

Maxicare



The Leader in Healthcare Services

MAXICARE HEALTHCARE CORPORATION

*Premium quality healthcare is deserved by every individual.
MAXICARE, an industry leader with 30 years of solid healthcare expertise,
has been a trusted name among top corporations and individuals.*

I. IN-PATIENT BENEFITS

1. Room and Board Accommodation
2. Use of Operating Room, Intensive Care Unit (ICU), Isolation Room (if prescribed by an attending accredited physician) and Recovery Rooms
3. Professional Fees of Attending Physicians, Surgeons, Anesthesiologist and Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery
4. Standard nursing services
5. Medicines for in-patient use
6. Blood product transfusions and intravenous fluids, including blood screening and cross matching
7. X-ray, laboratory examinations, diagnostic tests and therapeutic procedures incidental to confinement
8. Dressings, conventional casts (plaster of Paris) and sutures
9. Anesthesia and its administration
10. Oxygen and its administration
11. Standard admission kit
12. All other items directly related in the medical management of the patient, as deemed medically necessary by the attending accredited physician

NOTE: Required to file Philhealth. Non-Philhealth member will pay for the Philhealth portion.

SALIENT FEATURES

PLAN TYPE	R & B	MBL
Platinum Plus	Large Private	Php 200,000
Platinum	Regular Private	150,000
Gold	Regular Private	100,000
Silver	Semi-Private	60,000

R&B – Room and Board Accommodation (room category)

MBL – Maximum Benefit Limit (limit per illness per year)

II. OUT-PATIENT BENEFITS

The following services shall be provided when medically necessary:

1. Consultations during regular clinic hours, except for medicines prescribed
2. Eye, ear, nose and throat (EENT) treatment prescribed by an accredited physician/specialist
3. Treatment for minor injuries such as lacerations, mild burns, sprains and the like
4. Dressing, conventional casts (plaster of Paris) and sutures

5. X-ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an accredited physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to the amount set forth under pertinent sections below.

- Routine procedures to be covered at 100% of actual cost and to be charged against MBL:
 1. Blood Chemistries
 2. Chest X-Ray
 3. Complete Blood Count
 4. Fecalalysis
 5. Urinalysis
- Diagnostic procedures to be covered at 100% of actual cost and to be charged against MBL:
 1. 24-Hour Electro Encephalogram Monitoring
 2. Adrenocortical Function
 3. Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam
 4. Arterial Blood Gas
 5. Arthroscopic Procedures, Orthopedic Arthroscopy
 6. Audiograms and Tympanograms
 7. Bone Densitometry Scan (Dexascan)
 8. Bone Mineral Density Studies
 9. Cardiac Ambulatory Monitoring
 10. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)
 11. Computed Tomography (CT) Scans
 12. Diagnostic Angiogram: Cerebral, Coronary, Mesentric, Flourescein Angiography
 13. Diagnostic Radiographs or X-rays
 - i. Biliary Tract: Cholecystogram and Cholangiogram
 - ii. Chest, Ribs, Sternum and Clavicle
 - iii. Digestive Tract: Plain film of the abdomen, Barium Enema, Upper Gastro Intestinal (GI) Series,

- Small Bowel Series, Lower Gastro Intestinal Series
 - iv. Face (including sinuses), Head and Neck
 - v. Urinary Tract: Kidney Ureter Bladder (KUB), Pyelograms, Cystograms
 - vi. X-ray of the extremities and pelvis
 - vii. X-ray of the Spine (cervical, thoracic, lumbo-sacral)
 - 14. Diagnostic Ultrasounds:
 - i. 2D-Echo with Doppler
 - ii. Abdomen
 - iii. Duplex Scan
 - iv. Digestive and Urinary Systems
 - v. Ultrasound of the Lungs
 - 15. Electro Encephalogram (EEG)
 - 16. Electromyography & nerve conduction velocity studies
 - 17. Endoscopic Procedures
 - 18. Flourescein Angiography
 - 19. Impedance Plethysmography
 - 20. Lead Electrocardiogram
 - 21. Magnetic Resonance Angiography (MRA)
 - 22. Magnetic Resonance Imaging (MRI)
 - 23. Mammogram and Sonomammogram
 - 24. Microscopic Examinations
 - 25. Myelogram
 - 26. Nuclear Radioactive Isotope Scan
 - 27. Pap's Smear
 - 28. Perfusion Scan
 - 29. Plasma Urinary Cortisol, Plasma Aldosterone
 - 30. Polysomnograms (Sleep Recording)
 - 31. Pulmonary Function tests
 - 32. Radioisotope Scans and Function Studies:
 - i. Cardiac
 - ii. Gastrointestinal
 - iii. Liver
 - iv. Parathyroid, Bone, Pulmonary (Perfusion, Ventilation Lung Scans)
 - v. Renal
 - vi. Thyroid Scans
 - vii. Total Body Scans
 - 33. Radionuclide Ventriculography
 - 34. Surface Electromyography (SEMG)
 - 35. Thallium Scintigraphy
 - 36. Treadmill Stress Test (TMST)
- Therapeutic procedures shall be covered at 100% of actual cost and to be charged against MBL up to twelve (12) sessions per member per year
 - 1. Dialysis
 - 2. Intravenous Chemotherapy
 - 3. Therapeutic Radiology
 - i. Brachytherapy
 - ii. Cobalt
 - iii. Linear Accelerator Therapy
 - iv. Radioactive Cesium
 - v. Radioactive Iodine
 - 4. Physical therapy / Occupational therapy (shared limit) excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like. (Therapy of one (1) body area shall be considered as one (1) session.)
 - 5. Minor surgery not requiring confinement prescribed by an accredited physician/specialist
 - 6. Eye laser therapy for retinal tear, retinal hole, retinal detachment & glaucoma prescribed by an accredited physician/specialist up to Php10,000 per eye per member per year. Eye correction such as Lasik, PRK and the like are not covered.
 - 7. Electrocauterization of skin lesions such as plantar warts, flat warts, periungual warts, filiform warts and molluscum contagiosum, in any part of the body, except genital warts and condyloma acuminata, prescribed by an Accredited Physician/Specialist shall be covered up to Php1,000 per member per year.

