

HOMEBASED

ADVANTAGE

MAXIMUM BENEFIT LIMIT (MBL)	PHP 200,000.00/ILLNESS/YEAR
PRE-EXISTING CONDITIONS	COVERED/WAIVED, FULL
PHILHEALTH BENEFIT	INCLUSIVE FOR ALL
MindCare and Counselling	Covered up to 12 sessions subject to MBL of MindCare Counselling thru DigIMed
COVID Care Coverage	<ol style="list-style-type: none"> Guaranteed coverage on COVID-related illnesses up to MBL. Outright RT PCR coverage is subject to existing guidelines and in designated facilities identified by PhilCare. Coverage on adverse effects of COVID vaccination subject to account benefits and limitations, especially pertaining to pre-existing and congenital conditions coverage.

HIERARCHY OF DEPENDENTS		
FOR SINGLE PRINCIPAL MEMBERS	FOR SINGLE PARENT PRINCIPAL MEMBERS	FOR MARRIED PRINCIPAL MEMBERS
<p>HIERARCHY: You are required to enroll dependents in this order:</p> <p>First: Your parents Second: Your siblings (starting from oldest to youngest)</p>	<p>HIERARCHY: You are required to enroll dependents in this order:</p> <p>First: Your children (starting from oldest to youngest) Second: Your parents</p>	<p>HIERARCHY: You are required to enroll dependents in this order:</p> <p>First: Your legal spouse Second: Your children (starting from oldest to youngest)</p>
<p>ELIGIBILITY CRITERIA</p> <p>Parents must:</p> <ul style="list-style-type: none"> not be older than sixty-five (65) years old not be employed or working for an income <p>Siblings must:</p> <ul style="list-style-type: none"> be at least fifteen (15) days old not be more than twenty-one (21) years old be unmarried not be employed or working for an income be fully dependent upon the Principal Member for support 	<p>ELIGIBILITY CRITERIA</p> <p>Children must:</p> <ul style="list-style-type: none"> be at least fifteen (15) days old not be more than twenty-one (21) years old be unmarried not be employed or working for an income be fully dependent upon the Principal Member for support <p>Parents must:</p> <ul style="list-style-type: none"> not be older than sixty-five (65) years old not be employed or working for an income 	<p>ELIGIBILITY CRITERIA</p> <p>Legal spouse must:</p> <ul style="list-style-type: none"> not be older than sixty-five (65) years old <p>Children must:</p> <ul style="list-style-type: none"> be at least fifteen (15) days old not be more than twenty-one (21) years old be unmarried not be employed or working for an income be fully dependent upon the Principal Member for support

SERVICES/BENEFITS	COVERAGE/LIMIT
ANNUAL PHYSICAL EXAMINATION	
On-Site	Covered
Physical Examination	Covered
Taking of Medical History	Covered
Complete Blood Count (CBC)	Covered
Urinalysis	Covered
Fecalysis	Covered
Chest X-Ray	Covered

PREVENTIVE HEALTH CARE	
Passive and Active vaccines	Covered up to the aggregate limit of Php 20,000.00 per member per year cost of vaccines (including immunoglobulin) for treatment of tetanus and animal bites as well as snake bites; and its administration
Health education and counseling on diets or exercise	Covered subject to MBL
Health habits and Family Planning counseling	Covered subject to MBL

