

SUMMARY OF BENEFITS

IN-PATIENT PLAN PhilHealth Dependent	COVERAGE
Room & Board, per day, max of 31 days	As Charged
Physician's Visit, per day, max of 31 days	As Charged
Miscellaneous Hospital Expense	As Charged
Surgeon's Fee, as per Surgical Schedule based on RUV	As Charged
Anesthesiologist Fee, 35% of Surgeon's Fee	As Charged
Specialist Fee, max of 7 days	As Charged
Ambulance Fee	5,000
Out Patient Benefit	
Consultation	As Charged
Prescribed Basic Diagnostic Procedure	As Charged

SCHEDULE OF BENEFITS

A. IN-PATIENT CARE	
1. No deposit upon admission	Covered
2. Professional Fees of attending doctor/s	Covered
3. X-ray, laboratory tests and other diagnostic procedures	Covered
4. Anesthesia and its administration	Covered
5. Whole blood and human blood products transfusions and intravenous fluids, including blood screening and cross matching (except gammaglobulin)	Covered
6. Oxygen and its administration	Covered
7. Drugs and medicines for use in the hospital	Covered
8. Dressings, conventional casts (plaster of Paris) and sutures	Covered
9. Use of operating and recovery rooms	Covered
10. Use of the Intensive Care Unit (ICU)	Covered
11. Standard Nursing Services	Covered
12. Standard Admission kit	Covered

13. All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Affiliated Physician	Covered
14. Room and Board according to the type of plan	Covered
15. Assistance in administrative requirements through a Liaison Officer	Covered
B. OUT PATIENT CARE	
1. Medically necessary consultations during regular clinic hours, except prescribed medicines	Covered
2. Pre and Post Natal consultations (excluding lab & diagnostic procedures)	Covered up to MBL
3. Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered
4. Eye, ear, nose and throat (EENT) treatment prescribed by an Affiliated Physician/Specialist	Covered
5. X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an affiliated physician/specialist	Covered

6. Minor surgery not requiring confinement prescribed by an Affiliated Physician / Specialist	Covered
7. Speech therapy sessions/consultations for stroke patients	Covered up to MBL
8. Eye Laser Therapy (excluding Lasik,PRK and the like)	Covered up to Php 10,000
9. Electrocautery (ECT), paring and curettage, and other related procedures in the treatment of warts, molluscum contagiosum, and milia (neck down) - (except for beautification purposes)	Covered up to Php 5,000
10. Allergy Testing	Covered up to Php 4,000
11. Tuberculin Test (prescribed by accredited doctor)	up to Php 1,000 on reimbursement
12. Sclerotherapy for varicose veins	up to Php 5,000/leg
13. Physical/Occupational therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.	Covered up to MBL
B.2. COMMON LABORATORY PROCEDURES	
1. Blood Chemistries	Covered

2. Complete Blood Count (CBC)	Covered
3. Diagnostic Radiographs	
a. Face (including sinuses), Head and Neck	Covered
b. X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered
c. Chest, ribs, sternum and clavicle	Covered
d. Biliary tract: Cholecystogram and Cholangiograms	Covered
e. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series	Covered
f. Urinary: KUB Pyelograms and cystograms	Covered
g. X-ray of the extremities and pelvis	Covered
4. Electroencephalogram	Covered
5. 12 Lead Electrocardiogram	Covered
6. TMST-Treadmill Stress Test	Covered
7. Pap smear	Covered
8. Urinalysis	Covered
B.3. SPECIAL DIAGNOSTIC PROCEDURES	
1. Adrenocortical Function	Covered 100% subject to MBL
2. Ambulatory Cardiac Monitoring (Holter)	Covered 100% subject to MBL
3. Anti-Nuclear Antibody, C- Reactive Protein, Lupus Cell Exam	Covered 100% subject to MBL

4. Arterial Blood Gas	Covered 100% subject to MBL
5. Audiograms and Tympanograms	Covered 100% subject to MBL
6. Bone Densitometry Scan (Dexascan)	Covered 100% subject to MBL
7. Bone Mineral Density Studies	Covered 100% subject to MBL
8. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	Covered 100% subject to MBL
9. Continuous Positive Airway Pressure (CPAP) titration for sleep study	Covered 100% subject to MBL
10. Sleep Studies	Covered up to MBL
11. Computed Tomography Scans	Covered 100% subject to MBL
12. Treadmill Stress Test	Covered 100% subject to MBL

