

# Health Maintenance, Inc.

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Your Health Comes First





## HMI OFFICES

### MAIN OFFICE

**HMI Corporate Centre**  
1152 Chino Roces Ave.,  
San Antonio Village, 1203 Makati City  
Tel. 844-4510 | 811-1313

### CEBU BRANCH

**Mezzanine, Medalle Bldg.**  
Osmeña Boulevard, Cebu City  
Tel. No. (032) 234-5564 | (032) 412-7557

### ILOILO BRANCH

**2nd Floor Lifeline Laboratory**  
Lopez Jaena Street, Jaro, Iloilo City  
Tel. No. (033) 329-3455

### CALABARZON BUSINESS DEVELOPMENT UNIT

Cel. No. 0999 992 3740

### NORTH LUZON BUSINESS DEVELOPMENT UNIT

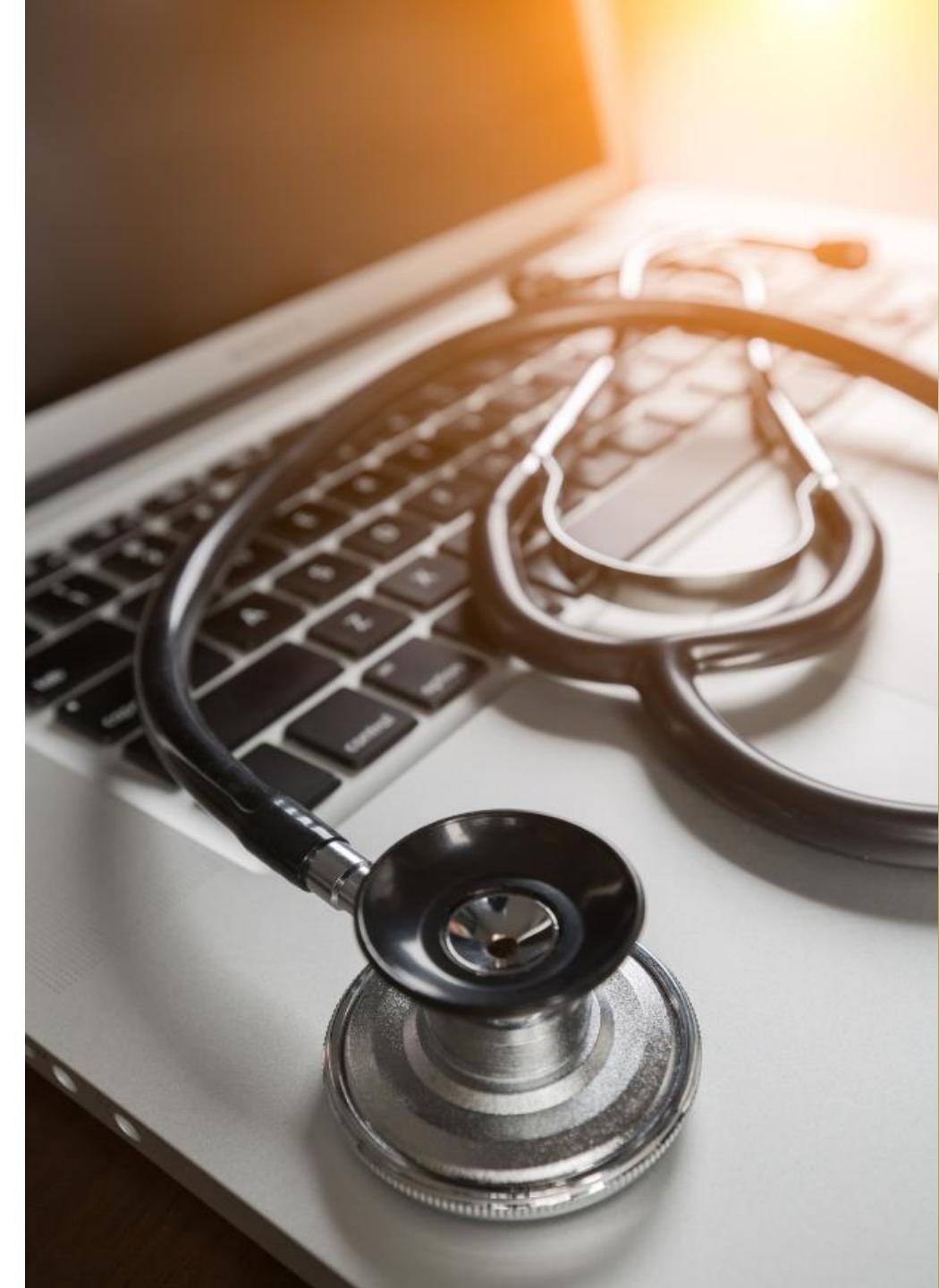
Cel. No. 0999 992 3750



Health Maintenance, Inc.

# Company Profile

- ◆ 100% Filipino owned
- ◆ The country's **FIRST** legally registered Filipino corporation organized to function as a Health Maintenance Organization (HMO).
- ◆ Incorporated in **1981** with its corporate name Health Maintenance Plan, Inc.
- ◆ **43 years** of delivering the best quality of healthcare services.
- ◆ A chartered member of the Association of HMO's in the Philippines, Inc. (**AHMOPI**)



Health Maintenance, Inc.  
The Philippines' First HMO



## Makati

2<sup>nd</sup> & 3<sup>rd</sup> Floor, HMI Corporate Centre  
1152 Chino Roces Ave.,  
San Antonio Village, Makati City  
Tel. Nos. 8811-1313 loc. 301 - 02

## Cavite

9179 Gen. E Aguinaldo Hi-way,  
Sampaloc I (Palapala) Dasmariñas City, Cavite  
Tel. Nos. (046) 423-4038



Health Maintenance, Inc.  
The Philippines' First HMO



## Extensive Network of Healthcare Partners

- ◆ With over **1,500** Accredited Medical Service Providers and Facilities (Hospitals and Clinics) Nationwide
- ◆ Over **25,000** Accredited Doctors
- ◆ In partnership with **Health Partners** in providing dental Benefits to every member all over the Philippines

# **24/7 Hotline and Call Center Department**

## **Trunkline Numbers:**

(02) 8865-3777  
(02) 8811-1313  
(02) 7752-0552  
(02) 8865-3700

## **Cavite Hotlines:**

(046) 683-6090  
(046) 683-6091  
(046) 686-2395  
(046) 686-2396

## **Toll Free:**

1-800-1888-6275

## **Mobile Numbers:**

(0917) 812-8806  
(0915) 411-0571  
(0999) 993-4890  
(0999) 993-4895  
(0917) 853-3705

