

LOCAL HEALTHCARE COVERAGE

SCHEDULE OF BENEFITS

Annex B

I.	MEMBERSHIP CATEGORY	ANNUAL BENEFIT LIMIT (ABL)	REMARKS
	<i>Single</i>	Php1,500,000.00	(shared limit; in-patient benefit limit for parents is Php100,000) In case a single personnel enrolls a parent or both parents to the local health insurance, the shared limit for a parent or both parents is Php100,000 and deducted from the principal member's limit.
	<i>Duo</i>	Php2,000,000.00	Shared limit; PhP 1,500,000.00 individual limit
	<i>Group/Family</i>	Php3,000,000.00	Shared limit; PhP 1,500,000.00 individual limit All benefits, except Life Insurance and Maximum Benefit Utilization, shall be subject to ABL.
II.	CO-PAYMENT TERMS		
	Co-Insurance	85%/ 15%	All in-patient healthcare and medical expenses
	Maximum Out-of Pocket Limit (MOPL)	PhP40,000.00	Cumulative; per member

III.	BENEFITS		All benefits shall be subject to MOPL and ABL
	A. SUPPORT TO DFA CLINIC	Php 10,000.00	Monthly supply of medical supplies and/ or equipment of up to Php10,000.00
	B. MENTAL HEALTH AND WELLNESS SERVICES		
	Health and Wellness Activities		Organize or support at least four (4) health and wellness programs for the Department, as mentioned under Article IX, Item w of Annex A, the cost of which shall be borne by the local health insurance provider.
	Psychological/ Psychiatric Counseling, including prescribed medicines	Php25,000	The benefit limit for psychological counseling, including prescribed medicines, is Php25,000, and may only be availed upon referral of the Department to an accredited psychologist provided by the local health insurance provider.
	C. IN-PATIENT BENEFITS		In addition to PhilHealth coverage
	Room and Board	Open Private (single occupancy)	
	All Covered Medical Expense Limits	as charged	In cases of organ transplant procedures, the medical expenses of donors (even if policy members) shall not be

			covered
	D. MATERNITY BENEFITS	as charged	Subject to co-insurance; applicable only to principal members (regardless of marital status) and dependent spouses
			Includes out-patient services, such as pre- and post-natal consultations and laboratory tests
			Actual delivery
	E. OUT-PATIENT BENEFITS		In addition to PhilHealth coverage when applicable
	Annual Benefit (per person)	Php300,000.00	Includes the issuance of LOA and reimbursement of required out-patient services such as laboratory tests, diagnostics procedures, etc. whether or not the ordering physician is accredited by the provider
	Dialysis	Php7,000.00	Per session; in addition to PhilHealth rate
	Therapy (including speech, occupational and physical therapy) for Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders	Php 50,000	Shared limit

	F. ANNUAL PHYSICAL EXAM		<p>Principal members only; shall be availed at any hospital or clinic accredited by the Provider.</p> <p>For onsite Annual Physical Exam, the dependent parents of single principal members at the time of the Annual Physical Exam, shall be accommodated.</p>
	G. VACCINATION		
	Vaccinations as may be required	As charged	
	COVID-19 vaccine, including the administration of COVID-19 vaccine both as primary series and additional dose/booster	As charged	<p>The healthcare provider shall bear the cost of the COVID-19 vaccine and its administration both as a primary series and additional dose/booster, at vaccination events organized in the Department or availed at accredited medical facilities throughout the country.</p> <p>For onsite COVID-19 vaccination, the dependent parents of single principal members at the time of the onsite COVID-19 vaccination, shall be accommodated.</p>
	Onsite Flu/ Pneumococcal Vaccination		<p>The healthcare provider shall organize at least two (2) onsite flu/ pneumococcal vaccination for primary members.</p> <p>For onsite vaccination, the dependent parents of single principal members at the time of the onsite vaccination, shall be accommodated.</p>
	H. OUT-PATIENT PRESCRIBED	PhP150,000.00	Shared limit; includes prescribed

	MEDICINES		vitamins and minerals
	I. EMERGENCY CARE (including professional ambulance service)	as charged	Includes all items and services as needed in the treatment of the patient
	J. DENTAL BENEFITS (minor and major)	PhP15,000.00	<p>Shared limit; All procedures both minor and major shall be covered until the limit is exhausted.</p> <p>The healthcare provider shall organize at least one (1) onsite dental check up per month, the cost for which shall be borne by the health insurance provider, at no cost to the members. If the onsite check up is not possible due to venue limitations, the provider shall conduct a health and wellness event subject to the Department's approval, the cost of which shall be borne by the local health insurance provider.</p> <p>For onsite dental service, the dependent parents of single principal members at the time of the onsite dental service, shall be accommodated.</p>
	K. OPTICAL BENEFITS	PhP 6,000.00	Shared limit; error of refraction, eyeglasses and contact lens as prescribed
	L. LIFE INSURANCE (for primary members)		
	Loss of Life Indemnity	PhP 1,000,000.00	Fixed
	Additional Indemnity for Loss of Life by Accident	PhP 1,000,000.00	Fixed

