



## SCHEDULE A - BENEFITS AND COVERAGE

### I. In-Patient Care

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 Affiliated Physician) and recovery room.	Subject to Maximum Benefit Limit
3.	Professional fees in accordance with HMI schedule of rates per physician/specialist.	Subject to Maximum Benefit Limit
6.	Blood products transfusions and intravenous fluids, including blood screening and cross matching if the member patient is the recipient, but excluding expenses for donor screening services.	Subject to Maximum Benefit Limit
7.	X-ray, laboratory examinations, routine, diagnostic and therapeutic procedures incidental to confinement	Subject to Maximum Benefit Limit
8.	Dressing, Conventional casts (plaster of Paris) and sutures	Subject to Maximum Benefit Limit
9.	Anesthesia and its administration	Subject to Maximum Benefit Limit

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10.	Oxygen and its administration	Subject to Maximum Benefit Limit
11.	Standard hospital admission kit	Subject to Maximum Benefit Limit
12.	All other items directly related in the medical management of the patient, as deemed medically necessary by the Attending Affiliated Physician (except those services stipulated in Exclusions and Limitations or elsewhere in this Agreement.)	Subject to Maximum Benefit Limit

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## II. Emergency Care Benefits

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	In Affiliated Hospitals	
	A. Physician's services	Affiliated Physician - Covered
	B. Emergency Room Fees	Subject to Maximum Benefit Limit
	C. Medicines used for immediate relief during treatment	Subject to Maximum Benefit Limit
	D. Oxygen, Intravenous fluids and blood products	Subject to Maximum Benefit Limit
	E. Dressings, conventional casts (plaster of Paris) and sutures	Subject to Maximum Benefit Limit
	F. X-rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient	Subject to Maximum Benefit Limit
2.	In Non-Affiliated Hospitals	Reimburse Eighty Percent (80%) of the total hospital bills, including professional fees, based on HMO standard rates.
3.	Outside the Philippines	If the emergency health care is administered in a medical facility outside the Philippines, HMO will reimburse one hundred percent (100%) of the total hospital bill, including professional fees based on HMO standard rates or up to Php30,000.
4.	Areas without Affiliated Hospitals	HMO will reimburse up to members' subscribed program's Maximum Benefit Limit / Annual Benefit Limit, expenses incurred as a result of such confinement based on what it would have cost HMO had the member been confined in an HMO Affiliated Hospital, by an HMO Affiliated Physician.
5.	Ambulance Land Transfer (Affiliated Hospital to Affiliated Hospital)	Covered up to Php 2,500 per conduction

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		Note: The ambulance service provided herein shall be available regardless of the location within the Philippines.
6.	Ambulance Land Transfer (Non-Affiliated Hospital to Affiliated Hospital)	Reimbursable up to P 2,500.00 per ambulance conduction  Note: The ambulance service provided herein shall be available regardless of the location within the Philippines.
7.	Initial treatment of Animal bites except cost of vaccines	Covered within 24 hours from the time of bite subject to Maximum Benefit Limit

### III. Out-Patient Care

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Consultations and treatment prescribed by an affiliated physician or specialist.	Subject to Maximum Benefit Limit
2.	Pre and post natal consultations.	Up to 14 consultations
3.	Treatment for minor injuries and minor surgery except out-patient medicines.	Subject to Maximum Benefit Limit
4.	Dressings, conventional casts (plaster of Paris) and sutures.	Subject to Maximum Benefit Limit
5.	Routine diagnostic examinations and therapeutic procedures prescribed by an Affiliated Physician/Specialist provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Subject to Maximum Benefit Limit
6.	Laser Procedure of the Eyes (except for correction of EOR)	Subject to Maximum Benefit Limit

