

Maxicare

MyMaxicare
Your family's health partner

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 affiliated 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 affiliated physician

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

SALIENT FEATURES

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

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

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

II. OUT-PATIENT BENEFITS

All outpatient consultations and outpatient procedures (as long as it is Medically Necessary).

1. Eye laser therapy only for retinal tear, retinal hole, retinal detachment and glaucoma

- prescribed by an Affiliated Physician/Specialist is up to ₱10,000/eye/member/year. Eye correction such as Lasik, PRK and the like are not covered.
2. Electrocauterization of skin lesions such as plantar warts, flat warts, periungual warts, filiform warts, and molluscum contagiosum, in any part of the body prescribed by an Affiliated Physician/Specialist is up to ₱1,000/member/year.
3. Sclerotherapy for varicose veins (except medicines and for cosmetic purposes) as prescribed by an Affiliated Physician, to be availed through affiliated vascular surgeons is up to ₱5,000/leg/member/year
4. Allergy Testing/ allergy screening and other related examinations prescribed by an Affiliated Physician is up to ₱2,500/member/year.
5. Speech therapy for stroke patients only. Covered as charged up to 10,000/member/year on reimbursement basis.
Note: Consultations shall be part of the limit
6. Tuberculin test is up to ₱600/member/year

• Diagnostic / Therapeutic Procedures with Specific Limits

1. All diagnostic / therapeutic procedures medically necessary for treatment - 100% of actual cost subject to MBL
2. Arthrocentesis - up to six (6) sessions subject to MBL
3. Continuous Positive Airway Pressure (CPAP) titration for sleep study - up to ₱60,000/member/year (shared limit for OP and IP)
4. Dialysis - up to twelve (12) sessions subject to MBL
5. Non-oral chemotherapy (for cancer treatment only) - up to twelve (12) sessions subject to MBL
6. Oral chemotherapy (for cancer treatment only)- up to ₱60,000/member/year (shared limit for OP and IP)
7. Physical therapy / Occupational therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like - shared limit of up to twelve (12) sessions/member/year subject to MBL
Note: Therapy of one (1) body area shall be considered as one (1) session
8. Therapeutic Radiology:
 - a. Brachytherapy - up to twelve (12) sessions subject to MBL
 - b. Cobalt - up to twelve (12) sessions subject to MBL
 - c. Linear Accelerator Therapy - up to twelve (12) sessions subject to MBL
 - d. Radioactive Cesium - up to twelve (12) sessions subject to MBL
 - e. Radioactive Iodine - up to twelve (12) sessions subject to MBL

9. Transurethral Microwave Therapy of Prostate - covered up to 25,000/member/year (shared limit for OP and IP)
10. Stapled Hemorrhoidectomy - covered up to P10,000/member/year (shared limit for OP and IP)
11. 4D Ultrasound except for maternity-related cases - covered up to P5,000/member/year (shared limit for OP and IP)
12. Esophageal Manometry - Covered up to P5,000/member/year (shared limit for OP and IP)
13. Intensified Modulated Radiotherapy - covered up to P10,000/member/year (shared limit for OP and IP)
14. Botox which is not cosmetic in nature nor for beautification purpose - covered up to P5,000/member/year (shared limit for OP and IP)
15. Positron Emission Tomography (PET) Scan - covered up to P5,000/member/year (shared limit for OP and IP)
16. CT Pulmonary Angiography - covered up to P5,000/member/year (shared limit for OP and IP)
17. Other Modalities - covered up to P5,000/member/year (shared limit for OP and IP)
7. Initial Treatment within 24 hours from time of bite of Animal bites - subject to MBL (except cost of vaccines)
8. Succeeding treatment after 24 hours from time of bite of Animal bites - subject to MBL (except cost of vaccines)
9. Vaccines for treatment of tetanus and animal bites (including administration fee but excluding ER Fees) - up to P18,000/member/year (shared limit for OP and IP)
10. Scoliosis including necessary procedures, except physical therapy sessions, whether congenital, pre-existing, developmental or acquired - Up to P20,000/member/year (shared limit for OP and IP)
Note: Physical Therapy sessions shall form part of the Physical therapy/ Occupational therapy limits
11. Congenital Conditions except physical therapy sessions and developmental disorders - up to P20,000/member/year (shared limit for OP and IP)
Note: Physical Therapy sessions shall form part of the Physical therapy/ Occupational therapy limits
12. Chronic Dermatoses - Consultations only
13. Hepatitis B - Not Covered
14. Wellness Program - Not Covered