## **GSM Trunkline Numbers:**

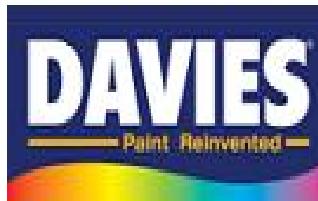
(0943) 136-5772  
(0943) 136-5773  
(0999) 756-8090  
(0927) 968-1152



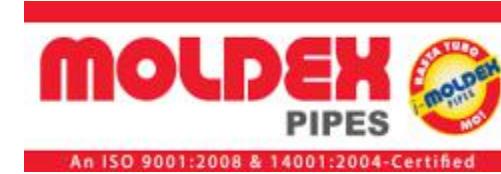
# PARTIAL LIST OF CORPORATE CLIENTS



**PHILTRUST BANK**  
PHILIPPINE TRUST COMPANY  
*91 Years of Service to the Nation*



**PETI TRADING INCORPORATED**



# PARTIAL LIST OF CORPORATE CLIENTS



# CALABARZON ACCOUNTS



**SMIC SENJU SOLDER (PHILS.) INC.**

**BRIDGESTONE**



**MAHLE**  
*Driven by performance.*

 **Santek®**

 **Mitsuwa Chemical Philippines, Inc.**



 **ISHIDA**

 **iSHIP** LOGIPACK INCORPORATED

 **CIRTEK**  
Electronics Corporation

# CALABARZON ACCOUNTS



**NAKASHIMA**  
*We Go Beyond*



**TO//S**



**HIBLOW**<sup>®</sup>



**Y** Imperial  
Tobacco  
Philippine Bobbin  
Corporation



**JAE**



**NANBU**



**H.R.D. Singapore Pte., Ltd.**

**HEALTHCARE BENEFITS FOR:**

**BANDAI WIREHARNESS**

**PHILIPPINES INC.**

# **WHO MAY BE ENROLLED?**



## **EMPLOYEES:**

All employees who are eighteen (18) years old but not more than sixty five (65) years old, are eligible for membership under the program.

## **DEPENDENTS:**

### **For a Single Employee**

- i. Parents first, not more than Sixty Five (65) years old who are still performing normal activities.
- ii. Brother/Sister, eldest sibling to the youngest between Fifteen (15) days old and not more than Twenty two (22) years old who are single.

### **For a Married Employee**

- i. Legal Spouse first, not more than Sixty Five (65) years old who are still performing normal activities.
- ii. Legitimate, legitimated, legally adopted Children, eldest to the youngest between Fifteen (15) days old and not more than Twenty two (22) years old who are single.

### **For a Single Parent Employee**

- i. Legitimate, legitimated, legally adopted Children, first, eldest to the youngest, between Fifteen (15) days old and not more than Twenty two (22) years old who are single. "OR"
- ii. Parents, not more than Sixty Five (65) years old who are still performing normal activities.

# **MASS ENROLLMENT PERIOD**



Eligible employees and dependents must be enrolled within Thirty (30) days from the effectivity date of the Contract, hereinafter called the mass enrollment period. After the Thirty (30) day mass enrollment period, HMI will not accept additional employees and dependents as members, unless they are any of the following:

- A. Newly hired and regularized employees;
- B. Eligible dependents of the newly hired and regularized employee; and,
- C. Newborn dependents at least 15 days old of employee-members.

# **PRE-EXISTING CONDITIONS**

## **A. EMPLOYEES**

HMI shall cover all pre-existing medical conditions of employee-members on the first year of membership except those medical conditions/services expressly classified by HMI as exclusions in the Service Agreement or elsewhere herein and those conditions for which corresponding waivers are issued, provided that the total employee population based on 280 employees are simultaneously enrolled, accepted and maintained within the contract period.

# **PRE-EXISTING CONDITIONS**

## **B. DEPENDENTS**

HMI shall cover all pre-existing medical conditions of dependent-members on the first year membership except those medical conditions/services expressly classified by HMI as exclusions in the Service Agreement or elsewhere herein and those conditions for which corresponding waivers are issued, provided that the number of enrolled dependents will be equivalent to a minimum number of population based on total number of employees, are simultaneously enrolled and accepted within the contract period.



# IN-PATIENT CARE

*"Medical services / procedures rendered to an HMI member who has been admitted to a hospital as a registered bed patient under the supervision/direction of an HMI PIC."*

# **24** -hours Room & Board Accommodation

In the event that there is no available room that is in accordance with the daily room and board limit of the enrolled patient-member, the patient-member can be billeted up to the next higher room category (except Suite Room), and HMI undertakes to shoulder the cost difference of the two (2) rooms including incremental charges, for the first Twenty Four (24) hrs provided that, the member secures a certification from hospital admitting section of the unavailability of a room corresponding to his/her program.



***NOTE: It applies only to cases ER leading to confinement.***

# IN-PATIENT CARE SERVICES

-  Use of operating/recovery rooms
-  Professional fees of accredited physicians
-  Medicines, whole blood and blood products, intravenous fluids
-  Laboratory examinations and diagnostic procedures
-  Dressings, casts and sutures
-  Standard Hospital **admission kit, weebag, ice cap** and all other items directly related to the medical management of the patient



# IN-PATIENT CARE IN AFFILIATED HOSPITALS



PROCEED TO YOUR CHOSEN  
OR DESIGNATED HMI  
AFFILIATED HOSPITAL



PRESENT YOUR **ACTIVE** HMI  
CARD AT THE HOSPITAL'S  
ADMITTING SECTION



CONFINEMENT TREATMENT  
(MUST BE UNDER THE CARE  
OF HMI PIC DOCTOR)



HOSPITAL WILL NOTIFY HMI  
HOD OF YOUR CONFINEMENT AT  
811-1313 AS SOON AS POSSIBLE  
OR WITHIN 24 HOURS OF  
ADMITTANCE



UPON **DISCHARGE**, ALL  
EXCESS HOSPITAL BILLS/  
CHARGES MUST BE SETTLED  
BY HMI MEMBER



BEFORE CHECK-OUT, **FILE** YOUR  
**PHIC** FORM AT THE HOSPITAL'S  
PHILHEALTH SECTION



HMI'S INPATIENT COOR/STAFF WILL VISIT/ CALL YOU WITHIN  
24HRS OF CONFINEMENT TO EXPLAIN THE DETAILS OF YOUR  
COVERAGE AND PHIC REQUIREMENTS. HE/SHE WILL ISSUE TO  
THE HOSPITAL HMI'S LOA FOR YOUR CONFINEMENT.