13. Diagnostic Ultrasounds (except Maternity Related): 2D-Echo, Doppler, Ultrasound of the Lungs, Digestive and Urinary Systems, Abdomen, and Deep Vein Thrombosis ultrasonic scanning	Covered 100% subject to MBL
14. Endoscopic Procedures	Covered 100% subject to MBL
15. Lung Function Studies	Covered 100% subject to MBL
16. Magnetic Resonance Imaging/ Isotope Scan	Covered 100% subject to MBL
17. Mammography and Sonomammogram	Covered 100% subject to MBL
18. Microscopic Examinations	Covered 100% subject to MBL
19. Myelogram	Covered 100% subject to MBL
20. Perfusion/Neuroscan	Covered 100% subject to MBL
21. Plasma Urinary Cortisol, Plasma Aldosterone	Covered 100% subject to MBL
22. Polysomnograms (Sleep Recording)	Covered 100% subject to MBL
23. Radionuclide Ventriculography	Covered 100% subject to MBL
24. Radioscope Scans and Function Studies	Covered 100% subject to MBL
25. Stereotactic Brain Biopsy	Covered 100% subject to MBL
26. Thallium Scintigraphy	Covered 100% subject to MBL
27. Video Gastroscopy	Covered 100% subject to MBL
28. New Modalities of Treatment with and without conventional Counterpart	Covered 100% subject to MBL
B.4. THERAPEUTIC PROCEDURES	
1. Arthrocentesis	Covered 100% subject to MBL
2. Arthroscopic Procedures	Covered 100% subject to MBL
3. Cataract Extraction (except cost of lens)	Covered 100% subject to MBL
4. Chemotherapy/ Speech Therapy/ Radiotherapy	Covered subject to MBL

5. Conventional Hemorrhoidectomy	Covered subject to MBL
6. Cryosurgery	Covered up to MBL
7. Dialysis	Covered subject to MBL
8. Fluorescein Angiography	Covered 100% subject to MBL
9. Gamma Knife Surgery	Covered 100% subject to MBL
10. Hysteroscopic Myoma Resection	Covered 100% subject to MBL
11. Hysteroscopically Guided D & C	Covered 100% subject to MBL
12. Impedance Plethysmography	Covered 100% subject to MBL
13. Laparoscopic Procedures	Covered 100% subject to MBL

14. Lithotripsy	Covered 100% subject to MBL
15. Magnetic Resonance Angiography	Covered 100% subject to MBL
16. Open Heart Surgery/Angiogram/Angiography	Covered 100% subject to MBL
17. Oral chemotherapy	Covered 100% subject to MBL
18. Organ Donation/ Transplantation	Covered 100% subject to MBL
19. Percutaneous Adrenalectomy	Covered 100% subject to MBL
20. Percutaneous Ultrasonic Nephrolithotomy	Covered 100% subject to MBL
21. Phlebotomy	Covered 100% subject to MBL
22. Scalpel Hemorrhoidectomy	Covered 100% subject to MBL
23. Stapled Hemorrhoidectomy	Covered 100% subject to MBL
24. Thoracentesis	Covered 100% subject to MBL
25. Transurethral Microwave Therapy of Prostate	Covered up to MBL
26. Angioplasty	Covered up to MBL
C. ANNUAL PHYSICAL EXAMINATION (Principal & Dependent)	
1. Routine Check Up	Covered
2. Physical Examination and History Taking	Covered
3. Complete Blood Count	Covered
4. Urinalysis	Covered
5. Fecalysis	Covered
6. Chest X-ray	Covered
7. Electrocardiogram (ECG)	Covered for 35 years old and up
8. Pap Smear	Covered for 35 years old and up
9. Fasting Blood Sugar (FBS)	Covered
10. Cholesterol	Covered

D. EMERGENCY CARE	
1. In Accredited Hospitals	
a. Doctor's services	Covered
b. Emergency Room Fees	Covered
c. Medicines used for immediate relief during treatment	Covered
d. Whole blood/human blood products	Covered

e. Oxygen and IV fluids	Covered
f. X-ray, laboratory tests and other diagnostic procedures	Covered
2. In Non-Accredited Hospitals within the Philippines	Reimbursable 80% of hospital bills & professional fees based on standard rates
3. Outside the Philippines	Reimbursable 100% of hospital bills & professional fees based on standard rates
4. Areas without Accredited Hospital within the Philippines	Reimbursable 100% based on standard rates
5. Ambulance Service (hospital to hospital)	If ambulance service of accredited provider up to MBL; If not Reimbursable up to Php 5,000/conduction

Reimbursement claims are processed from 15 working days from receipt of complete documents.
Reimbursements should be submitted to the provider within 30 days from the date of discharge.