III. EMERGENCY CARE

Affiliated Hospital

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

Non-Affiliated Hospitals

- o **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.
- o **Areas without affiliated hospitals within the Philippines**
Maxicare shall reimburse 100% of the total hospital bills and Professional fees based on Maxicare rates
- o **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 affiliated hospital to another affiliated hospital up to MBL and Php2,500 per conduction if it is from a non-affiliated Hospital to an affiliated 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-affiliated hospital to the affiliated 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**
- **BC (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. Members must notify Maxicare's Customer Care Department (CCD) at least one (1) month prior to the 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. Oral Consultation/ Examination
2. Once a year Oral Prophylaxis
3. Simple Tooth Extraction
4. Unlimited Temporary Fillings, as needed
5. Simple Repair and Adjustment of Dentures
6. Recementation of Jacket Crowns, Bridges, Inlay and Onlay
7. Palliative Treatment of Simple Mouth Sores and Blisters
8. Desensitization of Hypersensitive Teeth – up to 2 Teeth per year
9. Permanent Fillings up to 2 Teeth per year
10. Gum Treatment for Cases Like Inflammation or Bleeding
11. Emergency Dental Treatment
12. Oral Incision and drainage

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

VII. ADDITIONAL BENEFIT

- Life coverage with Accidental Death & Dismemberment up to Php50,000

VIII. VALUE ADDED FEATURES

MAXICARE'S INTERNATIONAL ASSISTANCE PROGRAM

Maxicare has partnered with Insurance Company of Assist America Asia Limited.

Benefits:

Medical Emergency Assistance

- Emergency Medical Evacuation
- Emergency Medical Repatriation
- Medical Referral
- Medical Monitoring
- Prescription Assistance
- Foreign Hospital Admission Assistance
- Return of Mortal Remains

Non-Medical Emergency Assistance

- Compassionate Visit
- Care of Minor Children
- Emergency Message Transmission
- Lost Luggage or Document Assistance
- Legal and Interpreter Referrals
- Pre-Trip Information
- Mobile App Services

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 CONDITIONS

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 | Php 15,000 |
| Gold | Php 10,000 |
| Silver | Php 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 | Php 15,000 |
| Gold | Php 10,000 |
| Silver | Php 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, Lymphoma
- 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 except Mitral Valve Prolapse, Aortic Dissection, Abdominal Aortic Aneurysm and Peripheral Vascular Disease and its complications such as but not limited to Buerger's Disease
- Chronic Glomerulonephritis
- 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), Newgrowth
- 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, scleroderma, rheumatoid arthritis 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/Encephalitis, Demyelinating Neurologic diseases and its complications/sequelae and Peripheral Nervous System Disorders/Diseases; Neurosurgical conditions: brain tumors, arteriovenous fistula, aneurysm and other
- Previous craniotomy sequelae
- Slipped disc
- Spinal Stenosis
- 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:

- All benign tumors, except those causing compression and obstructive symptoms or complications
- Anal Fistulae
- Cervical Polyps (if benign biopsy)
- Conjunctivitis (except chemical, complicated) Endometriosis/Controlled Dysfunctional Uterine Bleeding (except if caused by uterine malignancies)
- Hearing impairment

