

INDIVIDUAL & FAMILY PLANS SUMMARY OF BENEFITS

Plan A ("Open Access to Accredited Hospitals" Program)

Under this plan, a member may use any Insular Health Care, Inc. ("InLife Health Care") accredited hospital nationwide including Asian Hospital & Medical Center, Cardinal Santos Medical Center, Makati Medical Center, St. Luke's Medical Center (Q.C.), The Medical City except St. Luke's Medical Center (GC).

Plan B ("Preferred Hospital" Program)

Under this plan, a member will have to select and strictly use his preferred hospital except during genuine emergencies (as defined in the "Agreement") whereby he may use any hospital nearest him. If a member uses an accredited hospital, we afford him full coverage according to his benefits classification. If a member uses a non-accredited hospital, reimbursement of expenses will be governed by the Emergency Benefits provision of the Agreement.

Except Asian Hospital & Medical Center, Cardinal Santos Medical Center, Makati Medical Center, St. Luke's Medical Center (Q.C.), St. Luke's Medical Center (GC) and The Medical City, all other accredited hospitals are available for preferred hospital program.

Plan features applicable to both Plan A and Plan B

- For primary care (non-emergency cases), entry point to all accredited hospitals SHOULD BE THE COORDINATOR'S OFFICE. During off-clinic hours, and only for genuine emergency cases (as defined in the Agreement), a member may go to the Emergency Room for treatment.
- Makati Medical Center (MMC) users will first have to pass through the InLife Health Care Clinic (at the Insular Health Care Building in Makati City) and avail of its services. When the member requires services that are only available in MMC will be referred to the hospital. During genuine emergencies (as defined in the Agreement), a member may use any hospital nearest him. If a member uses an accredited hospital, we afford him full coverage according to his benefits classification. If a member uses a non-accredited hospital, reimbursement of expenses will be governed by the Emergency Benefits provision of the Agreement.
- Some accredited Metro Manila and provincial hospitals no longer have semi-private rooms or no longer admit HMO patients to semi-private rooms. For members who select the semi-private room accommodation plan and/or use hospitals without semi-private rooms for in-patient benefits, please be advised that these hospitals will automatically admit the member to the next higher room accommodation on a step-ladder basis. For genuine emergency cases (as defined in the Agreement), InLife Health Care takes care of the difference in upgraded costs for the first 24 hours. After the first 24 hours, the member pays for the difference in upgraded costs prior to his discharge from the hospital. For elective cases, the member pays for the difference in upgraded costs from day one of his confinement prior to his discharge from the hospital.

MAXIMUM BENEFIT LIMIT (MBL)

The Maximum Benefit Limit per person per illness or injury per year will depend on the Member's Room Accommodation:

Suite – Php150,000	Private – Php120,000
Semi-Private – Php100,000	Ward – Php 75,000

PHILHEALTH PROVISION

Our program is not integrated with benefits under PhilHealth. If the Member is entitled to the benefits under PhilHealth, and he/she applies for such benefits prior to the hospital discharge, the proceeds of such benefits shall be reimbursed by InLife Health Care to the Member for a minimal processing fee of Php100. PhilHealth benefits may not be used to cover excess charges or services not coverable under the health care benefits.

PRE-EXISTING CONDITIONS (PECs)

- An illness or condition shall be considered pre-existing if before the Effective Date of the Agreement:
 - Any professional advice or treatment was given for such illness or condition; or
 - Such illness or condition was in any way evident to the member; or
 - The pathogenesis of such illness or condition has already started (which the member may not be aware of).
- PECs are not covered in the first year of coverage.
- After the member has been continuously covered with InLife Health Care for 12 months and the agreement is renewed the following provisions on PECs shall apply:
 - PECs are covered provided that the PECs are not considered part of the "Permanent Exclusions", and that
 - such PECs were declared by the member in the original/renewal application;

- such PECs are unknown to the member (without established medical history).
- Undeclared PECs with established medical history are excluded from coverage. However, said PECs may be evaluated for possible future consideration.
 - 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 PECs (inclusive of complications)

