

20 to 150 EMPLOYEES
 EAR 2019 MEMBERSHIP FEE
 (VAT Exclusive)

NATIONWIDE:			ANNUAL			
A. PRINCIPALS			VAT EXCLUSIVE		VAT INCLUSIVE	
Room Classification	Room Limit	MBL	without Elite	with Elite	without Elite	with Elite
Suite 4,000	4,000	400,000	16,000.00	21,680.00	17,920.00	24,281.60
Suite 3,000	3,000	400,000	14,820.00	19,970.00	16,598.40	22,366.40
Private	Open	250,000	12,460.00	16,925.00	13,955.20	18,956.00
Private	Regular	250,000	11,025.00	14,665.00	12,348.00	16,424.80
Semi-Private	Open	200,000	9,000.00	11,810.00	10,080.00	13,227.20
Ward	Open	100,000	6,855.00	9,060.00	7,677.60	10,147.20

B. DEPENDENTS			VAT EXCLUSIVE		VAT INCLUSIVE	
Room Classification	Room Limit	MBL	without Elite	with Elite	without Elite	with Elite
Suite 4,000	4,000	400,000	21,010.00	28,920.00	23,531.20	32,390.40
Suite 3,000	3,000	400,000	19,550.00	26,810.00	21,896.00	30,027.20
Private	Open	250,000	16,260.00	22,420.00	18,211.20	25,110.40
Private	Regular	250,000	14,345.00	19,465.00	16,066.40	21,800.80
Semi-Private	Open	200,000	11,455.00	15,360.00	12,829.60	17,203.20
Ward	Open	100,000	8,825.00	11,915.00	9,884.00	13,344.80

SEMI-ANNUAL			
VAT EXCLUSIVE		VAT INCLUSIVE	
without Elite	with Elite	without Elite	with Elite
8,560.00	11,598.80	9,587.20	12,990.66
7,928.70	10,683.95	8,880.14	11,966.02
6,666.10	9,054.88	7,466.03	10,141.46
5,898.38	7,845.78	6,606.18	8,787.27
4,815.00	6,318.35	5,392.80	7,076.55
3,667.43	4,847.10	4,107.52	5,428.75

VAT EXCLUSIVE		VAT INCLUSIVE	
without Elite	with Elite	without Elite	with Elite
11,240.35	15,472.20	12,589.19	17,328.86
10,459.25	14,343.35	11,714.36	16,064.55
8,699.10	11,994.70	9,742.99	13,434.06
7,674.58	10,413.78	8,595.52	11,663.43
6,128.43	8,217.60	6,863.84	9,203.71
4,721.38	6,374.53	5,287.94	7,139.47

QUARTERLY			
VAT EXCLUSIVE		VAT INCLUSIVE	
without Elite	with Elite	without Elite	with Elite
4,400.00	5,962.00	4,928.00	6,677.44
4,075.50	5,491.75	4,564.56	6,150.76
3,426.50	4,654.38	3,837.68	5,212.90
3,031.88	4,032.88	3,395.70	4,516.82
2,475.00	3,247.75	2,772.00	3,637.48
1,885.13	2,491.50	2,111.34	2,790.48

VAT EXCLUSIVE		VAT INCLUSIVE	
without Elite	with Elite	without Elite	with Elite
5,777.75	7,953.00	6,471.08	8,907.36
5,376.25	7,372.75	6,021.40	8,257.48
4,471.50	6,165.50	5,008.08	6,905.36
3,944.88	5,352.88	4,418.26	5,995.22
3,150.13	4,224.00	3,528.14	4,730.88
2,426.88	3,276.63	2,718.10	3,669.82

