

## AGC Health Care Assistance and Benefits (*confidential*)

### I. SCHEDULE OF BENEFITS

<b>ANNUAL PHYSICAL EXAMINATION</b>	<b><i>Qualified Employees Only</i></b>
Physical Examination	Covered up to MBL
Fecalysis	Covered up to MBL
Chest X-Ray	Covered up to MBL
Random Blood Sugar Test	Covered up to MBL
<i>*Can be availed at AGC Clinics and affiliated Diagnostics/ Hospitals only.</i>	

<b>PREVENTIVE CARE</b>	
Periodic medical check-up; Management of health problems; laboratory work-ups as per Doctor's assesment and recommendation	Covered up to MBL
Routine Immunization <i>except cost of vaccines</i>	Covered up to MBL
Wellness Programs (e.g. counselling on health habits, family planning, diet)	Covered up to MBL
<i>*All laboratory work-ups and prescriptions must be from a licensed doctor and must be reviewed by AGC company doctors.</i>	

<b>OUT PATIENT</b>	
Medical consultation at AGC clinics	Covered up to MBL
Emergency room care	Covered up to MBL
Referral to specialist by AGC company doctors	Covered up to MBL
Treatment of minor injuries and/or illness	Covered up to MBL
Laboratory tests, X-rays and other diagnostic exams (as per Doctor's advice)	Covered up to MBL
Minor surgery not requiring confinement	Covered up to MBL
<b>Speech and Physical Therapy</b>	<b>Covered up to 12 sessions per year</b>
<i>*Mentioned above can be availed for work-related injury/ conditions.</i>	
<b>Pre-natal and Post-Natal Consultations</b>	<b>Covered up to 14 sessions per year</b>

<b>STANDARD PRE-EMPLOYMENT EXAMINATION (PPE)</b>
Pre-employment examination (PPE): Basic five (5) which includes: Physical Examination, Complete Blood Count, Urinalysis, Fecalysis and Chest X-ray. To be availed at any affiliated AGC Diagnostics/ Hospitals (to avail special discount) and <i>actual cost of the PPE shall be paid by the applicant</i> . Physical Exam done at AGC Clinics.

<b>IN-PATIENT/ CONFINEMENT</b>	
No deposit upon admission	Covered up to MBL
Room and board benefits based on category/ level	Covered up to MBL
Use of recovery room and operating room	Covered up to MBL



Standard admission kit	Covered up to MBL
Professional fees of all attending accredited specialist	Covered up to MBL
Anesthesia and medications administered during confinement	Covered up to MBL
Blood transfusion and intravenous fluids	Covered up to MBL
Laboratory tests, x-ray and other diagnostic examinations	Covered up to MBL
Dressings, plaster casts, sutures	Covered up to MBL
ICU confinement	Covered up to MBL
Assistance in documentation requirements by AGC nurses	Covered up to MBL
Other hospital charges prescribed for the treatment of employee	Covered up to MBL
Ambulance Service (hospital to hospital & point of incident to hospital)	Php 3,000 per conduction
<b>Note:</b> All work-related injury/ incidents are covered by the company expense and all cases must be reviewed by AGC company doctor.	

SPECIAL DIAGNOSTIC PROCEDURES	
Heart Surgery/ Angiography/ Angiogram/ Angioplasty	up to MBL, not to exceed Php 30,000
Transurethral Microwave Therapy of Prostate	up to MBL
Percutaneous Ultrasonic Nephrolithotomy	up to MBL
Lithotripsy	up to MBL
Laparoscopic Procedures	up to MBL
Arthroscopic Procedures	up to MBL
Hysteroscopic Procedures	up to MBL
Hemorrhoidectomy Procedures	up to MBL
Stereotatic Brain Biopsy	up to MBL
Dialysis	up to MBL
Chemotherapy/ Radiotherapy	up to MBL
Gamma Knife Surgery (Based on Cobalt/ Radiotherapy)	up to MBL
CT Scan	up to MBL
Ultrasound (except maternity cases)	up to MBL
Thallium Scintigraphy	up to MBL
2D-Echo with Doppler	up to MBL
24-Hour Holter Monitoring	up to MBL
Herniorraphy	up to MBL
Electromyography	up to MBL
Treadmill Stress Test	up to MBL
Myelogram	up to MBL
Video Gastroscopy	up to MBL
Mammography/ Sonomammogram	up to MBL
Bone Densitrometry Scan (Dexascan)	up to MBL
Magnetic Resonance Imaging	up to MBL



Nuclear Radioactive Isotope Scan	up to MBL
Neuroscan	up to MBL
Perfusion Scan	up to MBL
Positron Emitting Tomography (PET Scan)	up to MBL
Cryosurgery	up to Php 1,000/area

#### ROOMS AND BOARD ACCOMODATION

**Involuntary Room Upgrading** - If a member has to occupy a room one category higher than what he is entitled to because of non-availability of a category room (except suite room), he will shoulder the difference in cost between the non-category room and the category room while AGC pays for the professional fees and other hospital bills. However, should a room become available, the member is obligated to transfer to a category room, otherwise incremental charges (such as professional fees, room and board difference and hospital bills (laboratory, medicines and other hospital supplies) shall be billed to the member. For whatever reasons except during Emergency Care referred to under Benefits provisions, incremental rate difference and excess charges due to voluntary room upgrading shall be charged to the member.

