



eTiQa

MedProtectPLUS

Formerly AsianLife & General Assurance Corporation

A Member of  Maybank Group

In your continuous efforts to take care of your associates and their dependents' welfare, perhaps you may want to consider **Etiqa's MedProtectPLUS**.

Etiqa Philippines has been
in partnership with **over 2,000 domestic &
multinational corporations** nationwide in covering of
over 500,000 employees' as well as their dependents' welfare
for four decades now.

We are confident that we too can partner in responding to your enrollees' needs. Etiqa's MedProtectPLUS as it responds well to the common clamour of HMO plan holders; namely:

	Other provider	MedProtectPLUS
a) NON-EMERGENCY CONSULTATION with non-accredited physicians	<ul style="list-style-type: none"> not covered 	<input checked="" type="checkbox"/> covered on reimbursement basis <input checked="" type="checkbox"/> 100% of the amount Etiqa would have paid to its accredited provider will be reimbursed
b) NON-EMERGENCY CONFINEMENT in non-accredited hospitals IN or OUTSIDE the Philippines	<ul style="list-style-type: none"> not covered 	<input checked="" type="checkbox"/> covered on reimbursement basis <input checked="" type="checkbox"/> 100% of the amount Etiqa would have paid to its accredited provider will be reimbursed
c) EMERGENCY CONSULTATION with non-accredited physicians	<ul style="list-style-type: none"> covered on reimbursement basis; only 80% of the amount a provider would normally pay to its accredited provider 	<input checked="" type="checkbox"/> covered on reimbursement basis <input checked="" type="checkbox"/> 100% of the amount Etiqa would have paid to its accredited provider will be reimbursed
d) EMERGENCY CONFINEMENT in non-accredited hospitals IN or OUTSIDE the Philippines	<ul style="list-style-type: none"> covered on reimbursement basis; only 80% of the amount a provider would normally pay to its accredited provider BUT not to exceed an amount LESS than the maximum benefit limit 	<input checked="" type="checkbox"/> covered on reimbursement basis <input checked="" type="checkbox"/> 100% of the amount Etiqa would have paid to its accredited provider will be reimbursed
e) Ambulance Service Expense	<ul style="list-style-type: none"> covered on reimbursement basis not to exceed Php 2,500 	<input checked="" type="checkbox"/> covered on reimbursement basis <input checked="" type="checkbox"/> up to Php 5,000
f) Life Insurance	<ul style="list-style-type: none"> Php 10,000 – due to natural cause Php 20,000 – due to accident 	<input checked="" type="checkbox"/> Php 25,000 – due to natural cause <input checked="" type="checkbox"/> Php 50,000 – due to accident
g) Special Procedures and/or New Modalities of Treatment	<ul style="list-style-type: none"> covered; some are subject to a fixed amount ; some are subject to limited number of sessions availment 	<input checked="" type="checkbox"/> covered <input checked="" type="checkbox"/> equitable coverage i.e. the higher the MBL, the higher the coverage; no fixed amount of coverage; not limited to a number of session

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in partnership with **over 2,000 domestic &
multinational corporations** nationwide in covering of
over 500,000 employees' as well as their dependents' welfare
for four decades now.

We offers Group Life, Group Personal Accident,
Group Hospitalization (MedProtect) and

MedProtect*PLUS*****

for

PHILIPPINE GOVERNMENT AUDIT SERVICE EMPLOYEES ASSOCIATION INC. (PHILGASEA)

SCHEDULE OF BENEFITS

- **IN-PATIENT BENEFIT**

- Room & Board accommodation up to the limit of your plan
 - 'On top of PhilHealth';
 - PhilHealth should be filed PRIOR to discharge.
- General Nursing Services;
- Services of physician(s), specialist(s), surgeon(s) & anaesthesiologist;
- Anaesthesia & its administration, dressings, sutures, casts, and other necessary medical supplies;
- Use of Operating/Recovery Room;
- Transfusion of blood, blood elements & other intravenous fluids;
- ICU confinements – subject to the maximum benefit limit;
- Prescribed laboratory examinations including complex diagnostic procedures such as, but not limited to, MRI, CT scan and ultrasound;
- Chemotherapy, radiotherapy, physical therapy, speech therapy and dialysis – subject to the provisions on “Pre-Existing Conditions”, “Maximum Limit – Dread Disease” and “Special Procedures – New Modalities of Treatment”;
- All other expense directly related to the medical management of the illness and/or injury that resulted to a plan member's confinement including Admission Kit.

