



The ABC Company, Inc.

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is a **fixed benefit** HMO program designed for micro, small, and medium enterprises with a *minimum of 10 up to 99 employees.*

A General Guidelines

1. The fit program and its rates are only applicable for corporate clients under eligible industries. Below are the list of the ineligible industries:

- ▶ Groups where other than a single employer-employee relationship exists
- ▶ Groups which involve special hazards
- ▶ Groups which include more than 10% of the group residing outside the Philippines
- ▶ Political Groups
- ▶ Nuclear/Chemical/Natural Gas plants
- ▶ Group of Firemen (Note: Minimum of 500 lives)
- ▶ Manufacturers of Ammunition or explosives
- ▶ Full Time Athletes
- ▶ Drillers (oil/water/gas)
- ▶ Private households
- ▶ Media (Newspaper, TV & Radio Broadcast)
- ▶ Law Firm
- ▶ Construction Companies (except for office-based employees)
- ▶ Oil Production
- ▶ Underground Mine workers & workers using explosives
- ▶ Logging/Forestry
- ▶ Schools (except for training and review centers, pre-schools etc.)
- ▶ Government Agencies
- ▶ NGO (except for members who are directly employed by the organization)
- ▶ Cooperatives (except for members who are directly employed by the organization)
- ▶ Religious Sector
- ▶ GOCC

2. FIT can be offered outright to 10 – 99 principals (this would include sole proprietors, small enterprise business owners, family owned business proprietors, start-up business owners and franchise owners with company papers). Any headcount over or under the required population of FIT shall be subject to a Customized Program.

Based on population, these are the following PEC limits:

10 – 19 Principals – up to Php 10,000 per illness/member on the first year.

20 – 99 Principals – up to Maximum Benefit Limit per illness/member

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A General Guidelines

3. The program has four (4) plan types:

- ▶ **Plan ELITE:** Hospital-Based (With Access to All Major Hospitals)
 - In-Patient and Out-Patient Care can be availed in all Intellicare-accredited hospitals (including major hospitals) and clinics.
- ▶ **Plan PRO:** Hospital-Based (Without Access to All Major Hospitals)
 - In-Patient Care and Out-Patient can be availed in all Intellicare-accredited hospitals (excluding major hospitals) and clinics.
- ▶ **Plan LITE:** Clinic-Based (With Access to All Major Hospitals)
 - In-Patient Care can only be availed in all Intellicare-accredited hospitals including all major hospitals; Out-Patient Care availments in all Intellicare-accredited clinics only
- ▶ **Plan ESSENTIAL:** Clinic-Based (Without Access to All Major Hospitals)
 - In-Patient Care can only be availed in all Intellicare-accredited hospitals excluding all major hospitals; Out-Patient Care availments in all Intellicare-accredited clinics only

4. Mode of payment is Annual, Semi-Annual, and Quarterly only.

5. Access to Healthway Clinic Network available via separate rider fee.

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B Schedule of Benefits

Annual Physical Examination *Principal Members Only*

Can be availed for a minimum of 6 months of continuous coverage at Aventus Clinics only.

- Complete Blood Count
- Physical Examination
- Urinalysis
- Fecalalysis
- Chest X-ray
- Electrocardiogram
(members 35 years old and above)
- Pap Smear
(members 35 years old & above)

Preventive Care

- Periodic medical check-up
- Management of health problems
- Routine immunization except cost of vaccines
- Wellness programs
(Covered up to four [4] sessions per year)

Out-patient Care

- Medical consultation during regular clinic hours
- Emergency room care
- Referral to accredited specialists
- Eye, Ear, Nose, and Throat (EENT) consultation
- Treatment of minor injuries and/or illnesses
- Laboratory tests, x-rays, and other diagnostic exams
- Minor surgery not requiring confinement
- Speech and Physical Therapy
Covered up to 12 sessions per year
- Pre-natal and post-natal consultations
Covered up to 14 sessions per year

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B Schedule of Benefits

Optional Rider: Pre-employment Examination

Note: PPE shall not be considered as the Annual Physical Examination (APE) of the applicant upon inclusion. Thus, member can still avail of the APE within the contract period..

- Complete blood count
- Physical Examination
- Urinalysis
- Fecalysis
- Chest X-ray

OPTION 1: Pre-employment examination (PPE) which includes Physical Examination, Complete Blood Count, Urinalysis, Fecalysis and Chest x-ray shall be covered to be done at any Aventus Clinic. Actual cost of the PPE shall be paid by the applicant upon availment.

OPTION 2: Pre-employment examination (PPE) which includes Physical examination, CBC, Urinalysis, Fecalysis and Chest x-ray (performed at any Aventus Clinic) shall be covered through bill-back arrangement. Initially, INTELLICARE will shoulder the cost of PPE and bill the Client the actual cost with fifteen percent (15%) administrative fee, subject to twelve percent (12%) VAT within seven (7) days upon availment.