# IN-PATIENT CARE IN NON-ACCREDITED HOSPITALS

1



Pay all hospital charges

2



File claim for Reimbursement at HMI office within 30 days after discharge

FOLLOW-UP STATUS OF YOUR CLAIM FOR REIMBURSEMENT AT THE  
**REIMBURSEMENT DEPARTMENT: 811-1313 LOCAL 521 / 752-0552**

SUBMIT THE FOLLOWING WITHIN 30 DAYS AFTER DISCHARGE AT HMI OFFICE REIMBURSEMENT SECTION:

1. Official Receipts
2. Charge Slips
3. Itemized Statement of Account
4. Clinical Abstract

*ADDITIONAL REQUIREMENTS, if:*

✓ SURGICAL PROCEDURE:

1. Operative Report
2. Histopath Result

✓ MEDICO-LEGAL CASE:

1. Police Report or
2. Police Blotter
3. Valid Driver's License
4. License Official Receipt
5. Latest Vehicle's OR
6. Latest Vehicle's CR

# EMERGENCY CARE



Services for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. *Placing the patient's life/health in serious jeopardy;*
2. *Serious impairment to bodily functions;*
3. *Serious dysfunctions of any bodily organ or part.*

## EMERGENCY CARE



**AT ANY HMI AFFILIATED HOSPITAL** Emergency room care at HMI affiliated hospitals.



**AT A NON-AFFILIATED HOSPITAL** HMI will reimburse up to Eighty Percent (80%) of the total hospital bills, including professional fees, based on HMI standard rates. Total reimbursement should not exceed to Thirty Thousand Pesos (P30,000.00) per availment per member per year; subject to Maximum Benefit Limit .



# EMERGENCY CARE



**AREAS WITHOUT AFFILIATED HOSPITALS.** HMI will reimburse up to members' subscribed program's Maximum Benefit Limit / Annual Benefit Limit, expenses incurred as a result of such confinement based on what it would have cost HMI had the member been confined in an HMI Affiliated hospital, by an HMI Affiliated Physician.



**OUTSIDE THE PHILIPPINES.** If the emergency health care is administered in a medical facility outside the Philippines, HMI will reimburse Eighty percent (80%) of the total hospital bill, including professional fees based on HMI standard rate however, shall not exceed the Thirty Thousand Pesos (P 30,000.00) per availment per member per year; subject to Maximum Benefit Limit



# **EMERGENCY OUT-PATIENT VACCINES**

## **COVERAGE OF VACCINES**

Passive and active vaccines for treatment of tetanus and animal bites covered up to Maximum Benefit Limit.



# AMBULANCE CONDUCTION



HMI shall cover the cost of ambulance service, provided that the ambulance service is for the conduction of non - ambulatory patient in cases where such diagnostic facilities or services are not available in the hospital of confinement and requested by an HMI accredited Physician. Coverage is based on the following:

- **From an Accredited hospital to an Accredited hospital**
  - covered up to Maximum Benefit Limit (outright for hospitals with their own ambulance units)
- **From a Non-accredited hospital to an Accredited hospital**
  - covered up to P 5,000.00 / conduction (reimbursable)

# ER CARE at HMI AFFILIATED HOSPITALS

Proceed to the Hospital's Emergency Room (ER)

Receive Treatment  
at the Hospital's ER.

Present your HMI Card for  
verification purposes.  
No Card, No Service.

**If you do not need to be admitted:**  
Sign all ER Forms and Charge Slips  
after receiving your treatment.

**If you need to be Admitted:**  
Please See *In-patient Care*.

# ER CARE at NON-AFFILIATED HOSPITALS

Proceed to the Emergency Room (ER) of the non-affiliated hospital to receive treatment for your condition.

Immediately call the HMI Hospital Operations Department at (02) 752-0552 or 811-1313 loc 11.

Settle all Hospital Charges upon discharge, and secure all documents required to file your reimbursement claim, such as the original copy of your OR and others.

**You must file your Claim for Reimbursement within 30 days from your date of discharge from the hospital.**

# OUT-PATIENT CARE / SIMPLE CONSULTATIONS



*"Medical services / procedures rendered to a  
non-hospitalized patient under the direction of an  
HMI PIC/PCP."*

# OUTPATIENT CARE



**OPEN DOOR** consultations during regular clinic hours. Members may avail of out-patient consultation upon presentation of the HMI identification card at the HMICARE Medical Center, Makati City, or at any HMI Affiliated Medical Service Provider



Eye, ear, nose and throat care;



**OPEN DOOR** laboratory examinations and diagnostic procedures



**OPEN DOOR** treatment of minor emergency illness and injuries

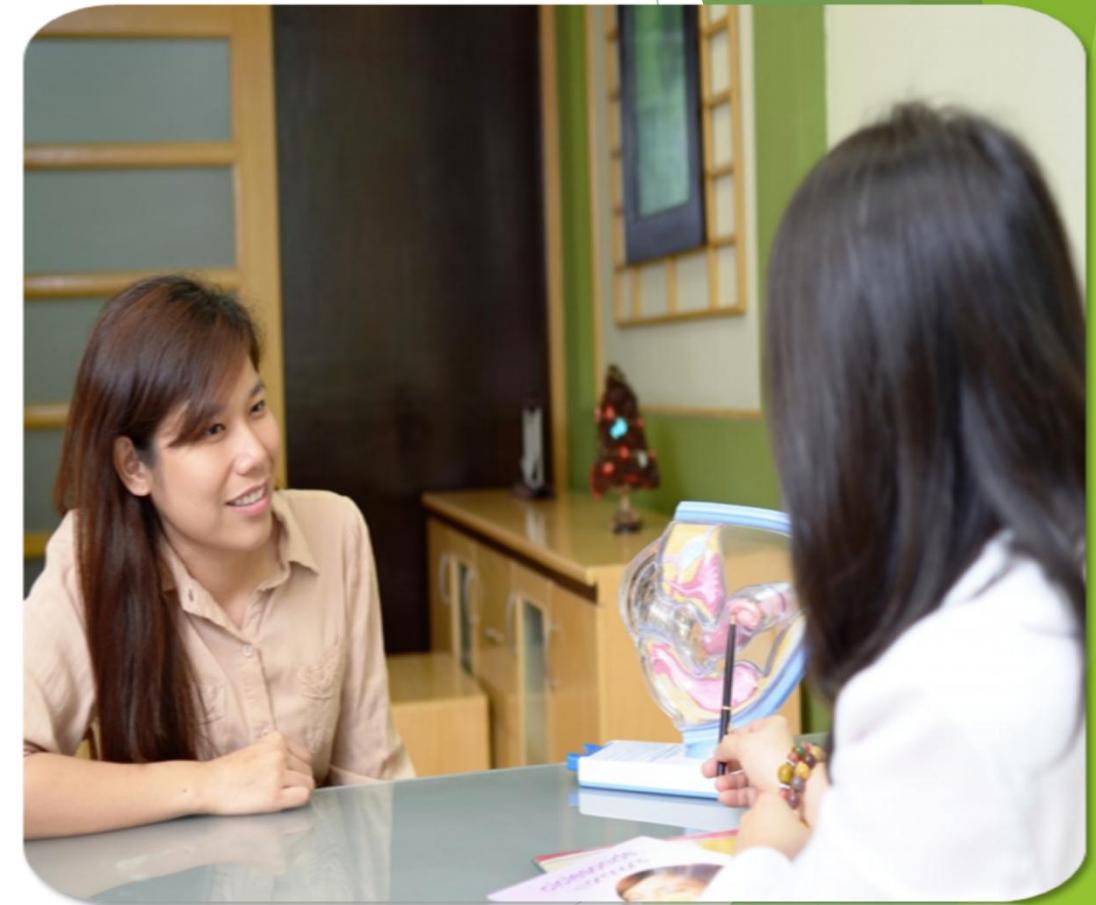


**OPEN DOOR** Pre-natal and post-natal consultations covered up to Maximum Benefit Limit for all female employee-members at the HMICare Clinic and Diagnostic Center, Makati City or at any HMI Affiliated MSU through an Affiliated OB-Gynecologist.