- **OUT-PATIENT BENEFIT**

- Unlimited number of medical consultations & follow-up consultations
- Referral to accredited Specialist(s); pre & post natal consultations.
- Administration of vaccine (except the cost of vaccine);
- Prescribed laboratory/diagnostic examinations; for covered illnesses and injuries
- Emergency treatment and minor surgeries not requiring hospitalization;
- Including emergency (first) dose of anti-rabies, anti-venom and/or anti-tetanus'

- **COMPREHENSIVE WELLNESS PROGRAM (CWP)**

To further insure that MedProtect*PLUS* is able to respond to the need of each plan member, manage the general welfare of plan members and, eventually, manage claims, a yearly medical orientation will be conducted at the Plan Holder's head office. CWP includes:

- **Health Risk Assessment** – evaluation of top illness with reference on claims utilization report;
- **Health Promotion & Disease Management Seminar** – lecture topic based on top illness as requested or as recommended by Etiqa Medical Operations Department
- **Health Protection** – immunization e.g. flu vaccine, cervical cancer vaccine, hepatitis B vaccine, etc. that can be obtained through Etiqa at a discounted price, usually 30-50% lower than the market cost.
- **Health Screenings** – fasting/random blood sugar testing, cholesterol screening, etc, which should be related to the theme or topic of the wellness activity

- **ANNUAL PHYSICAL EXAMINATION ('APE' - INCLUSIVE)**

APE shall be conducted at/provided by a specific Etiqa accredited APE provider.

1. **'Basic 7'** includes:

- Complete Blood Count (CBC)
- Routine Fecalysis
- Routine Urinalysis
- Chest X-ray
- Complete Physical Exam and taking of medical history
- Papsmear for female enrollees 35 years old and above
- ECG for enrollees 35 years old and above

For those whose mode of premium payment is:

- Annual, APE can be availed anytime after full premium remittance;
- Semi-annual, APE can be availed after full premium remittance due for the 2nd semester;
- Quarterly, APE can be availed after full premium remittance due for the last quarter.

- **EMERGENCY CARE**

1. Emergency Ambulance Service

Reimbursable up to a maximum of **Php 5,000.00** ONCE per plan member per policy year;

- Reimbursable expense is limited to the ambulance service incurred to transport plan member from where the medical emergency occurred to the nearest medical facility.
- If there is a need to further transport the plan member from the first medical facility where he was initially brought to another hospital, the succeeding ambulance service expense will no longer be reimbursable.

2. In any of the accredited hospital nationwide

All expenses directly related to the medical management of the illness and/or injury that resulted to the Plan Member's emergency treatment shall be covered on a **no-cash-out basis**.

3. In a non-accredited hospital worldwide.

Eligible expense incurred by the Plan Member in the course of the medical management of the illness, condition and/or injury that resulted to his emergency treatment shall be covered on a **reimbursement basis**.

Reimbursable '**eligible expense**' mentioned anywhere in this proposal **refers and is equal to 'the amount Etiqa would have paid to an accredited physicians and/or accredited clinics/hospitals'**.

Non-Emergency Care in Non-Accredited Hospital

1. In the Philippines

Should the Plan Member opt to be confined in a non-accredited hospital, all incurred eligible expense may also be reimbursed.

2. Worldwide

Similarly, should the Plan Member be confined anywhere outside the Philippines, the Plan Member may also reimburse all eligible expense resulting from his confinement.

Reimbursable '**eligible expense**' mentioned anywhere in this proposal **refers to and equal to 'the amount Etiqa would have paid to an accredited physicians and/or accredited clinics/hospitals'**.

- **FINANCIAL ASSISTANCE**

The principal Plan Member (employee) is provided with a life insurance coverage to serve as financial assistance for his designated beneficiaries as a result of his death:

▪ Life Insurance – due to natural causes	Php 25,000.00
▪ Life Insurance – due to accident	Php 50,000.00

- **MAXIMUM BENEFIT LIMIT**

Maximum Benefit Limit (MBL) per Illness per policy year shall apply to Dread Disease/Condition and its complications.

Dread Disease refers to any illness or condition that is chronically, persistently or presently life threatening or may result to physical or functional loss of body parts such as but not limited to:

- a. blood dyscrasias
- b. benign/malignant new growths
- c. chronic cardio/cardio-vascular diseases
- d. collagen/connective diseases
- e. diseases of the immune system
- f. chronic hepatobiliary diseases
- g. neuro-surgical/neurological conditions
- h. chronic pulmonary diseases