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B Schedule of Benefits

Room and Board Accommodation

- **Involuntary Room Upgrading** - Member will be charged with the room and board difference only if he has to occupy a room one category higher than what he is entitled to because of non-availability of the category room. (except suite room) Member should transfer to their category room should it become available.
- **Voluntary Room Upgrading** - Member will be charged with the room & board including the incremental cost if he chooses and occupies a room one category higher than what they are entitled to.

Emergency Care

▪ IN ACCREDITED HOSPITALS

- Doctor's services
- Medicines 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-ACCREDITED HOSPITALS

- Intellicare agrees to reimburse up to One Hundred Percent (100%) of the total hospital bills including professional fees using Intellicare Relative Value Scale (RVS) but not exceeding MAXIMUM BENEFIT LIMIT.

▪ IN FOREIGN COUNTRIES

- Confinement in foreign territory shall be treated as if the member had been confined in a non-accredited hospital facility using Intellicare Relative Value Scale (RVS) but not exceeding Php30,000.00.

▪ IN AREAS WITHOUT ACCREDITED HOSPITALS

- Intellicare agrees to reimburse up to One Hundred Percent (100%) of the total hospital bills including professional fees using Intellicare Relative Value Scale (RVS) but not exceeding MAXIMUM BENEFIT LIMIT.

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B Schedule of Benefits

In-Patient/Confinement

- No deposit upon admission
- Room and board benefits based on category
- Use of recovery room and operating room
- Standard admission kit
- Professional fees of all attending accredited specialists
- Anesthesia and medications administered during confinement
- Blood transfusion and intravenous fluids
- Laboratory tests, x-rays, and other diagnostic examinations
- Dressings, plaster casts, sutures
- ICU confinement
- Assistance in documentation requirements by the Patient Relation Officer
- Other hospital charges prescribed for the treatment of the member
- Ambulance Service (hospital to hospital & point of incident to hospital)
Php 3,000 per conduction

Special Diagnostic Procedures Up to PEC Limit

- Heart Surgery / Angiography / Angiogram / Angioplasty
- Transurethral Microwave Therapy of Prostate
- Percutaneous Ultrasonic Nephrolithotomy
- Lithotripsy
- Laparoscopic Procedures
- Arthroscopic Procedures
- Hysteroscopic Procedures
- Hemorrhoidectomy Procedures
- Stereotactic Brain Biopsy
- Dialysis
- Chemotherapy / Radiotherapy
- Gamma Knife Surgery (Based on Cobalt / Radiotherapy)
- CT Scan
- Ultrasound (except maternity cases)
- Thallium Scintigraphy
- 2D-Echo with Doppler
- 24-Hour Holter Monitoring
- Herniorrhaphy
- Electromyography
- Treadmill Stress Test
- Myelogram
- Video Gastroscopy
- Mammography / Sonomammography
- Bone Densitometry Scan (DEXA Sscan)
- Magnetic Resonance Imaging
- Nuclear Radioactive Isotope Scan
- Neuroscan
- Perfusion Scan
- Positron Emitting Tomography (PET Scan)
- Cryosurgery

***Note:** All new modalities of treatment and/or diagnosis, for which there are no comparable conventional or traditional equivalents/counterparts, will have a maximum limit of Php 5,000.00 subject to the exclusions and limitations of the contract.*

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B Schedule of Benefits

Optional Rider: Dental Services

- Dental examination
- Annual oral prophylaxis
- Oral health education through chairside instruction
- Orthodontic consultation (braces and malposition of teeth)
- Pre-natal check of teeth and gums
- Temporomandibular Joint (TMJ) consultation (clicking of jaws)
- Emergency dental treatment for the relief of pain
- Gum treatment for cases like inflammation or bleeding.
- Temporary fillings
- Simple extraction of unsavable tooth
- Recementation of fixed ridges, crowns, jackets, inlays/onlays
- Desensitization of hypersensitive teeth (up to 2 teeth)
- Permanent light cured fillings (up to 2 teeth)

Group Life Insurance and AD&D Benefit

Covered for All Principal Members (18-65 Years Old)

