

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 accredited 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 accredited physician

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

SALIENT FEATURES

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

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

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

II. OUT-PATIENT BENEFITS

The following services shall be provided when medically necessary:

1. Consultations during regular clinic hours, except for medicines prescribed
2. Eye, ear, nose and throat (EENT) treatment prescribed by an accredited physician/specialist
3. Treatment for minor injuries such as lacerations, mild burns, sprains and the like
4. Dressing, conventional casts (plaster of Paris) and sutures

5. X-ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an accredited physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to the amount set forth under pertinent sections below.

- Routine procedures to be covered at 100% of actual cost and to be charged against MBL:
 1. Blood Chemistries
 2. Chest X-Ray
 3. Complete Blood Count
 4. Fecalalysis
 5. Urinalysis
- Diagnostic procedures to be covered at 100% of actual cost and to be charged against MBL:
 1. 24-Hour Electro Encephalogram Monitoring
 2. Adrenocortical Function
 3. Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam
 4. Arterial Blood Gas
 5. Arthroscopic Procedures, Orthopedic Arthroscopy
 6. Audiograms and Tympanograms
 7. Bone Densitometry Scan (Dexascan)
 8. Bone Mineral Density Studies
 9. Cardiac Ambulatory Monitoring
 10. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)
 11. Computed Tomography (CT) Scans
 12. Diagnostic Angiogram: Cerebral, Coronary, Mesentric, Flourescein Angiography
 13. Diagnostic Radiographs or X-rays
 - i. Biliary Tract: Cholecystogram and Cholangiogram
 - ii. Chest, Ribs, Sternum and Clavicle
 - iii. Digestive Tract: Plain film of the abdomen, Barium Enema, Upper Gastro Intestinal (GI) Series,

- Small Bowel Series, Lower Gastro Intestinal Series
- iv. Face (including sinuses), Head and Neck
- v. Urinary Tract: Kidney Ureter Bladder (KUB), Pyelograms, Cystograms
- vi. X-ray of the extremities and pelvis
- vii. X-ray of the Spine (cervical, thoracic, lumbo-sacral)
- 14. Diagnostic Ultrasounds:
 - i. 2D-Echo with Doppler
 - ii. Abdomen
 - iii. Duplex Scan
 - iv. Digestive and Urinary Systems
 - v. Ultrasound of the Lungs
- 15. Electro Encephalogram (EEG)
- 16. Electromyography & nerve conduction velocity studies
- 17. Endoscopic Procedures
- 18. Flourescein Angiography
- 19. Impedance Plethysmography
- 20. Lead Electrocardiogram
- 21. Magnetic Resonance Angiography (MRA)
- 22. Magnetic Resonance Imaging (MRI)
- 23. Mammogram and Sonomammogram
- 24. Microscopic Examinations
- 25. Myelogram
- 26. Nuclear Radioactive Isotope Scan
- 27. Pap's Smear
- 28. Perfusion Scan
- 29. Plasma Urinary Cortisol, Plasma Aldosterone
- 30. Polysomnograms (Sleep Recording)
- 31. Pulmonary Function tests
- 32. Radioisotope Scans and Function Studies:
 - i. Cardiac
 - ii. Gastrointestinal
 - iii. Liver
 - iv. Parathyroid, Bone, Pulmonary (Perfusion, Ventilation Lung Scans)
 - v. Renal
 - vi. Thyroid Scans
 - vii. Total Body Scans
- 33. Radionuclide Ventriculography
- 34. Surface Electromyography (SEMG)
- 35. Thallium Scintigraphy
- 36. Treadmill Stress Test (TMST)
- 37.
- Therapeutic procedures shall be covered at 100% of actual cost and to be charged against MBL up to twelve (12) sessions per member per year
 - 1. Dialysis
 - 2. Intravenous Chemotherapy
 - 3. Therapeutic Radiology
 - i. Brachytherapy
 - ii. Cobalt
 - iii. Linear Accelerator Therapy
 - iv. Radioactive Cesium
 - v. Radioactive Iodine
 - 4. Physical therapy / Occupational therapy (shared limit) excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like. (Therapy of one (1) body area shall be considered as one (1) session.)
 - 5. Minor surgery not requiring confinement prescribed by an accredited physician/specialist
 - 6. Eye laser therapy for retinal tear, retinal hole, retinal detachment & glaucoma prescribed by an accredited physician/specialist up to Php10,000 per eye per member per year. Eye correction such as Lasik, PRK and the like are not covered.
 - 7. Electrocauterization of skin lesions such as plantar warts, flat warts, periungual warts, filiform warts and molluscum contagiosum, in any part of the body, except genital warts and condyloma acuminata, prescribed by an Accredited Physician/Specialist shall be covered up to Php1,000 per member per year.