- i. chronic Genitor-urinary diseases
- j. chronic gynecological conditions
- k. chronic gastrointestinal diseases
- l. endocrine abnormalities
- m. antibiotic/chemotherapy-resistant diseases/bactemia/septicemia
- n. chronic opthalgo-otolaryngoloci diseases
- o. chronic musculo-skeletal diseases
- p. pathological/accidental fractures
- q. illnesses/injuries necessitating the use of Isolation Room/ICU or other intensive care facilities
- r. accidental injuries
- s. second and third degree burns
- t. surgical procedures requiring the application/use of prosthesis for immediate treatment
- u. pre-existing illnesses/injuries subject to the pre-existing conditions

DENTAL BENEFITS

- Oral examinations/diagnosis as needed
- Annual Prophylaxis every six (6) months (twice per policy year)
- Gum problem consultation and treatment
- Simple tooth extraction when indicated (excluding impaction)
- Temporary fillings when indicated
- Re-cementation of loose jacket crowns
- Adjustment/repair of dentures
- 2 permanent fillings
- Oral hygiene instruction
- Dental health education and consultation
- Orthodontic treatment consultation
- Discounted rates of up to 20% for other services not covered by the dental plan (e.g. dentures, crowns, bleaching, orthodontic treatment, x-rays and dental surgery)

Dental benefits can only be available on a no-cash-out basis (reimbursement not allowed) at any **accredited dental clinics/dentists nationwide** only.

• SPECIAL PROCEDURES AND/OR NEW MODALITIES OF TREATMENT

The following special procedures are payable and will form part of the entire medical expense relating to the medical management of a covered condition requiring such special procedures:

Special Procedure/New Modality of Treatment	Maximum Amount of Coverage
<ul style="list-style-type: none"> a. Lithotripsy b. arthroscopic procedures c. laparoscopic procedures d. laser therapy (excludes use for correction of vision) e. nuclear/radioactive isotope scans f. cost of artificial limbs, joint prosthesis and heart valve prosthesis g. other new modalities of treatment for conditions with established etiologies and are used as alternative to the conventional or traditional procedures 	
h. Dialysis	
i. Chemotherapy	

j. Radiation oncology/Therapeutic radiology k. Sclerotherapy l. Physical and Speech therapy m. Angiography n. Tests involving the use of nuclear technologies (e.g. but not limited to Radionuclide Ventriculography, Thallium Stress Testing, Radionuclide/Thyroid Scan, Pyrophosphate Scintigraphy, Positron Emission Tomography, Radio Isotope Scanning) o. Thallium scintigraphy p. CT Scan/Magnetic Resonance Imaging q. Pulmonary perfusion scan r. Endoscopy s. Bone Densitometry Scan t. Anti-Nuclear Anti-Body (ANA) u. C-Reactive Protein (Rheumatic and its complications) v. Lupus cell exam w. Sleep therapy	Covered up to MBL
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- **PRE-EXISTING ILLNESSES**

Any illness, injury or condition is considered pre-existing if at any time prior to the effectivity of the master policy or the plan member's coverage:

- ▶ professional advice or treatment had been obtained for such illness, injury or condition OR
- ▶ such illness, injury or condition was in any way evident to the plan member OR
- ▶ the natural history of such illness, injury or condition can be clinically determined to have started whether or not the plan member is aware of such illness or condition.

The following are automatically considered pre-existing if occurring at any time within the first twelve (12) months after the effectivity date of the Master Policy or of the plan member's coverage whichever is later:

- a. asthma, pleural effusion or other chronic airway obstruction conditions;
- b. benign cyst/tumor and malignant conditions;
- c. chronic gynecologic conditions;
- d. hemorrhoids and other chronic colonic and ano-rectal illnesses;
- e. disease tonsils requiring surgery, cataracts and other ophthmo-otolaryngologic conditions;
- f. pathological abnormalities of nasal septum and turbinate;
- g. sinus condition requiring surgery;
- h. chronic neurologic conditions;
- i. calculus cholecystitis/cholelithiasis and/or urolithiasis;
- j. chronic conditions of the genitorurinary system;
- k. polyps, ulcers, liver cirrhosis and other chronic gastrointestinal diseases;
- l. endocrine illnesses;
- m. seizure disorders;
- n. moderately to far advanced tuberculosis;
- o. chronic musculo-skeletal malignancies
- p. malignancies of the blood and bone marrow
- q. hypertension, coronary artery disease/myocardial ischemia, cerebro-vascular accident and other chronic cardiac diseases
- r. collagen/connective tissue diseases;
- s. diseases of the immune system.

- **ELIGIBILITY**

1. **Principal Plan Members** – regular, full-time employees up to 65 years old (coverage automatically ends on the day before the employee celebrates his 66th birthday or retires from employment whichever is earlier).

