

*Maxicare is a company built on
strong foundations of*



TRUST

RELIABILITY

INNOVATION

CONVENIENCE

 | TRUST



A company with a purpose

VISION

To be the leading
Health Maintenance Organization
preferred by customers
because of superior services

MISSION

To help people achieve
peace of mind
through quality healthcare

Maxicare

A heritage of healthcare expertise

MAXICARE IS A COMPANY COMMITTED TO CONTINUOUS PROGRESS FOR ITS CLIENTS

A PROUD MEMBER OF THE



Our doctors will help evaluate your condition based on the DOH guidelines. Depending on your case, you will then be guided on the next steps - whether or not you need to report to hospitals for further assessment.

• MAXICARE 24/7 TELECONSULT IS JUST A DIAL AWAY! •

| | |
|----------------|----------------|
| Metro Manila | (02) 8582-1980 |
| Bacolod | (034) 458 6714 |
| Baguio | (074) 661 8832 |
| Batangas | (043) 779 8014 |
| Cagayan de Oro | (088) 864 8803 |
| Cavite | (046) 419 8016 |
| Cebu | (032) 260 9068 |
| Davao | (082) 238 7016 |
| Dumaguete | (035) 522 5014 |
| GenSan | (083) 887 9813 |
| Iloilo | (033) 328 7034 |
| Kidapawan | (064) 521 8002 |
| Laguna | (049) 559 8007 |
| Ormoc | (053) 832 9902 |
| Palawan | (048) 716 5122 |
| Pampanga | (045) 649 8005 |
| Naga | (054) 871 2070 |

Maxicare Telemedicine 24/7 Teleconsult VOICE CALL

Convenience. No need to leave the comforts of your home or take a leave from work for a doctor's consultation.

Savings. Zero charges on your Benefit Limit.

Reliability. A Maxicare - affiliated Physician will attend to your medical concern.

With Maxicare, you can access a nationwide network



*Experience Seamless & Hassle-Free
Availment of Healthcare*

Maxicare Multifunction Card (MMC)



Equipped with the latest **EMV (Europay, Master Card and Visa)** chip technology

MAXIHEALTH APP

Easy access to your healthcare needs wherever you go!



HAVE IT ANYTIME, ANYWHERE

Present your phone as your virtual card



EXPERIENCE HASSLE-FREE SERVICES

Locate preferred clinics and hospitals near you or TeleConsult with your doctor



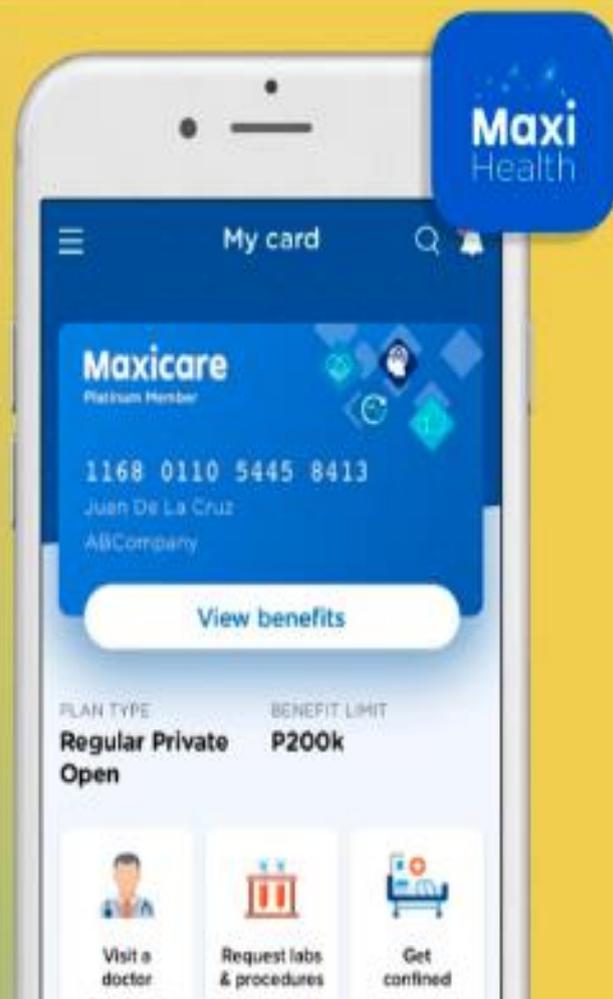
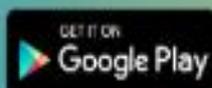
SKIP LONG LINES AND PROCESSES

Request and manage LOAs with few easy taps



BE INFORMED

Know the details of your healthplan from coverage to overall benefits



Maxicare

HEALTH HUB

Quality healthcare on the go

MANILA
2/F, Manila Doctors Hospital
United Nations Avenue
Manila
Monday to Saturday
7AM-5PM

