone calls Php 50 Vitamins Php 200 Blood screening test Php 200 Extra linen: pillow Php 150 Wash basin Php 100 Take-home medicine Php 300 Special nurse Php 650	
Total Non-Covered Items Php 1,800	
Total	Php 63,000

GENERAL HOSPITAL Statement of Account	
Community-Acquired Pneumonia	
Total Hospital Bill After PhilHealth Benefits Without Non-Covered Items and After In-Patient Co-Pay Fee Php 46,200	
Total Hospital Bill After PhilHealth Benefits Without Non-Covered Items and After In-Patient Co-Pay Fee Php 46,200 Paid by PhilCare (Php 46,200)	
Paid by PhilCare (Php 46,200)	

GENERAL HOSPITAL Statement of Account	
Community-Acquired Pneumonia	
Total Hospital Bill After PhilHealth Benefits Without Non-Covered Items and After In-Patient Co-Pay Fee Php 46,200	
Total Hospital Bill After PhilHealth Benefits Without Non-Covered Items and After In-Patient Co-Pay Fee Php 46,200 Paid by PhilCare (Php 46,200)	
Paid by PhilCare (Php 46,200)	

Arrangement, PhilHealth and PhilCare and corresponding hospital bills.)

From the total hospital bill, the PhilHealth benefits of the member will be applied.

From the hospital bill net of the PhilHealth benefit, the non-covered and excess items under the member's health plan are identified and excluded from the hospital bill. The non-covered items are for the account of the member.

From the hospital bill net of the PhilHealth benefits and non-covered and excess items, the member pays the Php2,000 In-Patient Co-Pay Fee for every confinement. If the hospital bill is less than Php2,000, the member will pay the actual balance. The In-Patient Co-Pay Fee amount of Php2,000 is regardless of the length of hospital confinement and total amount of hospital bill. The amount of Php2,000 will be paid by the member upon discharge from the hospital.

From the hospital bill net of the PhilHealth benefits, non-covered and excess items and Php2,000 In-Patient Co-Pay Fee, the PhilCare health plan will cover 100% of the covered hospital charges.

The In-Patient Co-Pay Fee is applicable for each confinement up to a maximum of 4 confinements. After the 4th confinement, the member does not have to contribute any amount toward the hospital bill anymore.  
(Show the visuals for this.)

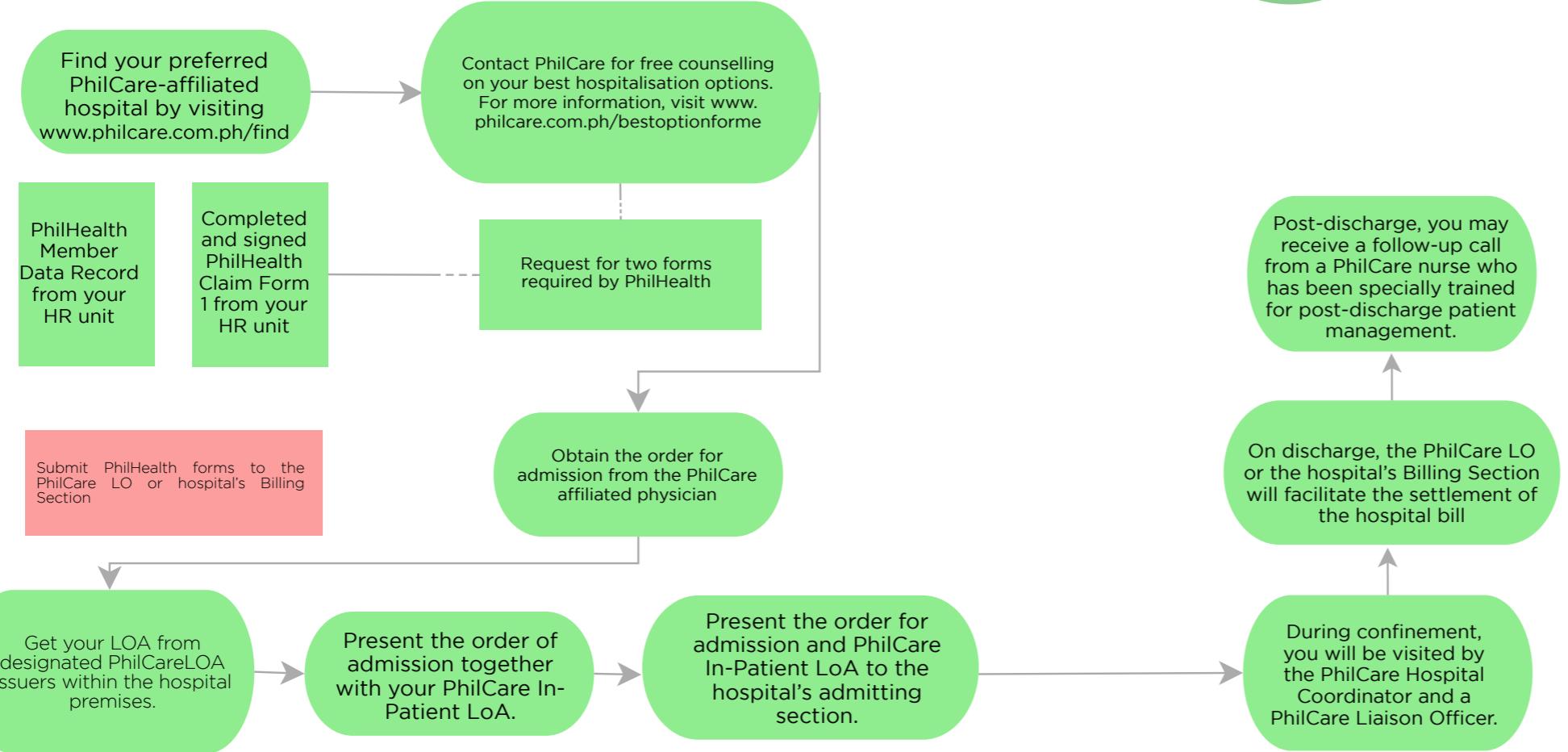
## PhilCare Tips Relating to In-Patient Health Care Benefits