E. PREVENTIVE CARE

1. Health habits and Family Planning counseling	Covered
2. Passive and active vaccines for treatment of tetanus, animal bites, snake bites	Covered up to MBL
3. Periodic monitoring of health problems	Covered
4. Wellness programs/lectures	Covered up to four (4) sessions

F. FINANCIAL ASSISTANCE (Principal Only)

1. Natural Death	Covered up to PHP 25,000 Covered up to PHP 50,000
2. Accidental Death	

ACCIDENTAL DEATH AND DISMEMBERMENT

When injury results in any of the following losses within one hundred eighty (180) days after the date of accident, the Company shall pay for the loss based on the schedule below:

	Percentage of Principal Sum
Loss of life, or two limbs	100%
Loss of both hands, or all fingers and both thumbs	100%
Total loss of sight of both eyes	100%

Loss of arm at or above elbow	70%
Loss of arm between elbow and wrist, or leg or above knee	60%
Loss of a hand, a foot, a leg below the knee, or sight of eye	50%
Loss of four fingers	35%
Loss of thumb	15%
Loss of index finger	10%
Loss of middle finger	6%
Loss of ring finger, or big toe	5%
Loss of little finger	4%
Loss of metacarpals - first or second (additional)	3%
third or fifth (additional)	2%
Loss of toes all of one foot	25%
Loss of any toe other than the big toe, each	1%
Loss of hearing of each ear	25%
G. DENTAL BENEFITS	
1. Oral dental examination	Covered
2. Annual oral prophylaxis	twice a year
3. Dental Nutrition and Dietary Counseling	Covered
4. Desensitization of hypersensitive teeth	Covered
5. Emergency Dental treatment	Covered
6. Restorative and prosthodontic treatment planning	Covered
7. Simple adjustment of dentures	Covered
8. Simple tooth extractions	Covered
9. Temporary Fillings (unlimited)	Covered
10. Permanent Fillings	Covered up to 2 teeth
H. OTHER SPECIAL BENEFITS	
✓1. Congenital Illnesses	Covered up to MBL
2. Motor Vehicular Accidents (subject to evaluation, Police Report is required prior to coverage)	Covered subject to MBL
3. Scoliosis, Slipped Disc, & Spondylosis	Covered 100% subject to MBL
4. Spinal Stenosis	Covered 100% subject to MBL

5. Herniorrhaphy	Covered 100% subject to MBL
6. Involuntary room upgrade to next higher room category (except Suite Room) during emergency confinement	Covered up to 24 hours
7. Unprovoked Assault (subject to evaluation, Police Report is required prior to coverage)	Covered subject to MBL
8. Work related conditions (Employees only)	Covered subject to MBL
9. Benign Prostatic Hypertrophy	Covered up to MBL
I. PRE-EXISTING CONDITIONS	
1. Employees	covered up to MBL
2. Dependents	
a. Existing and Additional Dependents	covered up to MBL
b. Future Dependents	covered up to MBL
J. ELIGIBILITY PROVISIONS	
1. AGE ELIGIBILITY	All Regular and Full-time Employees
a. Employees	18 years old up to 65 years old
b. Minor Dependents	90 days old up to 23 years old
c. Adult Dependents	18 years old up to 65 years old
2. ELIGIBLE DEPENDENTS	In Hierarchy Order of Enrollment
a. Spouse	1st Priority for Married Employees
b. Children	2nd Priority for Married Employees
c. Parents	1st Priority for Single Employees
d. Siblings	2nd Priority for Single Employees
K. OTHER PROVISIONS	
1. Maximum Benefit Limit (MBL)	The aggregate of all benefits covered under all of the benefits provisions shall be as specified in the Schedule of Benefits under Dreaded Disease Limit. The maximum limit shall be for one complete Policy year and applicable on a per disability basis.
2. Philhealth (Required to be filed at the hospital whenever applicable)	The plan pays benefits up to its limits after Philhealth Benefits have been exhausted
3. Additional Premium Option for non-Philhealth members	Php 3,300 per individual