Benefit Type		Sum Assured	
Group Life Insurance		Php50,000.00	
Family Assistance Benefit		Php5,000.00	
Terminal Illness Benefit		Php50,000.00	
Accidental Death, Dismemberment and Disability Benefit		Php50,000.00	
Schedule of Injuries	Percentage	Schedule of Injuries	Percentage
Both hands or feet	100%	One ear	50%
One hand or one foot	100%	Thumb (both phalanges)	25%
Either one hand or one foot or one foot and sight of one eye	100%	Thumb (one phalanx)	10%
Loss of speech	50%	Finger(s) (per phalanx)	3.50%
Loss of hearing	50%	Great toe	5%
Either one hand or one foot or one eye	50%	Toe, other than Great toe (one phalanx)	1%
Arm at above elbow	70%	Fractured leg or patella with established non-union	10%
Arm between elbow and wrist	60%	Shortening of leg by least 5cm	7.50%
Leg at or above knee	70%	First or second Metacarpals	3%
Leg between knee and foot	60%	Third, fourth, or fifth Metacarpals	1%

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B Schedule of Benefits

Optional Rider: Employee Assistance Program

EAP, as provided by **ComPsych GuidanceResources®**, is a work-based intervention program that offers counselling, legal and financial consultation, and crisis intervention services to employees and their dependents. This program is designed to help employees cope up with personal problems that may affect their productivity and work performance.

ComPsych is the world's largest provider of employee assistance programs (EAP) and is the pioneer and worldwide leader of fully integrated EAP, legal, financial, work-life and wellness services under the **GuidanceResources®** brand. ComPsych provides services to more than 45,000 organizations covering more than 100 million individuals throughout the U.S. and 160 countries. Global service centers staffed by dedicated clinical, legal, financial, wellness, behavioral and work-life experts—24 hours a day.

This service includes the following program components within the ComPsych® GuidanceResources EAP offering:

- Telephonic or Online Chat access 24 hours a day, seven days a week to intake/assessment by master's-level clinicians
- 3-session EAP counselling programme (per issue per employee/family member per year); referrals made to local network counsellors for in-person counselling; telephonic counselling also available
- GuidanceResources Online and GuidanceResources Now mobile app – available in more than 65 countries
- Customised programme communication materials in local languages

The service fee is Php448.00 per member per year (Inclusive of 12% VAT)

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C 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 Pre-existing Conditions:

- Dreaded diseases
- Hypertension
- Thyroid disease, Goiter
- Cataracts/Glaucoma/Pterigium
- Ear, nose, and/or throat conditions requiring surgery
- Asthma
- Chronic Cholecystitis/Cholelithiasis and other forms of calcification
- 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:

For 10 to 19 Principals – up to Php 10,000 per illness/member on the first year.

For 20 to 99 Principals – up to Maximum Benefit Limit per illness/member

Dependent Member:

To have equal waiver of PEC with principals, at least 100% of the total population of principals must enroll their dependents. If the 100% rule is not met, principals are still allowed to enroll their dependents. However, pre-existing condition of dependents shall not be covered.

D Membership Eligibility

1. Principal Member (18 to 65 years old)
2. Dependent (Heirarchy Rule)
 - A. Married Principals – spouse first, aged 65 years old & below, followed by eldest to the youngest child aged 30 days old up to 21 years old.
 - B. Single/Unmarried Principals – acknowledged natural children first aged 30 days old up to 21 years old, parents aged 65 years old and below, then siblings, eldest brother/sister to the youngest child aged 30 days old up to 21 years old.
3. Over-aged and Extended Dependent (parents and siblings of married principals, nephews, nieces, cousins, in-laws, grandchildren, housemaids, drivers, etc.)
 - Not eligible to enroll
4. Enrollment of dependents must be within 30 days from effectivity date of membership. Upon regularization client must enroll 100% of eligible employees within thirty (30) days from date of regularization.
5. Maximum limit per illness per year for dependent members enrolled after 6 months from effective date of coverage shall be availed on a pro-rated basis.

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E Service Capabilities

- 616 Accredited Hospitals
- 811 Accredited Clinics
- 18 Aventus Clinics
- 19,138 (Single Affiliation) Accredited Doctors
- 1042 Accredited Dentists
- 60 Patient Relation Officer (PRO)
- 62 In-House Customer Service Representative
- Membership via **Swipe Card** or **Digi-ID** through Intellicare AGORA
- 15 Working Days to deliver Cards
- 20 working days for Claims Reimbursement turn-around time
- Quarterly Comprehensive Utilization Report
- Tailor-fitted billing statements Per Cost Centers / Subgroups

F Additional Benefits

1. **Allergy Testing** up to Php 2,500 per member/year
2. **Congenital deformities and abnormalities** up to Php 20,000 per member/year (subject to PEC Limit) whichever is lower.
3. **Passive and active vaccines for treatment of animal bites and tetanus** up to Php 20,000 per member/year
4. **Scoliosis** up to Php 20,000 per member/year
5. **Provoked and Unprovoked Murder & Assault** up to MBL (Subject to exclusions)
6. **Access to Medgate**