8. Sclerotherapy for varicose veins (except medicines and for cosmetic purposes) as prescribed by an accredited physician up to Php5,000 per leg per member per year to be availed through accredited vascular surgeons
9. Allergy testing / allergy screening and other related examinations prescribed by an accredited physician up to Php2,500 per member per year
10. Speech therapy (for stroke patients only) shall be covered as charged but on reimbursement basis up to Php10,000 per member per year. Consultations shall be part of the limit and treated as sessions for purposes of determining coverage
11. Tuberculin test up to Php600 per member per year

III. EMERGENCY CARE

Accredited Hospital

- Doctor's services
- Emergency Room fees
- Medicines used for immediate relief and during treatment
- Oxygen, intravenous fluids and blood products
- Dressings, conventional casts (plaster of Paris) and sutures
- Initial treatment of animal bites shall be covered for the first twenty-four (24) hours from the time of bite subject to MBL.
- X-rays, laboratory, diagnostic examinations and other medical services related to the emergency treatment of the patient

Non-Accredited Hospitals

- **Within the Philippines**
Maxicare shall reimburse up to 80% of the actual hospital bills and 80% of the professional fees based on Maxicare rates incurred during the first twenty-four (24) hours of treatment up to Php 30,000 per availment per member.

- **Areas without accredited hospitals within the Philippines**

Maxicare shall reimburse 100% of the total hospital bills and Professional fees based on Maxicare rates.

- **Outside the Philippines**

Maxicare shall reimburse 100% actual costs up to Php30,000 per availment per member.

Ambulance Service

Maxicare will cover road ambulance service for transfers from an accredited hospital to another accredited hospital up to MBL and Php2,500 per conduction if it is from a non-accredited Hospital to an accredited Hospital (on reimbursement basis).

Note: it is very important that you call the Maxicare Hotline within 24 hours in order for Customer Care to arrange a transfer from the non-accredited hospital to the accredited hospital.

IV. PREVENTIVE CARE

1. Passive and active vaccines for treatment of tetanus and animal bites shall be covered up to Php18,000 per member per year
2. Periodic monitoring of health problems
3. Health education and counseling on diets and exercise
4. Health habits & family planning counseling

V. ANNUAL CHECK-UP (ACU)

Basic 5 Routine; Clinic-based: (Applicable to Platinum Plus, Platinum, Gold and Silver Plan Type)

- **History and Physical Exam**
- **CBC (Complete Blood Count)**
- **Routine Urinalysis**
- **Routine Fecalalysis**
- **Chest X-ray (PA and Lateral)**

The ACU however, may only be availed within the contract period after (1) payment of at least six (6) month worth of membership, and (2) must be a member of at least six (6) months starting from the effectivity date. Member must notify Maxicare's Customer Care Department (CCD) at least one (1) month prior to preferred schedule. Any request for rescheduling or change of venue must be in writing and shall be allowed only once provided request was forwarded to CCD at least one (1) week prior to the original ACU schedule. Otherwise, ACU entitlement shall be forfeited.

VI. DENTAL CARE (OPTIONAL)

Exclusive for Dental Hub Provider Only

1. Annual Oral/Dental Examinations & Consultation
2. Emergency Dental Treatment
3. Annual Oral Prophylaxis
4. Simple Tooth Extractions
5. Restorative and Prosthodontic Treatment Planning
6. Permanent fillings up to 2 fillings per year
7. Unlimited temporary fillings, as needed
8. Desensitization of hypersensitive teeth – 2 per year
9. Simple adjustment of dentures
10. Recementation of loose crowns, inlays or on-lays
11. Dental nutrition and dietary counseling
12. Dental Health Education

Note: Dental Benefit is optional for an additional fee of Annual fee: P387, Semi-annual: P209, Quarterly P108

VII. ADDITIONAL BENEFITS

- Life coverage with Accidental Death & Dismemberment up to Php50,000
- Motor vehicular accidents shall be covered up to MBL.
- Scoliosis including necessary procedures, except physical therapy sessions, shall be covered up to Php20,000 per member per year. Physical Therapy sessions shall form part of the Physical therapy /Occupational therapy limits.
- Congenital illness, except physical therapy sessions and developmental disorders, shall be covered up to Php20,000 per member per year. Physical Therapy sessions shall form part of the Physical therapy /Occupational therapy limits.
- Congenital hernia shall be covered up to MBL.
- Consultations for Chronic Dermatoses shall be covered up to MBL.
- Medically necessary Modalities and Procedures are covered up to Php5,000 whether done thru in-patient or out-patient (shared limit). Complete list of modalities will be available on the membership agreement upon enrollment and activation.

Please note that other medically necessary procedures/modalities that are not readily available in the major tertiary hospitals, costly relative to more conventional procedures and relatively new or recently introduced in the Philippines, such as but not limited to Capsule Endoscopy, CT Pulmonary

Angiography, etc. shall also be covered up to Php5,000 per procedure per member per year. Should you wish to have details or list of hospitals that cater to these procedures, you may contact us for information/reference.

- Transurethral Microwave Therapy of Prostate covered up to Php25,000 per member per year

VIII. VALUE ADDED FEATURES

MAXICARE'S INTERNATIONAL ASSISTANCE PROGRAM

Maxicare has partnered with Insurance Company of North America (A Chubb Company) for frequent travelers throughout the year under One Policy.

