

SCHEDULE OF BENEFITS

Privilege Care is a comprehensive emergency, preventive, outpatient and in-patient medical care with high benefit limits. The Annual Benefit Limit (ABL) and Room and Board Accommodation will depend on the plan availed by the member. It provides access to local and international clinics and hospitals, as well as to doctors of your choice and doctors within our network. Other benefits include life Insurance, travel insurance and lifestyle privileges including access to concierge services, international medical assistance, travel assistance and wellness partners.

ANNUAL BENEFIT LIMIT (ABL)

The aggregate limit per year per person will depend on the Member's Plan Type:

PLAN 5000	
1. IN-PATIENT SERVICES	5,000,000 PHP
2. OUTPATIENT SERVICES	100,000 PHP
3. ROOM TYPE & LIMIT	Suite /20,000 PHP/day

PHILHEALTH PROVISION

Our program is not integrated with benefits under PhilHealth. PhilHealth benefits may not be used to cover excess charges or services not coverable under the health care benefits.

TERRITORIAL EXCLUSION

For members with Territorial Exclusion Discount (TED), expenses incurred for medical treatment outside the Philippines is not covered under the health care agreement except as a direct result of an emergency or accident. The limited benefit is stated below:

In-patient and Out-patient provided it is due to an emergency condition or Accident which occurred wholly while travelling on a non-medical related basis within the 90 days trip limit. The Pre-Existing Condition provision of the healthcare agreement will still apply.

PRE-EXISTING CONDITIONS (PEC)

- A. An illness or condition shall be considered pre-existing if before the Effective Date of the Agreement:
 - a. Any professional advice or treatment was given for such illness or condition
 - b. Such illness or condition was in any way evident to the member
 - c. The pathogenesis of such illness or condition has already started (which the member may not be aware of).
- B. PEC's are not covered in the first year of coverage, unless indicated by the underwriting.
- C. After the member has been continuously

covered with Privilege Care for 12 months and the agreement is renewed the following provisions on PECs shall apply:

1. PECs are covered provided that the PECs are not considered part of the "Permanent Exclusions", and that
 - a. such PECs were declared by the member in the original/renewal application.
 - b. such PECs are unknown to the member (without established medical history).
2. Undeclared PECs with established medical
3. History is excluded from coverage. However, said PECs may be evaluated for possible future consideration.
4. In case an application is disapproved due to an adverse medical condition, an applicant may still avail of the InLife Health Care program by executing a "waiver" relinquishing or limiting coverage for the particular adverse condition/s (as stated in the provision on Enrollment /Approval of Application).

D. Examples of PEC's (inclusive of complications)

1. Hernias
2. All tumors and malignancies involving any body organ or system
3. Endometriosis, Dysfunctional Uterine Bleeding
4. Hemorrhoids
5. Diseased tonsils requiring surgery
6. Pathological abnormalities of the nasal septum and turbinates
7. Thyroid Dysfunction /Goiter
8. Cataract
9. Sinus conditions requiring surgery.
10. Asthma /Chronic Obstructive Pulmonary Disease
11. Cirrhosis of the Liver
12. Tuberculosis
13. Anal Fistula
14. Cholecystitis/ Cholelithiasis
15. Calculi of the urinary system
16. Gastric or Duodenal Ulcer
17. Hallux Valgus
18. Collagen Diseases /Auto Immune Disease
19. Diabetes Mellitus
20. Hypertension
21. Cardiovascular Disease
22. Hormonal Dysfunction
23. Seizure Disorder /Cerebral Insufficiency
24. Stroke
25. Hepatitis

Other diseases not mentioned may still be considered as PEC's if indicated by the underwriting.

PERMANENT EXCLUSIONS (examples)