CEBU
G/F, Robinsons Galleria Cebu,
General Maxilom Ave. Ext., Cebu
City
Monday-Sunday
10AM-9PM



Easy self-service health facility



Available video consultations with top-notch doctors



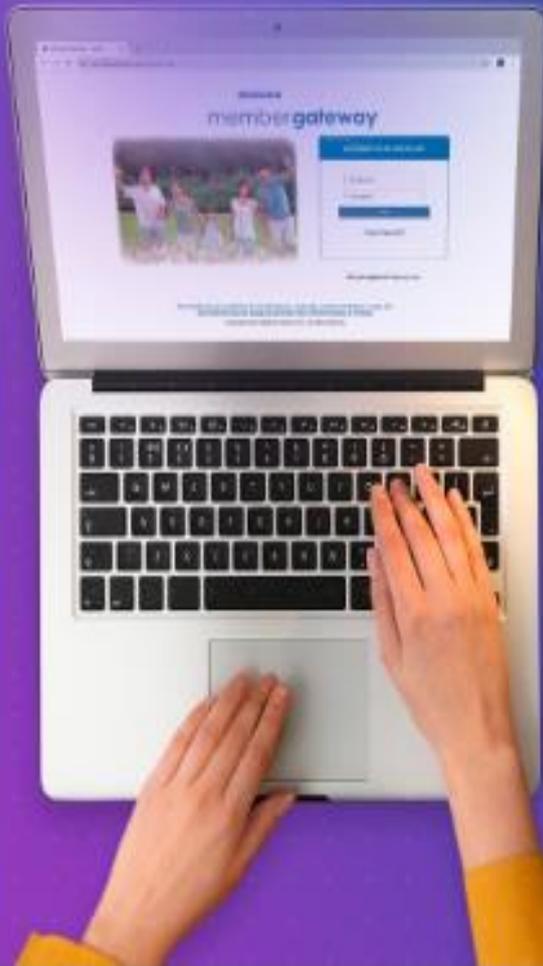
Access to high quality digital health pods



Paperless transactions for LOA & other medical records



Comfortable lounge chairs equipped with wireless and charging pods



Maxicare

MEMBER GATEWAY

A portal on the website dedicated for Maxicare members. Member Gateway aims to provide full access from one's basic information to online LOA requests.



Member information



Transaction summary



Online LOA



Maxicare

SELF-SERVICE KIOSK

No long lines. No hassle.
Fast and easy LOA issuance.

(SMALL 20 TO 99)**SALIENT FEATURES & MEMBERSHIP FEES**

Nationwide access to all accredited hospitals/clinics **excluding 9 major hospitals** (Asian Hospital & Medical Center, The Medical City, St. Luke's Medical Center - Quezon City, St. Luke's Medical Center - Global City, Makati Medical Center, Cardinal Santos Medical Center, Cebu Doctors Hospital, Chong Hua Hospital & Davao Doctors Hospital)

2022 RATES FOR PRINCIPALS PER HEAD

| Plan Type | Room and Board | Maximum Benefit Limit | Annual | | Semi- Annual | | Quarterly | |
|-----------|-----------------|-----------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | | | VAT EXCLUSIVE | VAT INCLUSIVE | VAT EXCLUSIVE | VAT INCLUSIVE | VAT EXCLUSIVE | VAT INCLUSIVE |
| Platinum | Open Suite | 500,000 | 25,109.82 | 28,123.00 | 13,558.93 | 15,186.00 | 7,030.36 | 7,874.00 |
| Platinum | Small Suite | 350,000 | 17,303.57 | 19,380.00 | 9,343.75 | 10,465.00 | 4,844.64 | 5,426.00 |
| Platinum | Small Suite | 250,000 | 16,747.32 | 18,757.00 | 9,043.75 | 10,129.00 | 4,689.29 | 5,252.00 |
| Platinum | Open Private | 250,000 | 14,670.54 | 16,431.00 | 7,922.32 | 8,873.00 | 4,108.04 | 4,601.00 |
| Platinum | Open Private | 200,000 | 14,267.86 | 15,980.00 | 7,704.46 | 8,629.00 | 3,994.64 | 4,474.00 |
| Platinum | Large Private | 200,000 | 13,824.11 | 15,483.00 | 7,465.18 | 8,361.00 | 3,870.54 | 4,335.00 |
| Gold | Regular Private | 200,000 | 12,535.71 | 14,040.00 | 6,769.64 | 7,582.00 | 3,509.82 | 3,931.00 |
| Gold | Regular Private | 150,000 | 12,133.04 | 13,589.00 | 6,551.79 | 7,338.00 | 3,397.32 | 3,805.00 |
| Gold | Regular Private | 110,000 | 11,700.00 | 13,104.00 | 6,317.86 | 7,076.00 | 3,275.89 | 3,669.00 |
| Silver | Semi-Private | 90,000 | 9,613.39 | 10,767.00 | 5,191.07 | 5,814.00 | 2,691.96 | 3,015.00 |
| Silver | Semi-Private | 80,000 | 9,354.46 | 10,477.00 | 5,051.79 | 5,658.00 | 2,619.64 | 2,934.00 |
| Bronze | Ward | 70,000 | 7,800.00 | 8,736.00 | 4,211.61 | 4,717.00 | 2,183.93 | 2,446.00 |