- g). Hemorrhoids
- h). Uncomplicated Hepatitis A
- i). Gastritis, Duodenitis or Uncomplicated Gastric / Duodenal Ulcer
- j). Inactive Pulmonary Tuberculosis
- k). Migraine
- l). 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.
- m). Non-Toxic Goiter (if uncomplicated)
- n). Ovarian cysts Uncomplicated Cholecystitis, Cholelithiasis
- o). Uncomplicated Hernias (Congenital Hernia will have coverage as listed in the Congenital Clause)
- p). Uncomplicated Hypertension
- q). Uncomplicated Urinary Tract Infection, Stones/Calculi
- r). Urinary Incontinence

X. AVAILMENT PROCEDURES

1. OUT-PATIENT/NON-EMERGENCY SERVICES

- a) Any out-patient or non-emergency services are accommodated by the Maxicare primary care physician at any Maxicare Primary Care Center (PCC). Please refer to the list and location of Maxicare PCCs and helpdesks on the inside back cover.
- b) If any of the PCCs is inaccessible to the Member, he may proceed to any Maxicare Affiliated Hospital/Medical Clinic and must go through the Maxicare Coordinator.
 - i. Prior to availment, Member shall present his Maxicare ID Card and, another valid identification card (e.g., company ID, SSS ID, driver's license, or other ID cards bearing photo and signature) for verification. For cases when the Maxicare ID card is not available, the Maxicare Certification can be honored.
 - ii. The Maxicare Coordinator shall diagnose the Member for any ailment. Appropriate medical treatment will then be given or confinement may be recommended, if necessary. If a medical case requires treatment or consultation with another specialist, the Maxicare primary care physician or Coordinator may refer accordingly.
- iii. Necessary laboratory examinations or diagnostic procedures may be requested by the Maxicare primary care physician or Coordinator using the Maxicare Laboratory Request Form. Member then proceeds to the laboratory where the tests will be performed. Results of the tests may be followed up with the Maxicare primary care physician 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 **(02) 8582-1900**.

2. IN-PATIENT SERVICES

- a) Upon recommendation of the Maxicare primary care physician or Coordinator, the Member may be admitted to the hospital either on emergency or Elective Confinement.
- b) For proper monitoring and notification of confinement by Maxicare, the Member must present the Maxicare ID Card to the hospital's admitting section immediately upon admission. Likewise, said section must be notified by the Maxicare Coordinator of room-and-board entitlement for proper room accommodation.
 - i. Room upgrading during an Elective Confinement is allowed. However, the difference in the room-and-board, doctor's Professional Fees and incremental costs incurred shall be charged to and settled by the Member upon discharge.
 - ii. In an emergency confinement where room entitlement may not be available, room upgrading is allowed subject to the conditions
- c. Once confinement is monitored, Maxicare prepares the LOA, which contains Maxicare's extent of coverage on availment. This is issued by the Maxicare representative to the hospital where the Member is admitted.
- d. All provisions indicated in the LOA shall be discussed by the Maxicare representative with the Member on the first or second day of confinement. This informs the Member of any charges that will not be shouldered by Maxicare, as well as other requirements pertinent to the availment. The Member must indicate his conforme to the LOA provisions by signing the same.

Note: For queries and assistance, call Maxicare Hotline: **(02) 8582-1900**.

3. EMERGENCY CARE SERVICES

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.

- a. Affiliated Hospitals
 - i. Once confinement is determined, the Member must notify MAXICARE HEAD OFFICE, through the customer care department, WITHIN 24 HOURS so that proper assistance is promptly rendered.
- b. Non-Affiliated Hospitals
 - i. After treatment at the emergency room, all necessary receipts and clinical records must be secured by the Member for processing of claim for reimbursement.
 - ii. The Maxicare claim for reimbursement form, medical certificate and all pertinent documents must be promptly accomplished and submitted to Maxicare Head Office within thirty (30) days upon the date of discharge.

