



Dear Member:

Magandang Araw! Welcome to the InLife Health Care family!

This Guide Booklet has been prepared to familiarize you with the salient features of your Health Care Agreement. It contains a list of our standard benefits, procedures for availing of services and guidelines concerning reimbursements, refunds and other pertinent policies.

The provisions contained in this Guide Booklet may be subject to change without prior notice. Please note that the terms and conditions of your Health Care Agreement shall take precedence over this Guide Booklet. This Guide Booklet is a reference only and not a Health Care Agreement. In any case of differing information and interpretation between this Guide Booklet and Health Care Agreement, the provision of the latter shall prevail.

Should you have any questions regarding your healthcare program, you may reach us through the contact numbers listed herein.

We wish you good health!

Sincerely yours,

InLife Health Care

TABLE OF CONTENTS

General Provisions	2
Definitions	
Individual Membership Card	3
Insular Health Care Clinic	4
Program Type	4
Outpatient Benefits	6
Annual Physical Examination	6
Preventive Healthcare	6
Outpatient Services	7
Procedures for Outpatient Treatment	7
Inpatient Benefits	8
Procedures for Inpatient Treatment	9
Emergency Care Benefits	10
Availment at preferred / accredited hospital/ clinic	10
Availment at non-accredited hospital / clinic	11
Medical Facility Outside the Philippines	12
In Areas without Accredited Providers	13
Pre-Existing Conditions	14
General Limitations to Benefits	15
Permanent / General Exclusions	18
Dependents' Coverage	20
PhilHealth Provision	20
Reimbursements & Claims Requirements	21
Sample Membership Card	22
Insular Health Care Offices	23
Hotline Numbers	24

GENERAL PROVISIONS

Definitions

1. **“Client”** shall mean the person with whom the Health Care Agreement is entered into.
2. **“Member”** shall mean any person who is enrolled and eligible for the health care benefits under the Health Care Agreement.
3. **“Hospital”** shall mean any public or private institution duly recognized and licensed by the Department of Health, and which renders hospital services which include beds for hospitalized patients, food and general nursing services. “Hospital” does not include any institution or that portion of any institution which is operated as a convalescent or nursing home, rest home, home for the aged, a place for custodial care or for any similar purpose.
4. **“Accredited Hospital”** shall mean any hospital as may be recognized by Insular Health Care from time to time for the purpose of the Agreement.
5. **“Preferred Hospital”** shall mean only the Hospital indicated as the Preferred Hospital in the application form.
6. **“Physician”** shall mean any person legally authorized to render medical and surgical services in the geographical area of his/her practice.
7. **“Specialist”** shall mean a Physician who has completed the prescribed training in a particular field of medicine.
8. **“Insular Health Care Physician”** shall mean a Physician authorized by Insular Health Care to provide medical services to its Members.
9. **“Insular Health Care Coordinator”** shall mean a Physician authorized by Insular Health Care to issue letter of authorization or letters of referral to physicians or medical facilities for the purpose of providing medical services to its Members.
10. **“Health Care”** shall mean outpatient benefits, hospitalization benefits, maternity benefits and other such medical benefits when specifically provided for in the Health Care Agreement.
11. **“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 and discomfort. Examples of such emergency cases, but not limited to, are the following: (a) Massive bleeding; (b) Acute appendicitis; (c) Acute myocardial infarction (heart attack); (d) Hypertensive crisis (e.g. stroke, HPN coma); (e) Fractures/injuries secondary to accidents. For the purpose of implementation, the final diagnosis shall be the basis for a member’s eligibility to emergency care benefits under the Plan.
12. **“Maximum Benefit Limit”** - shall mean the maximum amount payable for the period of the Agreement, per Member per illness or injury per year.

Individual Membership Card

Insular Health Care will issue to the Client, for distribution to each member covered under the Health Care Agreement, an individual membership card

that will be used by the Member to identify himself/herself as an Insular Health Care Member in case he/she is in need of health care services



The individual membership card does not constitute a contract, nor does it entitle the bearer to benefits unless the bearer is an Insular Health Care Member. The individual membership card merely provides information regarding the Member and shall be used by the member to identify himself/herself as an Insular Health Care Member.



In case of lost membership cards, replacement shall be made provided a duly notarized Affidavit of Loss is submitted and payment of processing fee of fifty pesos (P50.00) is made by the Client/Member.