4. Makati Medical Center	All insured's are allowed access to confinement/consultations at Makati Medical Center (MMC). In connection with the Blanket Authority policy of MMC, patients are required to settle all medical expenses which are not covered under the (including excess in limits) before discharge Failure of the patient to settle in full such charges shall be borne by the provider but will be subject to Bill-back Arrangement.
5. Bill-back Arrangement	Medical expenses, which are not covered under the policy, which is advanced by the Company, shall be billed back to the Policyholder. The Policyholder commits to reimburse the Company within 15 working days from the billed amount advise, inclusive of a service fee of 12 %. Interest at the rate of 3 % per month shall be charged to the Policyholder counted from the date the Billing Notice was received for any amount not paid within 15 working days. And for the purpose of interest charging a fraction of a month shall be considered as one full month. The use of the Company's network of accredited service providers may be suspended by the Company should any Bill not withstanding that such amount in full or in part is being contested or subject to further scrutiny by giving 5 days notice to the Policyholder.
6. Provider Access:	
a. All Accredited Hospitals	Yes
b. All Accredited Clinics	Yes
c. Exceptions:	
i. Healthway Medical Clinic	With Access
ii. Makati Medical Center	With Access
iii. The New Medical City	With Access
iv. St. Luke's Medical Center – Quezon City	With Access

v. St. Luke's Medical Center – Global City	With Access
vi. Asian Hospital Medical Center	With Access
vii. Cardinal Santos Medical Center	With Access
viii. Capitol Medical Center, Inc. (CMCI)	With Access
L. ADDITIONAL SERVICES:	
1. Welcome Kit with Provider Directory and Guidebook	Covered (Per Family)
2. ID Processing and Enrollment Fee	Waived
3. Card Replacement Fee	Correction: Php 50
4. Benefit Orientations	Covered upon request

Note: Coverage for all procedures will be based on the diagnosis/medical impression of Accredited Physician and shall be subject to the plan limits.

Existing overage members (66-70 years old) are covered until end of the policy year with twice the premium.

Members who will turn 66 years old within the contract period should be billed regular premium until end of the policy year. Same will apply to dependent members who will turn 24 years old within the contract period.

GENERAL EXCLUSIONS :

1. Expenses that should be taken cared by any government programs such as PhilHealth and the likes;
2. Services rendered or supplies provided free of charge;
3. Additional hospital charges and/or professional fee charges resulting from the Planholder's taking a room accommodation more than his Room & Board limit (excesses and/or incremental costs);
4. Maternity and maternity-related conditions and/or complications except those benefits that may be provided by the (optional) Maternity Benefit;
5. Sterilization of either sex or reversal of such, artificial insemination, sex change, consultation/confinement regarding infertility;
6. Non-recommended confinement, convalescent/ domiciliary/ custodial care; rest cures,
7. Dental-related cases except those that may be provided by the (optional) Dental Benefits and to the extent that are necessary for the repair or alleviation of damage caused solely by accidental injury sustained (and not caused) by the Plan Member;
8. Circumcision, cosmetic/aesthetic procedures except re-constructive surgery to treat functional defect(s) due to a covered disease and/or accidental injury;
9. Psychiatric disorders, psychosomatic conditions, treatment for any mental or nervous disorders, illness/injury/condition/complication arising from the Plan Member's too
much alcohol intake and/or use of regulated/prohibited drugs;
10. Illnesses and/or injuries arising from the Plan Member's participation in brawl, riots, commission of a crime, violation of ordinances and the likes;
11. Illnesses/injuries resulting under conditions of war or sustained from combat-related activities;
12. Illnesses/injuries resulting from the Plan Member's active participation in hazardous activities such as, but not limited to, bungee jumping, hang-gliding, scuba diving, mountain/wall climbing including professional sports;
13. Illnesses/injuries attributable to the Plan Member's own misconduct/ gross negligence/immoral habits, willful and unnecessary exposure to danger or hazard to health;
14. Self-inflicted injuries including and, not limited to, any form of suicide attempt;
15. Sexually transmitted disease, AIDS, rehabilitative treatment on alcoholism and drug abuse;
16. Acquisition of prosthetic appliances, artificial aids, durable equipment, surgically implanted devices and external prosthetic devises except those that are explicitly covered and enumerated in the "Special Procedures or New Modalities of Treatment" provision of this Agreement;
17. Organ transplant-expense relating to organ donation of the donating party/parties;

18. Executive check-ups, unless explicitly provided in the Master Policy, and/or confinement purely for diagnostic purposes and non-recommended confinements;
19. Take-home medicines, unless optional "Reimbursement of Prescribed Medicines" Benefit is provided and vaccines except first dose of either anti-venom, anti-rabies and anti-tetanus used for emergency treatment;
20. Medico-Legal Fees including costs of Medical Certificates that a Plan Member may require for any purpose it may serve him;
21. Congenital disease/deformity that is evident to the Plan Member at birth and/or can be clinically determined to be congenital;
22. Medical and/or surgical procedures/diagnostic tests that are experimental in nature and/or not generally accepted by the medical profession such as, but not limited to, iridology, chiropractic services, acupuncture.

FIRST GLIDERS OPTIONS PHILIPPINES, INC (OPTION

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