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#### IV. Preventive Care

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Passive and active vaccines limited to treatment of tetanus, anti-venom, animal bites and its administration.	Minimum of P 40,000 / Member / Year
2.	Health-education and counseling on diets or exercise	Subject to Maximum Benefit Limit
3.	Health habits and Family Planning counseling	Subject to Maximum Benefit Limit
4.	Immunization (excluding cost of vaccines and determination of susceptibility)	Subject to Maximum Benefit Limit

#### V. Benefits Covered Whether Out-Patient or In-Patient

##### 1. ROUTINE PROCEDURES (whether OP or IP)

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Blood Chemistries	Subject to Maximum Benefit Limit
2.	Chest X-Ray	Subject to Maximum Benefit Limit
3.	Complete Blood Count (CBC)	Subject to Maximum Benefit Limit
4.	Fecalysis	Subject to Maximum Benefit Limit
5.	Urinalysis	Subject to Maximum Benefit Limit

##### 2. DIAGNOSTIC PROCEDURES (whether OP or IP)

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	12-Lead Electrocardiogram (ECG)	Subject to Maximum Benefit Limit
2.	24-Hour Electroencephalogram (EEG)	Subject to Maximum Benefit Limit
3.	24-Hour Holter Monitoring	Subject to Maximum Benefit Limit
4.	Adrenocortical Function (Plasma/Urinary	Subject to Maximum Benefit Limit
5.	Anti-Nuclear Anti-Body (ANA), C-Reactive Protein, Lupus Cell Examination	Subject to Maximum Benefit Limit
6.	Arterial Blood Gas	Subject to Maximum Benefit Limit
7.	Arthroscopic Procedures, Orthopedic	Subject to Maximum Benefit Limit
8.	Audiograms and Tympanograms	Subject to Maximum Benefit Limit

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9.	Bone Densitometry Scan (Dexascan)	Subject to Maximum Benefit Limit
10.	Bone Mineral Density Studies	Subject to Maximum Benefit Limit
11.	Cardiac Stress Test (Thallium & Dipyridamole Stress test)	Subject to Maximum Benefit Limit
12.	Computed Tomography (CT) Scan	Subject to Maximum Benefit Limit
13.	Diagnostic Radiographs:	
	A. Biliary Tract: Cholecystogram and Cholangiogram	Subject to Maximum Benefit Limit
	B. Chest, ribs, sternum and clavicle	Subject to Maximum Benefit Limit
	C. Digestive: Plain film of the abdomen, Barium Enema, Upper Gastrointestinal (GI) Series, Lower IG Series, Small Bowel Series	Subject to Maximum Benefit Limit
	D. Face (including sinuses), Head, and Neck	Subject to Maximum Benefit Limit
	E. Urinary: Kidney, Ureter and Bladder (KUB) Pyelograms and Cystogram	Subject to Maximum Benefit Limit
	F. X-Ray of the extremities and pelvis	Subject to Maximum Benefit Limit
	G. X-Ray of the Spine (cervical, thoracic, lumbo-sacral)	Subject to Maximum Benefit Limit
14.	Diagnostic Ultrasounds:	