The membership card and the corresponding benefits are not transferable. If for any reason the Health Care Agreement expired or the membership/health care coverage is pre-terminated due to termination of employment, resignation, deletion or retirement, the Member (and his/her Dependents) must surrender to the Client his/her Membership Card/s. The authorized representative of the Client in turn is obligated to return the same to Insular Health Care.

In case of pre-termination of coverage, the Client (through its contact person) shall notify Insular Health Care in writing of employees termination, resignation, deletion or retirement prior to the effectivity date of pre-termination. Thereafter, Client shall likewise collect and return the Membership Card/s of said employees (and his/her Dependents) to Insular Health Care immediately upon pre-termination of their health care coverage. Otherwise, the Client shall be liable for all and any avilment/misuse incurred by the pre-terminated and ineligible member whose Membership Card/s were not collected and surrendered to Insular Health Care.

Any misuse of the Membership Card by an ineligible Member (e.g. using the membership card after pre-termination of health care coverage or after the expiry date of the Client's Health Care Agreement with Insular Health Care) will be for the account of the Client, payable within 30 days from receipt of billing letter. A penalty of 2% per month or a fraction thereof reckoned from receipt of billing letter shall apply for any unpaid amount billed by Insular Health Care against Client for failure to comply with the billing letter.

During availment of benefit, member must present the membership card to the Insular Health Care Coordinator or to the Admitting Section / Emergency Room Department of the preferred / accredited hospital.

Insular Health Care Clinic

Located at the 2/F Insular Health Care Bldg., 167 Dela Rosa cor. Legazpi Sts., Legazpi Village, Makati City



1. Operates on a “First come, First served” basis. However, patients may be prioritized depending on the severity of their illnesses or injuries.
2. Annual Physical Examination and dental services are strictly by appointment from Monday-Friday only.
3. Clinic Hours: 8:00am – 5:00pm (Monday-Friday)
8:00am – 12:00nn (Saturday)
4. Laboratory Examinations: Hematology; Serology; Bacteriology; Microscopy; Immunology; Histology; Blood Chemistry; Enzymes; Endocrine, etc.
5. Radiological Examinations: X-ray and Ultrasound
6. Specialists: Family Medicine; Pulmonology; Pediatrics; Cardiology; ENT; Dentistry; Dermatology; Endocrinology; Ophthalmology; General Surgery; and Obstetrics /Gynecology

PROGRAM TYPE

Plan A (“Open Access to Accredited Hospitals” Program)

Under this plan, a member may use any Insular Health Care accredited hospital / clinic nationwide.

Plan B (“Preferred Hospital” Program)

Under this plan, a member will have to select and strictly use his/her preferred hospital except during genuine emergencies (as defined in the “Health Care 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 Health Care Agreement. For this plan, accredited clinics are not used for health care service availments.

Plan features applicable to both Plan A & Plan B

1. For primary care (non-emergency cases), entry point to accredited/preferred hospitals should be the COORDINATOR’S OFFICE. During off-clinic hours, and only for genuine emergency cases (as defined in the Health Care Agreement), a member may go to the Emergency Room for treatment. During genuine emergencies (as defined in the Health Care 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 Health Care Agreement.
2. Makati Medical Center (MMC) users will first have to pass through the Insular 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, he will be referred to the hospital.
3. 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 inpatient 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), Insular 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.

OUTPATIENT BENEFITS

A member is entitled to avail himself/herself of the benefits listed below but only at the Insular Health Care Clinic or at designated facilities, except in an emergency in which case the applicable provisions of the "Emergency Benefits" shall apply.

Annual Physical Examination (APE)

The following services may be availed of by the Member but only upon completion of payment of the full annual Membership Fee.

1. Taking of medical history
2. Physical Examination
3. Chest x-ray
4. Laboratory medical examinations (Complete Blood Count, Stool Examination, Urinalysis)
5. Electrocardiogram (ECG) for members 35 years of age and above
6. Pap Smear for female members 35 years of age and above

Preventive Health Care

1. Immunization (does not include cost of vaccine and determination of susceptibility); However, 1st dose of anti-rabies/anti-venom/anti-tetanus vaccines shall be covered.
2. Consultation and advice on diet, exercise and other healthful habits;
3. Periodic monitoring and management of health problems, subject to program provisions;
4. Family planning counseling, except for infertility;
5. Health education and wellness programs;
6. Medical information dissemination through clinics, newsletters, seminars, etc.