SCHEDULE OF HEALTHCARE BENEFITS

SERVICES/BENEFITS		SME LUXE		
A	ANNUAL PHYSICAL EXAMINATION			
	1	Taking of Medical History	Covered	
	2	Physical Examination	Covered	
	3	Chest X-Ray	Covered	
	4	Routine Urinalysis	Covered	
	5	Routine Fecalysis	Covered	
	6	Complete Blood Count (CBC)	Covered	
	7	Electrocardiogram (ECG) for members 35 years old and above or if indicated	Covered	
	8	Pap Smear for female members 35 years old and above or if indicated	Covered	
	Pre-employment Examination	Applicant to pay prior to availment. Reimbursable up to Php350 upon regularization		
B.	PREVENTIVE HEALTH CARE			
	1	Health Education Counseling on diet or exercise	Covered	
	2	Periodic Monitoring of Health Problems	Covered	
	3	Family Planning Counseling	Covered	
C	OUT-PATIENT CARE			
	1	Consultations during regular clinic hours, except prescribed medicines	Covered	
	2	Pre and Post Natal consultations	Covered excluding laboratory & diagnostic procedures	
	3	Eye, ear, nose and throat (EENT) treatment prescribed by an affiliated physician/specialist	Covered	
	4	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered	
	5	Dressings, conventional casts (plaster of Paris) and sutures.	Covered	
	6	X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an affiliated physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered	
	7	Minor surgery not requiring confinement prescribed by an affiliated physician / specialist	Covered	
	8	Cauterization of Warts prescribed by an Affiliated Physician/Specialist except genital warts and condyloma acuminatum	If Medically necessary & For therapeutic purposes (e.g. plantar warts, etc.) covered up to MBL; Php2,000 reimbursable Face Down for aesthetic purposes	
	9	Speech Therapy	Covered up to Php10,000/member/year (ON REIMBURSEMENT ONLY)	
	10	Initial treatment of Animal bites	Covered subject to MBL except cost of vaccines which is subject to a separate limit/coverage	
	11	Passive and active vaccines for treatment of tetanus and animal bites (including immunoglobulin)	covered up to P20,000 per member per year	
	12	Allergy Testing/ allergy screening and other related examinations prescribed by an affiliated Physician	Covered up to Php 2,500/member/year	
	D	IN-PATIENT SERVICES		
		1	Room and Board according to the Member’s Room and Board Accommodation and subject to the maximum rate of Daily Room and Board, if any, of the plan under which the Member is enrolled.	Covered
		2	Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by attending Affiliated Physician) and recovery room.	Covered subject to MBL
3		Professional fees in accordance with PhilCare Schedule of Rates.	Covered subject to MBL	
		a. Attending Physicians		
		b. Surgeons		
		c. Anesthesiologists		
		d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.		
4		Standard Nursing Services	Covered	
5		Medicines for in-patient use	Covered subject to MBL	

	6	Blood products transfusions and intravenous fluids, including blood screening and cross matching.	Covered subject to MBL including the cost of blood screening
	7	X-Ray, laboratory examinations, diagnostic tests and therapeutic procedures incidental to confinement	Covered subject to MBL
	8	Dressings, conventional casts (plaster of Paris) and sutures	Covered subject to MBL
	9	Anesthesia and its administration	Covered subject to MBL
	10	Oxygen and its administration	Covered subject to MBL
	11	Standard Admission kit	Covered
	12	All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Affiliated Physician	Covered subject to MBL
	13	Assistance in administrative requirements through a Liaison Officer	Covered
E		SPECIAL MODALITIES OF TREATMENT	
	1	Laparoscopic Cholecystectomy	Subject to MBL
	2	Lithotripsy	Subject to MBL, once per contract year
	3	Magnetic Resonance Imaging (MRI)	Subject to MBL
	4	Use of Nuclear/Radioactive Isotopes	Subject to MBL
	5	Hysterescopic Myoma Resection	Subject to MBL
	6	Laparoscopic Adrenalectomy (Unilateral)	Subject to MBL
	7	Laparoscopic Adrenalectomy (Bilateral)	Subject to MBL
	8	Transurethral Microwave Therapy of Prostate	Subject to MBL; once per contract year
	9	Hysteroscopic Guided D&C/Biopsy	Subject to MBL
	10	Percutaneous Ultrasonic Nephrolithotomy	Subject to MBL, once per contract year
	11	Ureterolithotripsy	Subject to MBL; once per contract year
	12	Stereotactic Brain Biopsy	Subject to MBL
	13	Cryosurgery	Subject to MBL; once per contract year
	14	Sleep Study/Polysomnograms (Sleep Recording)	Subject to MBL
	15	Continuous Positive Airway Pressure (CPAP) titration for sleep study	Covered subject to Php 5,000
	16	Neuroscan	Subject to MBL
	17	Pelvic Laparoscopy	Subject to MBL
	18	All Special Modalities of treatment and/or diagnostic procedures for which there are no comparable conventional or traditional equivalent or counterparts	Covered up to Php 5,000/ procedure /member /year
	19	Sclerotherapy for varicose veins as prescribed by an Affiliated Physician, to be availed through Affiliated vascular surgeons.	Up to Php 5,000 / leg / member /year
F		EMERGENCY CARE	
	1	In Affiliated Hospitals	
		a. Doctor's services	Covered subject to MBL
		b. Emergency Room Fees	Covered subject to MBL
		c. Medicines used for immediate relief during treatment	Covered subject to MBL
		d. Oxygen, Intravenous fluids and blood products.	Covered subject to MBL
		e. Dressings, conventional casts (plaster of Paris) and sutures.	Covered subject to MBL
		f. X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient.	Covered subject to MBL
		g. Room Upgrade in case of room unavailability	up to 24 hours except Suite Room
	2	In Non-Affiliated Hospitals	100% of hospital bills & professional fees based on PhilCare rates up to Php 30,000 /case /member /year (Reimbursement Basis)
	3	Outside the Philippines	100% of hospital bills & professional fees based on PhilCare rates up to Php 30,000 /case /member /year (Reimbursement Basis)
	4	Areas w/o Affiliated Hospital	Covered subject to PhilCare rates up to MBL (using the 50-km radius rule)
	5	Ambulance Service (Affiliated/Non-Affiliated to Affiliated) if within Metro Manila	Covered provided that case is fully coordinated with PhilCare through AeroMed
	6	Ambulance Service (Affiliated/Non-Affiliated to Affiliated) if in Provincial areas	Covered up to Php 2,500 per conduction (reimbursement)
G		Pre-Existing Conditions	100% subject to MBL
H		OTHER BENEFITS/SPECIAL SERVICES	