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G General Exclusions

1. Services rendered by non-Intellicare doctors, except with the prior written authorization of an Intellicare coordinator, or in emergency cases.
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, television, telephone, computer.
3. Health/Annual/Pre-employment check-ups for other companies, government requirements, insurance purposes, or travel abroad.
4. Recuperation such as confinement in sanitarium or convalescent home, rehabilitation medicines (including work-ups), custodial, domiciliary care, and government imposed quarantines.
5. Medical certificates
6. Professional fees in medico-legal cases
7. Refusal to undergo recommended treatment or demanding treatment for which Intellicare doctors believe a professionally acceptable alternative exists.
8. Blood screening
9. Vaccines for immunization, anti-rabies, anti-venom, steroid injections
10. Acquisition of an organ.
11. 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.
12. Determining/ruling out of PEC during the first 12 months of membership if result is positive.
13. Determining/ruling out of hepatitis or tuberculosis if result is negative.

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G General Exclusions

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
5. Sleep study, unless directly related to an organic illness and the maximum limit is Php5,000.00
6. Reconstructive 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.)

External Forces and 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, judo, karate, taekwondo, boxing, wrestling, bungee jumping, scuba diving, snorkeling, horseback riding, polo, hunting, mountain climbing, rock climbing, hang gliding, spelunking, ballooning.
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.
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 functionally or the use of any date format.

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G General Exclusions

Illnesses/Conditions

1. Congenital abnormalities such as neonatal hernia, indirect 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 ADHD - Attention Deficit Hyperactive Disorder, Autism, 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. PEC during the first twelve (12) months of cover.
8. Hypersensitivity tests to check for allergies and desensitization.
9. Any disability which may have affected a dependent prior to the thirtieth (30th) day after birth.
10. 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.

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Option 1

Plan Elite

Hospital-based (with access to all major hospitals)

PER PRINCIPAL

Room and Board	Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	12,234.00	1,468.08	13,702.08	60,000
Payward	12,480.00	1,497.60	13,977.60	70,000
Semi Private	13,594.00	1,631.28	15,225.28	80,000
Semi Private	13,957.00	1,674.84	15,631.84	90,000
Regular Private	19,408.00	2,328.96	21,736.96	100,000
Regular Private	20,229.00	2,427.48	22,656.48	110,000
Regular Private	21,387.00	2,566.44	23,953.44	120,000
Open Private	23,115.00	2,773.80	25,888.80	150,000
Open Private	24,272.00	2,912.64	27,184.64	200,000
Open Private	26,488.00	3,178.56	29,666.56	250,000
Room and Board	Semi-Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	6,728.70	807.44	7,536.14	60,000
Payward	6,864.00	823.68	7,687.68	70,000
Semi Private	7,476.70	897.20	8,373.90	80,000
Semi Private	7,676.35	921.16	8,597.51	90,000
Regular Private	10,674.40	1,280.93	11,955.33	100,000
Regular Private	11,125.95	1,335.11	12,461.06	110,000
Regular Private	11,762.85	1,411.54	13,174.39	120,000
Open Private	12,713.25	1,525.59	14,238.84	150,000
Open Private	13,349.60	1,601.95	14,951.55	200,000
Open Private	14,568.40	1,748.21	16,316.61	250,000
Room and Board	Quarterly	VAT	Total Premium	Maximum Benefit Limit
Payward	3,425.52	411.06	3,836.58	60,000
Payward	3,494.40	419.33	3,913.73	70,000
Semi Private	3,806.32	456.76	4,263.08	80,000
Semi Private	3,907.96	468.96	4,376.92	90,000
Regular Private	5,434.24	652.11	6,086.35	100,000
Regular Private	5,664.12	679.69	6,343.81	110,000
Regular Private	5,988.36	718.60	6,706.96	120,000
Open Private	6,472.20	776.66	7,248.86	150,000
Open Private	6,796.16	815.54	7,611.70	200,000
Open Private	7,416.64	890.00	8,306.64	250,000

Option 1

Plan Elite

Hospital-based (with access to all major hospitals)