8. Sclerotherapy for varicose veins (except medicines and for cosmetic purposes) as prescribed by an accredited physician up to Php5,000 per leg per member per year to be availed through accredited vascular surgeons
9. Allergy testing / allergy screening and other related examinations prescribed by an accredited physician up to Php2,500 per member per year
10. Speech therapy (for stroke patients only) shall be covered as charged but on reimbursement basis up to Php10,000 per member per year. Consultations shall be part of the limit and treated as sessions for purposes of determining coverage
11. Tuberculin test up to Php600 per member per year

III. EMERGENCY CARE

Accredited Hospital

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

Non-Accredited Hospitals

- **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.

- **Areas without accredited hospitals within the Philippines**

Maxicare shall reimburse 100% of the total hospital bills and Professional fees based on Maxicare rates.

- **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 accredited hospital to another accredited hospital up to MBL and Php2,500 per conduction if it is from a non-accredited Hospital to an accredited 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-accredited hospital to the accredited 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**
- **CBC (Complete Blood Count)**
- **Routine Urinalysis**
- **Routine Fecalalysis**
- **Chest X-ray (PA and Lateral)**
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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. Member must notify Maxicare's Customer Care Department (CCD) at least one (1) month prior to 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. Annual Oral/Dental Examinations & Consultation
2. Emergency Dental Treatment
3. Annual Oral Prophylaxis
4. Simple Tooth Extractions
5. Restorative and Prosthodontic Treatment Planning
6. Permanent fillings up to 2 fillings per year
7. Unlimited temporary fillings, as needed
8. Desensitization of hypersensitive teeth – 2 per year
9. Simple adjustment of dentures
10. Recementation of loose crowns, inlays or on-lays
11. Dental nutrition and dietary counseling
12. Dental Health Education

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

VII. ADDITIONAL BENEFITS

- Life coverage with Accidental Death & Dismemberment up to Php50,000
- Motor vehicular accidents shall be covered up to MBL.
- Scoliosis including necessary procedures, except physical therapy sessions, shall be covered up to Php20,000 per member per year. Physical Therapy sessions shall form part of the Physical therapy /Occupational therapy limits.
- Congenital illness, except physical therapy sessions and developmental disorders, shall be covered up to Php20,000 per member per year. Physical Therapy sessions shall form part of the Physical therapy /Occupational therapy limits.
- Congenital hernia shall be covered up to MBL.
- Consultations for Chronic Dermatoses shall be covered up to MBL.
- Medically necessary Modalities and Procedures are covered up to Php5,000 whether done thru in-patient or out-patient (shared limit). Complete list of modalities will be available on the membership agreement upon enrollment and activation.

Please note that other medically necessary procedures/modalities that are not readily available in the major tertiary hospitals, costly relative to more conventional procedures and relatively new or recently introduced in the Philippines, such as but not limited to Capsule Endoscopy, CT Pulmonary

Angiography, etc. shall also be covered up to Php5,000 per procedure per member per year. Should you wish to have details or list of hospitals that cater to these procedures, you may contact us for information/reference.

- Transurethral Microwave Therapy of Prostate covered up to Php25,000 per member per year

VIII. VALUE ADDED FEATURES

MAXICARE'S INTERNATIONAL ASSISTANCE PROGRAM

Maxicare has partnered with Insurance Company of North America (A Chubb Company) for frequent travelers throughout the year under One Policy.

Benefits:

1. **Medical Necessary Expense**
2. **Emergency Medical Evacuation**
3. **Repatriation Expense**
4. **Personal Accident**
5. **Funeral Expenses Benefit/Accident Burial Benefit**
6. **Worldwide Travel Assistance**
7. **Automatic Extension**
8. **Delivery of Medicine**
9. **Credit Card Indemnity**
10. **Chubb Travel Smart Application**

24-Hour Emergency Medical Accident Assistance Services

- Telephone Medical Assistance
- Medical Service Provider Referral
- Arrangement of Appointments with Local Doctors for Treatment
- Arrangement of Hospital Admission
- Guarantee of Medical Expenses Incurred during Hospitalization
- Monitoring of Medical Condition During and After Hospitalization
- Arrangement of Emergency Medical Evacuation
- Arrangement of Emergency Medical Repatriation
- Arrangement of Transportation of Mortal Remains
- Arrangement of Compassionate Visit

24-Hour Travel Assistance Services

- Emergency Message Transmission Assistance
- Legal Referral
- Inoculation and Visa Requirement Information
- Interpreter Referral
- Lost Luggage Assistance
- Lost Passport Assistance
- Embassy Referral
- Weather and Foreign Exchange Information Services