1	Work Related Conditions based on conditions covered by ECC	Covered
2	Motor Vehicular Accidents	Covered subject to MBL
3	Congenital diseases, except physical therapy sessions and developmental disorders,	up to Php 40,000 /member /year
	Congenital Hernia	Covered subject to MBL
4	Scoliosis (acquired cases only) including necessary procedures, except physical therapy sessions	Covered up to Php 40,000/member/year (only acquired cases)
5	Epilepsy, Seizure Disorder	Covered if acquired
6	Hepatitis B (if acquired, excluding STD) & Hepatitis C	Covered if acquired & not related to STD. Screening test is not Covered
7	Sports-related injuries	covered; if extreme sports, not covered
8	Unprovoked Assault, including domestic violence, whether initiated by a known or unknown third party	Covered
9	Maternity Assistance (for female employees only & for delivery assistance, subject to 280 days waiting period)	Covered up to P5,000 (on reimbursement - once per contract year)
DIAGNOSTIC PROCEDURES		SME LUXE
	Coronary Angiography	Covered subject to MBL
	24 hour EEG Monitoring	Covered up to Php5,000/member/year
	Esophageal Manometry	Covered up to Php5,000/member/year
	Positron Emission Tomography	Covered up to Php5,000/member/year
	CT Pulmonary Angiography	Covered up to Php5,000/member/year
	Photodynamic Therapy	Covered up to Php5,000/member/year
	24-hour Holter Monitoring	Covered subject to MBL
	Adrenocortical Function	Covered subject to MBL
	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered subject to MBL
	Arterial Blood Gas	Covered subject to MBL
	Arthroscopic Procedures, Orthopedic Arthroscopy	Covered subject to MBL
	Audiograms and Tympanograms	Covered subject to MBL
	Bone Density Test (Dexa Scan/BMD Studies)	Covered subject to MBL
	Computed Tomography Scans	Covered subject to MBL
	Diagnostic Radiographs:	
	a. Biliary tract: Cholecystogram and Cholangiogram	Covered subject to MBL
	b. Chest, ribs, sternum and clavicle	Covered subject to MBL
	c. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series, Small Bowel series	Covered subject to MBL
	d. Face (including sinuses), Head and Neck	Covered subject to MBL
	e. Urinary: KUB, Pyelograms and Cystograms	Covered subject to MBL
	f. X-ray of the extremities and pelvis	Covered subject to MBL
	g. X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered subject to MBL
	Diagnostic Ultrasounds:	
	a. 2D-Echo with Doppler	Covered subject to MBL
	b. Abdomen	Covered subject to MBL
	c. Duplex Scan	Covered subject to MBL
	d. Digestive and Urinary Systems	Covered subject to MBL
	e. Ultrasound of the Lungs	Covered subject to MBL
	f. 4D Ultrasound except for maternity-related cases	covered up to Php5,000/member/year
	Electroencephalogram	Covered subject to MBL
	Electromyelography and Nerve Conduction Studies	Covered subject to MBL
	Endoscopic Procedures	Covered subject to MBL
	Fluorescein Angiography	Covered subject to MBL
	Impedance Plethysmography	Covered subject to MBL
	Lead Electrocardiogram	Covered subject to MBL
	Magnetic Resonance Angiography (MRA)	Covered subject to MBL
	Mammography and Sonomammogram	Covered subject to MBL
	Myelogram	Covered subject to MBL
	Pap's Smear	Covered subject to MBL
	Perfusion Scan	Covered subject to MBL
	Plasma Urinary Cortisol, Plasma Aldosterone	Covered subject to MBL
	Polysomnograms (Sleep Recording)	Covered subject to MBL
	Pulmonary Function Tests	Covered subject to MBL
	Radioisotope Scans and Function Studies:	
	a. Cardiac	Covered subject to MBL
	b. Gastrointestinal	Covered subject to MBL
	c. Liver	Covered subject to MBL
	d. Parathyroid Bone, Pulmonary (Perfusion/Ventilation Lung Scans)	Covered subject to MBL
	e. Renal	Covered subject to MBL
	f. Thyroid Scans	Covered subject to MBL