OUT-PATIENT (OP) CARE	
Consultation and treatment prescribed by an affiliated physician or specialist	Covered subject to MBL
Pre and Post Natal Consultation/Covered subject to MBL	Covered except laboratory and diagnostic procedure
Treatment for minor injuries and minor surgery except for outpatient medicines	Covered subject to MBL
Dressings, conventional casts (plaster of Paris), and sutures	Covered subject to MBL
X-rays, laboratory, and diagnostic examinations, and other medical; services related to the treatment of the illness of the patient	Covered subject to MBL
Laser Eye therapy only for retinal tear, retinal hole, retinal detachment, and glaucoma prescribed by an Affiliated Physician/Specialist., excluding eye correction such as Lasik, PRK and the like	Covered up to Php 10,000/eye/member/year except for correction of EOR such as myopia, astigmatism, and hyperopia
Electrocauterization of skin lesions such as plantar warts, flat warts, perianal warts, filiform warts, and molluscum contagiosum, in any part of the body prescribed by an Affiliated Physician/Specialist as Medically Necessary to be removed.	If medically necessary and for therapeutic purposes (e.g., plantar warts, etc.) covered up to MBL; If cosmetics, - on reimbursement up to Php 2,000.00 per member per year (face down). Genital warts and condyloma acuminata are not covered. Anesthetics and other medications related to any procedure shall not be covered by PhilCare.
Cauterization of Warts prescribed by an Affiliated Physician/Specialist except for genital warts and condyloma acuminatum	

Sclerotherapy for varicose veins (except medicines and cosmetic purposes) as prescribed by an Affiliated Physician, to be availed through affiliated vascular surgeons	Covered up to Php 5,000.00 per leg per member per year
Allergy Testing/allergy screening and other related examinations prescribed by an Affiliated Physician (cost of allergens is not covered)	Covered up to Php 2,500.00/member/year
Tuberculin Test for diagnostic purposes; not covered if for screening purposes	Covered up to Php 600.00/member/year
Cataract extraction except the cost of lens	Covered as prescribed by the attending physician subject to MBL
Speech therapy secondary to stroke/myocardial infarction	Covered on reimbursement up to Php 10,000/member/year

IN-PATIENT (IP) SERVICES	
Room and Board Accommodation	Subject to the Member's Room and Board limit
Use of the operating room, Intensive Care Unit (ICU), isolation room (if prescribed by attending Accredited Physician), and recovery room	Covered subject to MBL
Professional fees in accordance with PhilCare Schedule of Rates	Covered subject to MBL
<ol style="list-style-type: none"> Attending Physicians Surgeons Anesthesiologists Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery. Except for CP clearances for all elective surgical procedures 	
Standard Nursing Services	Covered subject to MBL
Medicines for in-patient use	Covered subject to MBL
Blood products transfusions and intravenous fluids, including blood screening and cross-matching if the member patient is the recipient, but excluding expenses for donor screening services	Covered subject to MBL including the cost of blood screening
X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures incidental to confinement	Covered subject to MBL
Dressings, conventional casts (plaster of Paris) and sutures	Covered subject to MBL
Anesthesia and its administration	Covered subject to MBL
Oxygen and its administration	Covered subject to MBL
Standard Admission Kit	Covered subject to MBL
All other items directly related to the medical management of the patient, as deemed medically necessary by the attending Accredited Physician	Covered subject to MBL

SPECIAL MODALITIES OF TREATMENT	
<i>(Shared limit for OP and IP; Professional Fees, Hospital Bills, and other incidental expenses relative to the procedure shall form part of the limit)</i>	
<i>The following procedures and modalities are subject to the inner limits when specified, otherwise Actual Cost, subject to MBL.</i>	
Angiography	Covered subject to MBL if related to dread disease
Angiogram and/or Angioplasty/Coronary Artery Bypass Graft	Covered subject to MBL
Cryosurgery	Covered subject to MBL Limited to once per contract year
Gamma Knife Surgery	Covered subject to MBL
Hysteroscopic Myoma Resection	Covered subject to MBL
Hysteroscopic guided D&C	Covered subject to MBL
Laparoscopic Adrenalectomy (Unilateral)	Covered subject to MBL
Laparoscopic Adrenalectomy (Bilateral)	Covered subject to MBL
Laparoscopic Cholecystectomy	Covered subject to MBL
Laparoscopy	Covered subject to MBL / Subject to prevailing rate/RUV of conventional method or subject to MBL, whichever is lower.
Lithotripsy	Covered subject to MBL Limited to once per contract year
Percutaneous Ultrasonic Nephrolithotomy	Covered subject to MBL Limited to once per contract year
Stereotactic Brain Biopsy	Covered subject to MBL
Scalpel Hemorrhoidectomy	Covered subject to MBL
Stapled Hemorrhoidectomy	Covered up to Php 5,000.00/member/year
Mammotome	Covered up to Php 5,000.00/member/year
4D Ultrasound except for maternity-related cases	Covered up to Php 5,000.00/member/year
Botox which is not cosmetic in nature nor for beautification purposes	Covered up to Php 5,000.00/member/year
CT Pulmonary Angiography	Covered up to Php 5,000.00/member/year
Photodynamic Therapy	Covered up to Php 5,000.00/member/year
Sleep Study	Covered subject to MBL
Transurethral Microwave Therapy of Prostate	Covered subject to MBL Limited to once per contract year
Ureterolithripsy	Covered subject to MBL Limited to once per contract year
Pelvic Laparoscopy (for endometriosis)	Covered subject to MBL
Other medically necessary modalities not mentioned above and those for which there are no comparable, conventional, or traditional counterparts	Covered up to Php 5,000.00 per procedure per member per year
<i>If a Member avails of the special modalities of treatment and/or diagnostic tests, the liability of PhilCare shall be limited to the prevailing costs of hospital bills, professional fees, and related expenses ordinarily charged for traditionally accepted treatment modality and/or diagnostic tests. Notwithstanding this provision, PhilCare's liability shall be limited to the amounts specified in the Schedule of Benefits of the Agreement.</i>	