1. All pregnancy related conditions requiring

- medical/surgical care and screen tests related thereto.
2. All dental related services not expressly stipulated in the Dental Rider Endorsement
 3. Sterilization of either sex or reversal of such, artificial insemination, sex transformations or diagnosis and treatment of infertility, and circumcision
 4. Rest cures, custodial, domiciliary or convalescent care
 5. Cosmetic surgery, dental/oral surgery and dermatological procedures for the purpose of beautification except reconstructive surgery to treat a dysfunctional defect due to disease or accident.
 6. Psychiatric disorders, psychosomatic illnesses, hyperventilation syndrome, stress related conditions, adjustment disorders, alcoholism and its complications or conditions related to substance or drug abuse, addiction & intoxication.
 7. Sexually transmitted diseases
 8. Medical and surgical procedures which are not generally accepted as standard treatment by the medical profession like acupuncture.
 9. Procurement or use of corrective appliances, artificial aids, durable equipment, and orthopedic prosthesis and implants.
 10. Surcharges resulting from additional personal (luxuries/ accommodation) request or service including special nursing services.
 11. Physical examination required for obtaining employment, certification for whatever legal purpose it may serve, insurance or a government license.
 12. Injuries or illnesses due to military, paramilitary, police service, high risk activities, or suffered under conditions of war.
 13. Reimbursement of procedures obtained through government programs.
 14. Injuries or illnesses, which are self-inflicted, caused by attempt at suicide or incurred as a result of or while participating in a crime or acts involving the violation of laws, administrative order or ordinances.
 15. Take-home medicines
 16. Valvular Heart Disease and Rheumatic Heart Disease
 17. Medico-legal consultations and confinement
 18. When a member is discharged against medical advice, current and all subsequent benefits/services related thereto.
 19. Blood/Organ-Donor screening/other screening procedure that are purely diagnostic or for screening purposes including, among others, Purified Protein Derivative (PPD), and procedures conducted prior to hormonal replacement therapy.
 20. All hospital charges and professional fees after the day and time the hospital discharge had been duly authorized.
 21. Professional fees of Assistant Surgeon.
 22. All confirmatory tests used to document health conditions not covered under the

- Agreement.
23. Conditions excluded by medical underwriting.
 24. Concealment cases
 25. Diseases declared by the Department of Health (DOH) as Epidemic.
 26. Use of Emergency room Facilities on non-emergency cases or by reason of conditions/injuries not falling under the term "Emergency". **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 & discomfort. For the purpose of implementation, the final diagnosis shall be the basis for a member's eligibility to emergency care benefits under the Agreement.
 27. Miscellaneous Fees not related in the diagnosis and treatment of a member's condition such as, but not limited to, nursing fee, waste/biologic hazard disposal fee, management fee, local taxes, and other analogous fees.

ENROLLMENT/APPROVAL OF APPLICATION

An applicant applying for coverage is required to accomplish an Application Form otherwise there will be no coverage despite having paid a deposit for membership fees. Changes in the application may be done prior to the underwriting process or the issuance of the membership card. Exceptions, if any, will be handled on a case-to-case, non-precedent basis. It is understood that InLife Health Care reserves the absolute right to approve or disapprove any application for membership. In case an application is disapproved due to an adverse medical condition, an applicant may still avail of the InLife Health Care program by executing a "waiver" relinquishing or limiting coverage for the particular adverse condition. Non-compliance of underwriting requirements within the prescribed period will mean the exclusion from coverage of the condition for which an underwriting requirement has been prescribed.

MEMBERSHIP FEE / BILLING NOTICE

Membership fee is due and payable on Effective Date of the Agreement. Payment should be on or before due dates corresponding to a mode pre-selected by the Member. Non-receipt by the Member of a billing notice does not constitute a valid reason for non-payment of membership fees. Membership fees are payable at InLife Health Care's online payment facilities and bank partners.

Member is given 30 days grace period from due date within which to pay the amount due. Unless member's age will change. Benefits under the "Agreement" are allowed as soon as the membership fees have been paid within the grace period. InLife Health Care will suspend all services under the Agreement if

membership fees remained unpaid beyond the grace period. However, Member may apply for reinstatement within 30 days from the end of grace period subject to payment of membership fee due including arrears and penalty charges, if any, and subject to approval of InLife Health Care. If for any reason the InLife Health Care membership is pre-terminated, the Member must surrender to InLife Health Care his/her membership card. Any misuse of the membership card will be for the account of the member.

In the event that the membership card has been damaged or lost, InLife Health Care has the right to charge the member subsequent amount for replacement.

EFFECTIVITY

The Agreement is deemed effective upon completion of requirements and settlement of payments. This may either be 1 to 5 working days upon receipt and evaluation of complete requirements and payments. If any, have been complied with by the Applicant and upon delivery of the Agreement during the lifetime and good health of the Member. 12:01 am standard time at the address of the Principal Member or Payor shall be deemed to be the effective time with respect to any dates referred to in the Agreement.