1. Choose a hospital that is included in your PhilCare health plan. Amongst the hospitals from which you can choose, select the hospital that fits your health plan in terms of your medical need, budget and benefits. We offer a free counselling service through which we help you select the best hospital for your medical requirements matching your PhilCare health plan. We can discuss the options available to you in detail and once you have decided, we will facilitate your admission to the hospital of your choice. Visit us at [www.philcare.com.ph/bestoptionforme](http://www.philcare.com.ph/bestoptionforme) for more useful information. For one-on-one consultation, leave your contact details and the details of your elective hospitalisation and we'll contact you within office hours, after we research and validate the best options for you.
2. Ensure that you have the support of family and those whom you trust during your hospitalisation. Choose a hospital close to your home or the home base of those individuals who will assist you during confinement.
3. We strongly recommend that members take a room type that is specified within or below their PhilCare health plan. The reason behind this is that the charges of the hospital differ based on room type - the higher the room type, the higher the charge. The professional fees of the physicians are also linked to the room type. Generally, the incremental cost in the hospital charges can be as much as 50% of what would have been charged at the room type specified by the PhilCare health plan. The member will be responsible for the incremental hospital expenses linked to the higher room type.
4. Always seek medical treatment from physicians affiliated with PhilCare. If you need to be referred to a physician or a specialist, we are committed to referring a competent and qualified professional for your medical requirement. Please note that the attending physician of patient for an elective or non-emergency hospital confinement must be affiliated with PhilCare. Otherwise, the entire hospitalisation is not coverable under the PhilCare health plan.
5. Do not engage with PhilCare affiliated doctors for additional charges they may privately request you to pay. Immediately, prior to any further treatment, refer this incident to PhilCare and you can be assured that PhilCare will act on the information without jeopardising your access to competent and professional medical treatment. There may be a possibility that you may be asked to consult with another medical professional to ensure your uninterrupted medical care.
6. Under the supervision of a PhilCare attending physician, it's possible that non-affiliated specialists may be engaged in a member's medical treatment. Examples of non-affiliated specialists who can be engaged are anaesthesiologists, neurologists and physicians with very specialised practices. If the service rendered by the non-affiliated specialist is covered and PhilCare confirms that he or she will accept the PhilCare professional fee, then PhilCare will directly handle the settlement of the fees with the doctor. Otherwise, the member and the doctor will get into a private arrangement. In this case, the member will advance the doctor's fee and seek reimbursement. If approved, the reimbursement will only be up to the amount that PhilCare would have paid to the doctor.



Plan ahead. Let us help you by providing enough time for us to research and validate your options. It would be ideal if you can submit your request for consultation at least 3 working days prior to your intended hospitalisation date.