# PREVENTIVE HEALTH CARE

-  Immunization (excluding cost of vaccines and determination of susceptibility)
-  Consultation and advice on diets, exercises, and other healthful habits with HMI-Affiliated physicians
-  Periodic check-up
-  Counselling on family planning



# OUT PATIENT CARE BENEFITS

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Laser procedure of the Eyes (except for correction of EOR)	Subject to Maximum Benefit Limit
2.	Warts Removal from Neck down (Except for STD/Genital & cosmetic purposes; Reimbursement	P2,000 / Member / Year (@500/area)
3.	Sclerotherapy for varicose veins (except medicines and for cosmetic purposes)	P 5,000 / leg / Member / Year
4.	Allergy testing / allergy screening and the other related examinations	P 2,500 / Member / Year
5.	Speech Therapy for Stroke Patients only.	Subject to Maximum Benefit Limit
6.	Tuberculin Test	P 600 / Member / Year



# DIAGNOSTIC AND THERAPEUTIC PROCEDURES

# **OTHER MEDICAL SERVICES**

## **1. ROUTINE PROCEDURES (whether OP or IP)**

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Blood Chemistries	Subject to Maximum Benefit Limit
2.	Chest X-Ray	Subject to Maximum Benefit Limit
3.	Complete Blood Count (CBC)	Subject to Maximum Benefit Limit
4.	Fecalysis	Subject to Maximum Benefit Limit
5.	Urinalysis	Subject to Maximum Benefit Limit

# **OTHER MEDICAL SERVICES**

## **2. DIAGNOSTIC PROCEDURES (whether OP or IP)**

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	12-Lead Electrocardiogram (ECG)	Subject to Maximum Benefit Limit
2.	24-Hour Electroencephalogram (EEG) Monitoring	Subject to Maximum Benefit Limit
3.	24-Hour Holter Monitoring	Subject to Maximum Benefit Limit
4.	Adrenocortical Function (Plasma/Urinary Cortisol / Plasma Aldosterone, etc.)	Subject to Maximum Benefit Limit
5.	Anti-Nuclear Anti-Body (ANA), C-Reactive Protein, Lupus Cell Examination	Subject to Maximum Benefit Limit
6.	Arterial Blood Gas	Subject to Maximum Benefit Limit
7.	Arthroscopic Procedures, Orthopedic Arthroscopy	Subject to Maximum Benefit Limit
8.	Audiograms and Tympanograms	Subject to Maximum Benefit Limit
9.	Bone Densitometry Scan (Dexascan)	Subject to Maximum Benefit Limit
10.	Bone Mineral Density Studies	Subject to Maximum Benefit Limit
11.	Cardiac Stress Test (Thallium & Dipyridamole Stress test)	Subject to Maximum Benefit Limit

# OTHER MEDICAL SERVICES

12.	Computed Tomography (CT) Scan	Subject to Maximum Benefit Limit
13.	Diagnostic Radiographs:	
	A. Biliary Tract: Cholecystogram and Cholangiogram	Subject to Maximum Benefit Limit
	B. Chest, ribs, sternum and clavicle	Subject to Maximum Benefit Limit
	C. Digestive: Plain film of the abdomen, Barium Enema, Upper Gastrointestinal (GI) Series, Lower IG Series, Small Bowel Series	Subject to Maximum Benefit Limit
	D. Face (including sinuses), Head, and Neck	Subject to Maximum Benefit Limit
	E. Urinary: Kidney, Ureter and Bladder (KUB) Pyelograms and Cystogram	Subject to Maximum Benefit Limit
	F. X-Ray of the extremities and pelvis	Subject to Maximum Benefit Limit
	G. X-Ray of the Spine (cervical, thoracic, lumbo-sacral)	Subject to Maximum Benefit Limit
14.	Diagnostic Ultrasounds:	
	A. 2D-Echo with Doppler	Subject to Maximum Benefit Limit
	B. Abdomen	Subject to Maximum Benefit Limit
	C. Duplex Scan	Subject to Maximum Benefit Limit
	D. Digestive and Urinary Systems	Subject to Maximum Benefit Limit
	E. Ultrasounds of the Lungs	Subject to Maximum Benefit Limit



# OTHER MEDICAL SERVICES

15.	Electroencephalogram (EEG) Monitoring	Subject to Maximum Benefit Limit
16.	Electromyelography with Nerve Conduction Velocity Studies	Subject to Maximum Benefit Limit
17.	Endoscopic procedure	Subject to Maximum Benefit Limit
18.	Fluorescein Angiography	Subject to Maximum Benefit Limit
19.	Impedance Plethysmography	Subject to Maximum Benefit Limit
20.	Magnetic Resonance Angiography (MRA)	Subject to Maximum Benefit Limit
21.	Magnetic Resonance Imaging (MRI)	Subject to Maximum Benefit Limit
22.	Mammography and Sonomammogram	Subject to Maximum Benefit Limit
23.	Myelogram	Subject to Maximum Benefit Limit
24.	Conventional Nuclear/Radioactive Isotope Scan	Subject to Maximum Benefit Limit
25.	Pap's Smear	Subject to Maximum Benefit Limit
26.	Perfusion Scan (e.g. Pulmonary Perfusion Scan)	Subject to Maximum Benefit Limit
27.	Polysomnograms (Sleep Recording)	Subject to Maximum Benefit Limit
28.	Pulmonary Function Test	Subject to Maximum Benefit Limit