TABULAR SCHEDULE OF BENEFITS

I. Inpatient Care Benefits

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Room and Board Accommodation	Up to Suite Room /20,000 per day limit
2	Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by Attending Accredited Physician) and recovery room.	Subject to ABL
3	Professional fees in accordance with InLife Health Care schedule of rates per physician / specialist. a. Attending Physicians b. Surgeons c. Anesthesiologists d. Cardio-pulmonary (CP) clearance before surgery and cardiac monitoring during surgery except CP clearances for all elective surgical cases including OB and Gynecology	Subject to ABL
4	General Nursing Services	Subject to ABL
5	Medicines for inpatient use	Subject to ABL
6	Blood products transfusions and intravenous fluids, including blood screening and cross matching if the Member patient is the recipient excluding expenses for donor screening services	Subject to ABL
7	Dressings, conventional casts (Plaster of Paris) and sutures	Subject to ABL

8	X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures incidental to confinement	Covered up to limits specified in V.2 and V.3 hereunder, subject to ABL
9	Anesthesia and its administration	Subject to ABL
10	Oxygen and its administration	Subject to ABL
11	All other items directly related in the medical management of the patient, as deemed medically necessary by the attending physician	Subject to ABL
12	Standard Admission Kit	Covered
13	Central Supplies	Subject to ABL
14	Miscellaneous Fees	Covered: Subject for Approval
15	Non-accredited doctors, hospitals, and facilities (local and abroad)	Reimbursable up to 80% of hospital bills & professional fees based on standard customary rates with hospitals but not to exceed designated ABL
16	Elective inpatient benefit in the following Mt Elizabeth and Parkway hospitals in Singapore: <ul style="list-style-type: none"> • Mount Elizabeth Hospital • Mount Elizabeth Novena Hospital • Gleneagles Hospitals • Parkway East Hospital Note: Subject for approval prior confinement	Subject to ABL

II. Outpatient Care Benefits

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Consultations and treatment prescribed by an accredited physician or specialist.	Subject to ABL
2	Treatment for minor injuries and minor surgery except outpatient medicines	Subject to ABL
3	Dressing, Conventional casts (Plaster of Paris) and sutures.	Subject to ABL
4	Routine diagnostic examinations and therapeutic procedures prescribed by an accredited Physician/Specialist.	Subject to ABL
5	Laser eye therapy only for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an Accredited Physician/Specialist.	Subject to ABL
6	Electrocautery (ECT), paring and curettage, and other related procedures in the treatment of warts, molluscum contagiosum, and milia, in any part of the body prescribed by an Accredited Physician/ Specialist	Subject to ABL
7	Sclerotherapy for varicose veins (except for cosmetic purposes) as prescribed by an accredited Physician, to be availed through accredited vascular surgeons; including medicines	Subject to ABL
8	Allergy Testing / allergy screening and other related	Subject to ABL

	examinations prescribed by an Accredited Physician.	
9	Speech therapy for stroke patients only. Note: Consultations shall be part of the limit and treated as sessions	Subject to ABL
10	Tuberculin Test	Subject to ABL
11	Central Supplies	Subject to ABL
12	Miscellaneous Fees	Covered: Subject for Approval
13	Home Laboratory Services Note: a. Catered by Hi-Precision Diagnostics b. Available in select areas only	Subject to ABL
14	Telemedicine Note: a. includes online consultations, prescriptions, diagnostics and/or laboratory requests	Unlimited
15	Non-accredited doctors and facilities (Includes outpatient procedures, home laboratory, and telemedicine)	Reimbursable up to 80% of hospital bills & professional fees based on actual cost but not to exceed ABL
16	Outside the Philippines	
	Professional fees	Reimbursable up to 100% of actual cost but not to exceed ABL abroad
	Outpatient Procedures Laboratory and Diagnostics	Reimbursable up to 80% of actual cost but not to exceed ABL locally.

III. Emergency Care Benefits

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	In Accredited Hospital	
	Physician's services	Subject to limitations in this Agreement
	Emergency Room Fees	Subject to ABL
	Medicines used for immediate relief during treatment	Subject to ABL
	Oxygen, Intravenous fluids and blood products	Subject to ABL
	Dressings, conventional casts (Plaster of Paris) and Sutures	Subject to ABL
	Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient	Subject to ABL
2	In Non-Accredited Hospitals	Reimbursable up to 80% of hospital bills & professional fees based on usual and customary rates but not to exceed ABL
3	Outside the Philippines	Reimbursable up to actual cost, but not exceeding ABL abroad.
4	Areas in the Philippines without Accredited Hospital	- Reimbursable up to 100% on room and board charges according to the Members accommodation based on customary rates but not to exceed ABL.

