

PHILIPPINES

HMO Coverage With PhilCare Voluntary Dependent Plan

As part of our commitment of providing your health security through quality health care, it is our pleasure to present to you our health care guidelines for your reference. This provides information on your medical benefits under Teletech Customer Care Management Philippines, Inc.

PhilCare's network of accredited providers nationwide gives members an advantage of experiencing the medical service enjoyed by the largest and best corporations in the country. You also get to maximize technology's benefits with the use of NFC- equipped card, smartphone-enabled applications and a web-based database system.

The Voluntary Dependent Plan is a standalone plan that gives single and married employees the ability to enroll their dependent parents and over-aged siblings/children in health care coverage.

COVERAGE CLASSIFICATION

Dependents coverage are classified according to the following table.

DEPENDENT/S CLASSIFICATION

Classification	Room Accommodation	Maximum Daily/ Room & Board	Maximum Benefit Limit (MBL)
All Levels - Dependents of Directors, Managers, Supervisors and Rank and File	Regular Private	1,800.00	100,000.00

ELIGIBILITY

Adult Dependents (parents): father and/or mother, up to 65 years old.

Over-aged child/sibling dependents 22 to 25 years old, single and unemployed.

COVERAGE OVER PROCEDURES

Plan benefits and covered services are consistent with those offered to Rank and File employees on the company -sponsored plan, with the exception of eye laser therapy. Upon consultation and availment, a working diagnosis will be identified by a medical personnel to proceed with procedures. Below are the procedures covered under our plan.

Outpatient (Op) Care	Coverage
Consultations during regular clinic hours, except prescribed medicines	Covered subject to MBL
Pre and Post Natal consultations.	Covered up to 14 sessions subject to MBL
Eye, ear, nose and throat (EENT) treatment prescribed by an Accredited Physician/Specialist	Covered subject to MBL
Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered subject to MBL
Dressings, conventional casts (plaster of Paris) and sutures.	Covered subject to MBL
X-ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an Accredited Physician/Specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered subject to MBL
Minor surgery not requiring confinement prescribed by an Accredited Physician /Specialist	Covered subject to MBL
Cauterization of skin lesions such as plantar warts, flat warts, periungual warts, filiform warts and molluscum contagiosum, in any part of the body, except genital warts and condyloma acuminata, prescribed by an Accredited Physician/Specialist.	Covered up to Php1,000.00/ member /year
Sclerotherapy for varicose veins (except medicines and for cosmetic purposes) as prescribed by an Accredited Physician, to be availed through accredited vascular surgeons.	Principal: Covered up to Php 30,000.00/member/year Dependent: Covered up to Php 10,000.00/member/year
Allergy Testing/ allergy screening and other related examinations prescribed by an Accredited Physician	Covered up to Php2,500.00/ member/year
Speech therapy (for stroke patients only)	Principal: Covered up to 16 sessions/ member/year Dependent: Covered up to 10 sessions/member/year (reimbursement basis). Note: Consultations shall be part of the limit and treated as sessions
Tuberculin test	Covered up to Php600.00/ member/year

Inpatient (Ip) Care	Coverage
Room and Board Accommodation	Covered subject to MBL
Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by Attending Accredited Physician) and recovery room.	Covered subject to MBL
Professional fees in accordance with HMO Schedule of Rates.	
<i>a. Attending Physicians</i>	Covered subject to MBL
<i>b. Surgeons</i>	Covered subject to MBL
<i>c. Anesthesiologists</i>	Covered subject to MBL
<i>d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.</i>	Covered subject to MBL
Standard Nursing Services	Covered subject to MBL
Medicines for inpatient use	Covered subject to MBL
Blood products transfusions and intravenous fluids, including blood screening and cross matching.	Covered subject to MBL
X-ray, laboratory examinations, routine, diagnostic and therapeutic procedures incidental to confinement	Covered subject to MBL
Dressings, conventional casts (plaster of Paris) and sutures	Covered subject to MBL
Anesthesia and its administration	Covered subject to MBL
Oxygen and its administration	Covered subject to MBL
Standard Admission kit	Covered subject to MBL
All other items directly related in the medical management of the patient, as deemed medically necessary by the Attending Accredited Physician	Covered subject to MBL
Routine Procedures (Whether Op Or Ip)	Coverage
Blood Chemistries	100% of Actual Cost subject to MBL
Chest X-ray	100% of Actual Cost subject to MBL