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	A. 2D-Echo with Doppler	Subject to Maximum Benefit Limit
	B. Abdomen	Subject to Maximum Benefit Limit
	C. Duplex Scan	Subject to Maximum Benefit Limit
	D. Digestive and Urinary Systems	Subject to Maximum Benefit Limit
	E. Ultrasounds of the Lungs	Subject to Maximum Benefit Limit
15.	Electroencephalogram (EEG) Monitoring	Subject to Maximum Benefit Limit
16.	Electromyography with Nerve Conduction	Subject to Maximum Benefit Limit
17.	Endoscopic procedure	Subject to Maximum Benefit Limit
18.	Fluorescein Angiography	Subject to Maximum Benefit Limit
19.	Impedance Plethysmography	Subject to Maximum Benefit Limit
20.	Magnetic Resonance Angiography (MRA)	Subject to Maximum Benefit Limit
21.	Magnetic Resonance Imaging (MRI)	Subject to Maximum Benefit Limit
22.	Mammography and Sonomammogram	Subject to Maximum Benefit Limit
23.	Myelogram	Subject to Maximum Benefit Limit
24.	Conventional Nuclear/Radioactive Isotope	Subject to Maximum Benefit Limit
25.	Pap's Smear	Subject to Maximum Benefit Limit
26.	Perfusion Scan (e.g. Pulmonary Perfusion Scan)	Subject to Maximum Benefit Limit
27.	Polysomnograms (Sleep Recording)	Subject to Maximum Benefit Limit
28.	Pulmonary Function Test	Subject to Maximum Benefit Limit
29.	Radioisotope Scans and Function Studies:	
	A. Cardiac	Subject to Maximum Benefit Limit
	B. Gastrointestinal	Subject to Maximum Benefit Limit
	C. Liver	Subject to Maximum Benefit Limit
	D. Parathyroid Bone, Pulmonary (Perfusion / Ventilation Lung Scans)	Subject to Maximum Benefit Limit
	E. Renal	Subject to Maximum Benefit Limit
	F. Thyroid Scans	Subject to Maximum Benefit Limit
	G. Total body Scan	Subject to Maximum Benefit Limit
30.	Radionuclide Ventriculography	Subject to Maximum Benefit Limit
31.	Surface Electromyography (SEMG)	Subject to Maximum Benefit Limit
32.	Thallium Scintigraphy	Subject to Maximum Benefit Limit
33.	Treadmill Stress Test	Subject to Maximum Benefit Limit
34.	M-Mode Echocardiogram	Subject to Maximum Benefit Limit
35.	Video Gastroscopy	Subject to Maximum Benefit Limit

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### 3. THERAPEUTIC PROCEDUES

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Anti-neoplastic Chemotherapy (Intravenous)	Subject to Maximum Benefit Limit
2.	Arthrocentesis	6 Sessions / Year; subject to Maximum Benefit Limit
3.	Continuous Positive Airway Pressure (CPAP) titration for sleep study	P 10,000 / Member / Year
4.	Dialysis	Subject to Maximum Benefit Limit
5.	Oral Chemotherapy	P 30,000 / Member / Year
6.	Physical therapy / Occupational therapy excluding subspecialties such as cardiac	12 Sessions / Year; subject to Maximum Benefit Limit
	rehabilitation, pulmonary rehabilitation and the like Note: Therapy of one (1) body area shall be considered as one (1) session	
7.	Therapeutic Radiology/Radiotherapy:	
	A. Cobalt	Subject to Maximum Benefit Limit
	B. Radioactive Iodine	Subject to Maximum Benefit Limit
	C. Radioactive Cesium	Subject to Maximum Benefit Limit
	D. Linear Accelerator	Subject to Maximum Benefit Limit
	E. Brachytherapy	Subject to Maximum Benefit Limit
8.	Thoracentesis	Subject to Maximum Benefit Limit
9.	Phototherapy	Subject to Maximum Benefit Limit
10.	Cataract Surgery (except cost of lens)	P 25,000 / Member / Year or Subject to Maximum Benefit Limit

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**4. ADDITIONAL PROCEDURES AND MODALITIES (shared limit for OP and IP; Professional Fees, Hospital Bills and other incidental expenses relative to the procedure shall form part of the limit)**

The following procedures and modalities are subject to the inner limits when specified, otherwise Actual Cost, subject to Maximum Benefit Limit/Annual Benefit Limit

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Angiography (Gastrointestinal, brain and peripheral vascular)	Up to 5,000
2.	Coronary Angiogram and/or Angioplasty / Coronary Artery Bypass Graft	Up to 5,000
3.	Cryosurgery	Up to 5,000
4.	Gamma Knife Surgery	Up to 5,000
5.	Hysteroscopic Myoma Resection	Up to 5,000
6.	Hysteroscopically-guided D&C	Up to 5,000
7.	Laparoscopic Procedure	Up to 5,000
8.	Lithotripsy	Up to 5,000
9.	Percutaneous Ultrasonic Nephrolithotomy	Up to 5,000
10.	Stereotactic Brain Biopsy	Up to 5,000
11.	Conventional Hemorrhoidectomy	Up to 5,000

