

5-24 VISMIN ACCESS

Room & Board ('on top of PhilHealth')	Benefit Limit (in Php)	Coverage	Access to Major Hospitals	Annual Premium Rate per person (in Php)	Semi-Annual Premium Rate per person (in Php)	Quarterly Premium Rate per person (in Php)
Ward	30,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	5,784.00	3,066.00	1,620.00
Ward	40,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	6,212.00	3,293.00	1,740.00
Ward	50,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	6,629.00	3,514.00	1,857.00
Ward	60,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	6,926.00	3,671.00	1,940.00
Ward	70,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	7,218.00	3,826.00	2,022.00
Semi Private	80,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	8,259.00	4,378.00	2,313.00
Semi Private	90,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	8,735.00	4,630.00	2,446.00
Semi Private	100,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	9,217.00	4,886.00	2,581.00

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Reg Private	100,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	11,413.00	6,049.00	3,196.00
Reg Private	120,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	12,490.00	6,620.00	3,498.00
Reg Private	150,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	14,417.00	7,642.00	4,037.00
Reg Private	180,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	16,351.00	8,667.00	4,579.00
Reg Private	200,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	17,636.00	9,348.00	4,939.00
Large Private	150,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	16,012.00	8,487.00	4,484.00
Large Private	180,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	18,172.00	9,632.00	5,089.00
Large Private	200,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	19,606.00	10,392.00	5,490.00
Large Private	250,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	22,610.00	11,984.00	6,331.00

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Small Suite	300,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	30,780.00	16,314.00	8,619.00
Small Suite	350,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	33,047.00	17,515.00	9,254.00
Open Suite	400,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	35,183.00	18,647.00	9,852.00
Open Suite	450,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	38,188.00	20,240.00	10,693.00
Open Suite	500,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	41,186.00	21,829.00	11,533.00
Ward	80,000	IP-OP, MBL	Without AHMC, CSMC, MMC, SLMC GC, SLMC QC, TMC, HW	7,706.00	4,085.00	2,158.00

SME is not applicable for Government Agencies (GA), Government Financial Institutions (GFIs), Government and Government Owned and Controlled Corporations (GOCCs), Health Services (including Veterinary Clinics, Dental Clinics and schools related to hospitals), non-legally established groups, groups formed for the purpose of acquiring insurance and open groups. Hazardous occupation are not covered such as, but not limited to Blasters, Stuntmen, Pilot, Armed Forces / Police, Odd Job Labourers, etc. Employees of associations / cooperatives / non-profit organizations will be allowed if provided proof / certification from the authorized signatory (e.g. President, HR) that coverage is an employee benefit, hence premium is company paid. (Marketing shall request this requirement.)

*** Quoted rates include access to Cebu Doctors Hospital, Davao Doctors Hospital, Chong Hua Hospital**

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* Quoted rates are for IP-OP MBL coverage.

* Quoted rates are not applicable for over-aged enrollees unless stated otherwise.

* Quoted rates are inclusive of the following:

Basic APE to be availed at any accredited clinics

PEC up to MBL

Life up to 25K and PA up to 50K

Tuberculin test is covered up to 600 as long as medically necessary

Other provisions:

Congenital Conditions up to MBL

Scoliosis up to MBL

Special Modalities up to MBL

Unused premium refund provision for terminated enrollees without utilization for mode of payments annual and semi-annual only

HIV related cases coverage up to 30% of MBL as long as medically necessary

* Special Note(s):

Corresponding premium for overage enrollees

Age	Premium Increase	Remarks	Multiplier
66 - 70 years old	150% higher than the standard rate	AUTO MATI C TERMI NATIO N UPON ATTAI NING AGE 71	2.5

- *Quoted rates are inclusive of taxes*
- *To cover at least 5 employees and to meet the minimum premium requirement*
- *At least 75% of employees should enroll their dependent(s)*

• *Rates are applicable for employees and dependents coverage. Rates are applicable for Virgin Account*

• *The above rates are applicable for company-paid / non-contributory plans only.*

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- *Standard Provisions should apply*
- *Enrollee without Philhealth Coverage may opt to:*
 - *Enroll voluntarily under PhilHealth*
 - *Pay for the PhilHealth portion of the bill when confined*
 - *Pay an additional PhP2,400.00 premium per head*