		- Reimbursable up to 100% on other hospital bills based on customary rates but not to exceed ABL. - Reimbursable up to 100% on professional fees based on rates for an Accredited Physician rendering the service in an Accredited Hospital based on usual and customary rates but not to exceed ABL.
5	Ambulance Land Transfer (Hospital to Hospital) Notes: The ambulance service provided herein shall be available regardless of the location within the Philippines.	Subject to ABL Reimbursable up to 80% based on customary rates but not to exceed ABL.
6	Emergency Rescue Services Ambulance land transfer (location to hospital) Note: a. Catered by Lifeline 16-911 Ambulance Services b. Treatment done in the course of rescue will be reimbursable up to 80% based on usual and customary rates but not to exceed ABL. c. Ambulance land transfer from hospital to home is not covered.	Subject to Inner Limits

IV. Preventive Care Benefits

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Health and diet education and counseling on diet and lifestyle (Outpatient Basis Only)	Subject to ABL
2	Anti-Rabies Vaccine (Toxoid and IG) Note: Including succeeding Toxoid doses and consults (subject for approval)	Subject to ABL
3	Tetanus Vaccine (Toxoid and IG)	Subject to ABL
4	Health habits and Family Planning consults and counseling	Subject to ABL
5	Executive Health Screening/Checkup Note: a. Outpatient Basis Only b. If done on non-accredited facilities, reimbursable 100% of actual charges	Covered Up to 20,000

V. Benefits Covered (Outpatient/Inpatient)

1. Routine Procedures

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Blood Chemistry	Actual Cost subject to ABL
2	Chest X-Ray	Actual Cost subject to ABL
3	Complete Blood Count (CBC)	Actual Cost subject to ABL

4	Fecalalysis	Actual Cost subject to ABL
5	Urinalysis	Actual Cost subject to ABL

2. Diagnostic Procedures

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	12-Lead Electrocardiogram (ECG)	Actual Cost subject to ABL
2	24-hour Electroencephalogram (EEG) Monitoring	Actual Cost subject to ABL
3	24-hour Holter Monitoring	Actual Cost subject to ABL
4	Adrenocortical Function	Actual Cost subject to ABL
5	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Actual Cost subject to ABL
6	Arterial Blood Gas	Actual Cost subject to ABL
7	Audiograms and Tympanograms	Actual Cost subject to ABL
8	Bone Densitometry Scan (Dexascan)	Actual Cost subject to ABL
9	Bone Mineral Density Studies	Actual Cost subject to ABL
10	Cardiac Stress Test (Thallium and Dipyridamole Stress Tests)	Actual Cost subject to ABL
11	Diagnostic Radiographs:	Actual Cost subject to ABL
	a. Biliary tract: Cholecystogram and Cholangiogram	Actual Cost subject to ABL
	b. Chest, ribs, sternum and clavicle	Actual Cost subject to ABL
	c. Digestive: Plain film of the abdomen, Barium Enema, Upper Gastrointestinal (GI) Series, Lower GI Series, Small Bowel Series	Actual Cost subject to ABL
	d. Face (including sinuses), Head and Neck	Actual Cost subject to ABL
	e. Urinary: Kidney, Ureter and Bladder (KUB) Pyelograms and Cystograms	Actual Cost subject to ABL
	f. X-ray of the extremities and pelvis	Actual Cost subject to ABL
	g. X-ray of the Spine (cervical, thoracic, lumbosacral)	Actual Cost subject to ABL
12	Diagnostic Ultrasounds:	Actual Cost subject to ABL
	a. 2D-Echo with Doppler	Actual Cost subject to ABL
	b. Abdomen	Actual Cost subject to ABL
	c. Duplex Scan	Actual Cost subject to ABL
	d. Digestive and Urinary Systems	Actual Cost subject to ABL
	e. Ultrasound of the Lungs	Actual Cost subject to ABL
13	Electroencephalogram (EEG) Monitoring	Actual Cost subject to ABL
14	Electromyelography and Nerve Conduction Studies	Actual Cost subject to ABL