Benefits:

1. Medical Necessary Expense
2. Emergency Medical Evacuation
3. Repatriation Expense
4. Personal Accident

24-Hour Emergency Medical Accident Assistance Services

- Telephone Medical Assistance
- Medical Service Provider Referral
- Arrangement of Appointments with Local Doctors for Treatment
- Arrangement of Hospital Admission
- Guarantee of Medical Expenses Incurred during Hospitalization
- Monitoring of Medical Condition During and After Hospitalization
- Arrangement of Emergency Medical Evacuation
- Arrangement of Emergency Medical Repatriation
- Arrangement of Transportation of Mortal Remains
- Arrangement of Compassionate Visit

24-Hour Travel Assistance Services

- Emergency Message Transmission Assistance
- Legal Referral
- Inoculation and Visa Requirement Information
- Interpreter Referral
- Lost Luggage Assistance
- Lost Passport Assistance
- Embassy Referral
- Weather and Foreign Exchange Information Services

**CHUBB 24-HOUR EMERGENCY HOTLINE:
(632) 328-2460**

IX. DREADED DISEASE / CONDITION

Any condition that is considered to be chronic, progressive, life-threatening and which may entail life-long therapy wherein complete cure cannot be ensured

COVERAGE FOR DREADED AND NON-DREADED CONDITONS

1st year of membership:

- Dreaded and Non-dreaded covered subject to below limits:

Plan Type	Per illness per member per year
Platinum Plus	Php 20,000
Platinum	15,000
Gold	10,000
Silver	5,000

Subsequent years of membership:

- Dreaded conditions not considered acquired are covered subject to below limits:

Plan Type	Per illness per member per year
Platinum Plus	Php 20,000
Platinum	15,000
Gold	10,000
Silver	5,000

- Non-dreaded conditions shall be covered up to MBL
- Acquired dreaded conditions shall be covered up to MBL

Such **dreaded conditions** are as follows, but not limited to:

- All malignancies (including indicated chemotherapy or radiotherapy)
- Arthritis
- Blood Dyscrasias such as but not limited to Leukemia, Idiopathic Thrombocytopenic Purpura
- Chronic Cardiovascular Diseases and its complications such as but not limited to Uncontrolled Hypertension of whatever etiology, Aortic Dissection, Abdominal Aortic Aneurysm, Myocardial infarction, Cardiac Arrest, Congestive Heart Failure, Cardiac Arrhythmia, Cardiac Tamponade, Coronary Artery Disease, Cardiomyopathies and Valvular Heart Disease, Aortic Dissection, Abdominal Aortic Aneurysm and Peripheral Vascular Disease and its complications such as but not limited to Buerger's Disease
- Cataract and Glaucoma

- Cerebrovascular Diseases such as but not limited to Stroke, Cerebral, Cerebellar, Thrombosis, Embolism and Ruptured aneurysm and all Intracranial Hemorrhage and related conditions
- Cholecystolithiasis and Choledocholithiasis
- Chronic Endocrine Disorders and its complications such as but not limited to Dyslipidemia, Obesity, Diabetes Mellitus, Hormonal Dysfunctions excluding surgical treatment/procedures for obesity
- Chronic Gastrointestinal Diseases such as but not limited to Irritable Bowel Syndrome, Crohn's disease
- Chronic Genito-urinary Disorders
- Chronic Kidney Disease/Failure & its complications
- Chronic Liver Parenchymal Diseases such as but not limited to Liver Cirrhosis, Chronic hepatitis, Non-alcoholic Fatty Liver Disease/Steatohepatitis (NASH)
- Chronic Pulmonary Diseases such as but not limited to Bronchial Asthma, Chronic Obstructive Pulmonary Disease (COPD), emphysema, and other chronic lung disease
- Collagen Vascular/Connective Tissue/Immunologic Disorders such as but not limited to Systemic Lupus Erythematosus and its complications
- Complications of immuno-compromised clinical conditions except HIV/AIDS
- Extrapulmonary Tuberculosis including Pott's disease and Multi-Drug Resistance Case (MDR) case
- Multiple Organ Failure
- Muscular Dystrophies such as but not limited to Duchenne, Becker, limb girdle, facioscapulohumeral, myotonic, oculopharyngeal, distal, and Emery-Dreifuss
- Neuro-surgical interventions and/or major neurological diseases such as but not limited to Poliomyelitis/Meningitis/Encephalitides, Demyelinating Neurologic diseases and its complications/sequelae and Peripheral Nervous Ssystem Disorders/disease
- Thyroid Dysfunctions due to disease of thyroid such as but not limited to Hypothyroidism and Hyperthyroidism
- Any illness other than above which would require Critical Care/Intensive Care Unit (ICU) Confinement
- All complications resulting from above list of conditions

Such **non-dreaded conditions** are as follows, but not limited to:

- a) All benign tumors
- b) Anal Fistulae
- c) Cervical Polyps (if benign biopsy)
- d) Conjunctivitis (except chemical, complicated)
- e) Endometrioses/Controlled Dysfunctional Uterine Bleeding (except if caused by uterine malignancies)
- f) Hemorrhoids
- g) Hepatitis A
- h) Gastritis, Duodenitis or Uncomplicated Gastric / Duodenal Ulcer
- i) Inactive Pulmonary Tuberculosis
- j) Migraine
- k) Non-surgical Ear-Nose-Throat conditions such as but not limited to Sinusitis, Rhinitis, Tonsillopharyngitis, Laryngitis, Parotitis, Otitis Media, Otitis Externa and Surgical Ear-Nose-Throat conditions such as but not limited to Tonsillectomy, Nasal Polypectomy, Tympanoplasty, Sialolithotomy, Sialodochoplasty.
- l) Non-Toxic Goiter (if uncomplicated)
- m) Ovarian cysts Uncomplicated Cholecystitis, Cholelithiasis
- n) Uncomplicated Hernias (Congenital Hernia will have coverage as listed in the Congenital Clause)
- o) Uncomplicated Hypertension
- p) Uncomplicated Urinary Tract Infection, Stones/Calculi
- q) Urinary Incontinence

X. AVAILMENT PROCEDURES

1. Out-patient

- a) To avail of consultations or treatment, go to any Maxicare Accredited Clinics/Hospitals or Maxicare Primary Care Centers (PCC).
- b) Member goes to the POS terminal in the hospital/clinic (Billing/ER/Admitting section) or at the PCC.
- c) Hospital staff swipes the member's swipe card. The Letter of Eligibility (LOE) will be given to the member with his Maxicare card.