XI. ENROLLMENT PROCESS AND GUIDELINES

1. Fill out the IF application form completely.
2. Dependent's plan must be the same plan as the Principal or one plan lower.
3. Forward the accomplished application form and other requirements needed (if applicable) to the Account Officer for processing.
4. 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.
5. Members will receive a 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 are 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. 1 Valid ID/Copy of Birth Certificate
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. Photocopy of ACR (Alien Certificate of Residency) if nationality is foreign

With child dependent:

1. Application form
2. Copy of birth certificate (each child)
3. 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. 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-affiliated physicians in non-affiliated hospitals or clinics;
 - b. Non-affiliated physicians in affiliated hospitals or clinics;
 - c. Affiliated physicians in non affiliated hospitals or other non affiliated healthcare facilities.
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;
 - 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:
 - a. Negligence
 - b. Unauthorized use of prohibited drugs or regulated drugs
 - c. Alcoholic liquor intake
 - d. Direct or indirect participation in the commission of a crime whether consummated or not
 - e. Violation of a law or ordinance
 - f. Unnecessary exposure to imminent danger, knowingly or unknowingly or hazard to health, by the member.
- Note: Maxicare shall be given a copy the police or doctor's report (the "Report"), if any. To determine whether or not such treatment is an exclusion under this paragraph, Maxicare may rely on the Report, as well as on the evaluation of its own medical resource group provided, however, that if Maxicare has yet to receive the Report or the evaluation of its medical resource group, the Member shall shoulder the expenses for medical treatment subject to Maxicare's reimbursement should it be found, after submission of pertinent documentary evidence, that the treatment is not an exclusion under this paragraph. Reimbursement will be based on Maxicare standard rates and will be based on the terms and conditions of this Agreement.
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 cryotherapy 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 eye glasses and contact lenses, hearing aids, pacemaker, artificial limbs, valves, knee-tibial insert for total knee arthroplasty, vascular grafts, titanium thread, myringotomy tube, intravascular catheters, vascular stents, bone screws/plates, pins, wires, balloons, orthopedic internal fixator/fixation systems, orthopedic external fixator/fixation systems, intraocular lens, braces, crutches, herniorrhaphy mesh or mesh used for herniorrhaphy.
 18. Take-home medicine and outpatient medicine except
 - a. Chemotherapy medicine (except for cancer treatment)
 - 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 or any combat-related activities while in military service.
 24. Sexually transmitted diseases, genital warts, AIDS and AIDS related diseases.
 25. Pre-existing Conditions
 - a. Dreaded
 - b. Non-dreaded
- Note: Please refer to the Dreaded and Non-dreaded above provision
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. Benefits covered by PhilHealth and all other government funded healthcare entitlements as provided for by law.
 30. Speech therapy for developmental and congenital diseases.
 31. Weight reduction programs, surgical operation or procedure for treatment of obesity, including gastric stapling or balloon procedures and liposuction
 32. Cost of vaccines and immunization including its administration.
 33. Cost of medico-legal cases.
 34. Routine medical examination or check up or medical examination for employment or medical examination for travel.
 35. Intravenous Immunoglobulin (IVIG).
 36. Treatment of work-related injuries of high-risk occupations such as but not limited to construction workers, miners, loggers and drillers.
 37. Cost of the medical services and Professional Fees in excess of the MBL.
 38. Guillain-Barre Syndrome
 39. Multiple sclerosis, epilepsy and seizures.
 40. Routine, diagnostic, therapeutic and other procedures of the same or similar nature not otherwise specified in this Agreement
 41. Open heart surgeries, angioplasties, valvuloplasties, permanent pacemaker, balloon valvuloplasties, percutaneous intra aortic balloon counter pulsation and balloon atrial septostomy.
 42. All cases of assault whether provoked or unprovoked, whether initiated by the Member or by a known or unknown third party.
 43. Home service.
 44. Laser procedures or treatments.
 45. Neurologic degenerative diseases such as but not limited to Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis
 46. All screening tests.