EMERGENCY CARE	
In Affiliated Hospitals	
a. Physician's services - Affiliated	Subject to Maximum Benefit Limit
b. Emergency Room Fees	Subject to Maximum Benefit Limit
c. Medicines used for immediate relief during treatment	Subject to Maximum Benefit Limit
d. Oxygen, Intravenous fluids, and blood products	Subject to Maximum Benefit Limit
e. Dressings, conventional casts (plaster of Paris) and sutures	Subject to Maximum Benefit Limit
f. X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient	Subject to Maximum Benefit Limit
In Non-Affiliated Hospitals	Reimbursable up to 100.00% of hospital bills & professional fees based on PhilCare rates up to Php 30,000.00 per availment
Outside the Philippines	Reimbursable up to 100.00% of hospital bills & professional fees based on PhilCare rates up to Php 30,000.00 per availment

Areas without Affiliated Hospital (No affiliated hospitals within 50-km radius of the location of the incident)	Reimbursable subject to PhilCare rates up to Maximum Benefit Limit
Ambulance Land Transfer (Non-Affiliated Hospital/ Clinic to Affiliated Hospital/Clinic, Affiliated Hospital/Clinic to Affiliated Hospital/Clinic) if within Metro Manila	Covered provided that case is fully coordinated with PhilCare-accredited ambulance provider. Otherwise, via reimbursement up to Php 2,500.00 per conduction
Initial treatment of Animal bites except for the cost of vaccines	Covered for the first 24 hrs. from the time of bite subject to MBL
ADDITIONAL BENEFITS	
Blood Chemistries	Covered if medically indicated subject to MBL if related to dread disease
Congenital anomalies and conditions and their complications	Covered outright up to Php 40,000.00 per congenital disorder per year except for physical therapy sessions and developmental disorders.
Congenital Hernia	Covered subject to MBL
Epilepsy, Seizure Disorder	Covered subject to MBL
Hepatitis B except vaccines and screening, if acquired	Covered subject to MBL if acquired and not related to STD. Screening test not covered.
Hepatitis C	Covered subject to MBL (if acquired & not related to STD or excluding STD). Screening test not covered.
Scoliosis (whether pre-existing, congenital, or acquired) including necessary procedures, except physical therapy sessions	Covered up to Php 40,000.00/member/year
Sports-related injuries	Covered subject to MBL/ if extreme sports not covered
Unprovoked Assault, including domestic violence, whether initiated by the Member or by a known or unknown third party	Covered subject to MBL
BENEFITS COVERED WHETHER OUT-PATIENT OR IN-PATIENT	
DIAGNOSTIC PROCEDURES	
Lead Electrocardiogram	Covered as prescribed by the attending physician subject to MBL
24-hour Electroencephalogram (EEG) Monitoring	Covered up to Php 5,000.00/member/year
24-hour Holter Monitoring	Covered as prescribed by the attending physician subject to MBL
Adrenocortical Function	Covered as prescribed by the attending physician subject to MBL
Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered as prescribed by the attending physician subject to MBL
Arterial Blood Gas	Covered as prescribed by the attending physician subject to MBL
Arthroscopic Procedures, Orthopedic Arthroscopy	Covered as prescribed by the attending physician subject to MBL
Audiograms and Tympanograms	Covered as prescribed by the attending physician subject to MBL
Bone Densitometry Scan (Dexascan) without nuclear or radioisotope	Covered as prescribed by the attending physician subject to MBL
Bone Mineral Density Studies	Covered as prescribed by the attending physician subject to MBL
Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	Covered as prescribed by the attending physician subject to MBL
Diagnostic Radiographs:	
a. Biliary tract: Cholecystogram and Cholangiogram	Covered as prescribed by the attending physician subject to MBL
b. Chest, ribs, sternum, and clavicle	Covered as prescribed by the attending physician subject to MBL
c. Digestive: Plain film of the abdomen, Barium Enema, Upper Gastrointestinal (GI) Series, lower GI Series, Small Bowel Series	Covered as prescribed by the attending physician subject to MBL
d. Face (including sinuses), Head and Neck	Covered as prescribed by the attending physician subject to MBL
e. Urinary: Kidney, Ureter, and Bladder (KUB) Pyelograms and Cystograms	Covered as prescribed by the attending physician subject to MBL
f. X-ray of the extremities and pelvis	Covered as prescribed by the attending physician subject to MBL
g. X-ray of the spine (cervical, thoracic, lumbosacral)	Covered as prescribed by the attending physician subject to MBL
Diagnostic Ultrasounds:	
a. 2D-Echo with Doppler	Covered as prescribed by the attending physician subject to MBL
b. Abdomen	Covered as prescribed by the attending physician subject to MBL
c. Duplex Scan	Covered as prescribed by the attending physician subject to MBL
d. Digestive and Urinary Systems	Covered as prescribed by the attending physician subject to MBL
e. Ultrasound of the Lungs	Covered as prescribed by the attending physician subject to MBL
Electromyography and Nerve Conduction Studies	Covered as prescribed by the attending physician subject to MBL
Computed Tomography Scans	Covered as prescribed by the attending physician subject to MBL
Electroencephalogram (EEG) Monitoring	Covered as prescribed by the attending physician subject to MBL
Endoscopic Procedures	Covered as prescribed by the attending physician subject to MBL
Esophageal Manometry	Covered up to Php 5,000.00/member/year
Fluorescein Angiography	Covered as prescribed by the attending physician subject to MBL
Impedance Plethysmography	Covered as prescribed by the attending physician subject to MBL
Magnetic Resonance Angiography (MRA)	Covered as prescribed by the attending physician subject to MBL
Magnetic Resonance Imaging (MRI)	Covered as prescribed by the attending physician subject to MBL
Mammogram and Sonomammogram	Covered as prescribed by the attending physician subject to MBL
Myelogram	Covered as prescribed by the attending physician subject to MBL
Neuroscan	Covered subject to MBL
Nuclear/Radioactive Isotope Scan	Covered subject to MBL
Pap's Smear	Covered as prescribed by the attending physician subject to MBL
Perfusion Scan	Covered as prescribed by the attending physician subject to MBL
Plasma Urinary Cortisol, Plasma Aldosterone	Covered as prescribed by the attending physician subject to MBL
Polysomnograms (Sleep Recording)	Covered as prescribed by the attending physician subject to MBL
Positron Emission Tomography (PET) Scan	Covered up to Php 5,000.00/member/year
Pulmonary Function Tests	Covered as prescribed by the attending physician subject to MBL
Radioisotope Scans and Function Studies:	
a. Cardiac	Covered as prescribed by the attending physician subject to MBL
b. Gastrointestinal	Covered as prescribed by the attending physician subject to MBL
c.	Covered as prescribed by the attending physician subject to MBL
d. Parathyroid Bone, Pulmonary (Perfusion/ Ventilation Lung Scans)	Covered as prescribed by the attending physician subject to MBL
e. Renal	Covered as prescribed by the attending physician subject to MBL
f. Thyroid Scans	Covered as prescribed by the attending physician subject to MBL