Please note that the LOE is valid only on the same date that it was swiped. Availment/s made on different dates will need an LOE per date.

- d) Member proceeds to the Medical Coordinator's clinic and presents his LOE and Maxicare card for consultation.
- e) If referred to an accredited specialist, secure LOE and **Referral Slip*** from the Medical Coordinator/ PCC.
- f) Present Maxicare ID Card, LOE and Referral Slip to accredited specialist to avail of consultation.

- g) If member is requested to take a laboratory test, secure the **Laboratory Slip*** from the Medical Coordinator/ PCC.
- h) Proceed to the laboratory and present the laboratory slip with the LOE and avail of the test.
- i) For follow-up consultations, follow steps 1-5 to secure LOE and referral slip/ laboratory slip from Maxicare Centers and/or Coordinator.

Note: Referral Slips and Laboratory Slips* are necessary in order for the doctor to know that Maxicare is to be billed for the procedure. For queries and assistance, please call Maxicare Hotline at **582-1900**.

2. In-patient

- a) Secure an **Admitting Order** from a Maxicare Accredited Specialist.
- b) Coordinate with the admitting section and coordinator in the hospital for **room reservation**
- c) If possible, call Maxicare at least 24 hours prior to admission for assistance in securing the doctor
- d) Member goes to the **Admitting Section** in the hospital and **presents his/her Maxicare swipe card and admitting order** from the Maxicare Coordinator/ Specialist to the admitting staff.
- e) Once the LOE is generated by the hospital staff, the member will be asked to sign on it. This will be attached to the other admitting documents.
- f) Proceed to the **reserved room entitled or operating room** (for operation)
- g) Maxicare will issue the Letter of Authority (LOA) upon receiving hospital's advice on the member's confinement.
- h) Member must file Philhealth on or before discharge.
- i) All uncovered and excess charges must be settled by the member upon discharge.

Note: For queries and assistance, call Maxicare Hotline: **582-1900**

3. Emergency Care

A life threatening or accidental injury or a sudden and unexpected onset of a condition which at the time of the occurrence reasonably appears to have the potential of causing immediate disability or death, or which requires the immediate alleviation of pain or discomfort.

The Member must notify MAXICARE HEAD OFFICE, thru the Customer Care Department, WITHIN 24 HOURS so that proper assistance is promptly rendered.

o Accredited Hospital

- 1. Go to the Emergency Room of nearest accredited hospital.

2. Avail of treatment at Emergency Room.
3. Present Maxicare ID Card to ER Staff. ER Personnel will facilitate swiping for the LOE.
4. File Philhealth before discharge.

Note: Settle charges not covered by Maxicare at the Billing Section once the Discharge Order is issued by the attending doctor

o **Non-Accredited Hospital**

1. Member may proceed to the Emergency Room of nearest hospital.
2. Avail treatment at the Emergency Room.
3. Call Maxicare within 24 hours to arrange transfer to an accredited hospital.
4. Settle all ER fees and secure Medical Certificate, Official Receipts, etc.
5. Forward all original documents to Maxicare for reimbursement within 30 days upon discharge.

XI. ENROLLMENT PROCESS AND GUIDELINES

1. Fill out the IFG application form completely. Indicate your Tax Identification Number (TIN) on the front page if applicable.
2. Initial submission of Medical Requirements is applicable to enrollees who are 50 years old and above, whether Principal or Dependent. The date of the conduction of these Medical Requirements should not exceed 6 months before the date of submission.

Medical Requirements for 49 years and 6 months old (optional)

- 12 - lead ECG (Electrocardiogram) tracings w/ results
- Chest X-ray
- FBS (Fasting Blood Sugar)
- Creatinine
- SGPT
- Total Cholesterol
- Triglycerides
- HDL-C (High Density Lipoprotein)
- LDL-C (Low Density Lipoprotein)

Note: test results should not be more than 6 months from the date it was taken

1. Dependent's plan must be the same plan as the Principal or one plan lower.
2. Forward the accomplished application form and medical requirements (if applicable) to the Account Officer for processing.
3. Once the application has been approved, the Statement of Account shall be sent to your billing

address for settlement. Payments (cash or check) may be made at the Maxicare Head Office or at any Banco de Oro branches via bills payments.

4. Member will receive Maxicare ID card as proof of membership.

Who may be enrolled into the Maxicare Program and what are the requirements?

- The age eligibility for principal and dependents is from 15 days old to 60 years and 5 months of age.
- Eligible dependents are as follows (in order):
 - * For single enrollees: Mother, Father, then Siblings 21 years and 5 months old and below, according to age.
 - * For married enrollees: Spouse, then Children 21 years and 5 months old and below, according to age.
- Individual Membership Requirements:
 1. Application form
 2. Medical requirements for 49 years and 6 months old
 3. Photocopy of ACR (Alien Certificate of Residency) if nationality is foreign
- Family Membership Requirements

Couples only:

 1. Application form
 2. Copy of marriage certificate
 3. Medical requirements if already 49 years and 6 months old (principal and dependent)
 4. Photocopy of ACR (Alien Certificate of Residency) if nationality is foreign
 5. *With child dependent*
 1. Application form
 2. Copy of birth certificate (each child)
 3. Medical requirements if already 49 years and 6 months old (principal and dependent)
 4. Photocopy of ACR (Alien Certificate of Residency) if nationality is foreign

Note: Maxicare may request for additional requirements when deemed necessary
- HIERARCHY OF ENROLLMENT:
 - Unless there is a valid reason for the non-enrollment of certain dependents (i.e. currently enrolled in another HMO, abroad, separated, deceased, etc.), applicants should enroll their dependents in the priority specified above.
- Sufficient documentation shall be requested by Maxicare from the applicant to validate the non-eligibility of the dependent (i.e. photocopy of HMO

card, certificate of employment from company abroad, death certificate, etc.)