15	Fluorescein Angiography	Actual Cost subject to ABL
16	Impedance Plethysmography	Actual Cost subject to ABL
17	Mammogram and Sonomammogram	Actual Cost subject to ABL
18	Myelogram	Actual Cost subject to ABL
19	Pap's Smear (Traditional)	Actual Cost subject to ABL
20	Perfusion Scan	Actual Cost subject to ABL
21	Plasma Urinary Cortisol, Plasma Aldosterone	Actual Cost subject to ABL
22	Pulmonary Function Test	Actual Cost subject to ABL
23	Radioisotope Scans and Function Studies:	
	a. Cardiac	Actual Cost subject to ABL
	b. Gastrointestinal	Actual Cost subject to ABL
	c. Liver	Actual Cost subject to ABL
	d. Parathyroid Bone, Pulmonary (Perfusion/Ventilation Lung Scans)	Actual Cost subject to ABL
	e. Renal	Actual Cost subject to ABL
	f. Thyroid Scans	Actual Cost subject to ABL
	g. Total Body Scans	Actual Cost subject to ABL
24	Radionuclide Ventriculography	Actual Cost subject to ABL
25	Surface Electromyography (SEMG)	Actual Cost subject to ABL
26	Treadmill Stress Test (TMST)	Actual Cost subject to ABL

3. Therapeutic Procedures

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Anti-neoplastic Chemotherapy / Radio Therapy	Subject to ABL
2	Arthrocentesis	Subject to ABL
3	Dialysis	Subject to ABL
4	Oral anti-neoplastic chemotherapy	Subject to ABL
5	Physical / Occupational Therapy	Subject to ABL
6	Therapeutic Radiology:	
	a. Brachytherapy	Subject to ABL
	b. Cobalt	Subject to ABL
	c. Linear Accelerator Therapy	Subject to ABL
	d. Radioactive Cesium	Subject to ABL
	e. Radioactive Iodine	Subject to ABL
7	Thoracentesis	Subject to ABL

4. Additional Procedures

Shared limit for Outpatient and Inpatient; Professional Fees, Hospital Bills, and other incidental expenses relative to the procedure shall form part of the limit.

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Angiography (gastrointestinal, brain, retinal and peripheral vascular)	Actual cost subject to ABL
2	Coronary Angiogram and/or Angioplasty / Coronary Artery Bypass Graft	Actual cost subject to ABL
3	Conventional/Scalpel Hemorrhoidectomy	Actual cost subject to ABL
4	Stapled Hemorrhoidectomy	Actual cost subject to ABL
5	Mamotomy/Vacuum Assisted Breast Biopsy	Actual cost subject to ABL
6	4D Ultrasound except for maternity-related cases	Actual cost subject to ABL
7	Esophageal Manometry	Actual cost subject to ABL
8	Intensified Modulated Radiotherapy	Actual cost subject to ABL
9	Botox which is not cosmetic in nature nor for beautification purpose	Actual cost subject to ABL
10	CT Pulmonary Angiography	Actual cost subject to ABL
11	Photodynamic Therapy	Actual cost subject to ABL

VI. Modalities of Treatment

The following procedures and modalities are subject to the inner limits when specified, otherwise Actual Cost, subject to ABL.

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Laparoscopic Cholecystectomy	Actual cost subject to ABL
2	Other laparoscopic procedures	Actual cost subject to ABL
3	Hysteroscopic Myoma Resection	Actual cost subject to ABL
4	Hysteroscopically – guided D & C	Actual cost subject to ABL
5	Electroshock Wave Lithotripsy	Actual cost subject to ABL
6	Magnetic Resonance Angiography (MRA)	Actual cost subject to ABL
7	Magnetic Resonance Imaging (MRI)	Actual cost subject to ABL
8	Computerized Tomography (CT) Scans	Actual cost subject to ABL
9	Thallium Scintigraphy	Actual cost subject to ABL
10	Nuclear Radioactive Isotope Scan	Actual cost subject to ABL
11	Cryosurgery	Actual cost subject to ABL
12	Endoscopic Procedures (Diagnostic)	Actual cost subject to ABL
13	Endoscopic Procedures (Therapeutic)	Actual cost subject to ABL
14	Functional Endoscopic Sinus Surgery (FESS)	Actual cost subject to ABL
15	Gamma Knife Surgery	Actual cost subject to ABL
16	Percutaneous Ultrasonic Nephrolithotomy	Actual cost subject to ABL
17	Stereotactic Brain Biopsy	Actual cost subject to ABL