2022 RATES FOR DEPENDENTS PER HEAD

| Plan Type | Room and Board | Maximum Benefit Limit | Annual | | Semi- Annual | | Quarterly | |
|-----------|-----------------|-----------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | | | VAT EXCLUSIVE | VAT INCLUSIVE | VAT EXCLUSIVE | VAT INCLUSIVE | VAT EXCLUSIVE | VAT INCLUSIVE |
| Platinum | Open Suite | 500,000 | 31,514.29 | 35,296.00 | 17,017.86 | 19,060.00 | 8,824.11 | 9,883.00 |
| Platinum | Small Suite | 350,000 | 23,707.14 | 26,552.00 | 12,801.79 | 14,338.00 | 6,638.39 | 7,435.00 |
| Platinum | Small Suite | 250,000 | 23,151.79 | 25,930.00 | 12,501.79 | 14,002.00 | 6,482.14 | 7,260.00 |
| Platinum | Open Private | 250,000 | 19,812.50 | 22,190.00 | 10,699.11 | 11,983.00 | 5,547.32 | 6,213.00 |
| Platinum | Open Private | 200,000 | 19,409.82 | 21,739.00 | 10,481.25 | 11,739.00 | 5,434.82 | 6,087.00 |
| Platinum | Large Private | 200,000 | 18,860.71 | 21,124.00 | 10,184.82 | 11,407.00 | 5,281.25 | 5,915.00 |
| Gold | Regular Private | 200,000 | 17,030.36 | 19,074.00 | 9,196.43 | 10,300.00 | 4,768.75 | 5,341.00 |
| Gold | Regular Private | 150,000 | 16,628.57 | 18,624.00 | 8,979.46 | 10,057.00 | 4,656.25 | 5,215.00 |
| Gold | Regular Private | 110,000 | 16,194.64 | 18,138.00 | 8,745.54 | 9,795.00 | 4,534.82 | 5,079.00 |
| Silver | Semi-Private | 90,000 | 12,936.61 | 14,489.00 | 6,985.71 | 7,824.00 | 3,622.32 | 4,057.00 |
| Silver | Semi-Private | 80,000 | 12,676.79 | 14,198.00 | 6,845.54 | 7,667.00 | 3,549.11 | 3,975.00 |
| Bronze | Ward | 70,000 | 10,466.96 | 11,723.00 | 5,651.79 | 6,330.00 | 2,930.36 | 3,282.00 |

NOTES:

- Rates and benefits are valid from January 01, 2022 up to **December 31, 2022** and based on a 12-month coverage only.
- **Applicable to Maxicare Plus - New Business Accounts with no previous coverage with Maxicare, did not Renew Accounts (DNR), and Accounts that transferred from other programs.**
- **Above rates are applicable for accounts beginning minimum of twenty (20) to ninety nine (99) principals, no limit on the total number of principals and dependents. (only during inception period)**
- **Applicable to Renewal Business accounts and Recovery accounts with LR (net of VAT) 0%-219%.**
- **Without access to Healthway Clinics.**
- **Activation of Account shall be three (3) business days from Date of O.R. Issuance.**
- Benefit program should be in uniform basis or superior accordingly to their rank classification.
- Enrollment of Dependents MUST follow hierarchy guideline and age eligibility.
- **Special Provision for the enrollment of additional dependents:** There will be a 30 days grace period to enroll their eligible dependents. Otherwise, only newly wed, newly born, and dependents of newly regularized employees shall be considered for enrollment after 30 days grace period.
- Dependents' benefits should be on a uniform basis or superior accordingly to their rank classification.
- Escalation Clause: Should there be a significant decrease in the number of enrollees per membership type and/or did not meet the existing participation requirement in enrolling of eligible dependents, the following adjustment clause shall apply:

The dependent fees presented above will be applicable if 75% participation requirement is met. Otherwise, the below provision shall apply:

| | |
|--------------|-------------------------|
| at least 75% | standard rates |
| 60% - 74.9% | + 10% to standard rates |
| 40% - 59.9% | + 20% to standard rates |
| Below 40% | + 35% to standard rates |

