



KAISER INTERNATIONAL
HEALTH GROUP, INC.
The 1st name in Healthcare

NATIONAL HEALTHCARE SHIELD

WHO ARE ELIGIBLE?

Government personnel employed within the National Government Agencies (NGAs), including SUCs, and GOCCs regardless of appointment status whether regular, casual, or contractual; appointive or elective, and on full-time or part-time basis.

- The group applicant must have an authorized or designated signatory representing their respective government institution/office/agency.
- There is no minimum number of members required for enrollment; however, the entire agency or department must participate if they choose to enroll to avoid anti-selection.
- All applications will be subject to underwriting guidelines and approval.

**In compliance with the budget circular #2024-6 issued
December 12, 2024 by the Department of Budget and Management**



**NATIONAL
HEALTHCARE
SHIELD**



Five-Point Health Card Benefits

ELIGIBILITY

Principal enrollees must be between 18 and 65 years of age.

1. PREVENTIVE HEALTHCARE

Annual Physical Examination (APE) shall be on group basis only with prior coordination with Kaiser International, at its designated clinics only

- Physical Examination
- Complete Blood Count
- Urinalysis
- Fecalysis
- Chest X-ray
- Electrocardiogram (adults age 40 and above, or if prescribed)
- Pap Smear (women age 40 and above, or if prescribed)

** APE shall be scheduled and completed within 2 months from effective date of coverage*

2. IN-PATIENT CARE

- Semi-Private Room up to Health 800
- Operating room and Recovery room up to Maximum Benefit Limit
- Administered medicines up to Maximum Benefit Limit
- ICU confinements subject to Maximum Benefit Limit
- X-ray and laboratory examinations

**Available in Private Hospitals only*

3. OUT-PATIENT CARE

- Referral to specialists
- Regular consultations and treatment (except prescribed medicines)
- Laboratory and X-ray examinations
- Treatment of minor injuries and surgery not requiring confinement
- Eye, ear, nose, and throat treatment

**Available only for In-Clinic availment*

4. EMERGENCY CARE

- Physician's services
- Medicines utilized during treatment or for immediate relief
- Casts, dressings and sutures
- Oxygen and intravenous
- X-ray, laboratory and other diagnostic examinations directly related to the emergency management of the patient

5. DENTAL CARE

- Consultation and Dental Examinations
- Dental Nutrition and Dietary Counselling
- Dental Health Education
- Restorative and Prosthodontic planning
- Simple tooth extractions
- Temporary filling-unlimited (as needed)
- Annual prophylaxis (mild cases only)
- Simple tooth Adjustment of Dentures
- Recementation of loose crowns, in-lays and on-lays
- Permanent filling up to 2 surfaces only

FINANCIAL CARE 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

Semi private room up to 800 pesos only	7,000.00	75,000.00 MAXIMUM BENEFIT LIMIT PER ILLNESS
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PRE-EXISTING CONDITIONS

ALL PRE-EXISTING CONDITIONS shall be deemed covered by KAISER.

Kaiser reserves the right to modify, update, or revise any of the above at any time without prior notice.