18	Transurethral Microwave Therapy of Prostate	Actual cost subject to ABL
19	Laser eye procedures as prescribed by an Accredited Physician / Specialist. Laser Refractive Surgery or Photorefractive Keratectomy are not covered.	Actual cost subject to ABL
20	Positron Emission Tomography (PET) Scan	Actual cost subject to ABL
21	Polysomnograms (Sleep Recording)	Actual cost subject to ABL
22	Continuous Positive Airway Pressure (CPAP) titration for sleep study	Actual cost subject to ABL
23	Pain Management	Actual cost subject to ABL
24	Arthroscopic Procedures, Orthopedic Arthroscopy	Actual cost subject to ABL
25	Not specified necessary medical modalities not mentioned above and no comparable, conventional and traditional counterparts.	Actual cost subject to ABL

VI. Additional Benefits

The following procedures and modalities are subject to the inner limits when specified, otherwise Actual Cost, subject to ABL.

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Motor Vehicular Accidents Note: With police report requirement, if necessary	Subject to ABL
2	Unprovoked assault, including domestic violence, whether initiated by the Member or by a known or unknown third party	Subject to ABL
3	Scoliosis including necessary procedures (except physical therapy sessions) whether congenital, pre-existing, developmental or acquired. Note: Outpatient consultations only	Subject to ABL
4	Congenital conditions / developmental disorders including physical therapy sessions. Note: Physical Therapy sessions shall form part of the Physical therapy / Occupational therapy limits.	Subject to ABL
5	Congenital Hernia	Subject to ABL
6	Chronic Dermatoses Note: Outpatient consultations only	Subject to ABL
7	Scabies Note: Outpatient consultations and treatments only	Subject to ABL
8	Hepatitis B Note: Except vaccines and screening	Subject to ABL

DENTAL CARE

(On Out-Patient basis and Accredited Facilities only)
Eligible members are up to 65 years old.

Procedures	Actual Plan Cost
Consultations and oral examination	Unlimited
Two (2) Oral Prophylaxis	Twice a year
Oral Hygiene Instructions	Unlimited

Annual Dental Examinations	Unlimited
Unlimited Light Cure Fillings	Unlimited
Temporary fillings when indicated	Unlimited
Recementation of loose jackets, crowns, in-lays and on-lays	Unlimited
Simple tooth extractions, except surgery for impacted tooth	Unlimited
Gum treatment and adjustment of dentures	Unlimited
Orthodontics consultations (braces and malposition of teeth)	Unlimited
Aesthetic Dental Consultation	Unlimited
Oral health education through chair side instruction	Unlimited
Pre-natal check-up of teeth and gums	Unlimited
Treatment of mouth lesions, wounds and burns	Unlimited
Emergency dental treatment for the relief of pain	Unlimited
Emergency incision and drainage clinic set up	Unlimited
Emergency Desensitization of Hypertensive Teeth (2 teeth annually)	2 teeth per year
Discounted rates of up to 15% for other services not covered by the dental plan (e.g. dentures, x-rays and dental surgery)	covered
Surgical extraction of 3 rd molar tooth (impacted tooth)	1 tooth a year

VIII. Non-Medical Benefits

LIFE INSURANCE with INSULAR LIFE

Accordance with Insular Life Term Policy and all its succeeding endorsements, each individual shall be insured in accordance with the following Benefit Schedule:

DEATH DUE TO SICKNESS / NATURAL CAUSE	DEATH DUE TO ACCIDENTAL CAUSE	DISABILITES DUE TO ACCIDENT
200,000.00	400,000.00	Based on Schedule of Indemnities, fixed percentage of the AD&D Benefit of 200,000

Any individual with adverse medical findings shall automatically be covered for one-half (1/2) of coverage of a standard risk for deaths due to natural causes and one hundred percent (100%) of coverage for deaths due to accident. However, the insurance of a child below five (5) years old will be subject to "Child's Lien", as follows:

Age of Child at the Time of Death	Amount Payable
3 months to less than 1 year	One-tenth of the amount of insurance
1 year to less than 2 years	One-fifth of the amount of insurance
2 years to less than 3 years	Two-fifths of the amount of insurance
3 years to less than 4 years	Three-fifths of the amount of insurance

4 years to less than 5 years	Four-fifths of the amount of insurance
5 years and above	the full amount of insurance

Note: Applicable for 15 day old to 65 years old only.