SUMMARY OF BENEFITS & EXCLUSIONS

| HEALTHCARE BENEFITS | | COVERAGE/LIMIT |
|-------------------------------------|---|--|
| I. OUT-PATIENT CARE | | |
| 1 | All outpatient consultations and outpatient procedures (as long as it medically necessary) | Subject to MBL |
| 2 | Eye laser therapy only for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an Affiliated Physician/Specialist. Eye correction such as Lasik, PRK and the like are not covered. | Up to ₱10,000/eye/member/year |
| 3 | Electrocauterization of skin lesions such as plantar warts, flat warts, periungual warts, filiform warts and molluscum contagiosum, in any part of the body prescribed by an Affiliated Physician/Specialist. | Up to ₱1,000/member/year |
| 4 | Sclerotherapy for varicose veins (except medicines and for cosmetic purposes) as prescribed by an Affiliated Physician, to be availed through affiliated vascular surgeons. | Up to ₱5,000/leg/member/year |
| 5 | Allergy Testing/ allergy screening and other related examinations prescribed by an Affiliated Physician. | Up to ₱2,500/member/year |
| 6 | Speech therapy for stroke patients only. | Covered as charged up to ₱10,000/ member/year on reimbursement basis. Note: Consultations shall be part of the limit and treated as sessions. |
| 7 | Tuberculin test | Up to ₱600/member/year |
| II. IN-PATIENT CARE | | |
| 1 | Room and Board Accommodation | Subject to the Member's Room and Board limit |
| 2 | All other items directly related in the medical management of the patient, as deemed medically necessary by the Attending Affiliated Physician | Subject to MBL |
| 3 | Room upgrade in case of room unavailability (Emergency case leading to confinement) | Covered for the first 24 hours |
| III. PRE-EXISTING CONDITIONS | | |
| 1 | Dreaded Conditions | Covered up to MBL |
| 2 | Non-dreaded Conditions | Covered up to MBL |

Notes:

If a Member is enrolled under an Agreement that covers pre-existing conditions from the Effective Date of the Member's coverage, then the Member shall be covered for any pre-existing condition from the Effective Date of the Member's coverage under that same Agreement.

IV. DIAGNOSTIC / THERAPEUTIC PROCEDURES WITH SPECIFIC LIMITS

| | | |
|----|--|---|
| 1 | All diagnostic / therapeutic procedures medically necessary for treatment | 100% of Actual Cost subject to MBL |
| 2 | Arthrocentesis | OP: Up to six (6) sessions subject to MBL IP: Up to MBL |
| 3 | Continuous Positive Airway Pressure (CPAP) titration for sleep study | Up to ₱60,000/member/year (shared limit for OP and IP) |
| 4 | Dialysis | Up to MBL shared limit for OP and IP |
| 5 | Non-oral chemotherapy (for cancer treatment only) | Up to MBL shared limit for OP and IP |
| 6 | Oral chemotherapy (for cancer treatment only) | Up to ₱60,000/member/year shared limit for OP and IP |
| 7 | Physical therapy / Occupational therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like. | OP: Shared limit of up to twelve (12) sessions/member/year subject to MBL IP: Up to MBL Note: Therapy of one (1) body area shall be considered as one (1) session |
| 8 | Therapeutic Radiology: | |
| | a. Brachytherapy | Up to MBL shared limit for OP and IP |
| | b. Cobalt | Up to MBL shared limit for OP and IP |
| | c. Linear Accelerator Therapy | Up to MBL shared limit for OP and IP |
| | d. Radioactive Cesium | Up to MBL shared limit for OP and IP |
| | e. Radioactive Iodine | Up to MBL shared limit for OP and IP |
| 9 | Transurethral Microwave Therapy of Prostate | Covered up to ₱25,000/member/year Shared limit for OP and IP |
| 10 | Stapled Hemorrhoidectomy | Covered up to ₱5,000/member/year Shared limit for OP and IP |
| 11 | Mammotome | Covered up to 100% of MBL /member/year, Shared limit of IP & OP |
| 12 | 4D Ultrasound except for maternity-related cases | Covered up to ₱5,000/member/year Shared limit for OP and IP |
| 13 | Esophageal Manometry | Covered up to ₱5,000/member/year Shared limit for OP and IP |
| 14 | Intensified Modulated Radiotherapy | Covered up to ₱5,000/member/year Shared limit for OP and IP |
| 15 | Botox which is not cosmetic in nature nor for beautification purpose | Covered up to ₱5,000/member/year Shared limit for OP and IP |
| 16 | Positron Emission Tomography (PET) Scan | Covered up to ₱5,000/member/year Shared limit for OP and IP |
| 17 | CT Pulmonary Angiography | Covered up to ₱5,000/member/year Shared limit for OP and IP |
| 18 | Photodynamic Therapy | Covered up to ₱5,000/member/year Shared limit for OP and IP |
| 19 | Acoustic Radiation Force | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 20 | Alpha Globin/ Globulin Genotyping | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 21 | Anchored Periplasmic Expression (APEX)-2 Hybrid | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 22 | Antivascular Endothelial Growth Factor (VEGF) drugs (Avastin, Lucentis, Macugen) for Retinopathy, Macular Degeneration and other Optha indications | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 23 | BCR-ABL by Quantitative Real-time Polymerase Chain Reaction (QRT-PCR, RT-PCR) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |

| | | |
|----|--|--|
| 24 | Beta Globin/ Globulin Genotyping | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 25 | Capsule Endoscopy | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 26 | Coblation Procedures | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 27 | Continuous Renal Replacement Therapy (CRRT) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 28 | Contrast Enhanced Ultrasound | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 29 | Contrast Enhanced Fluorodeoxyglucose FDG PET Scan | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 30 | Ductoscopy (Breast) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 31 | Duolink In-Situ Fluorescence Hybridization (DISH) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 32 | Endoscopic Ultrasound | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 33 | Endovenous Laser Treatment | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 34 | Endovenous Laser Ablation | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 35 | Enhanced Fluorescent Protein Voltage Sensor (VPSP2.1) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 36 | Enhanced Luciferase Complementation | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 37 | Enzymed-linked Immunosorbent Spot (ELLISPOT) Assay | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 38 | Epidermal Growth Factor Receptor (EGFR) Mutation Assay / Test | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 39 | ESAT-6 and CFP-10 Antigens | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 40 | Fluorescence In-Situ Hybridization (FISH) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 41 | Gastric Electrical Stimulation Technology | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 42 | Image-guided Surgery / Radiotherapy | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 43 | Infrared Coagulation Hemorrhoidectomy | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 44 | Infrared Thermography | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 45 | Intravenous Ultrasound | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 46 | JAK-2 Mutation | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 47 | Karyotyping | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 48 | KRAS Testing | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 49 | Magnetic Resonance Spectroscopy | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 50 | Mammotome or Vacuum Assisted Breast Biopsy | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 51 | 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 conditions and rheumatologic diseases, such as SLE, ankylosing spondylosis, rheumatoid arthritis, etc.) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 52 | Multiphoton imaging | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 53 | Multislice / multidetector/ spiral / multirow CT | Covered up to 100% of MBL/member/year Shared limit of IP & OP |

| | | |
|----|--|--|
| 54 | Neutral Commet Assay | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 55 | Optical Glutamate Sensor | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 56 | Parkinson's Profile | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 57 | Percutaneous Discectomy CT Guided Intradiscal Electrothermal Ablation Technic (IDET) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 58 | Peritoneal Dialysis Adequacy Test | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 59 | Peritoneal Equilibrium Test | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 60 | phaA and phaB genes test | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 61 | Pharmacoscintigraphy | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 62 | Philadelphia chromosome | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 63 | Photodynamic Glutamate Sensor | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 64 | Platelet Aggregation Test | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 65 | Polymerase Chain Reaction (PCR) for katG and rpoB | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 66 | Polymerase Chain Reaction Single Strand Confirmation Polymorphism (PCR-SCCP) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 67 | QuantiFERON Tuberculosis (QFTB) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 68 | Radiofrequency Ablation (RFA) and other RF procedures | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 69 | Renal Denervation | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 70 | Reverse Transcription Polymerase Chain Reaction (RT-PCR) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 71 | Robotic Surgery / Robotically assisted Surgery | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 72 | Single Incision Laparoscopy Surgery (SILS) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 73 | Spinal Angiogram | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 74 | Stereotactic Breast Biopsy | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 75 | Stereotactic Radiation Therapy/ Stereotactic Radiosurgery | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 76 | Supramagnetic Ion Oxide (SPIO)- enhanced MRI | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 77 | Transarterial Hemorrhoidal Dearterialization (THD) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 78 | Terahertz Imaging | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 79 | Three-Dimensional Conformal Radiotherapy (3DCRT) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 80 | Thyroplasty | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 81 | Tomotherapy | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 82 | Tractography | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 83 | Ultrafast Electron Beam Computed Tomography | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 84 | Ultroid Hemorrhoid Management | Covered up to 100% of MBL/member/year Shared limit of IP & OP |
| 85 | Vulcan EAS (Electro Thermal Arthroscopy System) | Covered up to 100% of MBL/member/year Shared limit of IP & OP |

V. EMERGENCY CARE

| | | |
|---|---|--|
| 1 | Doctor services, X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient | Subject to MBL |
| 2 | In Non-Affiliated Hospitals. | Reimbursable up to 80% of hospital bills & professional fees based on Maxicare rates incurred during the first 24hrs. of treatment up to ₱30,000/availment/member/year |
| 3 | Outside the Philippines. | Reimbursable up to 100% of actual cost up to ₱30,000/availment/member/year |
| 4 | Areas without Affiliated Hospital | Subject to MBL |
| 5 | Ambulance Service (Affiliated Hospital/Clinic to Affiliated Hospital/Clinic). | Subject to MBL |
| 6 | Ambulance Service (Non-Affiliated Hospital/Clinic to Affiliated Hospital/Clinic). | Reimbursable up to ₱2,500 per conduction |

Note: The ambulance service provided herein shall be available regardless of the location within the Philippines.