**REQUIREMENTS FOR ALIEN RESIDENTS/
FOREIGN NATIONALS:**

1. Photocopy of ACR (Alien Certificate of Residency) ID
2. Medical Requirements for enrollees 49 years and 6 months old (if applicable)
3. Certificate of employment (if applicable)

XIII. EXCLUSIONS AND LIMITATIONS

Notwithstanding any provisions to the contrary, the following shall not be covered except otherwise specified in Agreement:

1. Services obtained for non-emergency conditions from Physicians and Hospitals in any of the following circumstances:
 - a. non-accredited physicians in non-accredited hospitals or clinics;
 - b. non-accredited physicians in accredited hospitals or clinics;
 - c. accredited physicians in non-accredited hospitals or other non-accredited healthcare facility.
2. Additional hospital charges and physician's professional fees resulting from:
 - a. room-upgrading beyond member's allowable time during emergency care;
 - b. extension of hospital stay despite release of discharge order from member's attending physician;
 - c. fees of the assistant surgeons/resident doctors who assisted the Attending Physician in the process of rendering the above mentioned services shall not be chargeable to the Member and/or Maxicare except for hospitals that do not have resident physicians to assist during surgeries subject to the prior approval of Maxicare;
 - d. use of extra bed, TV, electric fan, DVD/VCD, and other similar items unless such appliances and items are necessarily and ordinarily included in the Member's Room & Board Accommodation;
 - e. extra food;
 - f. toilet articles like face towel, soap, toothbrush and the like;
 - g. difference in room and board, the incremental rate differences for professional fees, diagnostic and laboratory examinations, and other ancillary medical services brought about by obtaining a room accommodation higher than the Member's Room and Board Accommodation limit;
 - h. services of a private or a special nurse; and
 - i. all other items not medically necessary in the medical management of the patient
3. Custodial, domiciliary, convalescent and intermediate care.
4. Long-term rehabilitation and psychiatric care and/or psychological illnesses and conditions including neurotic and psychotic behavior disorders; anxiety disorders.
5. Treatment for injury and its complications resulting from self-inflicted injuries including infections as a result of tattoos, piercing of the ear or in any body part, whether self-inflicted or done by a third party or attempted suicide or self-destruction, whether sane or insane.
6. Developmental disorders including functional disorders of the mind, such as but not limited to Attention-Deficit Disorder (ADD)/Attention-Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders, Bipolar Disorders, Central Auditory Processing Disorder (CAPD), Cerebral Palsy, Down Syndrome, Neural Tube Defects, and Mental Retardation.
7. Treatment of any injury received when there is negligence, unauthorized use of prohibited or regulated drugs, alcoholic liquor intake, direct or indirect participation in the commission of a crime whether consummated or not, violation of a law or ordinance or unnecessary exposure to imminent danger, knowingly or unknowingly or hazard to health, by the member. Maxicare may, in its discretion, rely on Police and Doctor's report in evaluating such claim.
8. Aesthetic, cosmetic and reconstructive surgery or any consultation or treatment for any beautification purposes except if necessary to treat a functional defect due to accidental injury within the initial confinement.

9. Oral surgery following accidental injury to teeth for purposes of beautification. Dental examinations, extractions, fillings, other dental treatment and their complications to the extent that are medically necessary for repair or alleviation of damage to the member caused solely by an accident. Medical care resulting from any dental related conditions.
10. Maternity care and all other conditions, including pre and post-natal consultations, related to and/or resulting from pregnancy and/or delivery which affect the conditions of the principal member and the unborn child.
11. Circumcision (except for treatment of urological conditions), sex transformation, diagnosis, treatment and procedures related to fertility or infertility, artificial insemination, sterilization or reversal of such procedures and their complications.
12. Experimental medical procedures and its complications.
13. Acupuncture and chirotherapy and other forms of therapies, and its complications.
14. All expenses incurred in the process of organ donation and transplantation if the member is the donor of such donation or transplantation, and its complications.
15. Routine physical examinations required for obtaining or continuing employment, requirement in school, insurance, government licensing, health permit and other similar purposes.
16. Purchase or lease of durable medical equipment, oxygen dispensing equipment, and oxygen, except during in-patient care.
17. Corrective appliances, prosthetics and orthotics such as but not limited to artificial limbs, hearing aids, intraocular lens, eyeglasses, contact lenses, braces, crutches, pacemaker, pins, screws, plates, wires, balloons, valves, knee-tibial insert for total knee arthroplasty, orthopedic internal fixator/fixation systems, orthopedic external fixator/fixation systems, bone screws and plates, vascular grafts/stents, intravascular catheters, myringotomy tube.
18. Take-home medicine and outpatient medicine except
 - a. chemotherapy medicine
 - b. medicine administered during an emergency treatment
19. Congenital, genetic and heredity disease and their complications (except for hernias) affecting functions of individuals.
20. All physical deformities prior to enrollment.
21. Treatment of injuries/illnesses caused directly or indirectly by engaging in any professional sport or hazardous activity such as but not limited to scuba diving, surfing, water skiing, mountain climbing, rock climbing, mountaineering, parachuting, airsoft, drag racing, paintballing, wakeboarding and bungee jumping, except for activities under company-sponsored sports activities.
22. Injuries resulting from direct participation in riots, strikes, and other civil disturbances.
23. Treatment of injuries or illnesses resulting from war and any combat-related activities while in military service.
24. Sexually transmitted diseases, genital warts, AIDS and AIDS related diseases.
25. Valvular heart disease (congenital and/or acquired) including Cardiomyopathies, Chronic Glomerulonephritis, previous craniotomy sequelae/hearing impairment/ Neurologic disease and Spinal Stenosis (if pre-existing)/Poliomyelitis/Slipped disc (if pre-existing) and Guillain-Barre Syndrome, Diabetes and its complications (if pre-existing), Complicated Hypertension (e.g. those with history of stroke, myocardial ischemia or infarction and poor kidney function), and all malignant tumors (if pre-existing).
26. Treatment for Chronic Dermatoses, except Scabies.
27. Infectious diseases (i.e. Avian Flu, Meningococcemia, etc.) that are declared epidemic or pandemic by the Department of Health, World Health Organization or any recognized health authority.
28. Hepatitis B and screening and vaccines for all types of Hepatitis.
29. Animal bite/scratch/lick or snake bite including its complications.
30. Benefits covered by Philhealth, and all other government funded healthcare entitlements as provided for by law.
31. Laser procedures/treatments.
32. Speech therapy for developmental and congenital diseases.
33. Weight reduction programs, surgical operation or procedure for treatment of

