

## HEALTHCARE PROPOSAL FOR INDIVIDUAL AND FAMILY

### DELIVERY SYSTEM

- ✓ **HOSPITAL BASED:** Planholders can proceed directly to an accredited hospital.
- ✓ **NETWORK ACCESS:** Planholders can directly access the list of ValuCare accredited hospitals, coordinators and affiliate/accredited clinics.
- ✓ **PHILHEALTH INTEGRATED:** The plan is integrated with the PhilHealth benefits; Planholders are required to file and submit duly accomplished PhilHealth forms at the billing section of the hospital. Planholders who are not members of PhilHealth and/or not qualified under PhilHealth provisions (i.e. foreigners, unemployed parents below sixty (60) yrs. old, children twenty-one (21) yrs. old, etc.) are required to pay the PhilHealth portion whenever necessary (i.e. confinement for not less than 24 hours, minor surgical procedures and chemotherapy, radiotherapy, hemodialysis, endoscopic procedures, and cataract extraction even on an OUT-PATIENT basis).

### MEMBERSHIP ELIGIBILITY

- ✓ **PRINCIPAL MEMBER:** from 18 yrs. old to below 60 yrs. Old
- ✓ **DEPENDENTS:**
  - If Married:*
    - 1<sup>st</sup> Priority* - Legal Spouse from 18 yrs. old to below 60 yrs. old
    - 2<sup>nd</sup> Priority* - Children from 90 days old to below 21 yrs. old, (from eldest to youngest, single & unemployed)
  - If Single:*
    - 1<sup>st</sup> Priority* - Father, below 60 years old
    - 2<sup>nd</sup> Priority* - Mother, below 60 years old
    - 3<sup>rd</sup> Priority* - Siblings, 90 days to below 21 years old, (from eldest to youngest, single & unemployed)

## SERVICE AND BENEFITS PACKAGE

### A. OUT-PATIENT SERVICES

- ✓ Any number of necessary consultations and treatments during regular clinic hours (excluding the prescribed medications);
- ✓ Referrals to accredited specialists;
- ✓ X-ray, laboratory examinations and diagnostic procedures required and prescribed by the Primary/Accredited Physician;
- ✓ Ten (10) pre or post-natal consultations with ValuCare accredited obstetricians.

### B. PREVENTIVE CARE SERVICES

- ✓ Immunizations, excluding the cost of the vaccines;
- ✓ Medical management of health problems;
- ✓ Family planning consultations, health education & counseling on diets or exercise;
- ✓ Annual Physical Examination (A.P.E.):
  - Physical examination/physician's assessment;
  - Chest X-ray;

- Complete Blood Count (CBC);
- Urinalysis;
- Stool analysis (fecalysis);
- Electrocardiogram (ECG) for all members at age 35 yrs. old & above; and
- Pap smear for female members at age 35 yrs. old & above.

**Note:** Scheduling of Annual Physical Examination (A.P.E.) is based on mode of payment:

**Annual** – Anytime within the contract period, upon completion of one (1) year payment

**Semi-Annual** – on the 6<sup>th</sup> month from effective date of membership, upon completion of one (1) year payment

**Quarterly** – on the 10<sup>th</sup> month from effective date of membership, upon completion of one (1) year payment

### **C. IN-PATIENT SERVICES**

- ✓ Room & board accommodation based on the planholder's designated plan at any ValuCare accredited hospital;
- ✓ Use of operating room and recovery room;
- ✓ Professional fees for accredited:
  - Medical Coordinators;
  - Medical Specialists;
  - Surgeons;
  - Anesthesiologists
- ✓ Medicines and injectables including prescribed drugs purchased outside the hospital when these are not available in the hospital pharmacy at the time of confinement. When purchased by the member, the cost thereof shall be reimbursed to him by ValuCare following the procedures for claims reimbursement;
- ✓ Blood transfusions (including human blood products) except gamma globulin;
- ✓ Intravenous (IV) fluids; X-ray, laboratory examinations, and diagnostic tests ordered by ValuCare attending physicians;
- ✓ Dressings, casts, and sutures;
- ✓ Standard nursing services;
- ✓ Inhalation therapy;
- ✓ Oxygen and its administration;
- ✓ ICU/CCU or its equivalent confinement, when required;
- ✓ All other items directly related to the medical management of the patient.