PER DEPENDENT

Room and Board	Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	14,069.00	1,688.28	15,757.28	60,000
Payward	14,351.00	1,722.12	16,073.12	70,000
Semi Private	15,632.00	1,875.84	17,507.84	80,000
Semi Private	16,050.00	1,926.00	17,976.00	90,000
Regular Private	22,319.00	2,678.28	24,997.28	100,000
Regular Private	23,263.00	2,791.56	26,054.56	110,000
Regular Private	24,595.00	2,951.40	27,546.40	120,000
Open Private	26,582.00	3,189.84	29,771.84	150,000
Open Private	27,912.00	3,349.44	31,261.44	200,000
Open Private	30,461.00	3,655.32	34,116.32	250,000
Room and Board	Semi-Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	7,737.95	928.55	8,666.50	60,000
Payward	7,893.05	947.17	8,840.22	70,000
Semi Private	8,597.60	1,031.71	9,629.31	80,000
Semi Private	8,827.50	1,059.30	9,886.80	90,000
Regular Private	12,275.45	1,473.05	13,748.50	100,000
Regular Private	12,794.65	1,535.36	14,330.01	110,000
Regular Private	13,527.25	1,623.27	15,150.52	120,000
Open Private	14,620.10	1,754.41	16,374.51	150,000
Open Private	15,351.60	1,842.19	17,193.79	200,000
Open Private	16,753.55	2,010.43	18,763.98	250,000
Room and Board	Quarterly	VAT	Total Premium	Maximum Benefit Limit
Payward	3,939.32	472.72	4,412.04	60,000
Payward	4,018.28	482.19	4,500.47	70,000
Semi Private	4,376.96	525.24	4,902.20	80,000
Semi Private	4,494.00	539.28	5,033.28	90,000
Regular Private	6,249.32	749.92	6,999.24	100,000
Regular Private	6,513.64	781.64	7,295.28	110,000
Regular Private	6,886.60	826.39	7,712.99	120,000
Open Private	7,442.96	893.16	8,336.12	150,000
Open Private	7,815.36	937.84	8,753.20	200,000
Open Private	8,529.08	1,023.49	9,552.57	250,000

Option 2

Plan Pro

Hospital-based (without access to all major hospitals)

PER PRINCIPAL

Room and Board	Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	10,923.00	1,310.76	12,233.76	60,000
Payward	11,142.00	1,337.04	12,479.04	70,000
Semi Private	12,137.00	1,456.44	13,593.44	80,000
Semi Private	12,461.00	1,495.32	13,956.32	90,000
Regular Private	17,328.00	2,079.36	19,407.36	100,000
Regular Private	18,061.00	2,167.32	20,228.32	110,000
Regular Private	19,095.00	2,291.40	21,386.40	120,000
Open Private	20,638.00	2,476.56	23,114.56	150,000
Open Private	21,670.00	2,600.40	24,270.40	200,000
Open Private	23,650.00	2,838.00	26,488.00	250,000
Room and Board	Semi-Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	6,007.65	720.92	6,728.57	60,000
Payward	6,128.10	735.37	6,863.47	70,000
Semi Private	6,675.35	801.04	7,476.39	80,000
Semi Private	6,853.55	822.43	7,675.98	90,000
Regular Private	9,530.40	1,143.65	10,674.05	100,000
Regular Private	9,933.55	1,192.03	11,125.58	110,000
Regular Private	10,502.25	1,260.27	11,762.52	120,000
Open Private	11,350.90	1,362.11	12,713.01	150,000
Open Private	11,918.50	1,430.22	13,348.72	200,000
Open Private	13,007.50	1,560.90	14,568.40	250,000
Room and Board	Quarterly	VAT	Total Premium	Maximum Benefit Limit
Payward	3,058.44	367.01	3,425.45	60,000
Payward	3,119.76	374.37	3,494.13	70,000
Semi Private	3,398.36	407.80	3,806.16	80,000
Semi Private	3,489.08	418.69	3,907.77	90,000
Regular Private	4,851.84	582.22	5,434.06	100,000
Regular Private	5,057.08	606.85	5,663.93	110,000
Regular Private	5,346.60	641.59	5,988.19	120,000
Open Private	5,778.64	693.44	6,472.08	150,000
Open Private	6,067.60	728.11	6,795.71	200,000
Open Private	6,622.00	794.64	7,416.64	250,000

Option 2

Plan Pro

Hospital-based (without access to all major hospitals)