2. **Qualified Dependents:**

a. **For MARRIED Employees:**

- **Start with the LEGAL SPOUSE** who are **not more than 65 years old** (coverage automatically ends on the day before the spouse celebrates 66th birthday);
- **Followed by CHILDREN** who are single, unemployed and **at least 30 days up to 22 years old** (coverage automatically ends on the day before the children celebrate their 23rd birthday).

Legally adopted children can also be covered. Stepchildren who are yet to be adopted legitimately by the principal plan member are considered ineligible for enrollment.

b. **For SINGLE EMPLOYEES:**

- **Start with PARENTS up to 65 years old** (coverage automatically ends on the day before the parents celebrate their 66th birth day);
- **Followed by SIBLINGS** who are single, unemployed and **at least 30 days old up to 22 years old** (coverage automatically ends on the day before the siblings celebrate their 23rd birthday);
- **SINGLE PARENTS can enroll their CHILDREN** (out of wedlock) who are single, unemployed **at least 30 days old up to 22 years old** (coverage automatically ends on the day before the children celebrate their 23rd birthday).

Single parents should enroll their children prior to enrollment of their parents/siblings.

- **PARTICIPATION REQUIREMENT**

	NON-CONTRIBUTORY*	CONTRIBUTORY**
Employees' Coverage	ALL eligible employees should be enrolled	At least 75% of all eligible employees should be enrolled
Dependents' Coverage	ALL eligible dependents should be enrolled hierarchically	At least 75% of all employees having eligible dependents should enroll their dependents hierarchically

*premiums are shouldered/paid ONLY by the Policy Holder/Company.

**premiums are shouldered/paid by BOTH the Policy Holder/Company & the employees.

- **PHILHEALTH**

MedProtect**PLUS**, is designed to be 'on top of PhilHealth'. As such, **PhilHealth should be filed prior to discharge.**

Any amount that would have been charged to & paid by PhilHealth will be settled by the Principal Plan Member, regardless of the room accommodation at the time of his and/or his enrolled dependent's confinement, should the Plan Member (or his duly authorized representative) is unable to submit accomplished PhilHealth Form to the appropriate section/person in the hospital where he is confined within appropriate time prior to discharge.

- **ROOM ACCOMMODATION MORE THAN THE ROOM & BOARD LIMIT**

A. During Emergency Confinement:

Should the Plan Member stays in a room higher than his Room and Board-limit as a result on unavailable room equal to his Room and Board-limit, **eligible expenses on the 1st 24-hour of stay will be covered.**

Should the Plan Member decides to stay further once an available room equal to or less than his Room and Board-limit becomes available, the Plan Member will have to pay for the excess, ineligible expenses and/or corresponding incremental costs prior to discharge.

B. During Non-Emergency Confinement

Should the Plan Member stays in a room higher than his Room and Board-limit, the Plan Member shall pay for any excess, ineligible expense and/or corresponding incremental costs incurred prior to discharge.

- **EXCESSES, INELIGIBLE EXPENSE AND/OR INCREMENTAL COST.**

Prior to discharge from the hospital, the Plan Member should settle any of the following:

- A) excess in the limits of the plan and/or
- B) ineligible expenses (expenses such as but not limited to extra food, extra bed and/or
- C) incremental costs (on professional fees, diagnostic tests, drugs & medicines, etc) resulting from taking a room and board accommodation more than the room and board limit of the plan.

Should the Plan Member is unable to settle any excess, ineligible expense and/or incremental costs, it would be the responsibility of the Plan Holder to settle the Plan Member's obligation in accordance with the provisions of the MedProtect**PLUS** Master Policy.

- **LIMITATIONS**

Unless specific endorsement is made, standard MedProtect*PLUS* excludes coverage of the following:

1. Expenses that should be taken care of by any government programs such as PhilHealth and the likes;
2. Services rendered or supplies provided free of charge;
3. Additional hospital charges and/or professional fee charges resulting from the Planholder's taking a room accommodation more than his Room & Board limit (excesses and/or incremental costs);
4. Maternity and maternity-related conditions and/or complications except those benefits that may be provided by the (optional) Maternity Benefit;
5. Sterilization of either sex or reversal of such, artificial insemination, sex change, consultation/confinement regarding infertility;
6. Non-recommended confinement, convalescent/domiciliary/custodial care; rest cures,
7. Dental-related cases except those that may be provided by the (optional) Dental Benefits and to the extent that are necessary for the repair or alleviation of damage caused solely by accidental injury sustained (and not caused) by the Plan Member;
8. Circumcision, cosmetic/aesthetic procedures except re-constructive surgery to treat functional defect(s) due to a covered disease and/or accidental injury;
9. Psychiatric disorders, psychosomatic conditions, treatment for any mental or nervous disorders, illness/injury/condition/complication arising from the Plan Member's too much alcohol intake and/or use of regulated/prohibited drugs;
10. Illnesses and/or injuries arising from the Plan Member's participation in brawl, riots, commission of a crime, violation of ordinances and the likes;
11. Illnesses/injuries resulting under conditions of war or sustained from combat-related activities;
12. Illnesses/injuries resulting from the Plan Member's active participation in hazardous activities such as, but not limited to, bungee jumping, hang-gliding, scuba diving, mountain/wall climbing including professional sports;
13. Illnesses/injuries attributable to the Plan Member's own misconduct/ gross negligence/immoral habits, willful and unnecessary exposure to danger or hazard to health;
14. Self-inflicted injuries including and, not limited to, any form of suicide attempt;
15. Sexually transmitted disease, AIDS, rehabilitative treatment on alcoholism and drug abuse;
16. Acquisition of prosthetic appliances, artificial aids, durable equipment, surgically implanted devices and external prosthetic devices except those that are explicitly covered and enumerated in the "Special Procedures or New Modalities of Treatment" provision of this Agreement;
17. Organ transplant-expense relating to organ donation of the donating party/parties;
18. Executive check-ups, unless explicitly provided in the MedProtect*PLUS* Master Policy, and/or confinement purely for diagnostic purposes and non-recommended confinements;
19. Take-home medicines, unless optional "Reimbursement of Prescribed Medicines" Benefit is provided and vaccines except first dose of either anti-venom, anti-rabies and anti-tetanus used for emergency treatment;
20. Medico-Legal Fees including costs of Medical Certificates that a Plan Member may require for any purpose it may serve him;
21. Congenital disease/deformity that is evident to the Plan Member at birth and/or can be clinically determined to be congenital;
22. Medical and/or surgical procedures/diagnostic tests that are experimental in nature and/or not generally accepted by the medical profession such as, but not limited to, iridology, chiropractic services, acupuncture.

- **OTHER IMPORTANT NOTES**

1. The prospect and/or its broker/agent both agree that all provisions in this proposal have been read well and understood.
2. Quotation is valid for a period of three (3) months (from issuance).
3. Quotation was computed based on the information that was provided & served as reference in computing the quoted premium rates/fees. Etiqa reserves the right to re-compute premiums on the basis of any new information it may receive subsequent to computation.
4. There is no refund of premium resulting from resignation/exclusion of enrollees.
5. Semi-annual modal factor is .53 and quarterly modal factor is .28.
6. No-cash-out availment and issuance of Letters of Guarantee (LOG) to clinics and/or hospitals is guaranteed **PROVIDED**:
 - a. all premiums due are paid in full by the Policy Holder **AND**;
 - b. a duly-executed copy of the Master Policy by the Policy Holder have been received by Etiqa **AND**
 - c. on the current policy year, there are no outstanding account receivables (resulting from any excess, ineligible expense and/or incremental cost a plan member may have incurred OR any unpaid premium).

Should any one or all of the three items mentioned above is/are not complied with, availment will be on a reimbursement basis until such time that all items indicated above have been fully complied with. Should the Policy Holder intends to request accommodation, it should execute a Letter of Guarantee (signed by the HR Head and the CFO) a) requesting Etiqa to provide no-cash-out availment and b) assuring Etiqa that any excess and/or ineligible expense incurred by the Plan Member will be settled by the Policy Holder within 7-calendar days from the date Etiqa issued the Statement of Account.

7. A Secretary's Certificate OR Board Resolution authorizing the signatory to sign for the Company should also be submitted together with the signed copy of the Master Policy PRIOR to effectivity of the Master Policy.
8. IF a copy of the Claims Utilization Report during the current policy year was submitted & eventually considered by Etiqa in the computation of the quoted premium rates/fees, 'take-over provisions' may be applied.

A Claims Utilization Report that maybe considered in the computation of premium rates/fees is one that is a) detailed (i.e. dates when the claims were incurred are explicitly indicated); b) covering a period of at least ten (10) months. If the Claims Utilization Report is not detailed OR does reflect claims for a period of at least ten (10) months, it will not be considered in the premium computation.

Once the account is closed/prior to master policy effectivity date, a copy of the existing/expiring master policy (including all endorsements to it) will be required to serve as reference in applying 'take-over provisions'; copy of the recent Statement of Account & corresponding list of enrollees will also be required to serve as reference in accounting coverage of previous enrollees. If there is no endorsement that expressly states that '*take-over provisions will be applied*' in this proposal OR in our correspondence, standard provisions of the MedProtectPLUS master policy will be applied.