Outpatient Services

The following are the services for the treatment of illness or injury that do not require hospitalization to be availed of by the Member only at the Insular Health Care Clinic, Accredited Clinics or Accredited/Preferred hospitals:

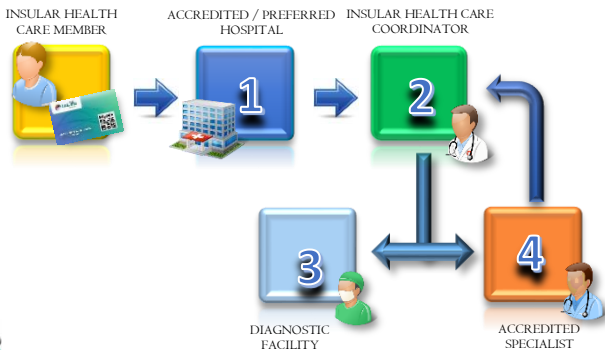
1. Consultation, including specialist's evaluation;
2. First aid treatment of injury or illness;
3. Laboratory examinations and other diagnostic procedures as prescribed by the Insular Health Care physician, subject to program provisions;
4. Minor surgery not requiring confinements;
5. Eye, Ear, Nose and Throat Consultations;
6. Pre/Post-natal consultations.

NOTE: Drugs/Medicines used for outpatient treatment are excluded in the program.

Procedures for Outpatient Treatment (Non-Emergency)

- Step 1** Member proceeds to accredited / preferred hospital.
- Step 2** Present membership card to the Insular Health Care Coordinator.
- Step 3** Member is examined, diagnosed, and treated by the Insular Health Care Coordinator.
- Step 4** Should a member need treatment by another specialist, the Insular Health Care Coordinator shall issue a Referral Slip to the member.
- Step 5** Member presents Referral Slip to the specialist for examination, treatment, and diagnosis. If the specialist orders laboratory examination, member goes back to the Coordinator's office to secure a Request for "Diagnostic Work-up" form.
- Step 6** Member presents card and Request for "Diagnostic Work-up" form to the diagnostic facility.

NOTE: The office of the Coordinator is open during clinic hours only or call Customer Care Representative for assistance.



Note : Filing of PhilHealth benefit claim is required for some outpatient procedures in PhilHealth accredited hospitals.

INPATIENT BENEFITS

A member is entitled to the hospitalization benefits listed below but only at the Insular Health Care preferred/accredited hospital and by an Insular Health Care Physician except when the confinement is due to an emergency in which case the applicable provision on Emergency Benefits apply:

1. Room and Board
 - a. In case hospitalization arises either through the advise of the Insular Health Care Medical Coordinator or by way of an "emergency" situation, Insular Health Care shall secure the room

chosen by its member using “step- ladder” system (lowest to highest).

- b. For genuine emergency cases (as defined in the Health Care Agreement) in the event that the room accommodation pre-selected by the member under his/her Insular Health Care package is not readily available, the member shall automatically be upgraded to the next higher room classification for the first TWENTY FOUR (24) HOURS and the ancillary price difference shall be borne by Insular Health Care with absolutely no obligation on the part of the member. After the first TWENTY FOUR (24) HOURS and there still is no room available under the member’s original room classification, in the succeeding days of his/her confinement, the member shall pay for the difference in room rates, doctor’s professional fees and other ancillary expenses between the higher room category and the original room category.
- c. Room amenities vary according to actual hospital set-up.

2. Services of all accredited physicians;
3. General nursing services;
4. Use of operating room;
5. Use of recovery room;
6. Anesthesia and its administration;
7. Drugs and medications for use in the hospital;
8. Oxygen and its administration;
9. Dressing, plaster cast or fiberglass cast (unless stated otherwise in the Agreement);
10. Transfusion of blood and other blood elements (except expenses for donor screening services);
11. Chemotherapy/radio therapy (including outpatient), subject to the Benefit Limit of the Program ;
12. ICU confinement (covered up to the Benefit Limit of the program) or subject to program provisions;
13. Dialysis, inclusive of outpatient dialysis, subject to the Benefit Limit of the Program;
14. Physical Therapy, inclusive of outpatient physical therapy, subject to the Benefit Limit of the program;
15. Speech Therapy covered subject to the Benefit Limit of the program;
16. Services and supplies related to the medical management of the patient;
17. Other hospital charges deemed necessary by the Insular Health Care accredited physician in the treatment of the patient subject to program provisions;
18. Ambulance services (hospital to hospital transfers, limited to P3,500 per conduction), if requested by an Insular Health Care physician;
19. Confirmatory tests [for both Inpatient and Outpatient availment], covered up to MBL, which are done for valid diagnosis. Coverage shall

be extended only up to the time the condition in question has been ruled-in/out. This does not include health conditions listed under "Permanent Exclusions."

