I•Care

Insular Life Health Care, Inc.

Benefits Availment Procedures

PROGRAM TYPE

PLAN A (Open Access to Accredited Hospitals System) – Under this plan, a member may use any I-Care accredited hospitals nationwide including SLMC/MMC/AHMC.

MEMBERSHIP CARD

- For identification and information purposes only
- Does not constitute a contract
- Non-transferable
- No Card, Pay Cash Policy
- In case of loss, notify I-Care immediately

I-CARE CLINIC

- "First Come, First Serve" basis.
- Annual physical examination and dental services is strictly by appointment from Monday-Friday only.
- Clinic Hours: 8:00am – 5:00pm (Monday-Friday)
  8:00am – 12:00nn (Saturday)
- For Makati Medical Center (MMC): Users will have to first undergo medical examination at the I-Care Clinic for evaluation and treatment. Should the member require services that are not available in the clinic, he/she will be referred to the hospital. **Note:** <u>This is applicable to non-emergency procedure only.</u>
- Laboratory examinations include hematology, bacteriology, microscopy, immunology, serology, histology, blood chemistry, enzymes, endocrine, and tumor markers.
- Radiologic examinations include x-ray and ultrasound.
- Physician/Specialists: Family Medicine, Internal-Pulmonary, Pediatrics, Cardiology, ENT, Dentistry, Dermatology, General Surgery, Obstetrics/Gynecology, Ophthalmology, Orthopedics, and Endocrinology.

OUT-PATIENT BENEFITS

A member is entitled to avail himself/herself of the benefits listed below but only at the I-Care Clinic or at designated facilities, except in an emergency in which case the applicable provisions of the "Emergency Benefits" shall apply.

- **Annual Physical Examinations (APE)**

The following services may be availed of by the member but only upon completion of payment of the full annual Membership Fee:

- Taking of medical history;
- Physical examination;
- Chest x-ray;
- Laboratory medical examination (CBC, Fecalysis, Urinalysis);
- Electrocardiogram for members 35 years of age and above;
- Pap smear for female members 35 years of age and above

- **Preventive Health Care (PHC):**

- Immunization and in/out-patient post exposure vaccination (does not include cost of vaccine and determination of susceptibility);
- Consultation and advise on diet, exercise and other healthful habits;
- Periodic monitoring and management of health problems;
- Family planning counseling;
- Health education and wellness programs;
- Medical information through newsletters and seminars

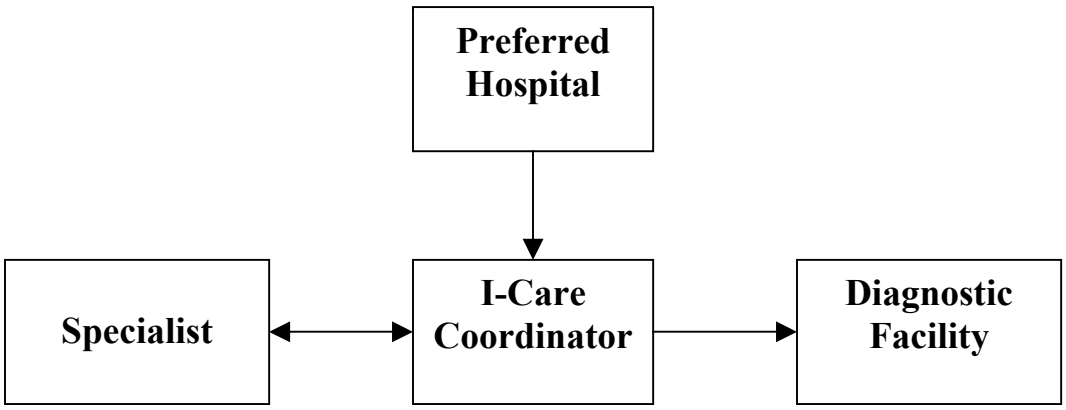
- **Out-Patient Services (OPS)**

The following are the services for the treatment of illness or injury that do not require hospitalization to be availed of by the member only at the I-Care Clinic or Accredited/Preferred hospital:

- Consultation, including specialist's evaluation;
- First-aid treatment of injury or illness;
- Laboratory examinations and all other diagnostic procedure prescribed by the I-Care Physician, subject to program provisions;
- Minor surgery not requiring confinement;
- Pre/post natal consultation

Note: Drugs/Medicines used for outpatient treatment is excluded in the program.

- **Procedure for Out-Patient Treatment (Non-Emergency):**



Step 1
A member must avail of services of an accredited hospital.

Step 2
Present membership card to the I-Care coordinator.

Step 3
Member is examined, diagnosed and treated by the I-Care coordinator

Step 4
Should a member need treatment by a specialist, the I-Care coordinator shall issue a referral letter to the member.