## How To for Elective or Non-Emergency Hospitalisation





## Emergency Care

Health care is a very important benefit for employees. One way to sustainably offer health care to employees is to share its cost between employer and employee. In coordination with your employer, we will implement the PhilCare-TeleTech Co-Pay Arrangement where a PhilCare member will shoulder some of the health care cost. In particular, the PhilCare-TeleTech Co-Pay Arrangement will be applied to Emergency Health Care.

Emergency care is defined as the medical response to the sudden and unexpected onset of illness or injury, which at the time of the application of medical treatment, reasonably appeared as having the potential or causing immediate disability or death or required immediate alleviation of severe pain or discomfort.

The doctor at the emergency room will be the one to determine if the member's case is emergency in nature. The doctor will instruct the member to seek out-patient care if the case is non-emergency in nature. If the member insists on seeking treatment on an emergency basis, the PhilCare health plan cannot respond and the member will be responsible for all charges.



Common examples of emergency cases:

- Loss of consciousness
- Suspected heart attack
- Suspected stroke
- Suspected heat stroke
- Multiple or severe injuries arising from accidents
- Diarrhoea with severe dehydration and appendicitis



#### Your Emergency Health Care Benefits

In emergency care, the treatment and medicines for your immediate relief are covered. Your PhilCare health plan will cover the emergency room fee and other fees related to the emergency management of your case. The following are examples of services covered under emergency health care.

- Doctor's services
- Use of the Emergency Room (ER)
- Medicines used for immediate relief and during treatment
- Oxygen, IV fluids, blood products
- Dressings, casts, sutures
- X-ray, laboratory examinations, routine diagnosis and therapeutic procedures
- Other Medical services and supplies directly related to the medical management of the patient
- Initial treatment of animal bites is covered for the first 24 hours from the time of bite , subject to MBL
- Hospital-to-hospital ambulance service
  - From one affiliated hospital to another affiliated hospital is covered and will be charged to the hospital bill
  - From non-affiliated hospital to an affiliated hospital, covered amount is actual cost up to Php2,500 per conduction. PhilCare member must seek reimbursement.

#### Where To Avail Emergency Care

Whenever and wherever within the Philippines, you can avail of emergency care at more than 1,000 clinics and hospitals nationwide, regardless of their affiliation status with PhilCare. You are also covered for emergency care outside the Philippines.

#### How To Avail of Emergency Health Care

Hospitals Affiliated with PhilCare - You can avail of emergency care at more than 450 hospitals nationwide. At affiliated hospitals, simply present your PhilCare membership card to the staff at the Emergency Room.

1. The Emergency Co-Pay Fee of Php 300 per visit will be for the account of the PhilCare member. It will be settled through salary deduction.
2. If your visit to the emergency room proceeded to emergency confinement, only the In-Patient Co-Pay Fee of up to Php2,000 will apply. The In-Patient Co-Pay Fee will be settled by the member at the point of discharge from the hospital.

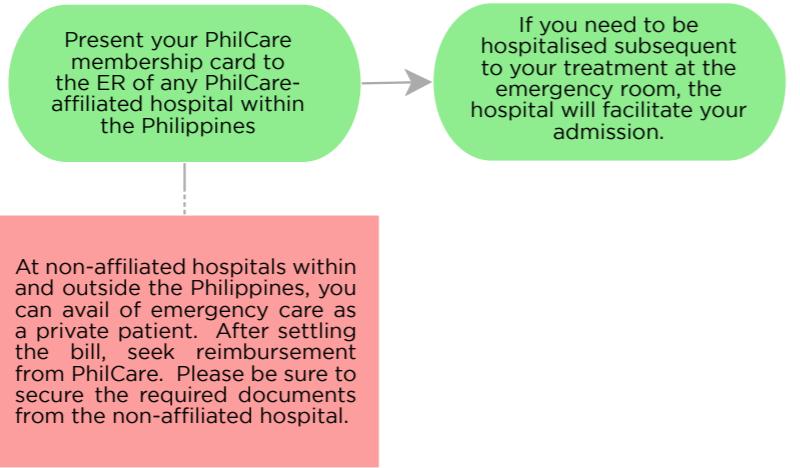
## Hospitals Not Affiliated with PhilCare Within and Outside the Philippines

At non-affiliated hospitals within and outside the Philippines, you can avail of emergency care as a private patient.

