



NATIONAL HEALTH SHIELD PROGRAM FOR GOVERNMENT INSTITUTION

(Minimum of 500 members)

I. FIVE-POINT HEALTHCARD BENEFITS

PREVENTIVE HEALTH CARE

Package of Annual Physical Examination (APE) at Kaiser Designated Clinics. **(For Principals only)**

- a. Complete Blood Count
- b. Urinalysis (Urine examination)
- c. Fecalalysis (Stool examination)
- d. Chest X-Ray
- e. Electrocardiogram (adults age 40 and above, or if prescribed)
- f. Pap Smear (Women age 40 and above, or if prescribed)

IN-PATIENT CARE

No deposit upon admission (for surgical cases, please contact KAISER)

Room and Board	According to plan package
Operating room and Recovery room	Maximum Benefit Limit
Administered medicines	Maximum Benefit Limit
X-ray and laboratory examinations	Maximum Benefit Limit
Services of Kaiser Specialists like anaesthesiologists, internists, surgeons, etc.	BASED ON KAISER ACCREDITED UNITS
Services and medications for general/spinal anaesthesia or other forms of anaesthesia necessary for a surgical procedure	Maximum Benefit Limit
Intravenous fluids and transfusion of fresh whole blood	Maximum Benefit Limit
ICU confinements	Maximum Benefit Limit

Maximum Benefit Limit (MBL) – the maximum amount payable per illness per member per year; inclusive of consultations, diagnostic procedures, and hospitalization

OUT-PATIENT CARE

In the event that the assured member suffers illness or injury not requiring confinement in a hospital, Kaiser shall provide:

- a. Referral to specialists
- b. Regular consultations and treatment (except prescribed medicines)
- c. Laboratory & X-ray examinations
- d. Treatment of minor injuries and surgery not requiring confinement
- e. Eye, ear, nose & Throat treatment
- f. Once a month pre and post natal consultation.

EMERGENCY CARE

During an emergency case, a member who is in a critical condition caused by an illness or injury, the following benefits are:

- a. Physician's services
- b. Medicines utilized during treatment or for immediate relief

- c. Casts, dressings and sutures
- d. Oxygen and intravenous fluids
- e. X-ray, laboratory and other diagnostic examinations directly related to the emergency management of the patient

DENTAL CARE (for Principals only)

The Member shall be entitled to dental services administered by an accredited service provider. The dental benefits shall cover the following services:

- a. Consultation and Dental Examinations
- b. Dental Nutrition and Dietary Counselling
- c. Dental Health Education
- d. Restorative and Prosthodontic planning
- e. Simple tooth extractions
- f. Temporary filling-unlimited (as needed)
- g. Annual prophylaxis (mild cases only)
- h. Simple tooth Adjustment of Dentures
- i. Recementation of loose crowns, in-lays and on-lays
- j. Permanent filling up to 2 surfaces only

FINANCIAL CARE ASSISTANCE (for Principals only)

KAISER INTERNATIONAL HEALTHGROUP INC. agrees to give/provide, in the event of death or injuries through natural causes or accidental means, the heirs and/or assigns of any member who is enrolled in this health care program.

Provided that the death or injury results from:

- (a) causes that are covered and are not under the exclusions or uncovered pre-existing conditions as stated in the KAISER Membership Contract
- (b) total annual premium for the year contract should have been paid at the time of a ailment, otherwise, all remaining unpaid premium will be deducted from the amount of assistance.

COVERAGE	CATEGORY
10,000.00	Natural Death
20,000.00	Accidental Death
10,000.00	Loss of Both Hands
10,000.00	Loss of Both Feet
10,000.00	Loss of Both Sight
10,000.00	Loss of One Hand and One Foot
10,000.00	Loss of One Hand and One Sight
10,000.00	Loss of One Foot and One Sight
5,000.00	Loss of One Hand or One Foot
5,000.00	Loss of Sight of One Eye

ADDITIONAL BENEFITS

Should an accredited physician / specialist prescribe or require any of the following and / or procedures, these limits will apply; per procedure per member per year.