20. Admission Kit



NOTE: Prior to discharge, filing of PhilHealth is a must for PhilHealth Members.

Procedures for Inpatient Treatment (Non-Emergency)

- Step 1** Member proceeds to an accredited/preferred hospital.
- Step 2** Member presents membership card to the Insular Health Care Coordinator or Specialist.
- Step 3** Coordinator or Specialist gives admitting orders to the member.
- Step 4** Member presents card and admitting orders to the hospital Admitting Section. The member will be admitted based on the room accommodation specified in his/her plan.

NOTE: If a member chooses to upgrade his/her room accommodation or if any additional personal request was made, corresponding charges shall be paid by the member directly to the hospital prior to discharge.

- Step 5** Once eligibility to the health care benefits under the program has been ascertained, Insular Health Care issues a Letter of Authorization to the hospital specifying all items and services covered under the Health Care Agreement. Additional charges incurred by the member should be directly settled with the hospital prior to discharge.

- Step 6** Member requests for a PhilHealth form/s from the PhilHealth Office and submits the duly accomplished form/s to the hospital's Billing or Credit Collection Dept. prior to discharge.

- Step 7** Attending Insular Health Care Physician authorizes discharge of the member.

NOTE: Insular Health Care shall not be responsible for any charges on hospital services rendered after an Insular Health Care physician has authorized discharge.



EMERGENCY CARE BENEFITS

A. Availment at Preferred and Accredited Clinic/Hospital

In case of emergency treatment/confinement at the preferred and accredited clinic/hospital the Member shall be entitled to full benefit in accordance with his/her benefit classification subject to the “General Limitations” clause, provided that the illness or condition is covered under the Agreement and provided further that the Member follows the Benefit Availment Procedures.

- Step 1** Member proceeds to Emergency Room (E.R.)
- Step 2** Member presents membership card to the E.R. staff on duty.
- Step 3** E.R. doctor assesses the member and provides the necessary treatment.
- Step 4** If hospitalization is required, member is admitted to the accommodation specified on his/her plan. If member upgrades his/her room accommodation, the difference in charges shall be to his/her account. In the event that the room accommodation pre-selected by the member under his/her Insular Health Care package is not readily available, the member shall automatically be upgraded to the next higher room classification for the first twenty four (24) hours. (Refer to Room and Board under INPATIENT BENEFITS)
- Step 5** Additional charges incurred by the member not covered under his/her Plan should be directly settled with the hospital.



B. Availment at Non-Accredited Clinic/Hospital in the Philippines

In case of emergency treatment/ confinement in a non-accredited hospital/ clinic, Insular Health Care shall reimburse up to 80% of the

usual and customary fees which the Insular Health Care preferred hospital/ clinic would charge for such treatment or confinement in accordance with the Benefits Classification of the Member or P10,000 for hospital charges and P5,000 for professional fees (or a total of P15,000), whichever is less, provided that the illness or condition is covered under the Agreement; and provided further, that the Member follows the Benefit Availment Procedures.

- Step 1** Member or a responsible party notifies Insular Health Care within twenty four (24) hours.
- Step 2** In case of hospitalization, Insular Health Care determines whether it is medically safe to transfer the member to an accredited hospital by coordinating with the attending physician.
- Step 3** If the attending physician from the non-accredited hospital authorizes the member's transfer to an accredited hospital, STEP 5-7 of INPATIENTS BENEFITS procedures will apply.
- Step 4** If the attending physician determines that it is not medically safe to transfer the member to an accredited hospital, the member shall remain hospitalized in the non-accredited hospital until the physician authorizes a discharge or transfer to the member on a specific day if, in his/her opinion, it is medically safe for the member to be discharged.
- Step 5** All expenses incurred by the member shall be directly settled with the hospital prior to discharge.
- Step 6** Member secures and accomplishes in duplicate the prescribed Insular Health Care Claim Form for reimbursement (Please refer to Reimbursements and Claims Requirements).