PER DEPENDENT

Room and Board	Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	12,561.00	1,507.32	14,068.32	60,000
Payward	12,813.00	1,537.56	14,350.56	70,000
Semi Private	13,957.00	1,674.84	15,631.84	80,000
Semi Private	14,330.00	1,719.60	16,049.60	90,000
Regular Private	19,928.00	2,391.36	22,319.36	100,000
Regular Private	20,770.00	2,492.40	23,262.40	110,000
Regular Private	21,960.00	2,635.20	24,595.20	120,000
Open Private	23,734.00	2,848.08	26,582.08	150,000
Open Private	24,921.00	2,990.52	27,911.52	200,000
Open Private	27,197.00	3,263.64	30,460.64	250,000
Room and Board	Semi-Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	6,908.55	829.03	7,737.58	60,000
Payward	7,047.15	845.66	7,892.81	70,000
Semi Private	7,676.35	921.16	8,597.51	80,000
Semi Private	7,881.50	945.78	8,827.28	90,000
Regular Private	10,960.40	1,315.25	12,275.65	100,000
Regular Private	11,423.50	1,370.82	12,794.32	110,000
Regular Private	12,078.00	1,449.36	13,527.36	120,000
Open Private	13,053.70	1,566.44	14,620.14	150,000
Open Private	13,706.55	1,644.79	15,351.34	200,000
Open Private	14,958.35	1,795.00	16,753.35	250,000
Room and Board	Quarterly	VAT	Total Premium	Maximum Benefit Limit
Payward	3,517.08	422.05	3,939.13	60,000
Payward	3,587.64	430.52	4,018.16	70,000
Semi Private	3,907.96	468.96	4,376.92	80,000
Semi Private	4,012.40	481.49	4,493.89	90,000
Regular Private	5,579.84	669.58	6,249.42	100,000
Regular Private	5,815.60	697.87	6,513.47	110,000
Regular Private	6,148.80	737.86	6,886.66	120,000
Open Private	6,645.52	797.46	7,442.98	150,000
Open Private	6,977.88	837.35	7,815.23	200,000
Open Private	7,615.16	913.82	8,528.98	250,000

Option 3

Plan Lite

Clinic-based (with access to all major hospitals)

PER PRINCIPAL

Room and Board	Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	9,787.00	1,174.44	10,961.44	60,000
Payward	9,983.00	1,197.96	11,180.96	70,000
Semi Private	10,875.00	1,305.00	12,180.00	80,000
Semi Private	11,165.00	1,339.80	12,504.80	90,000
Regular Private	15,526.00	1,863.12	17,389.12	100,000
Regular Private	16,183.00	1,941.96	18,124.96	110,000
Regular Private	17,109.00	2,053.08	19,162.08	120,000
Open Private	18,492.00	2,219.04	20,711.04	150,000
Open Private	19,417.00	2,330.04	21,747.04	200,000
Open Private	21,190.00	2,542.80	23,732.80	250,000
Room and Board	Semi-Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	5,382.85	645.94	6,028.79	60,000
Payward	5,490.65	658.88	6,149.53	70,000
Semi Private	5,981.25	717.75	6,699.00	80,000
Semi Private	6,140.75	736.89	6,877.64	90,000
Regular Private	8,539.30	1,024.72	9,564.02	100,000
Regular Private	8,900.65	1,068.08	9,968.73	110,000
Regular Private	9,409.95	1,129.19	10,539.14	120,000
Open Private	10,170.60	1,220.47	11,391.07	150,000
Open Private	10,679.35	1,281.52	11,960.87	200,000
Open Private	11,654.50	1,398.54	13,053.04	250,000
Room and Board	Quarterly	VAT	Total Premium	Maximum Benefit Limit
Payward	2,740.36	328.84	3,069.20	60,000
Payward	2,795.24	335.43	3,130.67	70,000
Semi Private	3,045.00	365.40	3,410.40	80,000
Semi Private	3,126.20	375.14	3,501.34	90,000
Regular Private	4,347.28	521.67	4,868.95	100,000
Regular Private	4,531.24	543.75	5,074.99	110,000
Regular Private	4,790.52	574.86	5,365.38	120,000
Open Private	5,177.76	621.33	5,799.09	150,000
Open Private	5,436.76	652.41	6,089.17	200,000
Open Private	5,933.20	711.98	6,645.18	250,000

Option 3

Plan Lite

Clinic-based (with access to all major hospitals)

PER DEPENDENT

Room and Board	Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	11,255.00	1,350.60	12,605.60	60,000
Payward	11,481.00	1,377.72	12,858.72	70,000
Semi Private	12,506.00	1,500.72	14,006.72	80,000
Semi Private	12,840.00	1,540.80	14,380.80	90,000
Regular Private	17,855.00	2,142.60	19,997.60	100,000
Regular Private	18,610.00	2,233.20	20,843.20	110,000
Regular Private	19,676.00	2,361.12	22,037.12	120,000
Open Private	21,266.00	2,551.92	23,817.92	150,000
Open Private	22,329.00	2,679.48	25,008.48	200,000
Open Private	24,368.00	2,924.16	27,292.16	250,000
Room and Board	Semi-Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	6,190.25	742.83	6,933.08	60,000
Payward	6,314.55	757.75	7,072.30	70,000
Semi Private	6,878.30	825.40	7,703.70	80,000
Semi Private	7,062.00	847.44	7,909.44	90,000
Regular Private	9,820.25	1,178.43	10,998.68	100,000
Regular Private	10,235.50	1,228.26	11,463.76	110,000
Regular Private	10,821.80	1,298.62	12,120.42	120,000
Open Private	11,696.30	1,403.56	13,099.86	150,000
Open Private	12,280.95	1,473.71	13,754.66	200,000
Open Private	13,402.40	1,608.29	15,010.69	250,000
Room and Board	Quarterly	VAT	Total Premium	Maximum Benefit Limit
Payward	3,151.40	378.17	3,529.57	60,000
Payward	3,214.68	385.76	3,600.44	70,000
Semi Private	3,501.68	420.20	3,921.88	80,000
Semi Private	3,595.20	431.42	4,026.62	90,000
Regular Private	4,999.40	599.93	5,599.33	100,000
Regular Private	5,210.80	625.30	5,836.10	110,000
Regular Private	5,509.28	661.11	6,170.39	120,000
Open Private	5,954.48	714.54	6,669.02	150,000
Open Private	6,252.12	750.25	7,002.37	200,000
Open Private	6,823.04	818.76	7,641.80	250,000