- Hernias
- All tumors and malignancies involving any body organ or system
- Endometriosis, Dysfunctional Uterine Bleeding
- Hemorrhoids
- Diseased tonsils requiring surgery
- Pathological abnormalities of the nasal septum and turbinates
- Thyroid Dysfunction /Goiter
- Cataract
- Sinus conditions requiring surgery;
- Asthma /Chronic Obstructive Pulmonary Disease
- Cirrhosis of the Liver
- Tuberculosis
- Anal Fistula
- Cholecystitis/ Cholelithiasis
- Calculi of the urinary system
- Gastric or Duodenal Ulcer
- Hallux Valgus
- Collagen Diseases /Auto Immune Disease
- Diabetes Mellitus
- Hypertension
- Cardiovascular Disease
- Hormonal Dysfunction
- Seizure Disorder /Cerebral Insufficiency
- Stroke
- Hepatitis

E. The following health conditions may be covered (either fully or up to certain amounts) provided pre-existing conditions of an account are likewise covered:

- Organ transplants and/or open-heart surgery and all services related thereto (except organ donor services)
- AIDS and AIDS-related diseases except when sexually transmitted
- Congenital abnormalities and conditions are covered up to Php 10,000 per year.
- Chronic Glomerulonephritis, Gullain-Barre syndrome
- Physical deformities (e.g., scoliosis, spinal stenosis, etc.); vitiligo & psoriasis; (Only consultations are covered).

PERMANENT EXCLUSIONS (examples)

- Care by non-accredited Physician and/or in a non-preferred hospital/ clinic, except in emergencies wherein the emergency provision of the Agreement will apply
- All pregnancy related conditions requiring medical/surgical care and screen tests related thereto
- All dental related services not expressly stipulated in the Dental Rider Endorsement
- Sterilization of either sex or reversal of such, artificial insemination, sex transformations or diagnosis and treatment of infertility, and circumcision
- Rest cures, custodial, domiciliary or convalescent care
- Cosmetic surgery, dental/oral surgery and dermatological procedures for the purpose of beautification except reconstructive surgery to treat a dysfunctional defect due to disease or accident
- Psychiatric disorders, psychosomatic illnesses, hyperventilation syndrome, stress related conditions, adjustment disorders, alcoholism and its complications or conditions related to substance or drug abuse, addiction & intoxication
- Sexually transmitted diseases
- Medical and surgical procedures which are not generally accepted as standard treatment by the medical profession like acupuncture
- Procurement or use of corrective appliances, artificial aids, durable equipment, and orthopedic prosthesis and implants
- Surcharges resulting from additional personal (luxuries/accommodation) request or service including special nursing services
- Physical examination required for obtaining employment, certification for whatever legal purpose it may serve, insurance or a government license
- Injuries or illnesses due to military, paramilitary, police service, high risk activities, or suffered under conditions of war
- Reimbursement of procedures obtained through government programs
- 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
- Take-home medicines
- Valvular Heart Disease and Rheumatic Heart Disease
- Medico-legal consultations and confinement
- When a member is discharged against medical advice, current and all subsequent benefits/services related thereto
- 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
21. All hospital charges and professional fees after the day and time the hospital discharge had been duly authorized
22. Professional fees of Assistant Surgeon.
23. All confirmatory tests used to document health conditions not covered under the Agreement
24. Conditions excluded by medical underwriting
25. Concealment cases
26. Diseases declared by the Department of Health (DOH) as Epidemic.
27. 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.***
28. 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 any InLife Health Care office or through a duly authorized collection agent of InLife Health Care.

Member is given 30 days grace period from due date within which to pay the amount due. 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.

EFFECTIVITY

The Agreement is deemed to take effect on the effective date shown in the Data Page. This may either be 1st, 8th, 16th or 24th of the month after receipt and evaluation of the application; receipt of the initial deposit for membership fees; and/or after underwriting requirements, 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	Subject to the Member's Room and Board limit
2	Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by Attending Accredited Physician) and recovery room.	Subject to MBL (Except for ICU, Maximum of 14 days or MBL whichever comes first)
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	Subject to MBL

	surgical cases including OB and Gynecology	
4	General Nursing Services	Subject to MBL
5	Medicines for inpatient use	Subject to MBL
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 MBL
7	Dressings, conventional casts (Plaster of Paris) and sutures	Subject to MBL
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 MBL
9	Anesthesia and its administration	Subject to MBL
10	Oxygen and its administration	Subject to MBL
11	All other items directly related in the medical management of the patient, as deemed medically necessary by the attending physician	Covered up to the limits specified in the Agreement, subject to MBL
12	Standard Admission Kit	Covered