**CHUBB 24-HOUR EMERGENCY HOTLINE:
(632) 328-2460**

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 CONDITONS

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	15,000
Gold	10,000
Silver	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	15,000
Gold	10,000
Silver	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
- 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, Aortic Dissection, Abdominal Aortic Aneurysm and Peripheral Vascular Disease and its complications such as but not limited to Buerger's Disease
- 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)
- 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 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/Encephalitides, Demyelinating Neurologic diseases and its complications/sequelae and Peripheral Nervous Ssystem Disorders/disease
- 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:

- a) All benign tumors
- b) Anal Fistulae
- c) Cervical Polyps (if benign biopsy)
- d) Conjunctivitis (except chemical, complicated)
- e) Endometrioses/Controlled Dysfunctional Uterine Bleeding (except if caused by uterine malignancies)
- f) Hemorrhoids
- g) Hepatitis A
- h) Gastritis, Duodenitis or Uncomplicated Gastric / Duodenal Ulcer
- i) Inactive Pulmonary Tuberculosis
- j) Migraine
- k) 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.
- l) Non-Toxic Goiter (if uncomplicated)
- m) Ovarian cysts Uncomplicated Cholecystitis, Cholelithiasis
- n) Uncomplicated Hernias (Congenital Hernia will have coverage as listed in the Congenital Clause)
- o) Uncomplicated Hypertension
- p) Uncomplicated Urinary Tract Infection, Stones/Calculi
- q) Urinary Incontinence

X. AVAILMENT PROCEDURES

1. Out-patient

- a) To avail of consultations or treatment, go to any Maxicare Accredited Clinics/Hospitals or Maxicare Primary Care Centers (PCC).
- b) Member goes to the POS terminal in the hospital/clinic (Billing/ER/Admitting section) or at the PCC.
- c) Hospital staff swipes the member's swipe card. The Letter of Eligibility (LOE) will be given to the member with his Maxicare card.

Please note that the LOE is valid only on the same date that it was swiped. Availment/s made on different dates will need an LOE per date.

- d) Member proceeds to the Medical Coordinator's clinic and presents his LOE and Maxicare card for consultation.
- e) If referred to an accredited specialist, secure LOE and **Referral Slip*** from the Medical Coordinator/ PCC.
- f) Present Maxicare ID Card, LOE and Referral Slip to accredited specialist to avail of consultation.

- g) If member is requested to take a laboratory test, secure the **Laboratory Slip*** from the Medical Coordinator/ PCC.
- h) Proceed to the laboratory and present the laboratory slip with the LOE and avail of the test.
- i) For follow-up consultations, follow steps 1-5 to secure LOE and referral slip/ laboratory slip from Maxicare Centers and/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 **582-1900**.

2. In-patient

- a) Secure an **Admitting Order** from a Maxicare Accredited Specialist.
- b) Coordinate with the admitting section and coordinator in the hospital for **room reservation**
- c) If possible, call Maxicare at least 24 hours prior to admission for assistance in securing the doctor
- d) Member goes to the **Admitting Section** in the hospital and **presents his/her Maxicare swipe card and admitting order** from the Maxicare Coordinator/ Specialist to the admitting staff.
- e) Once the LOE is generated by the hospital staff, the member will be asked to sign on it. This will be attached to the other admitting documents.
- f) Proceed to the **reserved room entitled or operating room** (for operation)
- g) Maxicare will issue the Letter of Authority (LOA) upon receiving hospital's advice on the member's confinement.
- h) Member must file Philhealth on or before discharge.
- i) All uncovered and excess charges must be settled by the member upon discharge.

Note: For queries and assistance, call Maxicare Hotline: **582-1900**

3. Emergency Care

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.

The Member must notify MAXICARE HEAD OFFICE, thru the Customer Care Department, WITHIN 24 HOURS so that proper assistance is promptly rendered.

o Accredited Hospital

- 1. Go to the Emergency Room of nearest accredited hospital.
- 2. Avail of treatment at Emergency Room.

3. Present Maxicare ID Card to ER Staff. ER Personnel will facilitate swiping for the LOE.
4. File Philhealth before discharge.

Note: Settle charges not covered by Maxicare at the Billing Section once the Discharge Order is issued by the attending doctor

o **Non-Accredited Hospital**

1. Member may proceed to the Emergency Room of nearest hospital.
2. Avail treatment at the Emergency Room.
3. Call Maxicare within 24 hours to arrange transfer to an accredited hospital.
4. Settle all ER fees and secure Medical Certificate, Official Receipts, etc.
5. Forward all original documents to Maxicare for reimbursement within 30 days upon discharge.