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## VI. Additional Benefits

The following procedures and modalities are subject to the inner limits when specified, otherwise Actual Cost, subject to Maximum Benefit Limit/Annual Benefit Limit

HEALTHCARE BENEFITS		COVERAGE / LIMIT
1.	Motor Vehicular Accidents, including medical expenses in accidents involving Motorcycle/Tricycle, and not due to member's fault. (Reimbursement; Subject to Police Report)	Subject to Maximum Benefit Limit
2.	Unprovoked Assault, including domestic violence whether initiated by the Member or by a known or unknown third party. (Reimbursement; Subject to Police Report)	Subject to Maximum Benefit Limit
3.	Scoliosis including necessary procedure, except physical therapy sessions, whether congenital, pre-existing, developmental or acquired.  Note: Physical Therapy sessions shall form part of the Physical Therapy / Occupational Therapy limits.	P 20,000 / Member / Year (shared limit for OP and IP)
4.	Congenital conditions except physical therapy sessions and developmental disorders.  Note: Physical Therapy sessions shall form part of the Physical Therapy /Occupational Therapy limits.	P 20,000 / Member / Year (shared limit for OP and IP)
5.	Hernia (Acquired or Congenital)	Subject to Maximum Benefit Limit
6.	Chronic Dermatoses (Consultations Only)	Subject to Maximum Benefit Limit
7.	Scabies (Consultations and treatments)	Subject to Maximum Benefit Limit
8.	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 Guillian-Barre Syndrome, Diabetes and its complications (if preexisting), Complicated Hypertension (e.g. those with history of stroke, myocardial ischemia or infarction and poor kidney function), and all malignant tumors (if preexisting)	Covered up to Maximum Benefit Limit
9.	Hepatitis B (except Vaccines and Screening;non-STD only)	Subject to Maximum Benefit Limit

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	Rheumatological Diseases (Note: Certain Monoclonal Antibodies have immunosuppressive properties and this led to their therapeutic application (monoclonal antibody therapy) in autoimmune conditions and rheumatologic diseases, such as SLE, ankylosing spondylosis, rheumatoid arthritis, etc.)	
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Note: The Philhealth portion is not deductible from the member's Maximum Benefit Limit. However, the member-patient will still be required to file the necessary PHILHEALTH documents on or before discharge.

## **VII. Additional Benefits**

### **1. ANNUAL PHYSICAL EXAM (APE)**

1.	Taking of medical history	Subject to Maximum Benefit Limit
2.	Physical Examination	Subject to Maximum Benefit Limit
3.	Chest X-ray	Subject to Maximum Benefit Limit
4.	Complete Blood Count (CBC)	Subject to Maximum Benefit Limit
5.	Routine Urinalysis	Subject to Maximum Benefit Limit
6.	Routine Fecalalysis	Subject to Maximum Benefit Limit

### **2. DENTAL BENEFIT**

The following procedures and modalities are subject to the inner limits when specified, otherwise Actual Cost, subject to Maximum Benefit Limit/Annual Benefit Limit

1.	Dental Provider	
2.	Annual Dental Examination and consultation	Covered
3.	Emergency out-patient dental treatment - to be availed at affiliated clinics only	Covered
4.	Oral Prophylaxis	Once a year

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5.	Simple tooth extraction	Covered
6.	Temporary fillings	Covered
7.	Desensitization of hypersensitive teeth	Two (2) teeth
8.	Dental nutrition and dietary counseling	Covered
9.	Dental health education	Covered