II. Outpatient Care Benefits

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Consultations and treatment prescribed by an accredited physician or specialist.	Subject to Maximum Benefit Limit
2	Treatment for minor injuries and minor surgery except outpatient medicines	Subject to MBL
3	Dressing. Conventional casts (Plaster of Paris) and sutures.	Subject to MBL
4	Routine diagnostic examinations and therapeutic procedures prescribed by an accredited Physician/Specialist.	Covered up to limits specified in V.2 and V.3 hereunder, subject to MBL
5	Laser eye therapy only for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an Accredited Physician/Specialist.	Up to Php 5,000 per eye per year
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	Up to Php 1,000 per year
7	Sclerotherapy for varicose veins (except for cosmetic purposes) as prescribed by an accredited Physician, to be availed through accredited vascular surgeons.	Up to MBL including medicines
8	Allergy Testing / allergy screening and other related examinations prescribed by an Accredited Physician.	Up to Php 2,500 per year
9	Speech therapy for stroke patients only. Note: Consultations shall be part of the limit and treated as sessions	Maximum of 7 sessions subject to MBL
10	Tuberculin Test	Up to Php 600

III. Emergency Care Benefits

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	In Accredited Hospital	
	a. Physician's services	Subject to limitations in this Agreement
	b. Emergency Room Fees	Subject to MBL
	c. Medicines used for immediate relief during treatment	Subject to MBL
	d. Oxygen, Intravenous fluids and blood products	Subject to MBL
	e. Dressings, conventional casts (Plaster of Paris) and Sutures	Subject to MBL
	f. X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient	Covered up to limits specified in V.2 and V.3 hereunder, subject to MBL
2	In Non-Accredited Hospitals	Reimbursable up to 80% of hospital bills & professional fees based on usual and customary rates or Php 30,000/availment, whichever is less
3	Outside the Philippines	Reimbursable up to 80% of hospital bills & professional fees based on usual and customary rates or Php 30,000/availment, whichever is less
4	Areas without Accredited Hospital	a. 100% on room and board charges according to the Members Room and Board accommodation. b. 100% on other hospital bills. c. Professional fees based on rates for an Accredited Physician

		rendering the service in an Accredited Hospital.
5	Ambulance Land Transfer (Hospital to Hospital) Notes: The ambulance service provided herein shall be available regardless of the location within the Philippines.	Up to Php 2,500 per conduction

IV. Preventive Care Benefits

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	First dose of tetanus toxoid	Covered
2	Health education and counseling on diets or exercise	Covered
3	Health habits and Family Planning counseling	Covered

V. Benefits Covered (Whether Outpatient or Inpatient)

1. Routine Procedures

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Blood Chemistries	Actual Cost subject to MBL
2	Chest X-Ray	Actual Cost subject to MBL
3	Complete Blood Count (CBC)	Actual Cost subject to MBL
4	Fecalysis	Actual Cost subject to MBL
5	Urinalysis	Actual Cost subject to MBL

2. Diagnostic Procedures

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	12-Lead Electrocardiogram (ECG)	Actual Cos t subject to MBL
2	24-hour Electroencephalogram (EEG) Monitoring	Actual Cost subject to MBL
3	24-hour Holter Monitoring	Actual Cost subject to MBL
4	Adrenocortical Function	Actual Cost subject to MBL
5	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Actual Cost subject to MBL
6	Arterial Blood Gas	Actual Cost subject to MBL
7	Audiograms and Tympanograms	Actual Cost subject to MBL
8	Bone Densitometry Scan (Dexascan)	Up to Php 5,000
9	Bone Mineral Density Studies	Actual Cost subject to MBL
10	Cardiac Stress Test (Thallium and Dipyridamole Stress Tests)	Up to Php 5,000
11	Diagnostic Radiographs:	Actual Cost subject to MBL
	a. Biliary tract: Cholecystogram and Cholangiogram	Actual Cost subject to MBL
	b. Chest, ribs, sternum and clavicle	Actual Cost subject to MBL
	c. Digestive: Plain film of the abdomen, Barium Enema, Upper Gastrointestinal (GI) Series, Lower GI Series, Small Bowel Series	Actual Cost subject to MBL
	d. Face (including sinuses), Head and Neck	Actual cost subject to MBL
	e. Urinary: Kidney, Ureter and Bladder (KUB) Pyelograms and Cystograms	Actual cost subject to MBL
	f. X-ray of the extremities and pelvis	Actual cost subject to MBL
	g. X-ray of the Spine (cervical, thoracic, lumbo-sacral)	Actual cost subject to MBL
12	Diagnostic Ultrasounds:	Actual cost subject to MBL
	a. 2D-Echo with Doppler	Actual cost subject to MBL
	b. Abdomen	Actual cost subject to MBL
	c. Duplex Scan	Actual cost subject to MBL
	d. Digestive and Urinary Systems	Actual cost subject to MBL
	e. Ultrasound of the Lungs	Actual cost subject to MBL
13	Electroencephalogram (EEG) Monitoring	Actual cost subject to MBL
14	Electromyelography and Nerve Conduction Studies	Actual cost subject to MBL
15	Fluorescein Angiography	Actual cost subject to MBL
16	Impedance Plethysmography	Actual cost subject to MBL
17	Mammogram and Sonomammogram	Actual cost subject to MBL

