



**KAISER INTERNATIONAL**  
HEALTH GROUP, INC.  
The 1<sup>st</sup> 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) at Kaiser designated clinics

- a. Physical Examination
- b. Complete Blood Count
- c. Urinalysis
- d. Fecalysis
- e. Chest X-ray
- f. Electrocardiogram (adults age 40 and above, or if prescribed)
- g. Pap Smear (women age 40 and above, or if prescribed)

### 2. IN-PATIENT CARE

- a. Semi-Private Room up to Health 800
- b. Operating room and Recovery room up to Maximum Benefit Limit
- c. Administered medicines up to Maximum Benefit Limit
- d. ICU confinements up to Maximum Benefit Limit
- e. X-ray and laboratory examinations

### 3. OUT-PATIENT CARE

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

### 4. EMERGENCY CARE

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

### 5. DENTAL CARE

- 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

| 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 |
| WITH ACCESS TO MAJOR HOSPITALS         |          |   |

| MAJOR HOSPITALS  |   |
|--|---|
| <b>MMC</b> Makati Medical Center<br><b>SLMC</b> Saint Luke Medical Center<br><b>TMC</b> The Medical City<br>Chong Hua Hospital | <b>CSMC</b> Cardinal Santos Medical Center<br><b>AHMC</b> Asian Hospital Medical Center<br>Cebu Doctors Hospital<br>UC Medical Hospital |

### PRE-EXISTING CONDITIONS

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

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