VI. CONDITIONS WITH SPECIFIC LIMITATIONS

| | | |
|---|---|--|
| 1 | Initial Treatment within 24 hours from time of bite of Animal bites | IP & OP subject to MBL (except cost of vaccines) |
| 2 | Succeeding treatment after 24 hours from time of bite of Animal bites | IP & OP subject to MBL (except cost of vaccines) |
| 3 | Vaccines for treatment of tetanus and animal bites (including administration fee but excluding ER Fees) | Up to P40,000/member/year Shared limit for OP and IP |
| 4 | Scoliosis including necessary procedures, except physical therapy sessions, whether congenital, pre-existing, developmental or acquired | Up to ₱60,000/member/year Shared limit for OP and IP Note: Physical Therapy sessions shall form part of the Physical therapy/ Occupational therapy limits |
| 5 | Congenital Conditions except physical therapy sessions and developmental disorders. | Up to ₱60,000/member/year Shared limit for OP and IP Note: Physical Therapy sessions shall form part of the Physical therapy/ Occupational therapy limits. |
| 6 | Chronic Dermatoses | Consultations only for OP and IP |
| 7 | Hepatitis B except vaccines and screening | Subject to MBL if acquired for OP and IP |

VII. EXCLUSIONS AND LIMITATIONS

Notwithstanding any provisions to the contrary, the following shall not be covered:

| | | |
|---|---|-------------|
| 1 | <p>Services obtained for non-emergency conditions from Physicians and Hospitals in any of the following circumstances:</p> <p>a. Non-Affiliated Physicians in non-Affiliated Hospitals</p> <p>b. Non-Affiliated Physicians in Affiliated Hospitals</p> <p>c. Affiliated Physicians in non-Affiliated Hospitals or other non-Affiliated healthcare facility.</p> | Not covered |
|---|---|-------------|

| | | |
|---|--|-------------|
| 2 | <p>Additional hospital charges and physician's professional fees resulting from:</p> <ul style="list-style-type: none"> a. Room-upgrading beyond Member's allowable time during emergency care b. Extension of hospital stay despite release of discharge order from Member's attending physician c. Fees of the assistant surgeons / resident doctors who assisted the Attending Physician in the process of rendering the medical services shall not be chargeable to the Member and/or Maxicare except for hospitals that do not have resident physicians to assist during surgeries subject to the prior approval of Maxicare d. Use of extra bed, TV, electric fan, DVD/ VCD, and other similar items unless such appliances and items are necessarily and ordinarily included in the Member's Room & Board Accommodation e. Extra food f. Toilet articles like face towel, soap, toothbrush and the like g. Difference in room and board, the incremental rate differences for professional fees, diagnostic and laboratory examinations, and other ancillary medical services brought about by obtaining a room accommodation higher than the Member's Room and Board Accommodation limit h. Services of a private or a special nurse i. All other items not medically necessary in the medical management of the patient. | Not covered |
| 3 | Custodial, domiciliary, convalescent and intermediate care. | Not covered |
| 4 | Long-term rehabilitation and psychiatric care and/or psychological illnesses and conditions including neurotic and psychotic behavior disorders; anxiety disorders. | Not covered |
| 5 | Treatment for injury and its complications resulting from self-inflicted injuries including infections as a result of tattoos, piercing of the ear or in any body part, whether self-inflicted or done by a third party or attempted suicide or self-destruction, whether sane or insane. | Not covered |
| 6 | Developmental disorders including functional disorders of the mind, such as but not limited to Attention-Deficit Disorder (ADD)/Attention-Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders, Central Auditory Processing Disorder (CAPD), and Mental Retardation | Not covered |
| 7 | <p>Treatment of any injury received when there is:</p> <ul style="list-style-type: none"> a. Negligence b. Unauthorized use of prohibited drugs or regulated drugs c. Alcoholic liquor intake d. Direct or indirect participation in the commission of a crime whether consummated or not e. Violation of a law or ordinance f. Unnecessary exposure to imminent danger, knowingly or unknowingly or hazard to health, by the member | Not covered |
| | <p>Note: Maxicare shall be given a copy the Police or Doctor's report (the "Report"), if any. To determine whether or not such treatment is an exclusion under this paragraph, Maxicare may rely on the Report, as well as on the evaluation of its own Medical Resource Group Provided, however, that if Maxicare has yet to receive the Report or the evaluation of its Medical Resource Group, the Member shall shoulder the expenses for medical treatment subject to Maxicare's reimbursement should it be found, after submission of pertinent documentary evidence, that the treatment is not an exclusion under this paragraph. Reimbursement will be based on Maxicare standard rates.</p> | Not covered |
| 8 | Aesthetic, cosmetic and reconstructive surgery or any consultation or treatment for any beautification purposes except if necessary to treat a functional defect due to accidental injury within the initial confinement. | Not covered |
| 9 | <p>Oral surgery following accidental injury to teeth for purposes of beautification.</p> <p>Dental examinations, extractions, fillings, other dental treatment and their complications except to the extent that are medically necessary for repair or alleviation of damage to the Member caused solely by an accident.</p> <p>Medical care resulting from any dental related conditions.</p> | Not covered |