# **OTHER MEDICAL SERVICES**

29.	Radioisotope Scans and Function Studies:	
	A. Cardiac	Subject to Maximum Benefit Limit
	B. Gastrointestinal	Subject to Maximum Benefit Limit
	C. Liver	Subject to Maximum Benefit Limit
	D. Parathyroid Bone, Pulmonary (Perfusion / Ventilation Lung Scans)	Subject to Maximum Benefit Limit
	E. Renal	Subject to Maximum Benefit Limit
	F. Thyroid Scans	Subject to Maximum Benefit Limit
	G. Total body Scan	Subject to Maximum Benefit Limit
30.	Radionuclide Ventriculography	Subject to Maximum Benefit Limit
31.	Surface Electromyography (SEMG)	Subject to Maximum Benefit Limit
32.	Thallium Scintigraphy	Subject to Maximum Benefit Limit
33.	Treadmill Stress Test	Subject to Maximum Benefit Limit
34.	M-Mode Echocardiogram	Subject to Maximum Benefit Limit
35.	Video Gastroscopy	Subject to Maximum Benefit Limit

# OTHER MEDICAL SERVICES

## 3. THERAPEUTIC PROCEDURES

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Anti-neoplastic Chemotherapy (Intravenous)	Subject to Maximum Benefit Limit
2.	Arthrocentesis	6 Sessions / Year; subject to Maximum Benefit Limit
3.	Continuous Positive Airway Pressure (CPAP) titration for sleep study	P 60,000 / Member / Year
4.	Dialysis	Subject to Maximum Benefit Limit
5.	Oral Chemotherapy	P 60,000 / Member / Year
6.	Physical therapy / Occupational therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like	12 Sessions / Year; subject to Maximum Benefit Limit

# **OTHER MEDICAL SERVICES**

7.	Therapeutic Radiology/Radiotherapy:	
	A. Cobalt	Subject to Maximum Benefit Limit
	B. Radioactive Iodine	Subject to Maximum Benefit Limit
	C. Radioactive Cesium	Subject to Maximum Benefit Limit
	D. Linear Accelerator	Subject to Maximum Benefit Limit
	E. Brachytherapy	Subject to Maximum Benefit Limit
8.	Thoracentesis	Subject to Maximum Benefit Limit
9.	Phototherapy	Subject to Maximum Benefit Limit
10.	Cataract Surgery (except cost of lens)	P 25,000 / Member / Year

# OTHER MEDICAL SERVICES

## 4. ADDITIONAL PROCEDURES AND MODALITIES (shared limit for OP and IP; Professional Fees, Hospital Bills and other incidental expenses relative to the procedure shall form part of the limit)

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Angiography (Gastrointestinal, brain and peripheral vascular)	Subject to Maximum Benefit Limit
2.	Coronary Angiogram and/or Angioplasty / Coronary Artery Bypass Graft	Subject to Maximum Benefit Limit
3.	Cryosurgery	Subject to Maximum Benefit Limit
4.	Gamma Knife Surgery	Subject to Maximum Benefit Limit
5.	Hysteroscopic Myoma Resection	Subject to Maximum Benefit Limit
6.	Hysteroscopically-guided D&C	Subject to Maximum Benefit Limit
7.	Laparoscopic Procedure	Subject to Maximum Benefit Limit
8.	Lithotripsy	Subject to Maximum Benefit Limit
9.	Percutaneous Ultrasonic Nephrolithotomy	Subject to Maximum Benefit Limit
10.	Stereotactic Brain Biopsy	Subject to Maximum Benefit Limit

# OTHER MEDICAL SERVICES

11.	Conventional Hemorrhoidectomy	Subject to Maximum Benefit Limit
12.	Scalpel Hemorrhoidectomy	Subject to Maximum Benefit Limit
13.	Stapled Hemorrhoidectomy	Subject to Maximum Benefit Limit
14.	Mammotome / Vaccum Assisted Breast Biopsy	Subject to Maximum Benefit Limit
15.	4D Ultrasound (except maternity related cases)	Subject to Maximum Benefit Limit
16.	Esophageal Manometry	Subject to Maximum Benefit Limit
17.	Intensified Modulated Radiotherapy	Subject to Maximum Benefit Limit
18.	Botox which is not cosmetic in nature nor beautification purposes	Subject to Maximum Benefit Limit
19.	Positron Emission Tomography (PET) Scan	Subject to Maximum Benefit Limit
20.	CT Pulmonary Angiography	Subject to Maximum Benefit Limit
21.	Photodynamic Therapy	Subject to Maximum Benefit Limit
22.	Other medically necessary modalities not mentioned above and those for which there are no comparable, conventional or traditional counterparts.	P 5,000 / Procedure / Member / Year; subject to Maximum Benefit Limit
23.	Trans-urethral Microwave Therapy (TUMT) of Prostate	P 25,000 / Member / Year

# OTHER MEDICAL SERVICES

## Additional Benefits

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Motor Vehicular Accidents including Medical expenses in accidents involving Motorcycle/Tricycle where no third party is involved and not due to member's fault (Reimbursement; Subject to Police Report)	Subject to Maximum Benefit Limit
2.	Unprovoked Assault, including domestic violence whether initiated by the Member or by a known or unknown third party.(Reimbursement; Subject to Police Report)	Subject to Maximum Benefit Limit
3.	Scoliosis including necessary procedure, except physical therapy sessions, whether congenital, pre-existing, developmental or acquired. Note: Physical Therapy sessions shall form part of the Physical Therapy / Occupational Therapy limits.	P 60,000 / Member / Year

# OTHER MEDICAL SERVICES

4.	Congenital conditions except physical therapy sessions and developmental disorders. Note: Physical Therapy sessions shall form part of the Physical Therapy / Occupational Therapy limits.	Subject to Maximum Benefit Limit
5.	Hernia (Acquired or Congenital)	Subject to Maximum Benefit Limit
6.	Chronic Dermatoses (Consultations Only)	Subject to Maximum Benefit Limit
7.	Scabies (Consultations and treatments)	Subject to Maximum Benefit Limit
8.	Valvular heart disease (congenital and/or acquired) including Cardiomyopathies Chronic Glomerulonephritis, previous craniotomy sequelae / hearing impairment / Neurologic disease and Spinal Stenosis (if pre-existing) Poliomyelitis / Slipped Disc (if pre-existing) and Guillain-Barre Syndrome, Diabetes and its complications (if pre-existing), Complicated Hypertension (e.g. those with history of stroke, myocardial ischemia or infarction and poor kidney function), and all malignant tumors (if pre-existing)	Covered up to Maximum Benefit Limit (if acquired) and subject to Pre-existing provision (if Pre-existing)



# OTHER MEDICAL SERVICES

9.	Hepatitis B (except Vaccines and Screening)	Subject to Maximum Benefit Limit
10.	Work Related Conditions (for Employees only)	Subject to Maximum Benefit Limit
11.	Medico Legal Case (Reimbursement; Subject to Police Report)	P 10,000 / Member / Year
12.	Other Modalities	Subject to Maximum Benefit Limit
	1. Acoustic Radiation Force	Subject to Maximum Benefit Limit
	2. Anchored Periplasmic Expression (APEx)-2 Hyrbid	Subject to Maximum Benefit Limit
	3. Antivascular Endothelial Growth Factor (VEGF) drugs (Avastin, Lucentis, Macugen) for Retinopathy, Macular Degeneration and other Optha indications	Subject to Maximum Benefit Limit
	4. BCR-ABL by Quantitative Real-time Polymerase Chain Reaction (QRT-PCR, RT-PCR)	Subject to Maximum Benefit Limit
	5. Beta Globin/ Globulin Genotyping	Subject to Maximum Benefit Limit
	6. Capsule Endoscopy	Subject to Maximum Benefit Limit