Dialysis	Maximum Benefit Limit
Chemotherapy	Maximum Benefit Limit
Radiotherapy	Maximum Benefit Limit
Laparoscopic Surgery <i>(including Hospital bill and professional fee)</i>	50,000/member/year
Lithotripsy	50,000/member/year
Angiography (e.g.coronary,cerebral,retinal, pulmonary, GI, etc)	P5,000.00
Myelogram	P5,000.00
Electromyography, Nerve Conduction Velocity Studies	P5,000.00
Pulmonary Perfusion Scan	P5,000.00
Tests involving use of Nuclear Technologies (e.g. Radionuclide Ventriculography/ Thallium stress testing/ Radionuclide/ Thyroid scan, etc.), Nuclear technologies such as Pyrophosphate, Scintigraphy, Positron Emission Tomography, Radio Isotope Scanning, etc.)	P5,000.00
24-Hour Holter Monitoring, 2-D Echo and Doppler	P5,000.00
Treadmill Stress Test	P5,000.00
Bone densitometry scan (Dexascan)	P5,000.00
Orthopedic Arthroscopy	P5,000.00
Endoscopy including one of video	P5,000.00
Adrecortical Function (e.g. Primary Aldosteronism, Cushings Disease)	P5,000.00
Plasma/Urinary Cortisol, Plasma Aldosterone, etc.	P5,000.00
Mammography(breast cancer) and Sonomammogram	P5,000.00
Laboratory/ ancillary services for conditions whose pathogenesis or subsequent clinical improvement not yet fully established in Medical Science	P5,000.00
Anti-nuclear antibody (ANA), C-Reactive protein (Rheumatic and its complications), Lupus cell exam	P5,000.00
New modalities and/or diagnostic and treatment procedures for conditions with established etiologies and its use is only as alternative to the conventional methods	P5,000.00
Radioactive Iodine Therapy	P5,000.00
Genetic/Immunologic studies	P5,000.00
Active immunization for dog bites, venom, anti- tetanus	P10,000.00
Congenital Illness	P10,000.00
Physical Therapy	Up to 10 sessions

II. TERMS

PRE-EXISTING CONDITION

All pre-existing conditions shall be deemed covered by KAISER.

PHILHEALTH

This is a PhilHealth integrated Health Plan. All members are required to have PhilHealth Coverage. Those without PhilHealth membership or those who do not claim PhilHealth benefits when hospitalized (in-patient/out-patient) shall pay the PhilHealth benefit portion.

ELIGIBILITY

The **PRINCIPAL** is at least 18 years old up to age 65.

EFFECTIVITY DATE: Effective date for GROUP/CORPORATE ACCOUNT, unless specifically provided within the corporate healthcare agreement, is based on the following:

DATE OF RECEIPT OF APPLICATION/ ENROLLMENT EFFECTIVITY DATE

11th TO 25th OF THE MONTH

1ST OF THE FOLLOWING MONTH

26th TO 10th OF THE MONTH

16th OF THE MONTH

New enrollees who are approaching the age of ineligibility must be enrolled at least six (6) months, counting from the date of effectivity, up to the date that the enrollees become ineligible for them to be accepted as members. All pre-existing condition/dreaded disease limits will be computed on a prorated basis (i.e if age of eligibility is up to 60 years old, only applicants who are 6 months younger than 60 yrs old will be accepted for membership).

*Exclusions and Limitations of the plan included in the memorandum of agreement will apply.

III. RATES

MAJOR HOSPITALS	
MMC Makati Medical Center	CSMC Cardinal Santos Medical Center
SLMC Saint Luke Medical Center	AHMC Asian Hospital Medical Center
TMC The Medical City	Cebu Doctors Hospital
Chong Hua Hospital	UC Medical Hospital

KAISER HEALTHCARD CORPORATE RATES

Plan <u>includes</u> Major Hospitals	Annual	Benefit Limit
SEMI PRIVATE up to HEALTH 800	P 7,000.00	P 75,000.00

Effective rates as of 02.01.2025. The Company reserves the exclusive right to change, update and revise prices at any given time.

CONFORME: _____
Name & Signature/Date