Note: In case the coordinator is not around, the coordinator's personal secretary will issue the referral letter and diagnostic exam form to the member

Step 5
Member presents referral letter to the specialist for examination, treatment and diagnosis. If the specialist orders laboratory examination, member goes back to the coordinator's office to secure a diagnostic exam form.

Step 6
Member present card and diagnostic exam form to the laboratory personnel for examination.

Note: The office of the coordinator is open during clinic hours only.

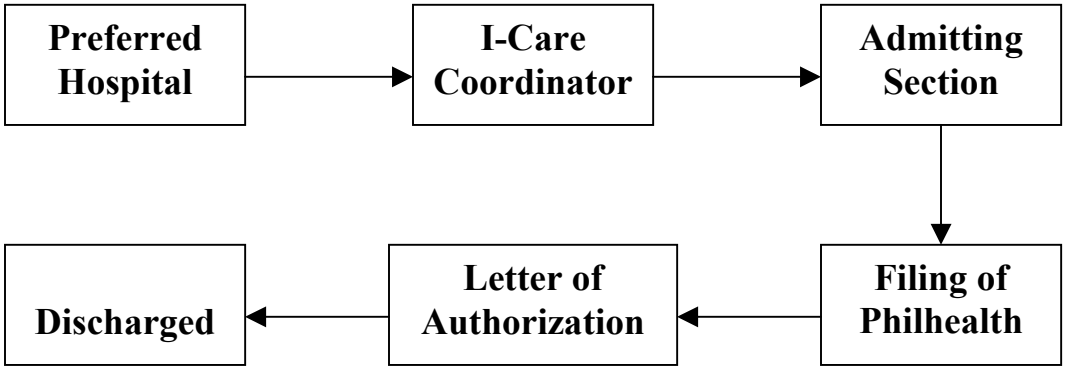
IN-PATIENT BENEFITS

A member is entitled to the hospitalization benefits listed below but only at the I-Care preferred/accredited hospital and by an I-Care Physician except when the confinement is by reason of an emergency in which case the applicable provision on Emergency Benefits apply:

- Room and Board
  - In case of hospitalization, either upon the advise of the I-Care Medical Coordinator or by way of an "emergency" (as defined in this Agreement) situation, I-Care shall secure the room provided in this Agreement using a "step-ladder" system (from lowest to highest)
  - For genuine emergency case (as defined in the agreement), in the event that the room accommodation pre-selected by the member under his/her I-Care package is not readily available, the member shall automatically be upgraded to the next higher room classification for the first twenty four (24) hours and the ancillary price difference shall be borne by I-Care with absolutely no obligation on the part of the member. After the first twenty four (24) hours and there is still no room available under the member's original room classification, in the succeeding days of his/her confinement, the member shall pay for the difference in room rate as well as the difference in ancillary expenses between the higher room category and the original room category

- Room amenities vary according to actual hospital set-up;
- Services of physicians and surgeons, including surgery;
- General nursing services;
- Use of operating room and recovery room;
- Anesthesia and administration;
- Drugs and medications for use in the hospital (all medicines purchased outside the hospital during the period of confinement is reimbursable up to one hundred percent (100%));
- Oxygen and its administration;
- Dressing, plaster and cast;
- Transfusion of blood and other blood elements;
- ICU confinement (maximum of 14 days but not to exceed the Maximum Benefit Limit);
- Dialysis (maximum of 10 treatments but not to exceed the Maximum Benefit Limit; inclusive of out-patient dialysis);
- Physical Therapy (maximum of 7 sessions per body part per year but not to exceed the Maximum Benefit Limit; inclusive of out-patient physical therapy);
- Services and supplies related to the medical management of the patient;
- Other hospital charges deemed necessary by the I-Care accredited Physician in the treatment of the patient subject to program provisions;
- Ambulance services (hospital to hospital transfers, limited to P2,500 per conduction), if requested by an I-Care physician;

- **Procedure for In-Patient Treatment (Non-Emergency):**



Step 1
Member must use an accredited hospital.

Step 2
Member presents membership card to the I-Care coordinator.

Step 3
Coordinator gives admitting orders to the member.

Step 4
Member presents card and admitting orders to the hospital Admitting Section. The member will be admitted to the hospital accommodation specified in his/her plan.

Note: If the member chooses to upgrade his/her room accommodation and request additional personal items, the upgrading charges shall be collected from the member by the billing department prior to discharge.

Step 5
Member requests for a Philhealth form from the Philhealth Office and submits the duly accomplished form to the hospital's Billing or Credit and Collection Department prior to discharge.

Step 6
Prior to discharge, I-Care issues a Letter of Authorization to the hospital specifying all items and services covered under the agreement. Additional charges incurred by the member shall be directly settled with the hospital.

Step 7
Attending I-Care physician authorizes discharge from the hospital.