# OTHER MEDICAL SERVICES

7. Coblation Procedures	Subject to Maximum Benefit Limit
8. Continuous Renal Replacement Therapy (CRRT)	Subject to Maximum Benefit Limit
9. Contrast Enhanced Ultrasound	Subject to Maximum Benefit Limit
10. Contrast Enhanced Fluorodeoxyglucose FDG PET Scan	Subject to Maximum Benefit Limit
11. Ductoscopy (Breast)	Subject to Maximum Benefit Limit
12. Duolink In-Situ Fluorescence Hybridization (DISH)	Subject to Maximum Benefit Limit
13. Endoscopic Ultrasound	Subject to Maximum Benefit Limit
14. Endovenous Laser Treatment	Subject to Maximum Benefit Limit
15. Enhanced Fluorescent Protein Voltage Sensor (VPSP2.1)	Subject to Maximum Benefit Limit
16. Enhanced Luciferase Complementation	Subject to Maximum Benefit Limit

# OTHER MEDICAL SERVICES

17. Enzymed-linked Immunosorbent Spot (ELLISPOT) Assay	Subject to Maximum Benefit Limit
18. Epidermal Growth Factor Receptor (EGFR) Mutation Assay / Test	Subject to Maximum Benefit Limit
19. ESAT-6 and CFP-10 Antigens	Subject to Maximum Benefit Limit
20. Fluorescence In-Situ Hybridization (FISH)	Subject to Maximum Benefit Limit
21. Gastric Electrical Stimulation Technology	Subject to Maximum Benefit Limit
22. Image-guided Surgery / Radiotherapy	Subject to Maximum Benefit Limit
23. Infrared Coagulation Hemorrhoidectomy	Subject to Maximum Benefit Limit
24. Infrared Thermography	Subject to Maximum Benefit Limit
25. Intravenous Ultrasound	Subject to Maximum Benefit Limit
26. JAK-2 Mutation	Subject to Maximum Benefit Limit
27. Karyotyping	Subject to Maximum Benefit Limit
28. KRAS Testing	Subject to Maximum Benefit Limit
29. Magnetic Resonance Spectroscopy	Subject to Maximum Benefit Limit

# OTHER MEDICAL SERVICES

	30. Monoclonal Antibody Therapy for Autoimmune conditions and Rheumatological Diseases (Note: Certain Monoclonal Antibodies have immunosuppressive properties and this led to their therapeutic application (monoclonal antibody therapy) in autoimmune cond	Subject to Maximum Benefit Limit
	31. Multiphoton imaging	Subject to Maximum Benefit Limit
	32. Multislice / multidetector/ spiral / multirow CT	Subject to Maximum Benefit Limit
	33. Neutral Commet Assay	Subject to Maximum Benefit Limit
	34. Optical Glutamate Sensor	Subject to Maximum Benefit Limit
	35. Parkinsons Profile	Subject to Maximum Benefit Limit
	36. Percutaneous Discectomy CT Guided Intradiscal Electrothermal Ablation Technic (IDET)	Subject to Maximum Benefit Limit
	37. Peritonial Dialysis Adequacy Test	Subject to Maximum Benefit Limit
	38. Peritoneal Equilibrium Test	Subject to Maximum Benefit Limit
	39. phaA and phaB genes test	Subject to Maximum Benefit Limit
	40. Pharmacoscintigraphy	Subject to Maximum Benefit Limit

# OTHER MEDICAL SERVICES

41. Philadelphia chromosome	Subject to Maximum Benefit Limit
42. Photodynamic Glutamate Sensor	Subject to Maximum Benefit Limit
43. Platelet Aggregation Test	Subject to Maximum Benefit Limit
44. Polymerase Chain Reaction (PCR) for katG and rpoB	Subject to Maximum Benefit Limit
45. Polymerase Chain Reaction Single Strand Confirmation Polymorphism (PCR-SCCP)	Subject to Maximum Benefit Limit
46. QuantiFERON Tuberculosis (QFTB)	Subject to Maximum Benefit Limit
47. Radiofrequency Ablation (RFA) and other RF procedure	Subject to Maximum Benefit Limit
48. Renal Denervation	Subject to Maximum Benefit Limit
<b>49. Reverse Transcription Polymerase Chain Reaction (RT-PCR)</b>	Subject to Maximum Benefit Limit
50. Robotic Surgery / Robotically assisted Surgery	Subject to Maximum Benefit Limit

# OTHER MEDICAL SERVICES

51.	Single Incision Laparoscopy Surgery (SILS)	Subject to Maximum Benefit Limit
52.	Spinal Angiogram	Subject to Maximum Benefit Limit
53.	Stereotactic Breast Biopsy	Subject to Maximum Benefit Limit
54.	Stereotactic Radiation Therapy/ Stereotactic Radiosurgery	Subject to Maximum Benefit Limit
55.	Supramagnetic Ion Oxide (SPIO)- enhanced MRI	Subject to Maximum Benefit Limit
56.	Transarterial Hemorrhoidal Dearterialization (THD)	Subject to Maximum Benefit Limit
57.	Terahertz Imaging	Subject to Maximum Benefit Limit
58.	Three-Dimensional Conformal Radiotherapy (3DCRT)	Subject to Maximum Benefit Limit
59.	Thyroplasty	Subject to Maximum Benefit Limit
61.	Tractography	Subject to Maximum Benefit Limit
62.	Ultrafast Electron Beam Computed Tomography	Subject to Maximum Benefit Limit
63.	Ultroid Hemorrhoid Management	Subject to Maximum Benefit Limit
64.	Vulcan EAS (Electro Thermal Arthroscopy System)	Subject to Maximum Benefit Limit
65.	Vulcan EAS (Electro Thermal Arthroscopy System)	Subject to Maximum Benefit Limit
66.	Alpha Globin / Globulin Genotyping	Subject to Maximum Benefit Limit

# **ADDITIONAL BENEFITS**

- ANNUAL CHECK-UP (ACU)
- MOBILE ACU
- DENTAL CARE
- PRE EMPLOYMENT PACKAGE
- LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT
- MATERNITY BENEFITS



