



DBM 7000

Health Care Plan

(GROUP 1500-1999 MEMBERS)

Date Issued: February 12, 2025

I. FIVE-POINT HEALTHCARD BENEFITS

PREVENTIVE HEALTH CARE:

Package of **Annual Physical Examination (APE)** at Kaiser Designated Clinics. *(For principal members 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 principal members 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. Re-cementation of loose crowns, in-lays and on-lays

FINANCIAL CARE ASSISTANCE (For principal members 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 availment, 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	Maximum Benefit Limit
Lithotripsy	Maximum Benefit Limit
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	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

*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	IC Medical Hospital

KAISER HEALTHCARD GROUP RATES (1500 – 1999 PRINCIPAL members)

Plan <u>includes</u> Major Hospitals	Membership Fee	Annual	Benefit Limit
SEMI PRIVATE up to HEALTH 800	500.00	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.

*****PLAN IS NOT FOR PUBLIC BIDDING**

Noted by:

DR. LEAH UY-YOLO
President and Medical Director

CONFORME: _____
Name & Signature / Date

Option chosen: _____

Premium: _____

Membership Fee: _____