18	Myelogram	Actual cost subject to MBL
19	Pap's Smear (Traditional)	Actual cost subject to MBL
20	Perfusion Scan	Up to Php 5,000
21	Plasma Urinary Cortisol, Plasma Aldosterone	Actual cost subject to MBL
22	Pulmonary Function Test	Actual cost subject to MBL
23	Radioisotope Scans and Function Studies:	Up to Php 5,000
	a. Cardiac	Up to Php 5,000
	b. Gastrointestinal	Up to Php 5,000
	c. Liver	Up to Php 5,000
	d. Parathyroid Bone, Pulmonary (Perfusion/Ventilation Lung Scans)	Up to Php 5,000
	e. Renal	Up to Php 5,000
	f. Thyroid Scans	Up to Php 5,000
	g. Total Body Scans	Up to Php 5,000
24	Radionuclide Ventriculography	Up to Php 5,000
25	Surface Electromyography (SEMG)	Actual cost subject to MBL
26	Treadmill Stress Test (TMST)	Actual cost subject to MBL

3. Therapeutic Procedures

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Anti-neoplastic Chemotherapy / Radio Therapy	Subject to MBL
2	Arthrocentesis	Subject to MBL
3	Dialysis	Up to 10 sessions (shared limit for Inpatient and Outpatient) subject to MBL
4	Oral anti-neoplastic chemotherapy	Covered for Inpatient only subject to MBL
5	Physical / Occupational Therapy	Up to 10 sessions (shared limit for Inpatient and Outpatient) subject to MBL. One body area is considered as one session.
6	Therapeutic Radiology:	
	a. Brachytherapy	Subject to MBL
	b. Cobalt	Subject to MBL
	c. Linear Accelerator Therapy	Subject to MBL
	d. Radioactive Cesium	Subject to MBL
	e. Radioactive Iodine	Subject to MBL
7	Thoracentesis	Subject to MBL

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	Andiography (gastrointestinal, brain, retinal and peripheral vascular)	Actual cost subject to MBL
2	Coronary Angiogram and/or Angioplasty / Coronary Artery Bypass Graft	Subject to MBL
3	Conventional/Scalpel Hemorrhoidectomy	Actual cost subject to MBL
4	Stapled Hemorrhoidectomy	Up to MBL, except cost of Staple
5	Mammotome/Vacuum Assisted Breast Biopsy	Subject to MBL
6	4D Ultrasound except for maternity-related cases	Subject to MBL
7	Esophageal Manometry	Subject to MBL
8	Intensified Modulated Radiotherapy	Subject to MBL
9	Botox which is not cosmetic in nature nor for beatification purpose	Subject to MBL
10	CT Pulmonary Angiography	Up to Php 5,000
11	Photodynamic Therapy	Subject to MBL

VI. Modalities of Treatment

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

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Laparoscopic Cholecystectomy	Actual cost subject to MBL
2	Other laparoscopic procedures	Up to Php 20,000 per session
3	Hysteroscopic Myoma Resection	Actual cost subject to MBL
4	Hysteroscopically – guided D & C	Up to Php 5,000
5	Electroshock Wave Lithotripsy	Up to Php 30,000 (limited to 1 session per year)