Routine Procedures (Whether Op Or Ip)	Coverage
Complete Blood Count (CBC)	100% of Actual Cost subject to MBL
Fecalysis	100% of Actual Cost subject to MBL
Urinalysis	100% of Actual Cost subject to MBL
Diagnostic Procedures (Whether Op Or Ip)	Coverage
12-Lead Electrocardiogram (ECG)	100% of Actual Cost subject to MBL
24-hour Electroencephalogram (EEG) Monitoring	100% of Actual Cost subject to MBL
24-hour Holter Monitoring	100% of Actual Cost subject to MBL
Adrenocortical Function	100% of Actual Cost subject to MBL
Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	100% of Actual Cost subject to MBL
Arterial Blood Gas	100% of Actual Cost subject to MBL
Arthroscopic Procedures, Orthopedic Arthroscopy	100% of Actual Cost subject to MBL
Audiograms and Tympanograms	100% of Actual Cost subject to MBL
Bone Densitometry Scan (Dexascan)	100% of Actual Cost subject to MBL
Bone Mineral Density Studies	100% of Actual Cost subject to MBL
Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	100% of Actual Cost subject to MBL
Computed Tomography (CT) Scans	100% of Actual Cost subject to MBL
Diagnostic Radiographs:	
<i>a. Biliary tract: Cholecystogram and Cholangiogram</i>	100% of Actual Cost subject to MBL
<i>b. Chest, ribs, sternum and clavicle</i>	100% of Actual Cost subject to MBL
<i>c. Digestive: Plain film of the abdomen, Barium Enema, Upper Gastrointestinal (GI) Series, Lower GI Series, Small Bowel series</i>	100% of Actual Cost subject to MBL
<i>d. Face (including sinuses), Head and Neck</i>	100% of Actual Cost subject to MBL
<i>e. Urinary: Kidney, Ureter and Bladder (KUB) Pyelograms and Cystograms</i>	100% of Actual Cost subject to MBL
<i>f. X-ray of the extremities and pelvis</i>	100% of Actual Cost subject to MBL
<i>g. X-ray of the spine (cervical, thoracic, lumbo-sacral)</i>	100% of Actual Cost subject to MBL

Diagnostic Procedures (Whether Op Or Ip)	Coverage
Diagnostic Ultrasounds:	
<i>a. 2D-Echo with Doppler</i>	100% of Actual Cost subject to MBL
<i>b. Abdomen</i>	100% of Actual Cost subject to MBL
<i>c. Duplex Scan</i>	100% of Actual Cost subject to MBL
<i>d. Digestive and Urinary Systems</i>	100% of Actual Cost subject to MBL
<i>e. Ultrasound of the Lungs</i>	100% of Actual Cost subject to MBL
Electroencephalogram (EEG) Monitoring	100% of Actual Cost subject to MBL
Electromyography and Nerve Conduction Studies	100% of Actual Cost subject to MBL
Endoscopic Procedures	100% of Actual Cost subject to MBL
Fluorescein Angiography	100% of Actual Cost subject to MBL
Impedance Plethysmography	100% of Actual Cost subject to MBL
Magnetic Resonance Angiography (MRA)	100% of Actual Cost subject to MBL
Magnetic Resonance Imaging (MRI)	100% of Actual Cost subject to MBL
Mammogram and Sonomammogram	100% of Actual Cost subject to MBL
Myelogram	100% of Actual Cost subject to MBL
Nuclear Radioactive Isotope Scan	100% of Actual Cost subject to MBL
Pap Smear	100% of Actual Cost subject to MBL
Perfusion Scan	100% of Actual Cost subject to MBL
Plasma Urinary Cortisol, Plasma Aldosterone	100% of Actual Cost subject to MBL
Polysomnograms (Sleep Recording)	100% of Actual Cost subject to MBL
Pulmonary Function Tests	100% of Actual Cost subject to MBL
Radioisotope Scans And Function Studies:	
<i>a. Cardiac</i>	100% of Actual Cost subject to MBL
<i>b. Gastrointestinal</i>	100% of Actual Cost subject to MBL
<i>c. Liver</i>	100% of Actual Cost subject to MBL
<i>d. Parathyroid Bone, Pulmonary (Perfusion/ Ventilation Lung Scans)</i>	100% of Actual Cost subject to MBL
<i>e. Renal</i>	100% of Actual Cost subject to MBL