	Accidental Disability and Dismemberment (long scale)	PhP 1,000,000.00	Maximum amount
	M. LIMITED ACCIDENTAL INSURANCE (for secondary members)		
	Additional Indemnity for Loss of Life by Accident	PhP 10,000.00	Fixed
	Accidental Disability and Dismemberment (long scale)	PhP 10,000.00	Fixed
	N. LIMITED BENEFITS FOR PARENTS OF SINGLE PERSONNEL		
	Additional Indemnity for Loss of Life by Accident	PhP 10,000.00	Fixed
	Accidental Disability and Dismemberment (long scale)	PhP 10,000.00	Fixed
	In-Patient Benefits	PhP100,000.00	(shared limit; in-patient benefit limit for parents is PhP100,000.00)
	Onsite Benefits: onsite Annual Physical Examination (APE), onsite vaccinations i.e. COVID-19 vaccination and flu/pneumococcal vaccination, onsite dental services and other onsite events		

	organized for the Department by the local health insurance provider		
	N. OTHER BENEFITS		
	Teleconsultation Benefits	as charged	Includes cost of availing of teleconsultation services, including, but not limited to professional fees
	Maximum Benefits Utilization	PhP250,000.00	First 20 principal members to exceed ABL are entitled to additional benefit of PhP 250,000.00

Annex C

Exclusion List

EXCLUSIONS

LIFE INSURANCE

For Loss of Life Indemnity, Additional Indemnity for Loss of Life by Accident, and Accidental Disability and Dismemberment Benefit

No benefits are payable if the death or loss results from suicide or intentionally self-inflicted injury.

BENEFITS (In-patient, Out-patient)

Subject to the Terms of Reference, no benefits are payable for the following:

- treatment arising from or is in any way connected with attempted suicide or any injury or illness inflicted upon one's self;
- treatment in nature clinics, health spas and nursing homes;
- charges for residential stays in a hospital, which are arranged wholly or partially for domestic reasons, where treatment is not required, or where the hospital has effectively become the place of domicile or permanent abode;
- treatment needed because of, or relating to, infertility or any type of fertility treatment, including complications arising out of such treatment, with the exception of the investigation of infertility to the point of diagnosis;
- treatment by way of the intentional termination of pregnancy, unless two medical practitioners certify in writing that the pregnancy endangers the life or mental ability of the mother;
- sex change operations or any treatment needed to prepare for or recover from these operations (e.g., psychological counselling) including complications arising out of such treatment;
- treatment that arises from, or is any way connected with injury, sickness or disability as a result of taking part in a sporting activity on a professional basis, solo cuba-diving, or scuba-diving at depths below 30 meters unless the diver is Professional Association of Diving Instructors (PADI) qualified (or equivalent) for that depth;

- expenses relating to any form of plastic, cosmetic or reconstructive surgery treatment, including medical procedures, unless it is of medical necessity as a direct result of the patient having an accident or because of other surgery, which in itself would have been covered under the policy;
- Treatment for Central Auditory Processing Disorder (CAPD), Cerebral Palsy, Down Syndrome, Neural Tube Defects, and Mental Retardation;
- Illness, injury or death attributable to the member's own misconduct, gross negligence, intemperance or participation in the commission of a crime, violation of law or ordinance;
- Any treatment which are not recommended and performed by a Physician as being medically necessary including any charges for non-medical services such as telephone, radio, television, extra bed, extra food, toilet articles and the like, private duty nurse or physician;
- Except when conducting official business or in the line of duty, the following cases are also excluded in the coverage:
 - Injuries arising from war, invasion, act of foreign enemy, hostilities or warlike operations (whether declared or undeclared), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege, seizure, or nationalization by or under the order of any government or public or local authority; or any weapon or instrument employing atomic fission or radioactive force whether in time of peace or war.
 - Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

ANNEX E
PRICE BREAKDOWN FORM

A. Premium Schedule

A	B	C	D (B + C)	E	F (D x E)	G (F x 12)
Premium Category	Indicative Number of Regular, Casual and Contractual Personnel ¹	Indicative Number of Home-based & Contractual Personnel to be enrolled in 2024 ²	TOTAL Indicative Number of Members	Monthly Premium Per Member	Total Monthly Premiums	Gross Annual Premium
Single	777	0	777	4,175.85	3,244,635.45	38,935,625.40
Duo	287	0	287	8,242.50	2,365,597.50	28,387,170.00
Group	619	155	774	14,919.45	11,547,654.30	138,571,851.60
	1,683	155	1,838			205,894,647.00

¹ The indicative number of regular, casual and contractual personnel is based on the June 2023 census provided by Cocolife.

² Per Section V.3. of the Technical Specifications, home-based personnel will only be eligible after six (6) months of continuous service.

The breakdown of the home-based personnel per premium category is a projection based on the premium category breakdown of members currently covered by the local healthcare.