### **D. EMERGENCY CARE SERVICES**

#### ***In ValuCare accredited hospitals:***

- ✓ Doctor and hospital services;
- ✓ Medicines used for immediate relief and during treatment;
- ✓ Oxygen, intravenous fluids, whole blood and human blood products;
- ✓ Dressing, casts, and sutures; and,
- ✓ X-ray, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient.

***In non-accredited hospitals, ValuCare shall reimburse the following based on the limits stated below, up to Php15,000 per emergency case but not to exceed planholder's Maximum Coverage Benefit (MCB):***

- ✓ 100% of the physician's professional fees, based on what it would have cost ValuCare had the treatment been done in an accredited hospital; and,
- ✓ 80% on applicable hospital bill.

### **E. COVERAGE ON PRE-EXISTING CONDITIONS (PEC)**

An illness or injury is considered to be in existence prior to the effective date of the planholder coverage in any of the following cases:

1. When any professional advice or treatment has been obtained for such illness or injury prior to the said effective date of coverage;
2. Such illness or injury is evident to the planholder before the effective date of his/her membership;
3. The natural history of such illness or injury can be clinically determined to have started prior to the effective date of coverage.

Applicant is required to accomplish an application form which shall be subjected to evaluation based on ValuCare Underwriting's PEC waiver guidelines.

ValuCare shall cover pre-existing conditions only after the first 12 months of membership, as provided below, upon approval of application, unless the condition falls under the provision on exclusions and limitations as stated in this Agreement:

**2<sup>nd</sup> year – 50% of MCB (aggregate limit)**

**3<sup>rd</sup> year – 100% of MCB (per illness per year)**

However, for kidney and gall stones medical cases, coverage shall be up to 75% of MCB (aggregate limit); No coverage for dreaded diseases and conditions except for cases acquired during the effectivity of membership.

**4<sup>th</sup> and succeeding years – covered up to 100% of MCB (per illness per year) for all medical cases.**

However, treatment for dreaded diseases and conditions shall not be covered except if the same were acquired during the effectivity of membership.

The following conditions, but not limited to, when occurring during the *first year* of coverage after the effective date, are considered **pre-existing**: (a) Acquired hernias; (b) Benign new growths or tumors (like sebaceous cysts, lipoma, epidermal inclusion cysts etc.); (c) Bronchial Asthma; (d) Buergher's disease; (e) Chronic ENT conditions requiring surgery (Nasal Polyposis, Chronic Otitis Media, Vocal Fold Polyp/Nodules); (f) Eye disorders like cataracts and glaucoma; (g) Fatty liver; (h) Gallbladder diseases like cholecystitis, cholelithiasis; (i) Gastric & duodenal ulcers; (j) Gynecological conditions (endometriosis, myoma, ovarian cysts); (k) Hemorrhoids and anal fistula; (l) Hypertension, atherosclerosis, dyslipidemia; (m) Neurological disorders like Paralysis; (n) Osteoarthritis, gout, hyperuricemia; (o) Peptic Ulcer Disease; (p) Primary Koch's Infection/Tuberculosis; (q) Prostate diseases like benign prostatic hypertrophy; (r) Thyroid disease (Nodular Nontoxic Goiter, Hypothyroidism, Hyperthyroidism); (s) Varicose veins; (t) Any dreaded diseases, if present upon enrollment.

The following diseases, but not limited to, are considered **dreaded**: (a) Cerebrovascular Accident (stroke); (b) Central Nervous System lesions (Poliomyelitis/Meningitis/Encephalitis/neurosurgical conditions); (c) Cardiovascular Disease (Coronary/Valvular/Hypertensive Heart Disease/ Cardiomyopathy); (d) Chronic Obstructive Pulmonary Disease (Chronic Bronchitis/Emphysema), Restrictive Lung Disease; (e) Liver Parenchymal Disease (Cirrhosis, Hepatitis (except Type A), New Growth); (f) Chronic Kidney/Urological disease (Urolithiasis, Obstructive uropathies, etc.); (g) Chronic Gastrointestinal Tract Disease requiring bowel resection and/or anastomosis; (h) Collagen diseases; (i) Diabetes Mellitus and its complications; (j) Malignancies and Blood dyscrasias (Cancer, Leukemias, Idiopathic Thrombocytopenic Purpura); (k) Injuries from accidents or

assaults, frustrated homicide or frustrated murder; subject to police report; (l) complications of an apparent ordinary illness including MODS and SIRS (e.g. sepsis due to pneumonia, typhoid ileitis, cerebral malaria, etc.); (m) Single or multiple organ dysfunction and failure (MODS and MOF); (n) Conditions that may require dialysis; (o) Chronic pain syndrome (greater than six weeks); (p) Any illness other than the above which would require Intensive Care Unit confinement.