XI. ENROLLMENT PROCESS AND GUIDELINES

1. Fill out the IFG 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. Member will receive 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 is 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-accredited physicians in non-accredited hospitals or clinics;
 - b. Non-accredited physicians in accredited hospitals or clinics;

- c. Accredited physicians in non-accredited hospitals or other non-accredited healthcare facility.
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; and
 - 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 negligence, unauthorized use of prohibited or regulated drugs, alcoholic liquor intake, direct or indirect participation in the commission of a crime whether consummated or not, violation of a law or ordinance or unnecessary exposure to imminent danger, knowingly or unknowingly or hazard to health, by the member. Maxicare may, in its discretion, rely on Police and Doctor's report in evaluating such claim.
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 chirotherapy 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 artificial limbs, hearing aids, intraocular lens, eyeglasses, contact lenses, braces, crutches, pacemaker, pins, screws, plates, wires, balloons, valves, knee-tibial insert for total knee arthroplasty, orthopedic internal fixator/fixation systems, orthopedic external fixator/fixation systems, bone screws and plates, vascular grafts/stents, intravascular catheters, myringotomy tube.
18. Take-home medicine and outpatient medicine except
 - a. chemotherapy medicine
 - 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 and any combat-related activities while in military service.
24. Sexually transmitted diseases, genital warts, AIDS and AIDS related diseases.
25. 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 Guillain-Barre Syndrome, Diabetes and its complications (if pre-existing), Complicated Hypertension (e.g. those with history of stroke, myocardial ischemia or infarction and poor kidney function), and all malignant tumors (if pre-existing).
26. Treatment for Chronic Dermatoses, except Scabies.
27. Infectious diseases (i.e. Avian Flu, Meningococemia, 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. Animal bite/scratch/lick or snake bite including its complications.
30. Benefits covered by Philhealth, and all other government funded healthcare entitlements as provided for by law.
31. Laser procedures/treatments.
32. Speech therapy for developmental and congenital diseases.
33. Weight reduction programs, surgical operation or procedure for treatment of obesity, including gastric stapling or balloon procedures and liposuction.
34. Routine, diagnostic, therapeutic and other procedures of the same or similar nature not otherwise specified in this Agreement
35. Cost of vaccines and immunization including its administration.
36. Cost of medico-legal cases.
37. All screening tests if patient is
 - a. asymptomatic, no clinical signs and symptoms;
 - b. no previous history of the disease for which the test is requested for; and
 - c. personal request of the member which may fall under the above reasons.
38. Treatment of work-related injuries of high-risk occupations such as but not limited to construction workers, miners, loggers and drillers.
39. Cost of the medical services and professional fees in excess of the MBL.

40. All cases of assault whether provoked or unprovoked, whether initiated by the member or by a known or unknown third party.
41. Open heart surgeries, angioplasties, valvuloplasties, permanent pacemaker, balloon valvuloplasties, percutaneous intra-aortic balloon counter pulsation and balloon atrial septostomy.
42. Home service.
43. Additional modalities and procedures not specified in this Agreement, in excess of Php 5,000.
44. Multiple sclerosis, epilepsy and seizures.
45. Neurologic degenerative diseases such as but not limited to Alzheimer's disease, Parkinson's disease, Amyotrophic lateral sclerosis and others Intravenous Immunoglobulin (IVIG)

OTHER PROVISIONS:

CUT OFF DATES

For Individual and Family

PAYMENT RECEIVED or Official Receipt dates	EFFECTIVE DATE
1 st to the 15 th of the month	1 st of the following month
16 th to 30 th / 31 st of the month	16 th of the following month

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.

REINSTATEMENT

A member whose coverage has lapsed for failure to pay the membership fee on the due date may apply to reinstate his or her coverage within forty-five (45) calendar days from the date it is considered lapsed by (a) submitting a written request for reinstatement; (b) paying the membership fee due with arrears, including 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, provided however that there shall be no coverage of any benefit to the reinstated member within 30 calendar days from the effective date of reinstatement.

If the membership fees due including five hundred pesos (Php500) remain unpaid within forty-five (45) days from the date it is considered lapsed, Maxicare reserves the right to suspend all services under this Agreement until full payment of all fees have been paid and settled.

After the forty-five (45) days of non-payment of membership fees, Maxicare reserves the right to disapprove reinstatement and will require the member to re-apply.

***May change without prior notice**

2021 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 member 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	2021 Rates		
	Annual	Semi-Annual	Quarterly
Standard Dental Benefit	387	209	108

2021 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 member 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	2021 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. : 88888-999 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

CENTURIA

Unit 933, Centuria Medical Makati, Century City, Kalayaan Ave. cor. Salamanca St. Brgy. Poblacion, Makati City
Contact Nos: 8793-8652 / 8863-0618
Clinic Hours: Monday – Friday 8am-5pm
(Closed during Saturdays and Holidays)

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

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 Street, 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

International Assist Hotline: (02) 8328 2460

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