**YOUR  
HEALTH  
COMES FIRST**

# ANNUAL CHECK-UP (ACU)

- A. Taking of medical history
- B. Physical Examination
- C. Chest X-ray
- D. Complete Blood Count (CBC)
- E. Routine Urinalysis
- F. Routine Fecalysis
- G. Electrocardiogram (ECG) for members thirty-five (35) years old and above or as indicated
- H. Pap Smear for female members thirty-five (35) years old and above or as indicated



***NOTE: To be done at the HMI Care Clinic and Diagnostic Center, Makati City and available after one (1) year of continuous membership or on the first day of membership if the full annual membership is paid for the members***

# MOBILE ACU

APE can also be availed of through the service of a Mobile Clinic provided that a minimum of One Hundred (100) employee-members on site will avail of said service on schedule date. The Mobile Clinic APE consists of the following:

- A. Taking of medical history
- B. Physical Examination
- C. Chest X-ray
- D. Complete Blood Count (CBC)
- E. Routine Urinalysis
- F. Routine Fecalysis
- G. Electrocardiogram (ECG) for members thirty-five (35) years old and above or as indicated
- H. Pap Smear for female members thirty-five (35) years old and above or as indicated



# DENTAL CARE

1. Dental Provider	Health Partners
2. Annual Dental Examination and consultation	Covered
3. Emergency out-patient dental treatment - to be availed at affiliated clinics only	Covered
4. Oral Prophylaxis	Twice a year
5. Simple tooth extraction	Covered
6. Restorative and prosthodontic treatment planning	Covered
7. Temporary fillings	Covered
8. Desensitization of hypersensitive teeth	Two (2) teeth
9. Simple adjustment and repair of dentures	Covered
10. Re-cementation of loose crowns, bridges, inlay and onlays	Covered

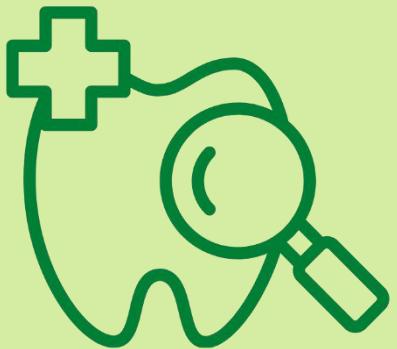


11. Dental nutrition and dietary counseling	Covered
12. Dental health education	Covered
13. Permanent fillings	Two (2) teeth
14. Palliative treatment for simple mouth sores and blisters	Covered
15. Open incision and drainage (intraoral)	Covered
16. Pre-natal check of teeth and gums	Covered
17. Temporo Mandibular Joint Consultations (initial consult only, referral to specialist not covered)	Covered
18. Gum treatment for cases like inflammation or bleeding	Covered



# DENTAL CARE AVAILMENT PROCEDURE

1



Check the list of accredited dentist / clinic of Dental Network or Health Partner  
Or call their hotline indicated on your HMI card.

2



Call the dental provider or the preferred dentist to confirm schedule or inquire if walk-in patients are accommodated.

3



Proceed to the dental clinic on your scheduled availment and present your HMI card for validation.

4



Avail your dental care benefit.

# **LIFE INSURANCE / ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COVERAGE**

Fifty Thousand pesos  
(P 50,000.00) Life Insurance for death  
due to natural causes and additional  
Fifty Thousand pesos  
(P 50,000.00) AD&D Coverage.



# **FINANCIAL ASSISTANCE / ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COVERAGE**

<b>Loss</b>	<b>Percentage of Amount of Financial Assistance</b>
1) For Loss of life	100%
2) For Loss of Both Hands or Both Feet or Sight of Both Eyes	100%
3) Loss of Hearing of Both Ears	100%
4) Loss of One Hand and One Foot	100%
5) Loss of Speech	100%
6) Loss of Either Hand or Foot and Sight of One Eye	100%
7) Permanent Total Disability	100%
8) Loss of Either Hand or Foot or Sight of One Eye	50%
9) Loss of Four (4) Fingers of One Hand	50%
10) Loss of One Foot Above The Ankle	50%
11) Loss of Thumb and Index Finger of Either Hand	25%
12) Loss of Any Two (2) Fingers of Either Hand	25%
13) Loss of All Toes of One Foot	25%
14) Loss of Big Toe	5%





**With every member's needs and  
convenience in mind,  
we bring forward these virtual solutions to  
further our health care services.**

# HMI MEMBER'S PORTAL

Experience the ease of online access to all your healthcare & membership needs.

**MEMBERSHIP INFORMATION**

**MEMBER'S UTILIZATION**

**LISTS OF AFFILIATED FACILITIES & DOCTORS**

**FREQUENTLY ASKED QUESTIONS**



**MEMBERSHIP GUIDELINES**

- Definition of Terms
- Benefits & Services
- Availment Procedures
- Membership Payment/PhilHealth
- Claims & Reimbursement Information
- Exclusions

**HOW TO GET ACCESS:**

- Register and fill-up the required information.
- Click the verification link received by your email.
- Sign in and start exploring your access.