g. Total Body Scans	Covered as prescribed by the attending physician subject to MBL
Radiionuclide Ventriculography	Covered as prescribed by the attending physician subject to MBL
Surface Electromyography (SEMG)	Covered as prescribed by the attending physician subject to MBL
Thallium Scintigraphy	Covered as prescribed by the attending physician subject to MBL
Treadmill Stress test (All types except Cardiac and Nuclear Treadmill Stress Tests)	Covered as prescribed by the attending physician subject to MBL
THERAPEUTIC PROCEDURES	
Anti-neoplastic Chemotherapy (IM/IV)	Covered subject to MBL
Continuous Positive Airway Pressure (CPAP) titration for sleep study	Covered up to Php 5,000.00 if related to dread disease
Conventional Hemorrhoidectomy	Covered subject to MBL
Dialysis	Covered subject to MBL
Oral anti-neoplastic chemotherapy	Covered subject to MBL
Physical Therapy/Occupational Therapy	(IP) Covered subject to MBL excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation, and the like (OP) Covered up to shared/aggregate limit up to 12 sessions for PT and OT or up to available MBL whichever comes first. Therapy of one (1) body area shall be considered as one (1) session excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation, and the like
Radiotherapy	Covered subject to MBL
Therapeutic Radiology:	
a. Brachytherapy	Covered subject to MBL
b. Cobalt	Covered subject to MBL
c. Linear Accelerator Therapy	Covered subject to MBL
d. Radioactive Cesium	Covered subject to MBL
e. Radioactive Iodine	Covered subject to MBL
Intensified Modulated Radiotherapy	Covered up to Php 5,000.00/member/year

MATERNITY BENEFITS	
280-DAY WAITING PERIOD	COVERED FOR ALL FEMALE MEMBERS
COVERED MEMBERS	ALL FEMALE EMPLOYEES
<i>PhilCare shall cover the hospital bills and professional fees incurred by covered Member for maternity services/procedures, up to the following limit:</i>	
In Network	
• Normal Delivery	Php 5,000.00
• Caesarian Delivery	Php 5,000.00
• Miscarriage	Php 0.00
• Abortion	Php 0.00
• Complication of Pregnancy	Php 0.00
• Abnormal Pregnancies	Php 0.00
• Other Limit	Php 5,000.00
Out Network	
• Normal Delivery	Php 5,000.00
• Caesarian Delivery	Php 5,000.00
• Miscarriage	Php 0.00
• Abortion	Php 0.00
• Complication of Pregnancy	Php 0.00
• Abnormal Pregnancies	Php 0.00
• Other Limit	Php 5,000.00
Type of Availment	Maternity Assistance (Covered on reimbursement basis once per contract year)
280 days Waiting Period. Maternity benefit shall only be available to eligible Member after she has been continuously covered under the agreement for a period of 280 days	Applicable
Laboratory procedures/workups	Not Covered
Charges incurred by the newborn child are not covered.	

DENTAL BENEFITS	
<i>No reimbursement. To be availed only through PhilCare accredited dental clinics.</i>	
Annual dental exam and consultation	
Emergency OP dental treatment is to be availed at accredited dental clinics only.	
Oral prophylaxis once a year	
Simple tooth extractions	
Restorative and prosthodontic treatment planning	
Temporary fillings- unlimited as needed	
Desensitization of hypersensitive teeth	
Simple adjustment of dentures	
Recementation of loose crowns, inlays, and onlays	
Dental nutrition and dietary counseling	
Dental health education	
Pre-natal check of teeth and gums	
Temporo mandibular joint consultation	
Gum treatment for Cases like inflammation or bleeding	
(2) light cure filling per tooth	