- obesity, including gastric stapling or balloon procedures and liposuction.
34. Routine, diagnostic, therapeutic and other procedures of the same or similar nature not otherwise specified in this Agreement
 35. Cost of vaccines and immunization including its administration.
 36. Cost of medico-legal cases.
 37. All screening tests if patient is
 - a. asymptomatic, no clinical signs and symptoms;
 - b. no previous history of the disease for which the test is requested for; and
 - c. personal request of the member which may fall under the above reasons.
 38. Treatment of work-related injuries of high-risk occupations such as but not limited to construction workers, miners, loggers and drillers.
 39. Cost of the medical services and professional fees in excess of the MBL.
 40. All cases of assault whether provoked or unprovoked, whether initiated by the member or by a known or unknown third party.
 41. Open heart surgeries, angioplasties, valvuloplasties, permanent pacemaker, balloon valvuloplasties, percutaneous intra-aortic balloon counter pulsation and balloon atrial septostomy.
 42. Home service.
 43. Additional modalities and procedures not specified in this Agreement, in excess of Php 5,000.
 44. Multiple sclerosis, epilepsy and seizures.
 45. Neurologic degenerative diseases such as but not limited to Alzheimer's disease, Parkinson's disease, Amyotrophic lateral sclerosis and others Intravenous Immunoglobulin (IVIG)

OTHER PROVISIONS:

CUT OFF DATES

For Individual and Family

PAYMENT RECEIVED or Official Receipt dates	EFFECTIVE DATE
1 st to the 15 th of the month	1 st of the following month
16 th to 30 th / 31 st of the month	16 th of the following month

LAPSATION

If a member fails to pay a membership fee on its due date, his or her membership shall be considered lapsed effective the day after the due date. A member whose membership has lapsed will not be entitled to any Benefit during the period that his membership is on a lapsed status, except in connection with illness or injury that supervened prior to such lapsation and for which the member had at that time made the necessary claim for the benefits under this Agreement.

REINSTATEMENT

A member whose coverage has lapsed for failure to pay the membership fee on the due date may apply to reinstate his or her coverage within forty-five (45) calendar days from the date it is considered lapsed by (a) submitting a written request for reinstatement; (b) paying the membership fee due with arrears, including five hundred pesos (Php500) per member; (c) for modes of payment other than annual, paying in advance the membership fee due for the next period, provided however that there shall be no coverage of any benefit to the reinstated member within 30 calendar days from the effective date of reinstatement.

If the membership fees due including five hundred pesos (Php500) remain unpaid within forty-five (45) days from the date it is considered lapsed, Maxicare reserves the right to suspend all services under this Agreement until full payment of all fees have been paid and settled.

After the forty-five (45) days of non-payment of membership fees, Maxicare reserves the right to disapprove reinstatement and will require the member to re-apply.

***May change without prior notice**

2019 INDIVIDUAL MEMBERSHIP FEES

AGE BRACKET	PLATINUM PLUS			PLATINUM		
	Php 200,000			Php 150,000		
	Large Private			Regular Private		
	Annual	Semi-Annual	Quarterly	Annual	Semi-Annual	Quarterly
15 days old -5	55,795	30,129	15,623	32,708	17,662	9,158
6-10	45,684	24,669	12,792	26,202	14,149	7,337
11-15	37,647	20,329	10,541	21,089	11,388	5,905
16-20	36,469	19,693	10,211	19,475	10,517	5,453
21-25	36,262	19,581	10,153	20,317	10,971	5,689
26-30	37,647	20,329	10,541	22,466	12,132	6,290
31-35	45,114	24,362	12,632	26,628	14,379	7,456
36-40	56,720	30,629	15,882	35,081	18,944	9,823
41-45	72,045	38,904	20,173	47,696	25,756	13,355
46-50	85,818	46,342	24,029	64,367	34,758	18,023
51-55	96,827	52,287	27,112	78,447	42,361	21,965
56-60	106,919	57,736	29,937	88,834	47,970	24,874
AGE BRACKET	GOLD			SILVER		
	Php 100,000			Php 60,000		
	Regular Private			Semi Private		
	Annual	Semi-Annual	Quarterly	Annual	Semi-Annual	Quarterly
15 days old -5	28,955	15,636	8,107	21,456	11,586	6,008
6-10	22,668	12,241	6,347	17,877	9,654	5,006
11-15	18,650	10,071	5,222	15,129	8,170	4,236
16-20	17,847	9,637	4,997	14,390	7,771	4,029
21-25	17,434	9,414	4,882	14,390	7,771	4,029
26-30	20,454	11,045	5,727	16,372	8,841	4,584
31-35	24,668	13,321	6,907	17,635	9,523	4,938
36-40	32,376	17,483	9,065	21,474	11,596	6,013
41-45	41,460	22,388	11,609	32,192	17,384	9,014
46-50	49,701	26,839	13,916	38,536	20,809	10,790
51-55	51,988	28,074	14,557	38,547	20,815	10,793
56-60	60,618	32,734	16,973	42,825	23,126	11,991