Note: I-Care shall not be responsible for charges for hospital services rendered after I-Care physician has authorized discharge.

EMERGENCY BENEFITS

EMERGENCY – Shall mean the sudden, unexpected onset of illness or injury having the potential of causing immediate disability or death, or requiring the immediate alleviation of severe pain and discomfort. Examples of such emergency cases, but not limited to, are the following: (a) Massive bleeding; (b) Acute appendicitis; (c) Acute Myocardial infarction (heart attack); (d) Hypertensive crisis (e.g. stroke, HPN coma); (e) Fractures/injuries secondary to accidents.

- **Preferred and Accredited Clinic/Hospital**

  - In case of emergency treatment/confinement at the preferred and accredited clinic/hospital the Member shall be entitled to full benefit in accordance with the benefit classification of the Member subject to the "General Limitations" clause, provided that the illness or condition is covered under this Agreement and provided further that the Member follows the Benefit Availment Procedure.

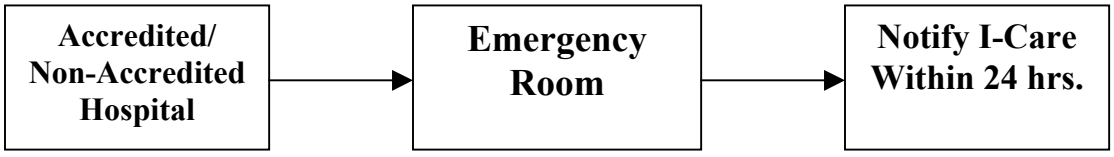
- **Non-Accredited Clinic/Hospital**

  - In case of emergency treatment/confinement in a non-accredited hospital/clinic, I-Care shall reimburse up to **80%** of the usual and customary fees which the I-Care preferred clinic/hospital would charge for such treatment/confinement in accordance with the Benefits Classification of the member or **P10,000** for clinic/hospital charges and **P5,000** for professional fees (or a total of **P15,000**), whichever is less, provided that the illness or condition is covered under the contract; and provided further that the member follows the Benefit Availment Procedures of I-Care.

- **Medical Facility Outside Metro Manila or the Philippines**

  - In case of emergency treatment/confinement in a medical facility outside Metro Manila or the Philippines during official business trips, the rule on emergency benefits for treatment/confinement in a non-accredited clinic/hospital shall apply.

- **Procedure for Emergency Treatment:**



- **Emergency Treatment in Accredited Hospital**

Step 1
Member proceeds to emergency room

Step 2
Member presents membership card to the nurse on duty. In case the member does not have his/her card, the member should inform the nurse that he is/she is an I-Care member.

Step 3
Nurse on duty immediately refers member to an I-Care accredited physician for treatment and diagnosis.

Step 4
If hospitalization is required, member is admitted to the accommodation specified on his/her plan. If member upgrades his/her room accommodation, the difference in charges shall be to his/her account. In the event that the room accommodation pre-selected by the member under his/her I-Care package is not readily available, the member shall automatically be upgraded to the next higher room classification for the first twenty four (24) hours. (Refer to Room and Board under IN-PATIENT BENEFITS)

Step 5
Additional charges incurred by the member not covered under the plan shall be directly settled with the hospital.

- **Emergency Treatment in Non-Accredited Hospital:**

Step 1
Member notifies I-Care within twenty four (24) hours.

Step 2
In case of hospitalization, I-Care determines whether it is medically safe to transfer the member to an accredited hospital by coordinating it with the attending physician.

Step 3
If the attending physician from the non-accredited hospital authorizes the member's transfer to an accredited hospital, STEP 3-6 of IN-PATIENTS BENEFITS procedures will apply.

Step 4
If the attending physician determines that it is not medically safe to transfer the member to an accredited hospital, the member shall remain hospitalized in the non-accredited hospital until the physician authorizes a discharge to the member on a specific day if, in his opinion, it is medically safe for the member to be discharge.

Step 5
All expenses incurred by the member shall be directly settled with the hospital prior to discharge.

Step 6
Member secures and accomplishes in duplicate the prescribed I-Care claim form for reimbursement