### **3. LIFE INSURANCE/ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COVERAGE FOR PRINCIPAL MEMBERS ONLY**

1.	Insurance Provider	
2.	Natural Cause / Accidental Death (amount of insurance)	Twenty Five Thousand Pesos to One Hundred Thousand Life Insurance for death.
3.	Schedule of Indemnities	
	1) For Loss of life	100%
	2) For Loss of Both Hands or Both Feet or Sight of Both Eyes	100%
	3) Loss of Hearing of Both Ears	100%
	4) Loss of One Hand and One Foot	100%
	5) Loss of Speech	100%
	6) Loss of Either Hand or Foot and Sight of One Eye	100%
	7) Permanent Total Disability	100%

### **4. WELLNESS PROGRAM FOR A MINIMUM OF 2 WELLNESS PROGRAM WITH MAXIMUM OF 12 WELLNESS PROGRAM DEPENDS ON THE NUMBER OF PRINCIPAL ENROLLEES**

### **5. MATERNITY BENEFIT**

280 days waiting period	Covered
Normal Delivery	5,000.00
Cesarean Delivery	10,000.00

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**Sample Premium Rates****For Minimum of 20- 99 employees**

PROGRAM TYPE		Maximum Benefit Limit	VISMINANNUAL PREMIUM	NATIONWIDE ANNUAL PREMIUM
	Ward	50,000	8 ,000.00	8,510.00
	REGULAR PRIVATE	100,000	12,500.00	13,800.00
	REGULAR PRIVATE	150,000	15,800.00	16,900.00
	REGULAR PRIVATE	200,000	20,865.00	21,780.00

**Sample Premium Rates****For Minimum of 100-300 employees**

PROGRAM TYPE		Maximum Benefit Limit	VISMIN ANNUAL PREMIUM	NATIONWIDE ANNUAL PREMIUM
	WARD	50,000	7,800.00	8,205.00
	REGULAR PRIVATE	100,000	12,280.00	13,500.00
	REGULAR PRIVATE	150,000	15,500.00	16,600.00
	REGULAR PRIVATE	200,000	20,430.00	21,450.00

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### Sample Premium Rates

For Minimum of 301-499 employees

PROGRAM TYPE		Maximum Benefit Limit	VISMIN ANNUAL PREMIUM	NATIONWIDE ANNUAL PREMIUM
	WARD	50,000	7,300.00	7,800.00
	REGULAR PRIVATE	100,000	12,000.00	13,120.00
	REGULAR PRIVATE	150,000	15,170.00	16,200.00
	REGULAR PRIVATE	200,000	20,110.00	21,050.00

### Sample Premium Rates

For Minimum of 500+ employees

PROGRAM TYPE		Maximum Benefit Limit	VISMIN ANNUAL PREMIUM	NATIONWIDE PREMIUM
	WARD	50,000	7,000.00	7,500.00
	REGULAR PRIVATE	100,000	11,800.00	12,700.00
	REGULAR PRIVATE	150,000	14,820.00	15,800.00
	REGULAR PRIVATE	200,000	19,700.00	20,650.00

#### NOTE:

1. The premium for overage over 65 years old will have a different premium rates.
2. The fees stipulated above are INCLUSIVE of TWENTY PERCENT (20%) Management Fee and are fixed for the duration of this Agreement for all the members originally covered as of the date hereafter.
3. With the issuance of Revenue Regulation No. 21-2021 by the BIR which amends key provisions regarding the imposition of the 12% Value Added Tax (VAT), all Zero-rated Accounts are required to pay 12% VAT on their purchase of service from HMI (membership fees) effective third quarter of Taxable Year 2021. As such, the 12% VAT is reflected on the above quotation. All collected VAT portions will be properly remitted to the BIR, with the issuance of Official Receipts and other supporting documents.
4. All premium rates are subject for approval based on the existing benefits, enhancement, utilization and based on the chosen insurance provider.

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