HMO BENEFIT
FOR FHG MPC MEMBER’S
DEPENDENTS (FAMILY MEMBERS)

HMO PROVIDER: MAXICARE
HMO PROGRAM: IN-PATIENT HMO BUNDLE

Who are eligible under the Health Care Program?

<table>
<thead>
<tr>
<th>HIERARCHY LEVEL</th>
<th>PRIORITY</th>
<th>MARRIED</th>
<th>SINGLE</th>
<th>SINGLE PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
<td>Spouse 18–65 yrs. old</td>
<td>Parents up to 65 years old</td>
<td>Children - 15 days old to 21 years old</td>
</tr>
<tr>
<td>2nd</td>
<td>Children 15 days to 21 yrs. Old (eldest to youngest, single, unemployed)</td>
<td>Parents up to 65 years old</td>
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</tbody>
</table>

IN-PATIENT COVERAGE

a. Room and Board accommodation (based on your plan type and entitlement)
b. Use of Recovery Room and Intensive Care Unit
c. Professional Fee of Attending Doctors & Nursing Services
d. Drugs and Medicines for Use in the Hospital
e. Whole blood/human blood products & IV fluids transfusion
f. Anesthesia, Oxygen and its Administration
g. Standard Hospital Admission Kit
h. Dressings, casts, sutures, and other supplies/services directly related to the medical management of the patient

IN-PATIENT PROCEDURES

a. Routine procedures (blood chemistry, Chest X-ray, CBC, etc.)
b. Diagnostic Procedures (ECG, Eeg, CT Scans, etc.)
c. Therapeutic Procedures
d. Arthrocentesis – up to 6 sessions subject to MBL for OP; up to MBL for IP
e. Dialysis – up to MBL for OP and IP
f. Intravenous Chemotherapy – Up to six (6) sessions subject to MBL for OP; Up to MBL for IP
g. Thoracentesis – up to 6 sessions subject to MBL for OP; up to MBL for IP
h. Additional Procedures and Modalities (Angiography, Cryosurgery, Gamma Knife Surgery, etc.)
i. Mammotome, 4D Ultrasound (except maternity related), PET Scan, etc – Up to Php 5,000/member/year
j. Other medically necessary modalities for which there are no comparable, conventional or traditional counterparts – Up to Php 5,000/member/year
ADDITIONAL COVERAGE

<table>
<thead>
<tr>
<th>Coverage For:</th>
<th>Limit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage for pre-existing dreaded &amp; non dreaded conditions</td>
<td>Covered</td>
</tr>
<tr>
<td>Work related cases based on conditions set by ECC (Employee Compensation Commission)</td>
<td>Subject to MBL and exclusions and limitations</td>
</tr>
<tr>
<td>Coverage for Motor vehicular accident (subject to exclusions &amp; limitations)</td>
<td>Subject to MBL and exclusions and limitations</td>
</tr>
<tr>
<td>Coverage for Provoked and unprovoked assault</td>
<td>Up to MBL</td>
</tr>
<tr>
<td>Congenital Conditions</td>
<td>Up to MBL/member/year (shared limit for OP and IP)</td>
</tr>
<tr>
<td>Coverage for Scoliosis per member per year</td>
<td></td>
</tr>
<tr>
<td>Chronic Dermatoses</td>
<td>Consultations Only</td>
</tr>
</tbody>
</table>

EMERGENCY COVERAGE

a. Doctor’s Services
b. Emergency room fees
c. Medicines used for immediate relief and during treatment
d. Initial Treatment of animal bites up to MBL (For the 1st 24 hours from the time of bite)
e. Passive and active vaccines for animal bites up to 20,000 per member per year
f. Ambulance Services up to MBL if within the network, reimbursable up to Php3,000 (per conduction) if outside the network
g. Coverage for room upgrade (in case of room unavailability) – 1st 24 hours

EMERGENCY CARE (for non-affiliated)

Availment in Non-accredited hospital within the Philippines
- Maxicare shall reimburse 100% of the Hospital Bills and Professional Fees, based on Maxicare Standard Rates incurred during the 1st 24 hours of treatment up to MBL/availment/member/year