**BE UPDATED WITH OUR LATEST NEWS AND ADVISORIES**

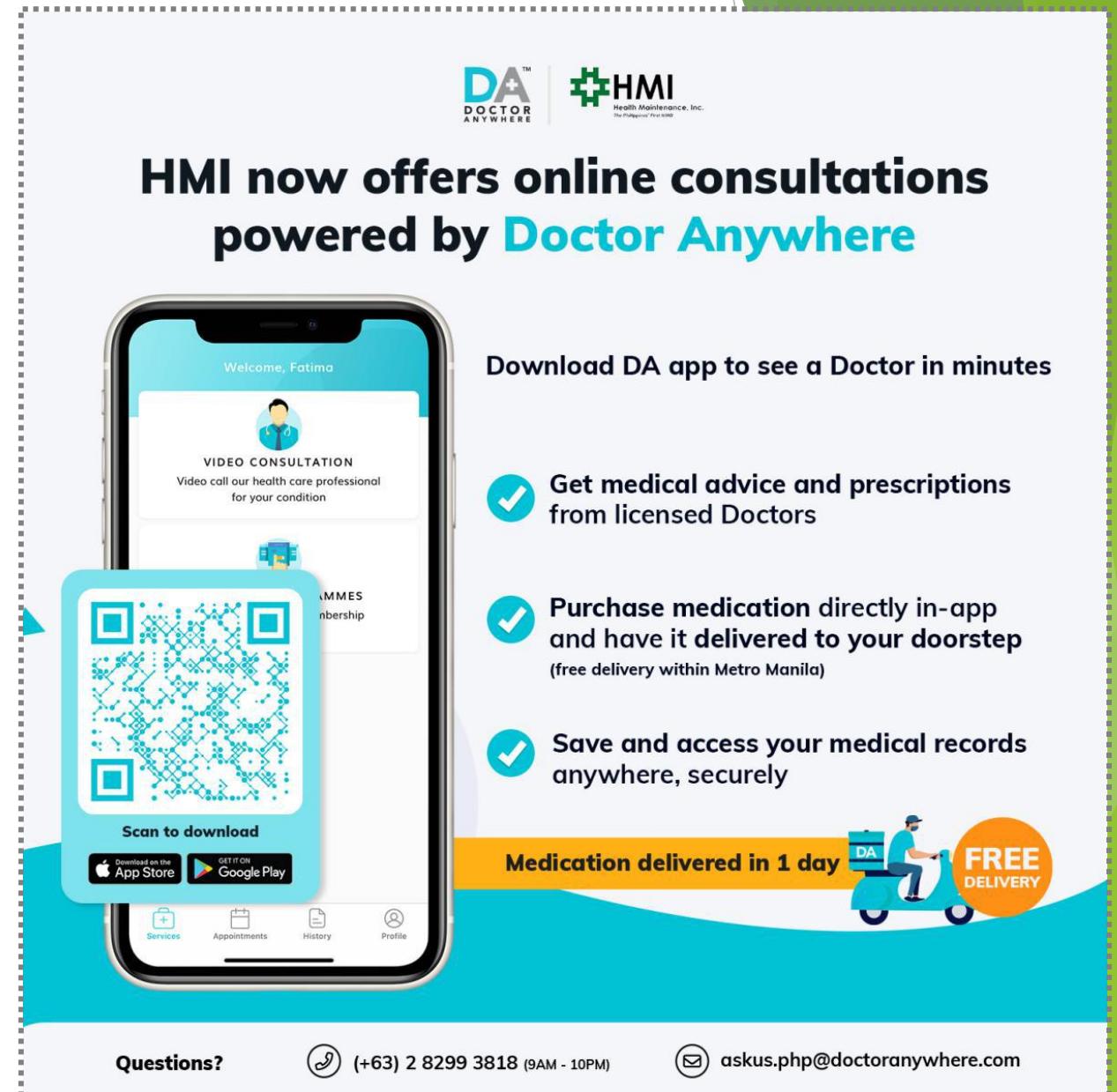
 <https://www.hmi.com.ph/>

 <https://www.facebook.com/hmi.com.ph/>

 <https://www.linkedin.com/company/health-maintenance-incorporated>



HMI has now partnered with **Doctor Anywhere**, the virtual clinic mobile app that provides consultations, delivery of prescribed medicines (available in selected areas only, and with select modes of payment), and in-app E-medical documents.



The advertisement features the HMI and Doctor Anywhere logos at the top. A central smartphone displays the Doctor Anywhere app's home screen, which includes a QR code for download, links to the App Store and Google Play, and navigation icons for Services, Appointments, History, and Profile. The text "Welcome, Fatima" and "VIDEO CONSULTATION" are visible on the app's interface. Below the phone, a large blue arrow points from the text "Scan to download" towards the QR code. To the right of the phone, the text "HMI now offers online consultations powered by Doctor Anywhere" is displayed in bold black and blue font. A call-to-action "Download DA app to see a Doctor in minutes" is followed by three bulleted benefits: "Get medical advice and prescriptions from licensed Doctors", "Purchase medication directly in-app and have it delivered to your doorstep (free delivery within Metro Manila)", and "Save and access your medical records anywhere, securely". At the bottom, a yellow banner states "Medication delivered in 1 day" and shows an illustration of a delivery person on a scooter with a "FREE DELIVERY" badge. Contact information at the bottom includes a phone number (+63) 2 8299 3818, an email address askus.php@doctoranywhere.com, and a "Questions?" icon.

**DA**<sup>TM</sup>  
DOCTOR  
ANYWHERE

**HMI**  
Health Maintenance, Inc.  
The Philippines' First HMO

**HMI now offers online consultations  
powered by Doctor Anywhere**

Download DA app to see a Doctor in minutes

- Get medical advice and prescriptions from licensed Doctors
- Purchase medication directly in-app and have it delivered to your doorstep (free delivery within Metro Manila)
- Save and access your medical records anywhere, securely

Medication delivered in 1 day

Questions? (+63) 2 8299 3818 (9AM - 10PM)

askus.php@doctoranywhere.com



Health Maintenance, Inc.

# ONLINE CONSULTATIONS

We have now partnered with these medical providers for virtual consultations. HMI members can connect with one of the following HMI-affiliated facilities thru our Hospital Operations department:



**THE MEDICAL CITY**  
Where Patients are Partners



**HEALTHHUB**



MAKATI MEDICAL CENTER

EMAIL THE FOLLOWING TO  
[medical@hmi.com.ph](mailto:medical@hmi.com.ph)

- Name of Member
- HMI ID Number
- Member's Contact Number
- Scanned copy of HMI Card and Valid ID
- Scanned copy of Doctor's request slip indicating the diagnosis and procedure/s to be done
- Name of Requesting Doctor
- Name of Hospital / Clinic where procedure will be done



## ONLINE APPROVAL

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HMI members can conveniently secure **Out-Patient Approvals (OPAN)** for consultations, laboratory and other diagnostic tests or **Letter of Authorization (LOA)** for Out-Patient medical / surgical procedures by sending an email to our Hospital Operations department.

# Membership Privileges



Just by presenting their **HMI Card**,  
HMI members may avail of discounts to  
different services from our partner store!





+++ Tie-up with



1. Vision screening / visual acuity
2. Eye refraction with the use of the computerized autorefractometer
3. Complete and thorough eye refraction
4. Maintenance and adjustment of eyeglasses to maintain comfortable use
5. Provision of spare parts such as ordinary screw and nose pads
6. Provision of eyeglass wiper
7. Contact lens thermal disinfecting during warranty period.

The following privileges shall also be extended to HMI members:

- 20% discount on regular items
- Additional 10% discount on sale items
- 8. - 10% discount on consigned items, except Oakley
- Free examinations and consultations
- Free services such as eyeglass repairs, contact lens cleaning, eyeglass cleaning and eyeglass soldering



Tie-up  
with



**vision express**

- FREE award-winning 7-step eye exam
- BUY 1 GET 1 FREE (BOGO) eyewear
- 15% discount on ALL regular items on a single purchase of frames and sunglasses
- 15% discount on Shamir and Tokai Lens
- 10% discount on Bausch & Lomb contact lenses
- 15% off on prepacked Tony Morgan London PC Glasses
- "VISION EXPRESS HMO DEAL" - Complete package for P 990,

# HMI SWIPE CARD



- One-swipe Verification
- Redesigned for your convenience
- Powered by Veridata Networks

NOW  
ABLE!

# Thank You & Best of Health, Always!

For more information, you may visit our website and like our Facebook page:

- + [www.hmi.com.ph](http://www.hmi.com.ph)
- + [www.facebook.com/hmi.com.ph](http://www.facebook.com/hmi.com.ph)