C. Medical Facility Outside the Philippines

In case of emergency treatment/confinement in a medical facility outside the Philippines during official business trips, Insular Health Care shall reimburse up to 80% of the usual and customary fees which the Insular Health Care preferred or accredited hospital would charge for such treatment or confinement in accordance with the Benefits Classification of the Member; or P10,000 for clinic/ hospital charges and P5,000 for professional fees (or a total of P15,000), whichever is less, provided that the illness or condition is covered under the Agreement; and provided further, that the member follows the Benefit Availment Procedures.

D. In Areas Without Accredited Providers

For Emergency and Non-Emergency Cases where Member availed services of physicians in a non-accredited hospitals/clinics, the following rules on reimbursement shall apply:

- i. If the said physician has existing Memorandum of Agreement (MOA) between their specialty society and the Association of Health Maintenance Organization of the Philippines, Inc. (AHMOPI) which is subject to periodic review by both parties, said Member will be reimbursed based on the prevailing Professional Fee (PF) for the particular specialty society at the time of availment; or
- ii. If the said physician has Accredited Agreement between Insular Health Care and their corporation, or between Insular Health Care and him/her alone, said Member will be reimbursed based on the prevailing Professional Fee (PF) at the time of availment for that particular corporation or individual physician; or
- iii. For all other specialty societies/physicians without existing MOA with AHMOPI or without Accreditation Agreement with Insular Health Care, the existing PF of Insular Health Care for the physician shall apply.

It is understood that for Emergency Cases in areas where there are no Insular Health Care accredited providers (physicians and/or hospitals) within a 30 kilometer radius from place of incidence, the Company shall reimburse subject to the program provisions 100% of hospital bill and pay the negotiated PF of physician based on the prevailing MOA between the AHMOPI and the specialty society, or between Insular Health Care and their peers in the society, or existing PF of Insular Health Care for this physician.

PRE-EXISTING CONDITIONS

An illness or condition shall be considered pre-existing if, prior to effective date of coverage:

1. Any professional advice or treatment was given for such illness or condition; or
2. Such illness or condition was in any way evident to the member; or
3. The pathogenesis of such illness or condition has already started (of which the member may not be aware of).

Examples of PEC's

The following conditions (inclusive of complications), among others, shall be considered pre-existing when occurring during the first year of coverage :

- a. Hernias
- b. All tumors and malignancies involving any body organ or system
- c. Endometriosis, Dysfunctional Uterine Bleeding
- d. Hemorrhoids
- e. Diseased tonsils requiring surgery
- f. Pathological abnormalities of the nasal septum and turbinates
- g. Thyroid Dysfunction/ Goiter
- h. Cataracts
- i. Sinus condition requiring surgery
- j. Asthma/Chronic Obstructive Pulmonary Disease
- k. Cirrhosis of the liver
- l. Tuberculosis
- m. Anal Fistula
- n. Cholelithiasis/ Cholecystitis
- o. Calculi of the urinary system
- p. Gastric or Duodenal Ulcer
- q. Hallux Valgus
- r. Collagen Disease/ Auto immune disease
- s. Diabetes Mellitus
- t. Hypertension
- u. Cardio Vascular Diseases
- v. Hormonal dysfunction
- w. Seizure disorder/ Cerebral Insufficiency/ Stroke

Pre-existing Conditions Covered

- A. PECs are not covered on the first year of coverage

- B. After the member has been continuously covered with Insular Health Care for 12 months and the Health Care Agreement is renewed, the following provisions on PECs shall apply:
1. PECs are covered provided that, such PECs are not considered part of the “Permanent Exclusions to Health Care Coverage”, and that
 - 1.a. such PEC was declared by the member in the original application;
 - 1.b. such PECs are unknown to the member (without established medical history).
 - 1.c. Conditions excluded by Underwriting
 2. Undeclared PECs with established medical history are excluded from coverage. However, said PECs may be evaluated for possible future consideration.
- C. If there is a failure to disclose or if there is misrepresentation of any material information in the original application, the Health Care Agreement is automatically invalidated under the “Invalidation of Agreement” clause.