Option 4

Plan Essential

Clinic-based (without access to all major hospitals)

PER PRINCIPAL

Room and Board	Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	9,004.00	1,080.48	10,084.48	60,000
Payward	9,184.00	1,102.08	10,286.08	70,000
Semi Private	10,005.00	1,200.60	11,205.60	80,000
Semi Private	10,272.00	1,232.64	11,504.64	90,000
Regular Private	14,284.00	1,714.08	15,998.08	100,000
Regular Private	14,888.00	1,786.56	16,674.56	110,000
Regular Private	15,741.00	1,888.92	17,629.92	120,000
Open Private	17,012.00	2,041.44	19,053.44	150,000
Open Private	17,863.00	2,143.56	20,006.56	200,000
Open Private	19,495.00	2,339.40	21,834.40	250,000
Room and Board	Semi-Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	4,952.20	594.26	5,546.46	60,000
Payward	5,051.20	606.14	5,657.34	70,000
Semi Private	5,502.75	660.33	6,163.08	80,000
Semi Private	5,649.60	677.95	6,327.55	90,000
Regular Private	7,856.20	942.74	8,798.94	100,000
Regular Private	8,188.40	982.61	9,171.01	110,000
Regular Private	8,657.55	1,038.91	9,696.46	120,000
Open Private	9,356.60	1,122.79	10,479.39	150,000
Open Private	9,824.65	1,178.96	11,003.61	200,000
Open Private	10,722.25	1,286.67	12,008.92	250,000
Room and Board	Quarterly	VAT	Total Premium	Maximum Benefit Limit
Payward	2,521.12	302.53	2,823.65	60,000
Payward	2,571.52	308.58	2,880.10	70,000
Semi Private	2,801.40	336.17	3,137.57	80,000
Semi Private	2,876.16	345.14	3,221.30	90,000
Regular Private	3,999.52	479.94	4,479.46	100,000
Regular Private	4,168.64	500.24	4,668.88	110,000
Regular Private	4,407.48	528.90	4,936.38	120,000
Open Private	4,763.36	571.60	5,334.96	150,000
Open Private	5,001.64	600.20	5,601.84	200,000
Open Private	5,458.60	655.03	6,113.63	250,000

Option 4

Plan Essential

Clinic-based (without access to all major hospitals)

PER DEPENDENT

Room and Board	Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	10,355.00	1,242.60	11,597.60	60,000
Payward	10,562.00	1,267.44	11,829.44	70,000
Semi Private	11,505.00	1,380.60	12,885.60	80,000
Semi Private	11,813.00	1,417.56	13,230.56	90,000
Regular Private	16,427.00	1,971.24	18,398.24	100,000
Regular Private	17,121.00	2,054.52	19,175.52	110,000
Regular Private	18,102.00	2,172.24	20,274.24	120,000
Open Private	19,564.00	2,347.68	21,911.68	150,000
Open Private	20,543.00	2,465.16	23,008.16	200,000
Open Private	22,419.00	2,690.28	25,109.28	250,000
Room and Board	Semi-Annual	VAT	Total Premium	Maximum Benefit Limit
Payward	5,695.25	683.43	6,378.68	60,000
Payward	5,809.10	697.09	6,506.19	70,000
Semi Private	6,327.75	759.33	7,087.08	80,000
Semi Private	6,497.15	779.66	7,276.81	90,000
Regular Private	9,034.85	1,084.18	10,119.03	100,000
Regular Private	9,416.55	1,129.99	10,546.54	110,000
Regular Private	9,956.10	1,194.73	11,150.83	120,000
Open Private	10,760.20	1,291.22	12,051.42	150,000
Open Private	11,298.65	1,355.84	12,654.49	200,000
Open Private	12,330.45	1,479.65	13,810.10	250,000
Room and Board	Quarterly	VAT	Total Premium	Maximum Benefit Limit
Payward	2,899.40	347.93	3,247.33	60,000
Payward	2,957.36	354.88	3,312.24	70,000
Semi Private	3,221.40	386.57	3,607.97	80,000
Semi Private	3,307.64	396.92	3,704.56	90,000
Regular Private	4,599.56	551.95	5,151.51	100,000
Regular Private	4,793.88	575.27	5,369.15	110,000
Regular Private	5,068.56	608.23	5,676.79	120,000
Open Private	5,477.92	657.35	6,135.27	150,000
Open Private	5,752.04	690.24	6,442.28	200,000
Open Private	6,277.32	753.28	7,030.60	250,000