NOTES:

- 1) Above rates are inclusive of 12% VAT
- 2) With access to all affiliated hospitals and clinics EXCEPT Healthway Clinics
- 3) Status quo benefits and arrangements including the following:
 - a. ACU/ECU type: **ACU Basic 5** only (applicable to **ALL** plan types)
 - b. Philhealth provision: Required to file Philhealth. Non-Philhealth member will pay for the Philhealth portion.
 - c. Riders: **Built-in on Rates**
 - i. International Assistance Program
 - ii. Group Life with Accidental Death, Dismemberment & Disablement (ADD&D) up to Php 50,000

Separate Fee

Rider	2018 Rates		
	Annual	Semi-Annual	Quarterly
Standard Dental Benefit	387	209	108

- d. Submission of Medical Requirements with option to remove the submission of medical requirements upon enrollment of enrollees ages 49 years old and 6 months and above with corresponding additional fee of **2,500 per member per year.**

2019 FAMILY MEMBERSHIP FEES

AGE BRACKET	PLATINUM PLUS			PLATINUM		
	Php 200,000			Php 150,000		
	Large Private			Regular Private		
	Annual	Semi-Annual	Quarterly	Annual	Semi-Annual	Quarterly
15 days old -5	45,626	24,638	12,775	29,718	16,048	8,321
6-10	37,336	20,161	10,454	23,874	12,892	6,685
11-15	32,525	17,564	9,107	19,363	10,456	5,422
16-20	29,673	16,023	8,308	17,718	9,568	4,961
21-25	29,966	16,182	8,390	18,937	10,226	5,302
26-30	31,382	16,946	8,787	20,864	11,267	5,842
31-35	35,492	19,166	9,938	25,107	13,558	7,030
36-40	40,508	21,874	11,342	31,741	17,140	8,887
41-45	52,442	28,319	14,684	41,244	22,272	11,548
46-50	70,360	37,994	19,701	55,143	29,777	15,440
51-55	82,710	44,663	23,159	67,272	36,327	18,836
56-60	95,025	51,314	26,607	79,162	42,747	22,165
AGE BRACKET	GOLD			SILVER		
	Php 100,000			Php 60,000		
	Regular Private			Semi Private		
	Annual	Semi-Annual	Quarterly	Annual	Semi-Annual	Quarterly
15 days old -5	23,904	12,908	6,693	18,808	10,156	5,266
6-10	19,266	10,404	5,394	15,322	8,274	4,290
11-15	15,887	8,579	4,448	13,152	7,102	3,683
16-20	14,192	7,664	3,974	12,497	6,748	3,499
21-25	13,992	7,556	3,918	12,455	6,726	3,487
26-30	16,470	8,894	4,612	13,817	7,461	3,869
31-35	19,230	10,384	5,384	14,967	8,082	4,191
36-40	24,371	13,160	6,824	17,824	9,625	4,991
41-45	30,369	16,399	8,503	25,674	13,864	7,189
46-50	38,681	20,888	10,831	31,990	17,275	8,957
51-55	40,621	21,935	11,374	32,132	17,351	8,997
56-60	47,023	25,392	13,166	35,682	19,268	9,991

NOTES:

- 1) Above rates are inclusive of 12% VAT
- 2) With access to all affiliated hospitals and clinics EXCEPT Healthway Clinics
- 3) Status quo benefits and arrangements including the following:
 - a. ACU/ECU type: **ACU Basic 5** only (applicable to **ALL** plan types)
 - b. Philhealth provision: Required to file Philhealth. Non-Philhealth member will pay for the Philhealth portion.
 - c. Riders: **Built-in on Rates**
 - i. International Assistance Program
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- d. Submission of Medical Requirements with option to remove the submission of medical requirements upon enrollment of enrollees ages 49 years old and 6 months and above with corresponding additional fee of **2,500 per member per year**.

MAXICARE PRIMARY CARE CENTERS were put together with your convenience in mind. These are well- appointed to give the cardholders access to quality health care close enough to where they work or live. Each center has its staff of Customer Service Assistants, Primary Care Physicians (specialists in some centers on certain days) and additional services like urinalysis and CBC. Because our centers are located close to major hospitals, our Customer Service Assistants are able to facilitate easy access to quality diagnostics, specialist consultation and hospitalization when you need it.