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| 10 | Maternity care and all other conditions (except pre and post natal consultations) related to and/or resulting from pregnancy and/or delivery which affect the conditions of the Member and the unborn child. | Modified: Refer to I. Benefits and Coverage if Maternity Care is covered. |
| 11 | Circumcision (except for treatment of urological conditions), sex transformation, diagnosis, treatment and procedures related to fertility or infertility, artificial insemination, sterilization or reversal of such and their complications. | Not covered |
| 12 | Experimental medical procedures and its complications. | Not covered |
| 13 | Acupuncture, chirotherapy and other forms of therapies and its complications. | Not covered |
| 14 | All expenses incurred in the process of organ donation and transplantation if the Member is the donor of such donation or transplantation, and its complications. | Not covered |
| 15 | Routine physical examinations required for obtaining or continuing employment, requirement in school, insurance/travel or government licensing, health permit and other similar purposes | Not covered |
| 16 | Purchase or lease of any medical equipment, oxygen dispensing equipment, and oxygen except during covered in-patient care | Not covered |
| 17 | Corrective appliances, prosthetics and orthotics such as but not limited to eye glasses and contact lenses, hearing aids, pacemaker, artificial limbs, valves, knee-tibial insert for total knee arthroplasty, vascular grafts, titanium thread, myringotomy tube, intravascular catheters, vascular stents, bone screws/plates, pins, wires, balloons, orthopedic internal fixator/fixation systems, orthopedic external fixator or fixation systems, intraocular lens, braces, crutches | Not covered |
| 18 | Take-home medicine and out-patient medicine except | Not covered |
| | • Chemotherapy medicine (except for cancer treatment) | Not covered |
| | • Medicine administered during an emergency treatment. | Not covered |
| 19 | Congenital, genetic and hereditary diseases and their complications (except for hernias) affecting functions of individuals. | Not covered |
| 20 | All physical deformities prior to enrollment | Not covered |
| 21 | Treatment of injuries/illnesses caused directly or indirectly by engaging in any professional sport or hazardous activity such as but not limited to scuba diving, surfing, water skiing, mountain climbing, rock climbing, mountaineering, parachuting, airsoft, drag racing, paintballing, wakeboarding and bungee jumping, except for activities under company-sponsored sports activities. | Not covered |
| 22 | Injuries resulting from direct participation in riots, strikes, and other civil disturbances. | Not covered |
| 23 | Treatment of injuries or illnesses resulting from war or any combat-related activities while in military service. | Not covered |
| 24 | Sexually transmitted diseases, genital warts, AIDS and AIDS related diseases | Not covered |
| 25 | Pre-existing Conditions | Modified: Refer to I. Benefits and Coverage |
| | • Dreaded | |
| | • Non-dreaded | |
| 26 | Treatment for chronic dermatoses (except consultations) | Not covered |
| 27 | Pre-existing Hepatitis B and screening and vaccines for all types of Hepatitis. | Not covered |
| 28 | Benefits covered by PhilHealth and all other government funded healthcare entitlements as provided for by law. | Not covered |
| 29 | Speech therapy for developmental and congenital diseases | Not covered |
| 30 | Weight reduction programs, surgical operation or procedure for treatment of obesity, including gastric stapling or balloon procedures and liposuction. | Not covered |
| 31 | Cost of medico-legal cases | Not covered |
| 32 | Routine medical examination or check up or medical examination for employment or medical examination for travel | Not covered |
| 33 | Intravenous Immunoglobulin (IVIG). | Not covered |
| 34 | Treatment of work-related injuries of high-risk occupations such as but not limited to construction workers, miners, loggers and drillers. | Not covered |
| 35 | Cost of the medical services and professional fees in excess of the MBL. | Not covered |

VIII. MODIFIED COVERAGE FOR BENEFITS PREVIOUSLY UNDER EXCLUSIONS AND LIMITATIONS

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| 1 | Infectious diseases (i.e. Avian Flu, Meningococccemia, etc.) that are declared epidemic or pandemic by the Department of Health, World Health Organization or any recognized health authority. | Pandemic declared diseases shall be covered up to MBL/member/year |
| 2 | Cost of vaccines for immunization including its administrations. | Coverage for Flu Vaccine (Influenza) for Principals only to be availed at any Primary Care Center (PCC) including administration, subject to availability of vaccines. |