1. After settling the bill, seek reimbursement from PhilCare. Please be sure to secure the required documents from the non-affiliated hospital. Reimbursement is at 100% of the Standard PhilCare rates. The Emergency Care Co-Pay Fee of Php 300 will be deducted from the reimbursement amount.
2. If your visit to the emergency room proceeded to emergency confinement, only the In-Patient Co-Pay Fee will apply. You may seek reimbursement of the hospital bill. Reimbursement of the hospital bill and professional fees will be based on 100% of the Standard PhilCare rates. The In-Patient Co-Pay Fee of up to Php2,000 will be deducted from the reimbursement amount.

### Required Documents for Reimbursement

- a. Statement of Account of the non-affiliated hospital
- b. All original receipts
- c. Surgical report, if surgery was performed
- d. Police report, if the emergency care was administered due to an encounter with a third -party



## PhilCare Tips Relating to Emergency Health Care Benefits

The ER is full of sick people and viruses and bacteria. You should avoid the ER when you do not have a valid medical emergency to avoid being infected.

Hospitals want to make available their ER facilities for valid medical emergencies and they will decline non-valid visits to the ER. Given the public service rendered by the hospital, the waiting time is significantly longer than if you sought service from a clinic that is located convenient to your home or work. Find the clinic nearest your home or work by visiting [www.philcare.com.ph/find](http://www.philcare.com.ph/find).

(Real emergency graphics - the one found on [www.philcare.com.ph/realemergency](http://www.philcare.com.ph/realemergency).)

Please visit the Emergency Room (ER) in hospitals for valid medical emergencies. If you need to consult with a doctor, consider those whose clinic schedule can accommodate your work schedule.

The best way to handle all kinds of urgent situations is to be prepared. Prepare and post the key people to contact in a visible area; the heads of the household, the police, the fire service. If you have access to emergency services, be aware of how to engage them.





## Dental Health Care

Dental health is important to your over-all health and wellness. Your PhilCare health plan includes services under a dental professional in a clinic setting.

It is essential that your teeth and mouth are hygienic. Given that our oral cavity is home to a mix of flora and fauna, acid and other organic chemicals produced in the body, the balance of these organisms must be maintained so that they do not become a breeding ground for more harmful virus and bacteria. Aside from the pain and discomfort from cavities, your dentist needs to attend to your teeth to avoid deterioration of the oral cavity.

Second, your nutrition can be affected if you do not have strong teeth to chew your food. Your teeth, saliva and other mouth parts play significant roles in ensuring that your body can readily absorb the nutrients contained within the food that you consume.

Medical attention is also critical to properly diagnose and treat illnesses associated with the mouth. Your dentist is medically trained to guard against such conditions.

The services offered by your PhilCare health plan are delivered through a network of dental clinics under the name of 'Dental Network'. The dental health benefits are detailed below. For non-covered services, you are assured of a 25% discount on the dentist's fees.

Service	Benefit per Year	
Annual dental examination and consultation	Unlimited simple consultation but does not include specialist consultation	
Dental health education	Unlimited	
Dental Nutrition and Dietary Counseling	Unlimited	
De-sensitization of hypersensitive teeth	Up to 2 teeth	
Emergency dental treatment on out-patient basis	Unlimited	
Oral prophylaxis	Rank & File to Managers	2X a year with fluoride brushing
	Directors to Senior Managers	Unlimited, with fluoride brushing
Permanent Fillings	Up to 4 teeth per year	
Simple tooth extractions	Unlimited, as needed	
Re-cementation of loose crowns	Unlimited	
Restorative and Prosthodontic treatment planning	Unlimited	
Simple adjustment of dentures	Unlimited	
Temporary Fillings	Unlimited	

### How To

1. Search for your clinic of choice amongst the list of dentists under Dental Network.
2. Select the dental clinic of choice. Contact them to confirm their clinic hours, directions to their clinic and set an appointment, as necessary.
3. Present your PhilCare membership card at the dental clinic.

### PhilCare Tips

1. We encourage you to avail of the dental benefits included in your PhilCare health plan.
2. Once you have found a dental professional with whom you are comfortable, consistently seek treatment from the same dentist for continuity of your dental care.

## Financial Assistance Benefits

(PhilLife logo, Insurance Commission logo)

In this critical time of need, your PhilCare health plan can also respond. In case of the demise of the PhilCare member during the period of coverage, his beneficiaries will be entitled to financial assistance of Php10,000.

In case of loss of life due to an accident, the beneficiaries will be entitled to an additional amount of Php50,000.

The PhilCare member is insured under PhilLife Financial, an insurance company registered under the Insurance Commission.

## Frequently Asked Questions

- Gomobile app
- Microsite

back cover