GENERAL LIMITATIONS TO BENEFITS

The rights of the Members and obligation of Insular Health Care are subject to the following limitations:

1. Should medical facilities and/or personnel become unavailable due to a major disaster such as war, riot, civil insurrection and similar occurrences, or epidemic or labor dispute or due to circumstances beyond the control of Insular Health Care, such as complete or partial destruction of facilities, or temporary lack of hospital facilities, Insular Health Care shall not be liable for any delay or failure to provide services to the member. Insular Health Care shall, however, exert its best effort to provide services to the Member as the circumstances permit.
2. If a member avails of the latest modalities of treatment and/or diagnostic tests, the liability of Insular Health Care shall be limited to the prevailing amount of fees ordinarily charged for traditionally accepted treatment modality and/or diagnostic test. Notwithstanding this provision, Insular Health Care’s liability shall be limited to the corresponding amounts* or PEC Limits, whichever is lower, (inclusive of professional fees) in certain cases, examples are:

COMPLEX DIAGNOSTIC PROCEDURES

a.	Laparoscopic Cholecystectomy (LapChole)	COVERED UP TO MBL
b.	Extracorporeal Shock Wave Lithotripsy (ESWL) (One session per contract year)	COVERED UP TO MBL
c.	Magnetic Resonance Imaging (MRI) & Magnetic Resonance Angiogram (MRA)	COVERED UP TO MBL
d.	Computed Tomography Scans (CT Scan)	COVERED UP TO MBL
e.	Arthroscopic Surgery	COVERED UP TO MBL
f.	Nuclear Medicine Procedures	COVERED UP TO MBL
	Fa Thyroid Scan	
	Fb Thallium Scintigraphy / Thallium Stress Test	
	Fc Sestamibi Stress Test / Hexamibi	
	Fd Radioactive Isotope Scan	
	Fe HIDA Scan	
	Ff Radionuclide Renography	
	Fg Body Metastatic Survey	
	Fh Bone Scan / Imaging / Densitometry	
	Fi Dacryoscintigraphy	
	Fj Gastric Scintigraphy	
	Fk Glomerular Filtration Rate	
	Fl Liver or Spleen Imaging	
	Fm Tetro Rest and Stress	
	Fn Thyroid Imaging / Scintigraphy	
g.	Other nuclear medicine procedures not mentioned above	COVERED UP TO P5,000 PER SESSION
h.	Cryosurgery	COVERED UP TO MBL
i.	Electrocautery (ECT), paring and curettage and other related procedures in the treatment of warts, molluscum contagiosum and milia	COVERED UP TO P1000 per year
j.	Endoscopic Procedures for therapeutic purposes (except FESS)	COVERED UP TO P5,000 PER SESSION

k.	Functional Endoscopic Sinus Surgery (FESS)	COVERED UP TO MBL
l.	Gamma Knife Surgery	COVERED UP TO MBL
m.	Hysteroscopic Procedures (Myomectomy, D&C and Polypectomy)	COVERED UP TO MBL
n.	Adrenalectomy; Hernioplasty / Herniorraphy / Herniotomy; Oophorectomy / Oophorocystectomy & Laparoscopic Procedures for diagnostic purposes	COVERED UP TO MBL
o.	All other Laparoscopic Procedures for therapeutic purposes	COVERED UP P20,000 per year
p.	Laser eye procedures such as Laser Iridotomy /Iridectomy,Yag Laser, and Argon Laser	COVERED UP TO MBL (ONE SESSION PER EYE PER YEAR)
q.	All other Laser Eye Procedures for Retinal Hole, Retinal Detachment and Glaucoma except eye correction such as LASIK, Photorefractive Keratectomy and the like (one session per eye per year)	COVERED UP TO P5,000
r.	Percutaneous Ultrasonic Nephrolithotomy (one session per contract per year)	COVERED UP TO P40,000 (ONE SESSION PER YEAR)
s.	Stereotactic Brain Biopsy	COVERED UP TO P20,000 PER YEAR
t.	Transurethral Microwave Therapy of Prostate	COVERED UP TO P30,000 PER SESSION
u.	Positron Emission Tomography (PET) Scan	COVERED UP TO P5,000 PER SESSION
v.	Sleep Studies	COVERED UP TO P5000 PER YEAR
w.	Pain Management	COVERED UP TO P3,000 PER YEAR
x.	Post-operative Analgesia	COVERED UP TO P3,000 PER OPERATION
y.	Fiberglass cast	COVERED UP TO MBL
z.	Congenital limit	COVERED UP TO P25,000 PER YEAR
aa.	Deformities-scoliosis, kyphosis,spinal	COVERED UP TO P25,000 PER YEAR
bb.	Anti-rabies vaccine	1 st dose only