#### F. MEDICAL MODALITIES AND PROCEDURES

24-Hour Holter Monitoring	Covered subject to MCB
2D Echo with Doppler	Covered subject to MCB
Adrenocortical Function Test	Covered up to Php5,000
Angiography including Magnetic Resonance Angiography (MRA)	Covered up to Php10,000
Angioplasty	Covered up to 50% of MCB
Arthroscopic Procedure	Covered up to Php10,000
Audiogram & Tympanogram	Covered subject to MCB
Bone Mineral Density Measurement or DEXA-Scan	Covered subject to MCB
Brachytherapy	Covered up to Php10,000
Brain Stem Auditory Evoked Response	Covered up to Php5,000
Cataract Surgery ( <i>excluding cost of lens</i> )	Covered up to PEC Limit
Chemotherapy	Covered up to 6 sessions
Cryosurgery	Covered up to Php1,000/area
CT Scan	Covered subject to MCB
CT Scanogram	Covered up to Php10,000
Dialysis	Covered up to 7 sessions
Electroencephalogram (EEG)	Covered subject to MCB
Electromyography, Nerve Conduction Velocity Studies	Covered subject to MCB
Eye Laser Therapy ( <i>except for correction of EOR</i> )	Covered up to PEC Limit
Herniorrhaphy (except to treat Indirect Inguinal Hernia)	Covered up to MCB
Hysteroscopic Procedures (i.e. Hysteroscopy Guided D&C, Hysteroscopic Myomectomy)	Covered up to Php20,000 (once per contract a year)
Inhalation Therapy	Covered up to MCB
Laparoscopic Procedures	Covered up to Php20,000 (once per contract year)
Laryngeal Stroboscopy	Covered up to MCB
Lithotripsy (ESWL)	Covered up to Php20,000 (once per contract year)
Lung Function Studies	Covered up to MCB
M-Mode Echocardiography	Covered up to MCB
Mammography and Sonomammography	Covered up to MCB
Magnetic Resonance Imaging (MRI) including Magnetic Resonance Spectroscopy (MRS)	Covered up to Php5,000/session

Myelogram	Covered up to MCB
Nuclear Radioactive Isotope Scan (NRIS)	Covered up to MCB
Open Heart Surgery	Covered up to 50% of MCB
Orthopedic Surgery (except arthroscopy & the cost of implant/prosthesis)	Covered up to Php30,000
Other special machine-guided procedures	Covered up to Php10,000
Out Patient Physical Therapy/Occupational Therapy	Covered up to 10 sessions
Percutaneous Adrenalectomy	Covered up to Php35,000
Percutaneous Ultrasonic Nephrolithotomy	Covered up to Php35,000
Plasma Urinary Cortisol, Plasma Aldosterone	Covered up to MCB
Prostate Surgery like TURP (for BPH)	Covered up to MCB
Pulmonary Perfusion Scan	Covered up to MCB
Radioactive Iodine Therapy for Hyperthyroidism	Covered up to MCB
Radiotherapy	Covered up to 6 sessions
Sleep Study (for Obstructive Sleep Apnea Syndrome)	Covered up to Php5,000
Speech Therapy for non-congenital disorders like stroke	Covered up to 7 sessions
Stereotactic Brain Surgery	Covered up to 50% of MCB
Trans-urethral Microwave Therapy	Covered up to Php10,000
Treadmill Stress Test	Covered up to MCB
Ultrasound (except maternity-related)	Covered up to MCB
Ultrasound guided procedures	Covered up to MCB
All new & sophisticated diagnostic modalities and/or methods of treatment for which there are or there are no comparable conventional or traditional equivalent or counterparts	Covered up to Php5,000 (once per contract year)

\*The above limits are subject to Maximum Coverage Benefit (MCB), Pre-Existing Conditions (PEC) Coverage, Exclusions & Limitations, and incidental expenses. The limit for procedures that may require confinement (elective procedures) shall be inclusive of professional fees, room & board accommodation, operating room charges, medical supplies and other incidental expenses relative to the procedures. PhilHealth must be filed by member whenever applicable.