IX. ADDED PROGRAM FEATURES

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|---|---|--|
| 1 | 24-Hour/7 Days a Week Customer Care Hotline | √ |
| 2 | Roving Customer Care Representative | √ |
| 3 | Manner of Access: | |
| | a. Hospitals | more than 1,000 Hospitals (65% are tertiary hospitals) and Clinics |
| | b. Clinics | |
| | c. Primary Care Centers | Maxicare Primary Care Centers at Makati Medical Center, St. Luke's Medical Center - Quezon City and Bonifacio Global City, Centuria Medical Makati, The Medical City, Chinese General Hospital, Cardinal Santos Medical Center, NCC Building, J.P. Laurel, Lipa City, W City Center BGC |
| | d. Maxicare Centers | Pampanga, Baguio, Batangas, Cebu, Bacolod, Iloilo, Dumaguete, General Santos & Davao |
| | e. Maxicare Helpdesks | Victor Potenciano Medical Center, Calamba Medical Center, Manila Doctors Hospital, Capitol Medical Center, The Medical City - Sta. Rosa, Laguna, Asian Hospital and Medical Center |
| | e. Accredited Doctors | over 56,000 accredited doctors (composed of Fellows, Diplomates) |
| 4 | PayorLink System | √ |
| 5 | CD Orientation (soft copy) | √ |
| 6 | VAT Charges | Inclusive of 12% VAT |
| 7 | Booklets & Summary of Coverage (SOC) | 1 per principal member |

X. MEMBERSHIP GUIDELINES

| | | |
|---|---|---|
| 1 | Age Eligibility | |
| | Principals | 18 up to 65 years old |
| | Adult Dependents | 18 up to 65 years old |
| | Minor Dependents | 15 days old up to 23 years old |
| * | Dependents should be the same plan or lower than the Principals, on a per level basis. | |
| * | No coverage for extended dependents. | |
| 2 | Hierarchy of Enrollment to be followed: | |
| | Married Employees | Legal spouse must be enrolled first, followed by the eldest to the youngest child. |
| | Single Employees | Both parents (anyone ahead of the other) and then the siblings (eldest to the youngest) |
| | Single Parent Employees | Children (eldest to youngest) and/or Parents (anyone ahead of the other) and siblings (eldest to youngest) |
| * | There will be a thirty (30) days grace period to enroll their eligible dependents. Otherwise, only newly wed, newly born and dependents of newly regularized employees shall be considered for enrollment after the 30 days grace period. | |
| 3 | Participation Requirement | |
| | a. Non-contributory accounts | 100% of all eligible employees should enroll all the eligible dependents under the program or the number of dependents should reach 75% of the total number of principals. |
| | b. Contributory accounts | At least 75% of all eligible employees should enroll all the eligible dependents under the program or the number of dependents should reach 75% of the total number of principals. |
| 4 | Philhealth Integration | MBL on top of Philhealth. Philhealth portion not deductible to the member's MBL. Required to file Philhealth |
| * | Additional Philhealth fee on the onset of enrollment: Php 2,400 per Non-Philhealth member per year (applicable for expatriate enrollees only) | |

XI. ESCALATION CLAUSE

| | | |
|---|---|-------------------------|
| 1 | at least 75% | standard rates |
| 2 | 60% - 74.9% | + 10% to standard rates |
| 3 | 40% - 59.9% | + 20% to standard rates |
| 4 | Below 40% | + 35% to standard rates |
| | <i>Above escalation clause shall apply and subject to change to the following cases:</i> | |
| | a. If there is a significant decrease from initial count to actual number of enrollees. Participation requirement is computed as total number of actual enrollees divided by total number of initial count prior effectivity of the account. | |
| | b. If enrollment of dependents is open to all employees then participation requirement is below 75%. This is regardless if account is contributory or non-contributory. Participation requirement is computed as total number of eligible dependents divided by the number of principals that has eligible dependents only. | |
| | c. If the account limits the dependent's enrollment on a per rank classification, participation requirement is computed as total number of eligible dependents divided by the total number of principals of the account. | |

XII. ENROLLMENT GUIDELINES

| | | |
|---------------|---|------------------------|
| 1 | Application Forms | Waived |
| 2 | Masterlist of Enrollees | Maxicare Format |
| 3 | Medical Requirements* (at the applicant's account) | Waived |
| 4 | Other medical requirements if deemed necessary | Waived |
| NOTES: | | |
| 1 | The coverage for the Special Diagnostic Procedures are subject to the recommendation of the accredited physician if medically necessary and the provisions of the dreaded and non dreaded pre-existing conditions. | |
| 2 | Above limits are inclusive of room & board, operating room charges, professional fees and other incidental expenses relative to the procedure. The maximum benefit limit shall be inclusive of consultations, routine procedures, diagnostic and therapeutic procedures and hospitalization. All procedures or benefits are subject to the limitations on pre-existing conditions as stated in this proposal. | |
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