PERMANENT EXCLUSIONS

- Care by non-accredited Physician and/or in a non-accredited hospital/clinic (except in emergencies wherein the emergency provision of the agreement will apply);
- All pregnancy related conditions requiring medical/surgical care;
- Sterilization of either sex or reversal of such, artificial insemination, sex transformations or diagnosis and treatment of infertility, and circumcision;
- Rest cures, custodial, domiciliary or convalescent care;
- Cosmetic surgery, dental/oral surgery/confinement, and dermatological procedures for the purpose of beautification except reconstructive surgery to treat a dysfunctional defect due to disease or accident;
- Psychiatric disorders, psychosomatic illnesses, hyperventilation syndrome, adjustment disorders, alcoholism and its complications or conditions related to substance or drug abuse, addiction and intoxication;
- Sexually transmitted disease;
- Medical and surgical procedures that are not generally accepted a standard treatment by the medical profession;
- Procurement or use of corrective appliances, artificial aids, durable equipment, and orthopedic prosthesis and implants;
- Surcharges resulting from additional personal (luxuries/accommodation) request or service;
- Physical examination required for obtaining employment, insurance or a government license, and procedures for purely diagnostic/screening purposes;
- Injuries or illnesses due to military, paramilitary, police service, and high risk activities, or suffered under conditions of war;
- Reimbursement of procedures obtained through government programs;
- Injuries or illnesses that are self-inflicted caused by attempt at suicide or incurred as a result of or while participating in a crime;
- Out-patient/take-home medicines;
- Cardio-Valvular Disease or Rheumatic Heart Disease;
- Medico-legal consultations;
- Blood Donor screening;
- All hospital expenses and professional fees incurred by a member when discharged against medical advice and those subsequent expenses incurred by the said member for the same condition and its complication after such discharge during the contract period;
- All services including confirmatory tests pertinent to conditions not entitled to health care benefits under the agreement;
- All hospital charges and professional fees after the day and time hospital discharge have been duly authorized;
- Post-operative analgesia in the form of epidural anesthesia

LATEST MODALITIES OF TREATMENT

- Magnetic Resonance Imaging covered up to **P5,000** per session
- Computerized Tomography covered up to **P5,000** per session
- Lithotripsy covered up to **P30,000** per session (one session per contract year)
- Nuclear Radioactive Isotope Scan covered up to **P5,000** per session
- Thallium Scintigraphy covered up to **P5,000** per session
- Laparascopic Cholecystectomy covered up to **MBL**
- Cryosurgery covered up to **MBL**
- Electrocautery for warts up to **P1,000**/year
- Endoscopic Procedures (except FESS) up to **MBL** for diagnostic and up to **P5,000**/session for therapeutic
- Functional Endoscopic Sinus Surgery up to **MBL**
- Gamma Knife up to **MBL**
- Hysteroscopic D&C up to **P5,000**/session
- Hysteroscopic Myomectomy up to **MBL**
- Laparascopic Procedures (except Lap Chole, Hysteroscopic D&C, Hysteroscopic Myomectomy) covered up to **P20,000**/session
- Laser Eye Procedures covered up to P5,000 per eye/year
- Percutaneous Ultrasonic Nephrolithotomy (PUN) with Electro Shock Wave up to **P30,000** (1 session/year)
- Stereotactic Brain Biopsy covered up to **P20,000**/session
- Transurethral Microwave Therapy of Prostate up to **P30,000**/session
- Pulsitron Emission Tomography (PET) Scan up to **P5,000**/session
- Sleep Studies up to **P5,000**/session
- Pain Management (In & Out-Patient) up to **P3,000**/year except medicines for out-patient

Processing Period - 15 - 30 days from date of filing
Validity Period - 60 days from date of discharge

- **Hospital Bills:**
  a) Original OR of all payments made to the hospital/medical center or clinic in connection with the confinement;
  b) Original OR of all payments made to the doctor/s;
  c) Original statement of accounts;
  d) Original charge slips or breakdown of charges;
  e) Clinical abstract/medical certificate signed by the attending physician;
  f) Operative record including histopathological report if surgical procedure was performed;
  g) Police report and subrogation letter (for medico-legal case only);
  h) Cover letter/incident report (only when admitted to non-accredited hospital);
  i) Fully accomplished I-Care claims for reimbursement form.

- **Medicines:**
  a) Original official receipt;
  b) Official prescriptions;
  c) Medical certificate;
  d) Fully accomplished I-Care claims for reimbursement form.

- **ER Services:**
  a) Original official receipt;
  b) Medical certificate;
  c) Cover letter/incident report;
  d) Fully accomplished I-Care claims for reimbursement form.

- **Laboratory/Diagnostics:**
  a) Original official receipt;
  b) Medical certificate;
  c) Official prescription/order signed by I-Care coordinator;
  d) Cover letter/incident report;
  e) Fully accomplished I-Care claims for reimbursement form.

1. **Dental:**
   a) Dental certificate;
   b) Original official receipt;
   c) Fully accomplished I-Care claims for reimbursement form;

HOTLINE NUMBERS

(0917) 5376743

(0917) 5376747

(0917) 8861160

(0917) 8861167

(0917) 8862291

(0917) 8861172

For inquiries, suggestions and follow-up:

Trunk Line: 8130131 loc. 8300-8309 (Medical); 8130131 loc. 8200-8209 (Admin)

Direct Line: 8935953 (Medical); 8935952 (Claims); 8936306 (Admin)

E-mail: rmyuzon@icare.com.ph; corporate@icare.com.ph; medical@icare.com.ph