	g. Total Body Scans	Covered subject to MBL
	h. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	Covered subject to MBL
	Radionuclide Ventriculography	Covered subject to MBL
	Surface Electromyography (SEMG)	Covered subject to MBL
	Thallium Scintigraphy	Covered subject to MBL
	TMST-Treadmill Stress Test	Covered subject to MBL
	Cataract extraction except cost of lens	Covered subject to MBL
	X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an accredited physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered subject to MBL
	Tuberculin test	covered up to Php600/member/year
	Blood Chemistries	Covered subject to MBL
	Chest X-Ray	Covered subject to MBL
	Complete Blood Count (CBC)	Covered subject to MBL
	Fecalysis	Covered subject to MBL
	Urinalysis	Covered subject to MBL
	THERAPEUTIC PROCEDURES	SME LUXE
	Angioplasty / Coronary Artery Bypass Graft	Covered subject to MBL
	Gamma Knife Surgery	Covered subject to MBL
	Laparoscopy (except those listed in the Special Modalities of Treatment)	Covered subject to MBL
	Conventional Hemorrhoidectomy	Covered subject to MBL
	Scalpel Hemorrhoidectomy	Covered subject to MBL
	Stapled Hemorrhoidectomy	Covered up to Php 5,000 /member /year
	Mammotome	Covered up to Php5,000/member/year
	Botox which is not cosmetic in nature nor for beautification purpose	Covered up to Php5,000/member/year
	Dialysis	Covered subject to MBL
	Intravenous Chemotherapy	Covered subject to MBL
	Oral Chemotherapy	Not Covered
	Physical therapy/Occupational Therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.	Physical and Occupational Therapy is covered up to 12 sessions subject to MBL per member per year for OP; subject to MBL for IP
	Therapeutic Radiology:	
	a. Brachytherapy	Covered subject to MBL
	b. Cobalt	Covered subject to MBL
	c. Linear Accelerator Therapy	Covered subject to MBL
	d. Radioactive Cesium	Covered subject to MBL
	e. Radioactive Iodine	Covered subject to MBL
	f. Intensified Modulated Radiotherapy	Covered up to Php5,000/member/year
	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered subject to MBL
	Minor surgery not requiring confinement prescribed by an Affiliated Physician / Specialist	Covered subject to MBL
	Eye laser therapy for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an affiliated Physician/Specialist , excluding eye correction such as Lasik, PRK and the like	Covered up to Php 10,000 /eye /member /year
	Blood products transfusions and intravenous fluids, including blood screening and cross matching	Covered subject to MBL
	DENTAL CARE	OPTIONAL with additional cost/Built-In (if requested to be included)
1	Annual Dental examination and consultation	Covered
2	Emergency Out-patient Dental Treatment - to be availed at Affiliated dental clinics only	Covered
3	Oral prophylaxis	Covered - Once a year
4	Simple tooth extractions	Covered
5	Restorative and prosthodontic treatment planning	Covered
6	Temporary Fillings	Unlimited, As needed
7	Desensitization of hypersensitive teeth	Covered
8	Simple adjustment of dentures	Covered
9	Re-cementation of loose crowns, inlays and onlays	Covered
10	Dental Nutrition and Dietary Counseling	Covered
11	Dental Health Education	Covered
12	Pre-natal check of teeth and gums	Covered
13	Temporo Mandibular Joint Consultation	Covered
14	Gum treatment for cases like inflammation or bleeding	Covered