* Coverage is subject to provision on pre-existing conditions and/or program provisions

1. If the Member refuses to follow the recommended treatment or procedure and the Insular Health Care Physician believes that no professional acceptable alternative exists, then Insular Health Care shall no longer be responsible for providing care for the condition.
2. When a Member gets discharged against medical advice, the current and all subsequent services related to the condition for which the patient was hospitalized in the first place shall no longer be entitled to health care benefits under the program.
3. Hospital service is subject to all rules and regulations of the preferred hospital, including the rules and regulations governing admission.
4. The total health care benefits during one year term of the Agreement shall not exceed the amount referred to as Maximum Benefit Limit stated in the Data Page for the following diseases or conditions; (a) neurological; (b) Blood Dyscrasias; (c) collagen/immunologic disorders; (d) Liver Cirrhosis; (e) chronic pulmonary/renal; (f) cardiovascular; (g) cancer; (h) any condition which will necessitate the use of ICU; and (i) accidental injuries.
5. Insular Health Care may suspend a Member's benefits immediately should he/she fail to pay, after (1) month from receipt of the billing statement, all account receivables on non-covered medical or hospital charges billed to him/her by Insular Health Care.

PERMANENT or GENERAL EXCLUSIONS

No health care benefit shall be paid for the following, unless exception(s) is/are made under the Benefit Provisions/Data Pages and/or as special concession:

1. Care by non-accredited Physician and/or in a non-accredited/ non-preferred hospital/clinic, except in emergencies wherein the Emergency Provision of the Agreement shall apply;
2. All pregnancy related conditions and services;
3. Sterilization of either sex or reversal of such, artificial insemination, sex transformations, or diagnosis and treatment of infertility, and circumcision;
4. Rest cures, custodial, domiciliary or convalescent care;
5. Cosmetic surgery, dental/oral surgery, and dermatological procedures for the purpose of beautification except reconstructive surgery to treat a dysfunctional defect due to a disease or accident;
6. Psychiatric disorders, psychosomatic illnesses, hyperventilation syndrome, adjustment disorders, alcoholism and its complications or conditions related to substance or drug abuse, addiction and intoxication;

7. Organ Donor Services “for organ transplants and/or heart surgery and all services related thereto”;
8. Sexually transmitted diseases/infections;
9. Medical and surgical procedures which are not generally accepted as standard medical treatment by the medical profession;
10. Procurement or use of corrective appliances, artificial aids, durable equipment, and orthopedic prosthesis and implants;
11. Surcharges resulting from additional personal (luxuries/accommodation) request or service;
12. Physical examination required for obtaining employment, insurance, or a governmental license;
13. Injuries or illnesses due to military, paramilitary, police service, high risk activities, or those suffered under conditions of war;
14. Reimbursement of procedures obtained through government programs;
15. 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 any acts in violation of law, administrative order or ordinance;
16. Outpatient/take home medicines;
17. Valvular-Heart Disease and/or Rheumatic Heart Disease;
18. Medico-legal consultations;
19. All hospital expenses and professional fees incurred by a Member when discharged against medical advice and those subsequent expenses incurred by the said Member for the same condition and its complication after such discharge during the contract period;
20. Blood Donor screening and other screening procedures that are purely diagnostic;
21. All dental related services not expressly stipulated in the Dental Benefits Form;
22. Hypersensitivity/ Allergy Tests;
23. All hospital charges and professional fees after the day and time hospital discharge have been duly authorized;
24. Use of emergency room facilities for non-emergency cases or by reason of conditions/injuries not falling under the term “Emergency” as defined under the Agreement;
25. Diseases declared by the Department of Health (DOH) as epidemic;
26. Miscellaneous Fees not related in the diagnosis and treatment of a member's condition such as, but not limited to, “nursing fee”, waste/biological hazard disposal fee, management fee, local taxes, and other analogous fees.
27. Professional fees of Assistant Surgeons
28. All confirmatory tests used to document health conditions not covered under the plan
29. Conditions excluded by medical underwriting
30. Concealment cases

DEPENDENTS COVERAGE

Participation and Enrollment:

- Dependents should be enrolled simultaneously with principal members.
- Newly married spouse, newly born child / sibling should be enrolled within 31 days from date of qualification as a dependent.
- Accommodation / Benefits Plan of Dependents must follow a uniform category pre-established by the Client at the start of the program; and must be equal to or lower than the Principal's accommodation / benefits plan.