IMPORTANT NOTES

- 1) The six (6) Major hospitals are as follows:
 - Makati Medical Center,
 - St. Luke's Medical Center - Quezon City
 - St. Luke's Medical Center - Global City
 - Cardinal Santos Medical Center,
 - The Medical City,
 - Asian Hospital Medical Center
- 2) Above rates are inclusive of 12% VAT on 100% of the premium as proposed by AHMOPI
- 3) Rates are valid until December 31, 2022.
- 4) Above premium is integrated with Philhealth.
- 5) Rates are applicable for a minimum of **10 to 99** principals.
- 6) Upon acceptance of the terms and benefits in this proposal, please submit the following documents in compliance to Republic Act 9160 (Anti-Money Laundering Act of 2001) and Republic Act 10173 (Data Privacy act of 2012):
 - ☐ **Certificate of Registration** issued by:
 - ☐ DTI – Single Proprietorship
 - ☐ SEC – Corporation & Partnership
 - ☐ BSP – Foreign Exchange Dealers & Remittance Agents
 - ☐ **Articles of Incorporation / Partnership**
 - ☐ Latest **General Information Sheet (GIS)** which should list the names of the directors / trustees/partners, principal stock holders owning at least twenty percent (20%) of the outstanding capital stock and primary officers such as the President and Treasurer
 - ☐ **Beneficial owners and beneficiaries** of the corporate and/or judicial entities
 - ☐ **Board partners resolution** duly certified by the Corporate / Partner's Secretary authorizing the signatory to sign on behalf of the company
 - ☐ **Master Data Protection Agreement**
 - ☐ **SSS Form R-3** Contribution Collection List
 - ☐ **PhilHealth Er2 Form** – Report of Employee Members – PhilHealth
 - ☐ Accomplished **Anti-Money Laundering Form (AMLA)**
 - ☐ Accomplished **Know-Your-Client Form (KYC)**

Thank you very much for finally choosing **INTELLICARE** as your Health Maintenance Organization (HMO) provider for this coming year. Kindly go over the benefit package we have agreed upon as listed below. Should you find everything in order as discussed, please affix your signature in the conforme space provided and send us back the signed and accomplished form immediately. For any concerns, corrections and clarifications, please call 8789-4000.

NAME OF SIGNATORY: _____

DESIGNATION: _____

COMPANY NAME: _____

ADDRESS: _____

EFFECTIVITY DATE: _____

**Kindly check/tick the boxes of your preferred program and mode of payment.*

Number of Principals	Program	Mode of Payment
<input type="checkbox"/> 10 – 19 Principals	<input type="checkbox"/> Option 1: Elite	<input type="checkbox"/> Annual
<input type="checkbox"/> 20 – 99 Principals	<input type="checkbox"/> Option 2: Pro	<input type="checkbox"/> Semi-Annual
	<input type="checkbox"/> Option 3: Lite	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Option 4: Essential	

Other Fees/Riders	Fee/Head
<input type="checkbox"/> Philhealth (for non Philhealth members only)	<input type="checkbox"/> Php5,376.00 (Inclusive of 12% VAT)
<input type="checkbox"/> Swipe Card	<input type="checkbox"/> Php100.80 (Inclusive of 12% VAT)
<input type="checkbox"/> Group Life Insurance/AD&D	<input type="checkbox"/> Php59.14 (Inclusive of 12% VAT)
<input type="checkbox"/> Employee Assistance Program (ComPsych)	<input type="checkbox"/> Php448.00(Inclusive of 12% VAT)
<input type="checkbox"/> Dental Rider	
<input type="checkbox"/> NCR (Dental Network)	<input type="checkbox"/> Php369.60 (Inclusive of 12% VAT)
<input type="checkbox"/> Visayas and Mindanao (In-house Dental)	<input type="checkbox"/> Php448.00 (Inclusive of 12% VAT)
<input type="checkbox"/> Access to Healthway Clinics	<input type="checkbox"/> Additional 10%
<input type="checkbox"/> Pre-Employment Examination (PPE)	<input type="checkbox"/> Option 1
	<input type="checkbox"/> Option 2

SIGNATURE OVER PRINTED NAME

COMPANY NAME