MAXICARE PRIMARY CARE CENTERS AND MYHEALTH CLINICS

MAKATI MEDICAL CENTER (Out-Patient)

3rd Floor Tower One, Makati Medical Center,
Amorsolo St., Makati City
Clinic Hours: Monday – Friday, 7AM-7PM;
Saturday, 7 AM—7 PM
Contact Nos.: (02) 888-8999 loc. 7330;
(02) 908 6900 loc. 1375

MAKATI MEDICAL CENTER (In-Patient)

8th floor Maxicare Wing, Tower 1 Makati Medical
Center
Amorsolo St., Makati City
Contact Nos.: Tel. no. : 8888-999 local 7331

THE MEDICAL CITY

MGR04, Ground Floor, Medical Arts Tower 1 , Ortigas
Avenue, Pasig City
Contact Numbers: (02) 706-5080/ 706-5081/
635-6789 loc. 5073/3006
Clinic Hours: 7AM –6PM Monday—Friday;
Saturday, 7AM– 4PM

ST. LUKE'S MEDICAL CENTER—GLOBAL CITY

Rm. 325 Medical Arts Building, 32nd Street, Corner
5th Avenue Bonifacio Global City, Taguig
Contact Numbers: (02) 789-7700 loc. 7325
Clinic Hours: 8AM– 5PM Monday—Friday;
Saturday 8AM—4PM

ST. LUKE'S MEDICAL CENTER – QUEZON CITY

Unit 1501, North Tower, Cathedral Heights,
St. Lukes Compound E. Rodriguez Quezon City
Tel. Nos: (02)723-5329/ (02)723-0101 loc 5150 or
5151
Clinic Hours: Monday- Friday 7am-6pm
Saturday 7am-4pm

CHINESE GENERAL HOSPITAL

10th floor, Medical Arts and Parking Building,
Blumentritt St.Sta. Cruz, Manila
Tel. Nos: (02)567-6286 to 87
Clinic Hours: 8am-5pm Monday- Friday;
8am-4pm Saturday

CARDINAL SANTOS MEDICAL CENTER

Room 160, Ground Floor of Medical Arts Building
10 Wilson Street, Greenhills West, San Juan City
Tel. Nos.: 0917 8172941
Clinic Hours: 8am-5pm Monday to Saturday

CENTURIA

Unit 933, Centuria Medical Makati, Century City,
Kalayaan Ave. cor. Salamanca St. Brgy. Poblacion,
Makati City
Contact Nos: 793-8652 / 863-0618
Clinic Hours: Monday – Friday 8am-5pm
(Closed during Saturdays and Holidays)

W CITY CENTER

Ground Floor, W City Center , 7th Avenue cor. 30th St.,
Bonifacio Global City, Taguig
Contact Nos: 908-6957
Clinic Hours: Open 24 hours daily

MY HEALTH CLINIC – TAGUIG CITY

2nd Floor, Venice Grand Canal Mall, McKinley Hills,
Taguig City
Tel Nos: (+632) 784-6930
Clinic Hours: Open 24 hours daily

MY HEALTH CLINIC- FILOMENA MAKATI

Ground Floor, Filomena Bldg., Amorsolo Street,
Makati City
Tel Nos.: (02) 893-4858/ (02) 812-3726
Clinic Hours: 7am-9pm Monday-Saturday

MY HEALTH CLINIC- SHANGRILA

Unit 146, Level 1 Shangri La Plaza Mall,
Mandaluyong City
Tel. Nos.: (02) 570-4325 loc. 206
Clinic Hours: 7am- 8pm Monday- Sunday

MY HEALTH CLINIC- NORTH EDSA

2nd Floor, North Link Bldg., F, SM City North EDSA
North Avenue, Quezon City
Tel. Nos.: (02) 441-4106 loc. 206
Clinic Hours: 7am-9pm, Monday-Sunday

MY HEALTH CLINIC- FESTIVAL MALL

21 Style Blvd, Festival Mall, Alabang, Muntinlupa City
Tel. Nos.: (02) 850-4855 loc.102; Telefax (02) 809-4388
Clinic Hours: 7am-8pm Monday to Saturday

MY HEALTH CLINIC- ROBINSON'S CYBERGATE

3rd Floor, Room 305-306, Robinson's Cybergate Mall,
Fuente Osmeña Street, Cebu City
Tel. Nos.: (032) 268-8502 loc. 204 or 205
Clinic Hours: 7am-7pm Monday to Saturday

REGIONAL CUSTOMER CARE CENTERS

BACOLOD

Rm. 215 North Point Building
B.S. Aquino Drive, Bacolod City
Tel. Nos: (034) 433-3044 | (034) 434-9230

CAGAYAN DE ORO

2/F Unit 215, De Leon Bldg.
Yacapin St. Cor Velez St., Cagayan De Oro
(08822) 71-47-25 | 71-47-26

DAVAO

2nd Floor Room 17 Jocar Complex
C. de Guzman Street, Davao City
(082) 227-2941 | 300-5553

GENERAL SANTOS

General Santos Doctors' Hospital
Engineering Office
Ground Floor near 1B Station
National Highway, General Santos City
Tel. Nos: (083) 553-3963

ILOILO

2nd Floor, M22 AJL Annex Bldg.
cor. Ibarra & General Luna Sts., Iloilo City
Tel. No: (033) 337-1051

*For Providers' Directory, please refer to List of Accredited Hospitals & Clinics at www.maxicare.com.ph

Your Easy Guide to Maxicare's SMS Inquiry Service (0918-889-MAXI)

1) To request list of accredited providers per area

a) Hospital

Key in: prov <space> hos <space>
location

Examples: prov hos makati
prov hos bacolod

b) Clinic

Key in: prov <space> clinic <space>
location

Examples: prov clinic makati
prov clinic ortigas

2) To request list of accredited doctors per specialization per hospital

Key in: doc <space> hospital name
<slash> specialization

Examples: doc makati med/gastro
doc riverside/cardio

3) To request doctor's schedule and contact number per hospital

Key in: sked<day> <space> hospital
name <slash> doctor's surname

Key words for each day: mon, tue, wed,
thu, fri, sat, sun

Examples: skedmon medical city/flandes
skedsat makati med/genuino

Sales Dept: 908 6900 local 1155 /1141/1267
Maxicare Hotline: 908-6900

International Assist Hotline: (02) 328 2460
Customer Care Department: 582-1900

Toll Free No. for Provincial Inquiries (PLDT
Line): 1-800-10-582-1900

SMS Inquiry: 0918-889-MAXI
www.maxicare.com.ph