#### **G. DENTAL PROGRAM FOR PRINCIPAL AND DEPENDENTS (INCLUSIVE)**

- ✓ Any number of consultations with an accredited dentist;
- ✓ Treatment of dental related pain excluding cost of prescribed medicines;
- ✓ Simple Oral Prophylaxis once a year;
- ✓ Simple tooth extractions, except surgery for impactions;
- ✓ Gum treatment excluding the cost of prescribed medicines;
- ✓ Recementation of jacket crown, inlays & onlays;
- ✓ Treatment of lesions, wounds & burns;
- ✓ Temporary fillings;
- ✓ Annual dental examination;
- ✓ Adjustment of dentures;



- ✓ Relief and/or prescription for acute dental pain;
- ✓ Emergency desensitization of hypersensitive teeth;
- ✓ Orthodontic consultation; and,
- ✓ Aesthetic dental consultation.

*Note: Above dental services can be availed with prior appointment with the accredited dentist. Medicines prescribed by the dentist are not covered and for the account of the planholder.*

#### H. FINANCIAL ASSISTANCE FOR PRINCIPAL ONLY (INCLUSIVE)

ValuCare shall provide cash assistance to all employees should any of the following case arise:

- |                                                                            |              |
|----------------------------------------------------------------------------|--------------|
| a) In case of death due to sickness or natural causes                      | Php10,000.00 |
| b) In case of death due to accident                                        | Php20,000.00 |
| c) In case of dismemberment, as per schedule of indemnities, stated below: |              |

NATURE	MAXIMUM CASH ASSISTANCE
Loss of both hands	Php10,000.00
Loss of both feet	Php10,000.00
Loss of sight (both eyes)	Php10,000.00
Loss of sight of one eye	Php5,000.00
Loss of one hand & one foot	Php10,000.00
Loss of one foot & sight of one eye	Php10,000.00

#### I. VALU+ FEATURE

1. **Motor Vehicular Accident** – covered up to MCB but subject to prior evaluation. Police Report and Deed of Subrogation are required.
2. **Ambulance Service**, if required, expense can be reimbursed up to a maximum of One Thousand Pesos (Php1,000.00) per admission (by-land conduction only, from hospital to hospital).
3. **PALS (Personalized Access to Laboratory Services) Program**
  - ✓ Planholders who are required to undergo simple laboratory tests (i.e. fecalysis, urinalysis, blood testing) can have the procedures done at home or at the office.
  - ✓ Set up an appointment by calling ValuCare office and our Medical Technologist will proceed to you at the appointed date, place and time. Appointments must be made at least three (3) days prior to requested schedule)

*Note: PALS is available in Metro Manila area only.*

#### MEMBERSHIP FEES (E-VAT INCLUSIVE) FOR INDIVIDUAL AND FAMILY

- PER ENROLLEE

*Network Access WITHOUT MMC, SLMC, CSMC, DDH and TMC*

Room & Board Accommodation	Maximum Coverage Benefit (MCB)	Annual	Semi-Annual	Quarterly
Enrollees (18 to 40 yrs. old) including eligible children (from 90 days to below 21 yrs. old)				
Suite up to 3,000	100,000 per illness per year	21,174.00	11,222.00	5,929.00