PHILHEALTH PROVISION

- The Agreement is integrated with benefits under PhilHealth, therefore such PhilHealth benefits to which the Member is entitled shall be deducted from the claim cost in the computation of benefits provided in the health care Program/Agreement, unless agreed otherwise, through a special endorsement in the Agreement.

In case a Member is not a PhilHealth member, he shall be charged the amount equivalent to the PhilHealth benefit. Insular Health Care shall pay only all hospital bills pertaining to availments coverable under the program in excess of the PhilHealth benefits.

REIMBURSEMENT AND CLAIMS REQUIREMENTS

A claim for reimbursement must be filed and received by Insular Health Care within sixty (60) days from the date of availment (outpatient) or discharge date (inpatient).

Processing period shall be thirty (30) days from the date of receipt by Insular Health Care of the said claim provided that the member has submitted all the necessary documents required. In case additional requirement is needed, the 30-day period shall be reckoned against the date when said additional requirement is submitted to Insular Health Care.

Requirements :

All claims for reimbursement must be submitted together with the original copy of the following documents:

OUT-PATIENT

- Medical Certificate from the attending physician
- Clinical Abstract/Clinical History
- Official Receipts of payments to physician and/or hospital
- Charge slips with breakdown of charges

IN-PATIENT

- Medical Certificate from the attending physician
- Clinical Abstract/Clinical History
- Official Receipts of payments to physician and/or hospital
- Statement of Account
- Charge Slips with breakdown of charges
- Operative Record/Surgical Procedure including histopathological report when applicable
- Police Report and/or Subrogation Report if Medico-legal case

PRESCRIPTION MEDICINE BENEFIT / DENTAL BENEFIT

- Medical Certificate from the attending physician/dentist
- Prescription
- Official Receipts indicating medicines purchased

MEMBERSHIP CARD



FRONT

BACK



INLIFE HEALTH CARE OFFICES

INSULAR HEALTH CARE HEAD OFFICE

Insular Health Care Building, 167 Dela Rosa corner Legazpi Sts., Legazpi Village, Makati City 1229, Metro Manila

Trunkline: (632) 813-0131

Fax No. : (632) 813-7903 (Office of the President)

(632) 813-7856 (Sales and Marketing)

Toll Free No.: 1-800-10-8177857

Call Center No. (24/7): 817-7857

Email Address: inquiry@insularhealthcare.com.ph

INSULAR HEALTH CARE PAMPANGA

2nd Floor Insular Life Bldg., MacArthur Highway, Dolores, City of San Fernando, Pampanga 2000

Telefax: (045) 963-0882

Mobile No.: 0917-5407749

INSULAR HEALTH CARE CEBU

2nd Floor Insular Cebu Business Center, Mindanao Avenue corner Biliran Road, Cebu Business Park, Cebu City 6000

Telephone: (032) 266-2607

Fax: (032) 266-2762

Mobile No.: 0917-5692753

INSULAR HEALTH CARE DAVAO

2nd Floor Insular Life Building, C.M. Recto Avenue, Davao City 8000

Telefax: (082) 221-6867

Mobile No.: 0917-3111391

INSULAR HEALTH CARE BACOLOD

Ground Floor Insular Life Building corner Galo and Lacson Sts., Bacolod City 6100

Telefax: (034) 432-0086

Mobile No.: 0917-3111392

HOTLINE NUMBERS

24/7 Customer Care Representatives Mobile Numbers

(0917) 537-6743 (0917) 886-1172

(0917) 886-1160 (0917) 886-2291

(0917) 886-1167 (0917) 886-4156

(0917) 886-4158

Direct Lines

Medical Services 893-5953

Networking 892-6995

Sales & Marketing 813-7855

Trunk Line: 813-0131 + local

Accounting & Treasury 8501 – 8506

Call Center 8310

Claims Processing 8301 – 8302

Clinic Services 8400 – 8406

Hospital Accreditation 8306

Medical Services 8304 & 8307 – 8309

Medical Underwriting 8303 & 8305

Members' Relations 8200 – 8209

Sales & Marketing 8100 – 8105

Fax Numbers

Medical Services 893-5953

Members' Relations 813-7856

Sales & Marketing 813-7856

Toll Free Number 1-800-10-8177857