Travel Insurance

Travels for each individual shall be insured in accordance with the following benefit:

I. TRAVEL ASSISTANCE SERVICES		
A. MEDICAL & EMERGENCY EXPENSES		
Medical Expenses & Hospitalization Abroad		Up to \$35,000 (excess of \$60)
Emergency Dental Care		Up to \$200 excess of \$60
Delivery of Medicines		Actual Cost
Emergency Medical Evacuation / Repatriation		Up to \$35,000
Repatriation of Mortal Remains		Up to \$35,000
Escort of dependent child		3,000
Repatriation of Family Member Travelling with Insured		3,000
Compassionate Visit / Travel of One Immediate Family Member		Travel cost plus up to \$100/day, max. \$1,000
Car Rental Excess Protection		NIL
First Medical Payment		Up to \$1,000 (excess of \$60)
Emergency Return Home Following Death of a close Family Member		Actual Cost
Medical Referral / Appointment of Local Medical Specialist		Actual Cost
Connection Services		Actual Cost
Relay of Urgent Messages		Actual Cost
Long Distance Medical Information Service		Actual Cost
Advance of bail bond		NIL
B CANCELLATION		
Trip Cancellation		Up to \$2,000 (excess of \$10)
Trip Curtailment		Up to \$2,000 (excess of \$10)
C TRAVEL INCONVENIENCES		
Delayed departure		Up to \$200
Missed Connection		Up to \$200
Flight diversion		Up to \$200
D PERSONAL BELONGINGS & BAGGAGE		
Loss of Travel Documents abroad		Up to \$1,000
Baggage Delay		Up to \$200
Compensation for in-flight loss, robbery or destruction of checked-in baggage		Up to \$1,000 subject to limit of \$150/item (deductible \$30)
Loss or stolen Baggage/Personal Belongings not checked-in		Up to \$1,000 subject to limit of \$100/item
Location & forwarding of baggage and personal effects		Actual Cost
II. PERSONAL LIABILITY ABROAD		\$10,000
III. ACCIDENTAL DEATH & PERMANENT DISABILITY		\$10,000

IV. 24-hour Emergency Medical and Travel Assistance Services	included
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Note: Eligible members are up to 65 years old. Via reimbursement only.

Lifestyle Concierge Services

The member is entitled to the following Lifestyle concierge services.

SCOPE OF SERVICES	
International Medical Assistance Telephone Medical Advice Medical Service Provider Referral Arrangement of Hospital Admission Guarantee of Medical Expenses Incurred during Hospitalization & Monitoring of Medical Condition during Hospitalization Arrangement of Medical Repatriation Arrangement of Medical Evacuation Arrangement of Repatriation of Mortal Remains Arrangement of Compassionate Visit Arrangement of Return of Minor Children Arrangement of Accommodation	Covered
Travel Assistance Inoculation and Visa Requirement Information Interpreter Referral Lost document advice & assistance Legal Referral Emergency Translation Assistance Emergency Message Transmission Arrange Transportation and Accommodation for Accompanying Family Members	Covered
Concierge and Lifestyle Assistance Golf Course Referral and Reservation Assistance Car Rental and Limousine Referral and Reservation Assistance Hotel Referral and Reservation Assistance Business Services Flower and Gift Delivery Assistance Courier Service Assistance Dining Referral and Reservation Assistance	Covered

I declare that I have read, and I had been briefed on the salient features as well as the benefits and limitations of the InLife Health Care Program. I accept the InLife Health Care Program as contained herein and in other accompanying documents, and I agree to its terms and conditions.

DO NOT SIGN IF SOMETHING IS UNCLEAR.

Signature above Printed Name of Applicant/Payor (Thumbmark if unable to sign)/Date

I declare that I had personally interviewed the Applicant/Payor and briefed him/her on the salient features, benefits and limitations as well as the terms and conditions of the InLife Health Care Program.



Signature above Printed Name of Servicing Agent/Date

I attest to the foregoing:

Signature above Printed Name of Agency Leader/Date

Insular Health Care, Inc. is the HMO Subsidiary of Insular Life Assurance Company, Ltd. It is regulated by the Insurance Commission (www.insurance.gov.ph).

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