OTHER PROVISIONS:

ENHANCED ACTIVATION POLICY

For Individual and Family

| | |
|-----------------------------|--|
| OR Issuance Date | Effectivity will be after 7th calendar days |
|-----------------------------|--|

*****Effective on October 25, 2021***

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.

REACTIVATION

A Member whose coverage has lapsed may apply to reactivate his or her coverage within fifteen (15) days from end of Grace Period by (a) submitting a written request for reactivation; (b) paying the Membership fee due with arrears, including the penalty charge of 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.

Suspension of benefits under this Agreement shall be in force until such time the Member shall have paid in full all fees required in reactivation of his or her coverage and within thirty (30) days from the effective date of reactivation.

After forty-five (45) days from due date and all fees required in reactivation of coverage is not yet paid and settled, Maxicare reserves the right to disapprove reactivation. However, Member may re-apply subject to approval of the Maxicare Underwriting Department.

*****May change without prior notice*****

2022 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 | 58,585 | 31,636 | 16,404 | 34,343 | 18,545 | 9,616 |
| 6-10 | 47,968 | 25,903 | 13,431 | 27,512 | 14,856 | 7,703 |
| 11-15 | 39,529 | 21,346 | 11,068 | 22,143 | 11,957 | 6,200 |
| 16-20 | 38,292 | 20,678 | 10,722 | 20,449 | 11,042 | 5,726 |
| 21-25 | 38,075 | 20,561 | 10,661 | 21,333 | 11,520 | 5,973 |
| 26-30 | 39,529 | 21,346 | 11,068 | 23,589 | 12,738 | 6,605 |
| 31-35 | 47,370 | 25,580 | 13,264 | 27,959 | 15,098 | 7,829 |
| 36-40 | 59,556 | 32,160 | 16,676 | 36,835 | 19,891 | 10,314 |
| 41-45 | 75,647 | 40,849 | 21,181 | 50,081 | 27,044 | 14,023 |
| 46-50 | 90,109 | 48,659 | 25,231 | 67,585 | 36,496 | 18,924 |
| 51-55 | 101,668 | 54,901 | 28,467 | 82,369 | 44,479 | 23,063 |
| 56-60 | 112,265 | 60,623 | 31,434 | 93,276 | 50,369 | 26,117 |
| 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 | 30,403 | 16,418 | 8,513 | 22,529 | 12,166 | 6,308 |
| 6-10 | 23,801 | 12,853 | 6,664 | 18,771 | 10,136 | 5,256 |
| 11-15 | 19,583 | 10,575 | 5,483 | 15,885 | 8,578 | 4,448 |
| 16-20 | 18,739 | 10,119 | 5,247 | 15,110 | 8,159 | 4,231 |
| 21-25 | 18,306 | 9,885 | 5,126 | 15,110 | 8,159 | 4,231 |
| 26-30 | 21,477 | 11,598 | 6,014 | 17,191 | 9,283 | 4,813 |
| 31-35 | 25,901 | 13,987 | 7,252 | 18,517 | 9,999 | 5,185 |
| 36-40 | 33,995 | 18,357 | 9,519 | 22,548 | 12,176 | 6,313 |
| 41-45 | 43,533 | 23,508 | 12,189 | 33,802 | 18,253 | 9,465 |
| 46-50 | 52,186 | 28,180 | 14,612 | 40,463 | 21,850 | 11,330 |
| 51-55 | 54,587 | 29,477 | 15,284 | 40,474 | 21,856 | 11,333 |
| 56-60 | 63,649 | 34,370 | 17,822 | 44,966 | 24,282 | 12,590 |

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 members 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 | 2022 Rates | | |
|-------------------------|------------|-------------|-----------|
| | Annual | Semi-Annual | Quarterly |
| Standard Dental Benefit | 387 | 209 | 108 |