B. Price Bid Breakdown

Item	Price
Projected Medical Expenses	
Life Insurance Premium	
Risk Premium (if applicable)	
Administrative Costs	
Applicable Taxes	
Agent's Fee (if applicable)	
Total Bid Price ³	

³ The Total Bid Price must be equal to the Gross Annual Premium.

ANNEX F

**SCHEDULE OF APE BENEFITS AND ONSITE FLU/
PNEUMOCOCCAL VACCINATION**

	Who may avail	Covered Tests	Indicative Number
<p><i>Mandatory</i></p> <p><i>Annual Physical Exam</i></p>	<p>Regular employees who will be evaluated for foreign assignment</p>	<ul style="list-style-type: none"> a. Physical Examination b. Complete Blood Count c. Electrocardiogram d. Chest X-Ray e. Urinalysis f. Fecalysis g. Pap Smear h. Blood Chemistry i. Hepatitis B j. Antigen Exam 	<p>300</p>
<p><i>Voluntary</i></p> <p><i>Annual Physical Exam</i></p>	<p>Employees who wish to avail of APE in the Provider's accredited hospital and clinics</p>	<ul style="list-style-type: none"> a. Physical Examination b. Complete Blood Count c. Electrocardiogram d. Chest X-Ray e. Urinalysis f. Fecalysis g. Pap Smear h. Blood Chemistry 	<p>1,300</p>

<p>On-site Annual Physical Exam</p>	<p>Employees who have not availed of the mandatory and voluntary annual physical exam</p> <p>Dependent parents of single principal members at the time of the Annual Physical Exam</p>	<ul style="list-style-type: none"> a. Physical Examination b. Complete Blood Count c. Electrocardiogram d. Chest X-Ray e. Urinalysis f. Fecalysis g. Pap Smear h. Blood Chemistry i. Prostate-specific antigen (PSA) 	<p>400</p>
<p>Onsite Flu/Pneumococcal Vaccination</p>	<p>Employees who have not availed of flu/ pneumococcal vaccine at the time of the onsite flu/ pneumococcal vaccination</p> <p>Dependent parents of single principal members at the time of the onsite flu/ pneumococcal vaccination shall be accommodated to fill up remaining slots</p>		<p>600</p>

ANNEX I

**LIST OF ACCREDITED CLINICS/ HOSPITALS IN
METRO MANILA**

#	HOSPITAL/ CLINIC	ACCREDITATION YES/ NO	PROOF OF GOOD STANDING
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ANNEX J

**LIST OF OFFICES IN ACCREDITED CLINICS/HOSPITALS IN
METRO MANILA**

#	ACCREDITED CLINIC/HOSPITAL	OFFICE (YES/NO)
1	Chinese General Hospital and Medical Center	
2	Makati Medical Center	
3	St. Luke's Medical Center Global City	
4	St. Luke's Medical Center Quezon City	
5	The Medical City	
6	Victor R. Potenciano Medical Center	

ANNEX K

**LIST OF ACCREDITED CLINICS/HOSPITALS IN
LOCATIONS WITH CONSULAR OFFICES**

#	REGI ON	LOCATION	ACCREDITED CLINICS/HOSPITALS
1	CAR	Baguio City	
2	REGION I	San Fernando City	
3		San Nicolas	
4		Calasiao (Dagupan)	
5	REGION II	Tuguegarao City	
6		Santiago City	
7	REGION III	Malolos City	
8		San Fernando City	
9		Angeles City	
10		Paniqui	
11	REGION IV-A	Dasmaringas City	
12		Lipa City	
13		Lucena City	
14		San Pablo City	

15		Antipolo City	
16	REGION IV-B	Puerto Princesa City	
17	REGION V	Legazpi City	
18	REGION VI	Bacolod City	
19		Iloilo City	
20	REGION VII	Mandaue City	
21		Dumaguete City	
22	REGION VIII	Tacloban City	
23	REGION IX	Zamboanga City	
24	REGION X	Cagayan de Oro City	

25		Clarin	
26	REGION XI	Davao City	
27		Tagum City	
28	REGION XII	Kidapawan City	
29		General Santos City	
30	CARAGA	Butuan City	

ANNEX L

**LIST OF TELECONSULTATION SERVICES IN ACCREDITED CLINICS/HOSPITALS
IN METRO MANILA**

#	ACCREDITED CLINIC/HOSPITAL	TELECONSULTATION SERVICES YES/NO
1	Chinese General Hospital and Medical Center	
2	Makati Medical Center	
3	St. Luke's Medical Center Global City	
4	St. Luke's Medical Center Quezon City	
5	The Medical City	
6	Victor R. Potenciano Medical Center	

**LIST OF TELECONSULTATION SERVICES IN ACCREDITED CLINICS/HOSPITALS
IN LOCATIONS WITH CONSULAR OFFICES**

#	REGION	LOCATION (REFERS TO CONSULAR OFFICE LOCATION, i.e. Baguio City, SEE ANNEX K for reference)	ACCREDITED CLINICS/ HOSPITALS WITH TELECONSULTATION SERVICES YES/ NO
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