6	Magnetic Resonance Angiography (MRA)	Up to Php 5,000 per session, subject to MBL
7	Magnetic Resonance Imaging (MRI)	Up to Php 5,000 per session, subject to MBL
8	Computerized Tomography (CT) Scans	Up to Php 5,000 per session
9	Thallium Scintigraphy	Up to Php 5,000 per session
10	Nuclear Radioactive Isotope Scan	Up to Php 5,000 per session
11	Cryosurgery	Actual cost subject to MBL
12	Endoscopic Procedures (Diagnostic)	Actual cost subject to MBL
13	Endoscopic Procedures (Therapeutic)	Up to Php 5,000 per session
14	Functional Endoscopic Sinus Surgery (FESS)	Subject to MBL
15	Gamma Knife Surgery	Actual cost subject to MBL
16	Percutaneous Ultrasonic Nephrolithotomy	Up to Php 20,000 per session
17	Stereotactic Brain Biopsy	Php 20,000 per session
18	Transurethral Microwave Therapy of Prostate	Up to Php 30,000 per session
19	Laser eye procedures as prescribed by an Accredited Physician / Specialist. Laser Refractive Surgery or Photorefractive Keratectomy are not covered.	Up to Php 5,000 per eye per year
20	Positron Emission Tomography (PET) Scan	Up to Php 5,000 per session
21	Polysomnograms (Sleep Recording)	Up to Php 5,000 per year
22	Continuous Positive Airway Pressure (CPAP) titration for sleep study	Up to Php 5,000 per year
23	Pain Management	Up to Php 3,000 per year
24	Arthroscopic Procedures, Orthopedic Arthroscopy	Up to Php 30,000
25	Other medically necessary modalities not mentioned above and those for which there are no comparable, conventional or traditional counterparts	Up to Php 5,000 per year

VII. Additional Benefits

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

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1	Motor Vehicular Accidents	Subject to MBL (with police report requirement)
2	Unprovoked assault, including domestic violence, whether initiated by the Member or by a known or unknown third party	Subject to MBL
3	Scoliosis including necessary procedures (except physical therapy sessions) whether congenital, pre-existing, developmental or acquired.	Consultations only
4	Congenital conditions / developmental disorders including physical therapy sessions. Note: Physical Therapy sessions shall form part of the Physical therapy / Occupational therapy limits.	Up to Php 10,000 per year
5	Congenital Hernia	Up to Php 10,000 per year
6	Chronic Dermatoses (Consultations only)	Up to MBL
7	Scabies (consultations and treatments)	Up to MBL
8	Hepatitis B except vaccines and screening	Up to MBL (if acquired)

PRESCRIPTION MEDICINE BENEFIT

The Member is entitled to prescription medicine up to the amount of Php 1,000 during the contract period of one (1) year relative to treatment of a health condition that is covered under the Agreement. The medicine must be prescribed by an InLife Health Care Physician.

The Member must present original receipts for reimbursement and other supporting documents within sixty (60) days from date of purchase.

LIFE (GROUP TERM) INSURANCE with INSULAR LIFE

In accordance with Insular Life Group Term Policy No. G - 014175 dated 15 January 1999 and all of its succeeding endorsements, each individual shall be insured in accordance with the following Benefit Schedule:

Room Accommodation	Standard Risk	Sub-standard Risk
Suite	P 50,000	P 25,000
Private	P 25,000	P 12,500

PLEASE SIGN ON EACH AND EVERY PAGE

Semi-Private Ward	P 15,000 P 10,000	P 7,500 P 5,000
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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

OPTIONAL BENEFIT:

DENTAL RIDER (On Out-Patient basis only)

- Any number of consultations on dental problems including but not limited to lesions, wounds, burns, and gum problems
- Annual Oral Prophylaxis (mild to moderate cases)
- Unlimited simple tooth extractions, except surgery for impaction or extraction of impacted tooth or complicated extractions involving the use of other dental instruments aside from pliers and/or the re-administration of anesthesia
- Unlimited temporary fillings
- Re-cementation of jacket crowns, inlays and on lays (limited to 4 abutments)
- Dental education and counseling during consultations
- Simple adjustment of denture clasps
- Any number of consultations/dental examinations including treatment of lesions, wounds, burns, gum and other dental problems except diagnostics, prescribed medicines, surgeries and "root-canal" procedures
- No limit as to the number of abutments covered (on item 5 above)
- Orthodontic consultations.
- Aesthetic dental consultations.
- Emergency desensitization of hypersensitive teeth.
- Member has the option to choose between three (3) surfaces of amalgam fillings or two (2) surfaces of "light cure" filling.

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.

[Aking isinasaad na aking nabasa at ipinaliwanag sa akin ang mga katangian, benepisyo at limitasyon ng InLife Health Care Program. Tinatanggap ko ang InLife Health Care Program tulad ng nakasaad dito at sa iba pang kalakip na dokumento. Pumapapayag din ako sa mga tuntunin at kondisyon na kaakibat nito].

DO NOT SIGN IF SOMETHING IS UNCLEAR.
[HUWAG PUMIRMA KUNG MAYROONG HINDI NAIINTINDIHAN].

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).