2022 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 | 47,907 | 25,870 | 13,414 | 31,204 | 16,850 | 8,737 |
| 6-10 | 39,203 | 21,170 | 10,977 | 25,068 | 13,537 | 7,019 |
| 11-15 | 34,151 | 18,442 | 9,562 | 20,331 | 10,979 | 5,693 |
| 16-20 | 31,157 | 16,825 | 8,724 | 18,604 | 10,046 | 5,209 |
| 21-25 | 31,464 | 16,991 | 8,810 | 19,884 | 10,737 | 5,568 |
| 26-30 | 32,951 | 17,794 | 9,226 | 21,907 | 11,830 | 6,134 |
| 31-35 | 37,267 | 20,124 | 10,435 | 26,362 | 14,235 | 7,381 |
| 36-40 | 42,533 | 22,968 | 11,909 | 33,328 | 17,997 | 9,332 |
| 41-45 | 55,064 | 29,735 | 15,418 | 43,306 | 23,385 | 12,126 |
| 46-50 | 73,878 | 39,894 | 20,686 | 57,900 | 31,266 | 16,212 |
| 51-55 | 86,846 | 46,897 | 24,317 | 70,636 | 38,143 | 19,778 |
| 56-60 | 99,776 | 53,879 | 27,937 | 83,120 | 44,885 | 23,274 |
| 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 | 25,099 | 13,553 | 7,028 | 19,748 | 10,664 | 5,529 |
| 6-10 | 20,229 | 10,924 | 5,664 | 16,088 | 8,688 | 4,505 |
| 11-15 | 16,681 | 9,008 | 4,671 | 13,810 | 7,457 | 3,867 |
| 16-20 | 14,902 | 8,047 | 4,173 | 13,122 | 7,086 | 3,674 |
| 21-25 | 14,692 | 7,934 | 4,114 | 13,078 | 7,062 | 3,662 |
| 26-30 | 17,294 | 9,339 | 4,842 | 14,508 | 7,834 | 4,062 |
| 31-35 | 20,192 | 10,904 | 5,654 | 15,715 | 8,486 | 4,400 |
| 36-40 | 25,590 | 13,819 | 7,165 | 18,715 | 10,106 | 5,240 |
| 41-45 | 31,887 | 17,219 | 8,928 | 26,958 | 14,557 | 7,548 |
| 46-50 | 40,615 | 21,932 | 11,372 | 33,590 | 18,139 | 9,405 |
| 51-55 | 42,652 | 23,032 | 11,943 | 33,739 | 18,219 | 9,447 |
| 56-60 | 49,374 | 26,662 | 13,824 | 37,466 | 20,231 | 10,491 |

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 members will pay for the Philhealth portion.
 - c. Riders: **Built-in on Rates**
 - iii. International Assistance Program
 - iv. Group Life with Accidental Death, Dismemberment & Disablement (ADD&D) up to Php 50,000

Separate Fee

| Rider | 2022 Rates | | |
|-------------------------|------------|-------------|-----------|
| | Annual | Semi-Annual | Quarterly |
| Standard Dental Benefit | 387 | 209 | 108 |

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 – Saturday, 7AM-7PM
 Contact Nos.: (02) 8888-8999 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. : 8888-8999 local 7331

THE MEDICAL CITY

MGR04, Ground Floor, Medical Arts Tower 1 , Ortigas Avenue, Pasig City
 Contact Numbers: (02) 8706-5080/
 8706-5081/ 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) 8789-7700 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)8723-5329/ (02)8723-0101 loc 5150-51 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)8567-6286 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

W CITY CENTER

Ground Floor, W City Center , 7th Avenue cor. 30th St.,
Bonifacio Global City, Taguig

Contact Nos: 8908-6957

Clinic Hours: Open 24 hours daily

BRIDGETOWNE

2FM Exxa Tower C-5 Road, Barangay Ugong Norte,
Libis Quezon City

Contact No: 8908-6959

Clinic Hours: Open 24 hours daily

CLARK

SM Clark, Manuel A. Roxas Highway, Clark Freeport,
Pampanga, Angeles City

Tel No: (045) 8599 8392

CEBU

Lot 5, Block 6, Mindanao Avenue, Cebu Business
Park, Ayala, Barangay Luz, Cebu City