Large Private	90,000 per illness per year	16,372.00	8,677.00	4,584.00
Regular Private	80,000 per illness per year	11,592.00	6,144.00	3,246.00
Semi – Private	70,000 per illness per year	8,715.00	4,619.00	2,440.00
Ward	60,000 per illness per year	7,806.00	4,137.00	2,186.00
<b>Enrollees (41 to 50 yrs. old)</b>				
Suite up to 3,000	100,000 per illness per year	22,233.00	11,783.00	6,225.00
Large Private	90,000 per illness per year	17,191.00	9,111.00	4,813.00
Regular Private	80,000 per illness per year	12,172.00	6,451.00	3,408.00
Semi – Private	70,000 per illness per year	9,151.00	4,850.00	2,562.00
Ward	60,000 per illness per year	8,196.00	4,344.00	2,295.00
<b>Enrollees (51 to not more than 60 yrs. old)</b>				
Suite up to 3,000	100,000 per illness per year	23,291.00	12,344.00	6,521.00
Large Private	90,000 per illness per year	18,009.00	9,545.00	5,043.00
Regular Private	80,000 per illness per year	12,751.00	6,758.00	3,570.00
Semi – Private	70,000 per illness per year	9,587.00	5,081.00	2,684.00
Ward	60,000 per illness per year	8,587.00	4,551.00	2,404.00

*Network Access WITH MMC, SLMC, CSMC, DDH, and TMC*

Room & Board Accommodation	Maximum Coverage Benefit (MCB)	Annual	Semi-Annual	Quarterly
<b>Enrollees (18 to 40 yrs. old) including eligible children (from 90 days to below 21 yrs. old)</b>				
Suite up to 3,000	100,000 per illness per year	23,387.00	12,395.00	6,548.00
Large Private	90,000 per illness per year	18,083.00	9,584.00	5,063.00
Regular Private	80,000 per illness per year	12,803.00	6,786.00	3,585.00
Semi – Private	70,000 per illness per year	9,626.00	5,102.00	2,695.00
Ward	60,000 per illness per year	8,622.00	4,570.00	2,414.00
<b>Enrollees (41 to 50 yrs. old)</b>				
Suite up to 3,000	100,000 per illness per year	24,556.00	13,015.00	6,876.00
Large Private	90,000 per illness per year	18,987.00	10,063.00	5,316.00
Regular Private	80,000 per illness per year	13,444.00	7,125.00	3,764.00
Semi – Private	70,000 per illness per year	10,107.00	5,357.00	2,830.00
Ward	60,000 per illness per year	9,052.00	4,798.00	2,535.00
<b>Enrollees (51 to not more than 60 yrs. old)</b>				
Suite up to 3,000	100,000 per illness per year	25,725.00	13,634.00	7,203.00
Large Private	90,000 per illness per year	19,891.00	10,542.00	5,569.00
Regular Private	80,000 per illness per year	14,083.00	7,464.00	3,943.00
Semi – Private	70,000 per illness per year	10,589.00	5,612.00	2,965.00
Ward	60,000 per illness per year	9,484.00	5,027.00	2,656.00

**OTHER FEES**

- For “individual enrollment”

Processing fee (one-time payment)	Php250.00 – per enrollee
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- For “parent - children enrollment” (minimum of 3 enrollees)

Processing fee (one-time payment)	Php250.00 – principal Php150.00 – per dependent
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**Note:**

- All plans do not have access to Asian Hospital (*planholders enrolled in Semi-Private or Ward Plan who opt to be admitted at any accredited hospital that do not have a Semi-Private & Ward accommodation shall be automatically charged the incremental cost. The same shall apply for confinements requiring isolation*).
- Applicants must be PhilHealth members.
- Submit photocopy of any valid ID together with the accomplished application form.

## EXCLUSIONS AND LIMITATIONS

The following fall under the exclusions and limitations of VALUCARE Medical Benefits:

1. Financial responsibility for medical care covered by Philhealth and Employee's Compensation Act Benefits already enjoyed by the member by reason of compulsory coverage therein;
2. Service from Non-VALUCARE Accredited Physicians and/or Non-VALUCARE Accredited Hospitals and other health/medical providers, including adverse medical conditions arising from treatment of the same except those stipulated under the provisions on emergency care services;
3. Custodial, Domiciliary, Convalescent, Intermediary Care;
4. Diagnostic work-ups, treatment and operations, to treat congenital deformities and abnormalities (*e.g. herniorrhaphy to treat indirect inguinal hernia*);
5. Plastic and reconstructive surgery for cosmetic purposes, except reconstructive surgery necessary to treat a functional defect resulting from an accidental injury;
6. Maternity care and other conditions resulting from and related to pregnancy;
7. Physical examinations and psychological testing, laboratory exams necessary for employment, school, insurance or licensing purposes;
8. Experimental medical procedures or alternative medicine, such as but not limited to acupuncture, acupressure, reflexology and chiropractics;
9. Sophisticated procedures such as but not limited to, Thallium Scintigraphy, Angiography, Sestamibi Stress Test, Sleep Test, Stereotactic Radiosurgery/Gamma Knife Surgery, Laser Surgeries; Intraoperative Radiation Therapy, Ventilation & Perfusion Lung Scan, Duplex Scan, Scintimammography, Laryngeal Stroboscopy, Auditory Brain Stem Response (ABR), Electronystagmography (ENG), Bone Mineral Densitometry (BMD), Orthopedic Arthroscopic Procedures, Percutaneous Adrenalectomy, Cryosurgery, Brachytherapy, Hysteroscopic Procedures, Transurethral Microwave Therapy; Hyperalimentation; Electrophoresis;
10. Services to diagnose, work up, treat and/or reverse infertility or fertility, virility/potency (*erectile dysfunction*);
11. Organ transplantation and related laboratory examination, and its complications; angioplasties, valvuloplasties, intra coronary thrombolysis, transvenous



- endomyocardial biopsy, percutaneous intra-aortic balloon pump insertion, balloon atrial septostomy, previous craniotomy sequelae and complications;
12. Purchase or lease of medical equipment, oxygen and oxygen dispensing equipment except during covered in-patient care;
  13. Corrective appliances, artificial aids, surgically implanted internal and external prosthetic devices;
  14. Speech and occupational therapies;
  15. Psychiatric and/or psychological illnesses and conditions including neurotic and psychotic behavior disorders; Anxiety disorders;
  16. Prescribed out-patient or take home medicines;
  17. Treatment of injuries or illness resulting from war, or any combat related activities while in military service; injuries resulting from riots, strikes, and other civil disturbances; injuries or illnesses resulting from attempted suicide or self-destruction, regardless of whether planholder was sane or insane;
  18. Treatment of illnesses and injuries attributable to the planholder's own misconduct, domestic violence, gross negligence, intemperate or chronic use of drugs or alcoholic liquor (*e.g. hepatic cirrhosis secondary to alcoholism*), vicious or immoral habits (*e.g., sexually transmitted diseases like AIDS, gonorrhea and syphilis, condylomata, herpes and their attendant complications*), participation in the commission of a crime whether consummated or not, violation of a law or ordinance, and unnecessary exposure to any imminent danger or hazard to health;
  19. Dental cases and illnesses, including its complications; oral surgery for purposes of beautification;
  20. Treatment of injuries or illnesses caused directly or indirectly by participation in any hazardous sport or activity which includes, but is not limited to, skydiving; motor sports (*e.g. car racing, motorbike racing, jet skiing*); martial arts (*e.g. judo, karate, taekwondo*); boxing; wrestling; bungee jumping; scuba diving; snorkeling; horseback riding; polo; mountain climbing; rock climbing; hang gliding; spelunking; ballooning; and gymnastics, among others;
  21. Treatment of injuries sustained in a motor vehicle accident if the planholder or his guardian fails or refuses to execute the Deed of Subrogation specified in Article VI;
  22. Sensorineural hearing impairments except those acquired during time of membership;
  23. Corrective eye surgery for error of refraction such as myopia, astigmatism and hyperopia;
  24. Vaccines, Screening test, Allergy including desensitization tests and treatment materials;
  25. Professional fees of medico-legal officers;
  26. Slipped disc, scoliosis, spinal stenosis and spondylosis; multiple sclerosis, demyelinating disease, Guillain-Barre syndrome, Parkinsons disease, Alzheimers disease, myasthenia gravis, epilepsy, seizure disorders (congenital) and other autoimmune or neurological diseases;
  27. Developmental disorders, metabolic and hormonal disorders, sleep and eating disorders;
  28. Hazardous job-related illnesses and injuries;
  29. Dermatological care for aesthetic purposes such as but not limited to electrocautery or chemical treatment for skin tags, xanthelasma, milia, keloids, scars, etc.; Psoriasis and vitiligo;
  30. Circumcision, except to correct phimosis; and
  31. Gamma globulins, interferon and hormonal therapy.



~ End of Proposal ~