Outside the Philippines
- Maxicare shall reimburse 100% the Hospital Bills and Professional Fees, based on actual cost up to Php30,000/availment/member/year

Areas without affiliated hospitals within the Philippines
- Maxicare shall reimburse 100% of the Hospital Bills and Professional Fees, based on Maxicare Standard Rates up to MBL
ANNUAL CHECK-UP
1. Physical Examination
   • Oral exam
   • Visual Acuity
   • Medical History
2. Urinalysis
3. Fecalysis
4. Chest X-ray
5. Complete Blood Count
6. ECG (members who are 35 yrs. old & above)
7. Pap Smear (members who are 35 yrs. old & above)
8. FBS
9. Triglycerides
10. Total Cholesterol

DENTAL CARE
1. Oral Prophylaxis – Once a year
2. Simple tooth extractions
3. Temporary Fillings - as needed
4. 2 teeth - Permanent Fillings
5. Emergency Dental Treatment
6. Comprehensive Restorative & Prosthodontic Planning
7. Desensitization of Hypersensitive teeth – Up to 2 teeth
8. Simple Adjustment of Dentures
9. Recementation of loose crowns, inlays or onlays
10. Dental Nutrition and Counseling
11. Dental Health Education
12. Annual oral examination & consultation

ADDITIONAL BENEFIT/PRIVILEGE
Insurance Provider: The Philippine American Life & General Insurance Company
Death (Amount of Insurance)
• Natural cause – up to Php 50,000/member/year
• Accidental cause – up to Php 50,000/member/year

GENERAL EXCLUSIONS
1. Injuries arising/resulting from:
   a. War or any combat-related activities while in military service;
   b. Self infliction as a result of functional disorders of the mind, alcoholism and drug addiction or abuse;
   c. Member’s own misconduct which may be a cause of:
      • Gross Negligence;
      • Vicious or immoral habits;
      • Direct or Indirect participation in the commission of a crime whether consummated or not;
      • Violation of a law or ordinance;
      • Unnecessary exposure to imminent danger or hazard to health
2. Government funded healthcare entitlements:
   a. All other government funded health-care entitlements as provided for by law.
   b. Infectious diseases (according to the local epidemiologic patterns) that may arise in times of epidemic (i.e. Avian Flu, Meningococcemia, etc.) as declared by the Department of Health

3. Personal Medical Requirements
   a. Routine physical examinations required for obtaining or continuing employment, requirement in school, insurance or government licensing

4. For Purposes of Beautification:
   a. Cosmetic surgery, reconstructive surgery to treat a functional defect due to accidental injury within the initial confinement
   b. Oral surgery following accidental injury to teeth for purposes of beautification
   c. Weight reduction programs, surgical operation or procedure for treatment of obesity, including gastric stapling or balloon procedures and liposuctions.

5. Chronic Dermatoses: except consultations: (ie, Psoriasis / Skin Asthma)

6. Hazardous Sports:
   a. Treatment of injuries/illnesses the direct and immediate cause of which is the engagement and participation of the Member in any (a) hazardous sport or activity i.e. scuba diving, mountain climbing, parachuting et. al.,

7. Any Additional or Extra Charges:
   a. Additional charges resulting from room upgrading, or additional personal comfort items not included in the room & board accommodation ( T.V., telephone, etc.)
   b. Purchase or lease of durable medical equipment, oxygen dispensing equipment, and oxygen except during covered in-patient care.
   c. Corrective appliances, artificial aids, prosthetic appliances
   d. Take home medicine
   e. Services obtained from Non-Accredited Physicians and Hospitals or other provider of care, except under emergency care.

8. Other Non-Insurable Conditions:
   a. Custodial, domiciliary and convalescent care.
   b. Long-term rehabilitation and Psychiatric care.
   c. Dental and Maternity cases
   d. Circumcision, sex transformation, diagnosis and treatment of fertility or infertility, artificial insemination, sterilization or reversal of such.
   e. All expenses incurred in the process of organ donation and transplantation, unless the Member thereof is the recipient of such donation or transplantation.
   f. Any physical deformities prior to enrolment
   g. Experimental medical procedures, acupuncture
   h. Hepatitis B screening and all diagnostic examinations for Members who have pre-existing Hepatitis B.