Tel No: (032) 260-9067 local 7402

AYALA NORTH EXCHANGE

2ND Floor , Ayala North Exchange , Ayala Avenue
Makati City

Tel No: (02) 7908 6902

ETON CENTRIS

Commercial Space 2, Cyberpod 5 Eton Centris,
Edsa Corner Quezon Ave. Brgy. Pinahan, Quezon
City Tel No: (02) 7908 6925

ALABANG NORTHGATE

G/F Southkey Hub, Indo-China Drive,
Northgate Cyberzone Filinvest, Alabang,
Muntinlupa City

Email: pcc.alabang@maxicare.com.ph

Contact No: (02) 79086960

Clinic Hours: Monday – Saturday 8am-5pm

ABREEZA MALL DAVAO

G/F, Space 1C-1D, Abreeza Corporate Center,
J.P Laurel Avenue Bajada, Davao City

Email: pcc.davao@maxicare.com.ph

MY HEALTH CLINIC – TAGUIG CITY

2nd Floor, Venice Grand Canal Mall, McKinley
Hills, Taguig City

Tel Nos: (+632)8784-6930

Clinic Hours: Open 24 hours daily

MY HEALTH CLINIC- SHANGRILA

Unit 146, Level 1 Shangri La Plaza
Mall, Mandaluyong City

Tel. Nos.: (02) 8570-4325 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) 8441-4106 loc. 206

Clinic Hours: 7am-9pm, Monday-Sunday

MY HEALTH CLINIC- FESTIVAL MALL

21 Style Blvd, Festival Mall, Alabang, Muntinlupa
City Tel. Nos.: (02) 8850-4855 loc.102; Telefax
(02)8 809- 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) 8268-8502 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) 8433-3044 | (034) 8434-9230

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 Steet, Davao City

(082) 8227-2941 | 8300-5553

GENERAL SANTOS

General Santos Doctors' Hospital Engineering Office

Ground Floor near 1B Station National Highway,

General Santos City

Tel. Nos: (083) 8553-3963

ILOILO

2nd Floor, M22 AJL Annex Bldg.

cor. Ibarra & General Luna Sts., Iloilo City

Tel. No: (033) 8337-1051

HELPDESK**VICTOR POTENCIANO MEDICAL CENTER**

Ground Floor, Doctor's Building Victor Potenciano
Medical Center, EDSA, Mandaluyong City

Tel. No.: (02) 8464-9999 local 231

MANILA DOCTORS HOSPITAL

Room 220, Manila Doctor's Hospital, 667 UN Ave,
Ermita, Manila
Tel. No.: (02) 8524-3011 local 4510

CEBU HELPDESK

4F, Robinsons Cybergate Mall Cebu City
Tel. No.: (032) 8402-7901 loc. 9110

APPLE ONE CEBU

Apple One Building Mindanao Ave. cor. Biliran Road
Cebu Business Park, Cebu City

BACOLOD HELPDESK

Unit 108, VLI Medical Plaza Bldg. Ipil St., Capitol
Business Center, Bacolod
Tel. No.: (083) 8552 5662

ASIAN HOSPITAL & MEDICAL CENTER

Upper Ground Floor, Tower 2 Asian Hospital & Medical
Center 2205 Civic Drive, FCC Alabang, Muntinlupa Tel.
No.: (02)8836-7493

CAPITOL MEDICAL CENTER

Room 1101, 11th Floor, Capitol Medical Center Scout
Magbanua St. Cor. Scout Magbanua Quezon City Tel.
No.: (02) 8372 3825 local 5101

*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: 8908 6900 local 1155 /1141/1267

Maxicare Hotline: 8908-6900

Product Inquiry Hotline: (02) 8798-7770

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Customer Care Department: 8582-1900

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

SMS Inquiry: 0918-889-MAXI

www.maxicare.com.ph