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

#### EMERGENCY CARE

IN AFFILIATED/ RECOGNIZED HOSPITALS	Doctor's services
	Medicine used
	Oxygen and intravenous fluids
	Dressings, casts and suture
	Laboratory, x-ray and other diagnostic examinations directly related to the emergency management of the patient.
IN NON-RECOGNIZED HOSPITALS	AGC agrees to reimburse of the total hospital bills including professional fees but must inform or notify the general manager and direct supervisor/HR of the employee, prior to admission.
IN FOREIGN COUNTRIES	Confinement in foreign territory shall be treated as if the member had been confined in a non-accredited hospital facility but must have notification with the management.



**IN AREAS WITHOUT AFFILATED/ RECOGNIZED  
HOSPITALS**

AGC agrees to reimburse up to One Hundred Percent (100%) to the total hospital bills, including professional fees but not exceeding MAXIMUM BENEFIT LIMIT.

*\*All Emergency Cases must have proper notification with the AGC management, do complete and approved documentation (Notice of Admission) of the case. Failure to present proper documentation will not be credited. Expense exceeding Maximum Benefit Limit (MBL) shall be paid by the AGC during emergency situation but shall be settled with the employee's party later on.*

**II. PRE-EXISTING CONDITIONS**

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	
Hypertension	
Thyroid Disease, Goiter	
Cataracts/ Glaucoma/ Pterigium	
Asthma	
Chronic Cholecystitis/ Cholelithiasis and other forms of calcifications	
Hernia	
Prostate Disorders	
Hemorrhoids and Fistulae	
Tumors	
Uterine Myoma, Ovarian Cysts, Endometriosis	
Buerger's Disease	
Varicose Veins	
Scoliosis	
Arthritis	
Chronic Allergies	
Gastric and Duodenal Ulcers	
Principal Member	Covered up to MAXIMUM BENEFIT LIMIT per illness/ member/ year

*\*Inclusion: All Clinicopathologic Conditions. Exclusion are Inborn or Congenital Conditions, Plastic Reconstructive Complications (Aesthetics). All cases must be reviewed by our AGC company doctors.*

**III. MEMBERSHIP ELIGIBILITY**

Principal Employee Member	employment status must be regular at AGC
<i>Note: *Member will receive an official I.D. card, once enrolled. This will be the official I.D. card to be presented in all transaction. It is the member's responsibility to update his/her details indicated in the I.D. card. Employee's dependent family member are not applicable yet and health benefits mentioned are all subject for review every year.</i>	



#### IV. SERVICE CAPABILITIES

Affiliated/ Recognized Hospitals	Affiliated/ Recognized Diagnostic Laboratory	AGC Clinics	Company Doctors	Claims reimbursement turn-around time	Utilization Reports	Tailor fitted billing statement
Ramiro Hospital (preferred)	St. John Diagnostic Lab	Corporate ICM Clinic	Dr. Edgar Pizarra	20-30 days	Monthly	per cost subsidiary/ department
HNU Hospital (HNUMCI)	AC Lab	ICM Mall Clinic	Dr. Nonaluz Pizarra			
COOP Hospital	Medicus-BMOG Diagnostic Lab	Alturas Mall Clinic	Dr. Michael Uy			
ACE Hospital	BMCI Laboratory	Alta Citta Clinic	Existing Attending Physicians of the employees can be credited but must present complete medical records and must be reviewed by the company doctors. Employee can be referred by other doctors, but must consult company doctors first.			
Tagbilaran Community Hospital	2SD Laboratory	Plaza Marcela Clinic				
BoholDoc Hospital	All LGU Health Centers	Comissary Clinic				
Borja Hospital	Diagnostic exams done on unaffiliated/ unrecognized diagnostic laboratory by AGC shall not be credited.	CDC Clinic				
All Government Hospital/ Health Centers		Construction Clinic				
		South Palms Resort Clinic				
		Alturas Talibon Clinic				
		All LGU/ RHUs				
Employees can be brought to any nearest Hospital in emergency situation. Transfer to other hospital upon the request of employee's preference is subject for the Department Supervisor and the Management's approval.		AGC clinics with emergency medical treatment room and with stationed nurses in their designated subsidiaries.				

Note: \*All medicines and medical services must be availed at any AGC pharmacies and recognized diagnostic laboratory first. In case of unavailability, the member may avail it at other pharmacy or diagnostic laboratory with AGC medical team recommendation.



