

**SCHEDULE OF BENEFITS**

<b>BENEFITS</b>	<b>COVERAGE</b>
<b>IN-PATIENT / HOSPITALIZATION</b>	
Room & Board accommodation up to the limit of your plan	Covered up to MBL
General Nursing Services;	
Services of physician(s), specialist(s), surgeon(s) & anaesthesiologist;	
Anaesthesia & its administration, dressings, sutures, casts, and other necessary medical supplies;	
Use of Operating/Recovery Room;	
Transfusion of blood, blood elements & other intravenous fluids;	
ICU confinements – subject to the maximum benefit limit;	
Prescribed laboratory examinations including complex diagnostic procedures such as, but not limited to, MRI, CT scan and ultrasound;	
All other expense directly related to the medical management of the illness and/or injury that resulted to a plan member's confinement including Admission Kit.	
<b>OUT-PATIENT</b>	
Consultations during regular clinic hours, except prescribed medicines	Covered up to MBL
Pre and Post Natal consultations	Covered up to MBL
Eye, ear, nose and throat (EENT) treatment prescribed by an Accredited Physician/Specialist	Covered up to MBL
Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered up to MBL
Eye laser therapy only for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an Accredited Physician/Specialist. Eye correction such as Lasik, PRK and the like are not covered.	Covered up to MBL
Cauterization of Warts prescribed by an Accredited Physician/Specialist, in any part of the body except genital warts and condyloma acuminata	Covered up to MBL (Php1,600 per area)
Sclerotherapy for varicose veins (except medicines and for cosmetic purposes) as prescribed by an Accredited Physician, to be availed through accredited vascular surgeons.	Covered up to MBL
Allergy Testing/ allergy screening and other related examinations prescribed by an Accredited Physician	Covered up to Php 1,000/year
Speech therapy (for stroke patients only)	Covered up to MBL
Tuberculin test	Covered up to Php 600/year
Physical/Occupational Therapy	Covered up to MBL
Chemotherapy	Covered up to MBL
Radiotherapy	Covered up to MBL
Dialysis	Covered up to MBL
Common Laboratory Procedures	Covered up to MBL
Diagnostic and Therapeutic Procedure	Covered up to MBL
Laparoscopic Procedure	Covered up to MBL
Arthroscopic Procedure	Covered up to MBL
New/Special Modalities	Covered up to MBL
<b>EMERGENCY CARE</b>	
In Accredited Hospitals	Covered up to MBL

Room Upgrade in case of room unavailability	24 hours stay will be covered.  <i>*Should the Plan Member decides to stay further once an available room equal to or less than his Room and Board-limit becomes available, the Plan Member will have to pay for the excess, ineligible expenses and/or corresponding incremental costs prior to discharge.</i>
In Non-Accredited Hospitals	Reimbursable up to 100% of actual cost based on MBL
Outside the Philippines	Reimbursable up to 100% of actual cost based on MBL
Areas without Accredited Hospital	Reimbursable up to 100% of actual cost based on MBL
Ambulance Service (Accredited Hospital/Clinic to Accredited Hospital/Clinic)	Reimbursement of P 5, 000 (from point of origin to hospital/clinic)
Ambulance Service (Non-accredited Hospital/Clinic to Accredited Hospital/Clinic)	Reimbursement of P 5, 000 (from point of origin to hospital/clinic)
<b>ANNUAL PHYSICAL EXAMINATION</b>	
	<i>Inclusive</i>
Physical Examination	Covered
Complete Blood Count (CBC)	Covered
Routine Fecalysis	Covered
Routine Urinalysis	Covered
Chest X-ray	Covered
ECG	35 years old and above
Pap Smear	35 years old and above
<b>PREVENTIVE HEALTHCARE</b>	
Passive and active vaccines for treatment of tetanus and animal bites	Covered up to 40,000/year
Periodic monitoring of health problems	Covered
Health-education and counseling on diets or exercise	Covered
Health habits and Family Planning counseling	Covered
Routine immunization except cost of vaccines	Covered
Wellness programs/lectures	Covered once a year
<b>DENTAL</b>	
Dental examination/diagnosis as needed	Covered
Oral prophylaxis	Twice a year
Gum problem consultation and treatment	Covered
Simple/Uncomplicated tooth extraction (anterior tooth, posterior tooth)	Covered
Temporary Fillings	Covered
Re-cementation of loose jacket crowns	Covered
Simple denture adjustment and repair	Covered
Oral Hygiene instruction	Covered
Orthodontic Treatment Consultation	Covered
Temporo Mandibular Joint Consultation	Covered
Permanent Fillings	Covered up to 2 surface per year
<b>GROUP LIFE INSURANCE WITH ACCIDENTAL DEATH AND DISABLEMENT (AD&amp;D) BENEFITS</b>	
	Natural Death: Php 25,000 Accident Death: Php 50,000
<b>ELIGIBLE MEMBERS</b>	

<b>Principal</b>	Regular, full-time employees up to 65 years old (coverage automatically ends of the day before the employee celebrates his 66th birthday or retires from employment whichever is earlier)
<b>Dependents:</b>	
Single Employees	Parents up to 65 years old and Siblings from 15 Days old up to 23 years old
Married Employees	Legal Spouse up to 65 years old and Children from 15 days old up to 23 years old
Single Parent Employees	Children from 15 Days old up to 23 years old and Parents up to 65 years old
<b>ADDITIONAL BENEFITS</b>	
Work Related Conditions based on conditions covered by ECC (Employee's Compensation Act Benefits)	Covered
Motor Vehicular Accidents	Covered subject to MBL and Exclusions and Limitations Provisions
Provoked and Unprovoked Assault, including domestic violence, whether initiated by the Member or by a known or unknown third party	Covered
Scoliosis, including necessary procedures, except physical therapy sessions, whether congenital, pre-existing, developmental or acquired	Covered up to MBL
Congenital Conditions except physical therapy sessions and developmental disorders	Covered up to MBL
Chronic Dermatoses	Consultation Only
Hepatitis B	Covered up to MBL (if acquired)

**SUMMARY:**

Annual Physical Examination	Inclusive
Dental	Inclusive
Pre-Existing Condition	Covered up to MBL
Processing Fee	Waived
Replacement of Loss Card	Php50.00
Innovation:	ETIQA SMILE app
	Telemedicine thru VRP and The Medical City