L	15	Permanent fillings Light cure (if applicable & costed)	covered up to (EXTENT OF COVERAGE: i.e. 2 surfaces, 2 teeth, etc.) IF REQUESTED AND COSTED
	GROUP LIFE WITH ACCIDENTAL DEATH & DISABLEMENT (AD&D) BENEFITS (For Principal Members/Employees only)		Optional Rider
		Death	Php Face Amount
	2	AD&D Coverage	Php Face Amount
		a. life	100% of amount of insurance
		b. entire sight of both eyes	100% of amount of insurance
		c. both hands or both feet	100% of amount of insurance
		d. one hand and one foot	100% of amount of insurance
		e. either hand or foot and sight of one eye	100% of amount of insurance
		f. Arm at or above elbow	70% of amount of insurance
		g. Leg at or above knee	60% of amount of insurance
		h. One hand at or above wrist	50% of amount of insurance
		i. One foot at or above the ankle	50% of amount of insurance
		j. Hearing of both ears	50% of amount of insurance
		k. Sight of one eye	50% of amount of insurance
		l. Four fingers and thumb of one hand	50% of amount of insurance
M	MEMBERSHIP GUIDELINES		
	1	Age Eligibility	Based on actual age at the time of enrollment
		Principals	18 up to less than 65 years old
		The following deviations of Masterlist from R3 will be allowed:	
		Reason	Documents to be submitted
		Resignation	Company certificate enlisting the resigned employees and commitment date to provide updated SSS list reflecting the changes
		Probationary	Company certificate enlisting the probationary employees, their regularization date and commitment date to provide updated SSS list reflecting the changes
		Foreigner employee	Company certificate enlisting the foreigner employees and ACR/AEP
		Board of Director	Company certificate enlisting the Board of Directors and General Information Sheet (GIS)
		Note:	
		Company certificate to be provided should be notarized or with dry seal. It should be signed by the company's authorized company signatory.	
		Other requirements may be requested, as deemed necessary, once complete files has been forwarded for validation.	
		Adult Dependents	18 up to less than 65 years old
		Minor Dependents	15 days old up to 21 years old
		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.
		Philhealth Integration	MBL on top of Philhealth. Philhealth portion not deductible to the member's MBL. Required to file Philhealth
		Philhealth Amount (Non-Philhealth)	Additional Philhealth fee on the onset of enrollment: Php 2,688 per Non-Philhealth member per year
		Actual Age Definition - Age based on the individuals actual birthday on the time of the start of the contract	
	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 must be enrolled first, followed by the eldest to youngest sibling
		Single Parent Employees	Eldest to youngest child first, followed by parents.
	*	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.	
			Not waived.

3	Effective date proviso	Under the Effective Date Provision, if the enrolled person, on account of injury or illness, is not actively working in full time employment on the date his coverage would otherwise have become effective as provided above, the coverage shall not become effective until the date such person returns to full time active work.
		If the enrolled dependent, on account of injury or illness, is confined in a hospital on the date his coverage would otherwise have become effective as provided above, the coverage shall not become effective until the date such dependent is discharged from the hospital.
	<u>DELIVERABLES & OTHER ARRANGEMENTS:</u>	
1	Timeline for Deliverables (Cards, SOA & Contract)	PhilCare to provide the deliverables within 10 to 15 working days from inception date; provided all documents are submitted & complete
		(in compliance to SME requirement)
	<i>*For additional members enrolled within the covering period</i>	To submit updated SSS List with SSS watermarks reflecting the name of the member/s for enrollment
2	Payment Arrangement	10 working days from SOA receipt
3	Submission of Signed Contract by the client	Should be submitted back to PhilCare within 10 working days from receipt of contract
4	IT-Enabled Customer Experience	HR Portal for authorized HR representative. Pls. provide name & email address of appointed HR representative:
		Hey Phil and Member Gateway provided for all enrolled PhilCare eligible members
5	Provider Information:	
	Accredited Hospitals & clinics nationwide	More than 1,400
	Accredited Physicians by affiliation	More than 30,000
	PhilCare Owned Clinics	4 PhilCare Clinics (Makati, MOA, Manila & EDSA)
	PhilCare Quick Assist Centers	and 7 Quick Assist Centers (MMC, TMC, VRP, AUMC, Cebu, Ilo-Ilo & Bacolod)
NOTES:		
1	The coverage for the Special Diagnostic Procedures are subject to the recommendation of the affiliated	
2	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	