## V. ADDITIONAL BENEFITS

Anti-tetanus, Anti-rabies and Anti-venom vaccines	Up to Maximum Benefit Limit
Human Blood products (e.g. platelets/ packed RBC) and its processing except gamma globulin and cost of donor	Covered up to Maximum Benefit Limit
Scoliosis, Slipped Disc, Spondylosis, Spinal Stenosis	Up to MBL
Work Related Illnesses/ Injuries (subject to Exclusions & Limitations of the programs)	Up to Maximum Benefit Limit
Eye Laser Treatment for retinal hole, retinal detachment and glaucoma (excluding myopia or correction of error of refraction such as Lasik, PRK and the like)	Up to MBL
Vehicular Accidents (subject to Police Report)	Up to Maximum Benefit Limit
Cataract Surgery excluding cost of lens	Up to MBL
Unprovoked Murder & Assault (subject to Exclusion & Limitations of the program)	Up to Maximum Benefit Limit
Chronic Dermatoses, Scabies	Consultation only
Sports-related Injuries (subject to Exclusion & Limitations of the program)	Up to Maximum Benefit Limit
Organ Transplant (excluding cost of donor and cost of organ)	Up to MBL

## VI. GENERAL EXCLUSIONS

### A. SERVICES

1	Services not approved by AGC management, nor notified with the general manager, supervisor or HR. All cases shall be known and reviewed by AGC management and medical team.
2	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, televisions, telephone, computer and electric fans.
3	Health/ Annual/ Pre-employment check-ups requirements for other companies, government requirements, insurance purposes or travel abroad. (not work-related)
4	Recuperation such as confinement in sanitarium or convalescent home, rehabilitation medicines (including work-ups), custodial, domiciliary care, and government imposed quarantines.
5	Professional fees in medico-legal cases
6	Refusal to undergo recommended treatment or demanding treatment for which AGC company doctors believe a professionally acceptable alternative exist.
7	Blood Screening (unless it is work-related)
8	Vaccines for immunization, anti-rabies, anti-venom, steroid injections
9	Acquisition of an organ.
10	Procurement or use of eyeglasses, special braces, steel implants, buckles for retinal detachment, wheelchairs or prosthetic appliances including but not limited to items such as artificial limbs, hearing aids, crutches, intra-ocular lens, contact lenses.
11	Determining/ ruling out of hepatitis or tuberculosis if results are negative. (All TB cases should be done at TB DOTS)
	<i>Except for all work-related injury/ incidents and employees case must be reviewed by AGC company doctor.</i>

### B. TREATMENT AND PROCEDURES



1	Circumcision, infertility or fertility and virility/ potency (erectile dysfunction), artificial insemination, sex change
2	Laser eye surgery for myopia or error of refraction
3	Acupuncture, chiropractic, iridology, chelation, cell implant therapy
4	Speech or physical therapy in excess of twelve (12) sessions total
5	Sleep study, unless directly related to an organic illness and the maximum limit is Php 5,000
6	Reconstruction surgery except to treat a functional defect directly caused by accident or illness covered herein, cautery of warts, milia, xyringoma, facial moles, aesthetic, cosmetic or beautification alterations, sclerotherapy
7	Out-patient medicines and medical supplies except in emergency cases
8	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.)

### C. EXTERNAL FORCES/ ACTIVITIES

1	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
2	Participation in hazardous activities such as skydiving, motor sports, martial arts, bungee jumping, scuba diving, snorkeling, horseback riding, polo, hunting, mountain climbing, rock climbing, hang gliding, spelunking, ballooning (unless work-related)
3	Government declared epidemics, complete or partial destruction of hospital by fire, flood, or other perils, earthquake, tsunami, volcanic eruption, acts or order of government, brownouts. (Any relief goods/ assistance given during these calamities, all depends on the AGC management initiation)
4	Aviation or aeronautics or sea travel other than as a fare-paying passenger on licensed aircraft/ vessel operated by a recognized airline/ operator.
5	Computer hardware or software affected by date/time based functionality or the use of any date format.

### D. ILLNESSES/ CONDITIONS

1	Congenital abnormalities such as neonatal hernia, hemangioma, phimosis, harelip, clubfoot, cerebral palsy, renal diseases such as medullary sponge kidney, pediatric cardiovascular work-up and the like.
2	Developmental delay
3	Neuro-developmental disorders such as Attention Deficit Hyperactive Disorder (ADHD), Genetic Disorder which may result to Mental Retardation (e.g. Down Syndrome), and other condition which may require speech/ physical and other related therapies.
4	Sexually transmitted diseases, AIDS and AIDS-related complex or condition.
5	Substance addiction or reaction to use of prohibited drugs, alcoholism, alcohol intake, anxiety reaction, psychiatric and psychological illnesses, neurotic and psychiatric behavior disorders, or accidents arising from these conditions.
6	Guillaine-Barre Syndrome
7	Hypersensitivity tests to check for allergies and desensitization.
8	Any disability which may have affected a dependent prior to the thirtieth (30th) day after birth.
9	Pregnancy, complications due to abnormal pregnancies such as but not limited to ectopic pregnancy, tube pregnancy, h-mole, abruptio placenta, placenta previa etc. childbirth, miscarriage, abortion.

**DISCLAIMER:** Exclusions stated here are standard and will be superseded by the benefits indicated on the proposal.



Level	Room and Board (Confinement)	Maximum Benefit Limit (Annually)
I - VI	Payward	30,000
VII - IX	Semi-Private	50,000
X and above	Regular Private A	100,000

**Note:** \*Integrated with Philhealth, SSS, EC Claims and other government benefits first then MBL will then apply.

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