Diagnostic Procedures (Whether Op Or Ip)	Coverage
<i>f. Thyroid Scans</i>	100% of Actual Cost subject to MBL
<i>g. Total Body Scans</i>	100% of Actual Cost subject to MBL
Radionuclide Ventriculography	100% of Actual Cost subject to MBL
Surface Electromyography (SEMG)	100% of Actual Cost subject to MBL
Thallium Scintigraphy	100% of Actual Cost subject to MBL
Treadmill Stress Test (TMST)	100% of Actual Cost subject to MBL

Therapeutic Procedures	Coverage
Arthrocentesis	Covered up to six (6) sessions subject to MBL for OP; Covered subject to MBL for IP
Continuous Positive Airway Pressure (CPAP) titration for sleep study	Covered up to Php60,000.00 shared limit for OP and IP
Dialysis	Principal: Covered up to 18 sessions/member/year subject to MBL for OP; Covered subject MBL for IP; Dependent: Covered up to 10 sessions/member/year subject to MBL for OP; Covered subject to MBL for IP
Intravenous Chemotherapy	Principal: Covered up to 18 sessions/member/year subject to MBL for OP; Covered subject to MBL for IP; Dependent: Covered up to 10 sessions/member/year subject to MBL for OP; Covered subject to MBL for IP
Oral chemotherapy	Covered up to Php60,000.00 shared limit for OP and IP
Phlebotomy	Covered up to six (6) sessions subject to MBL for OP; Covered subject to MBL for IP

Therapeutic Procedures	Coverage
Physical therapy/Occupational therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.	Principal: Shared limit of up to 16 sessions/member/year subject to MBL for OP; Covered subject to MBL for IP Dependent: Shared limit of up to 10 sessions/member/year subject to MBL for OP; Covered subject to MBL for IP Note: Therapy of one (1) body area shall be considered as one (1) session
Thoracentesis	Covered up to six (6) sessions subject to MBL for OP; Covered subject to MBL for IP
Therapeutic Radiology: a. Brachytherapy	Principal: Covered up to 18 sessions/member/year subject to MBL for OP; Covered subject to MBL for IP; Dependent: Covered up to 10 sessions/member/year for OP; Covered subject to MBL for IP
b. Cobalt	Principal: Covered up to 18 sessions/member/year subject to MBL for OP; Covered subject to MBL for IP; Dependent: Covered up to 10 sessions/member/year for OP; Covered subject to MBL for IP
c. Linear Accelerator Therapy	Principal: Covered up to 18 sessions/member/year subject to MBL for OP; Covered subject to MBL for IP; Dependent: Covered up to 10 sessions/member/year for OP; Covered subject to MBL for IP
d. Radioactive Cesium	Principal: Covered up to 18 sessions/member/year subject to MBL for OP; Covered subject to MBL for IP; Dependent: Covered up to 10 sessions/member/year for OP; Covered subject to MBL for IP



Therapeutic Procedures	Coverage
e. Radioactive Iodine	Principal: Covered up to 18 sessions/ member/year subject to MBL for OP; Covered subject to MBL for IP; Dependent: Covered up to 10 sessions /member/year for OP; Covered subject to MBL for IP

Preventive Care	Coverage
Passive and active vaccines for treatment of tetanus and animal bites	Covered up to Php15,000.00/member/year
Periodic monitoring of health problems	Covered
Health-education and counseling on diets or exercise	Covered
Health habits and family planning counseling	Covered

Additional Procedures And Modalities (shared limit for OP and IP; professional fees, hospital bills and other incidental expenses relative to the procedure shall form part of the limit)	Coverage
Angiography (gastrointestinal, brain, retinal and peripheral vascular)	100% of Actual Cost subject to MBL
Coronary Angiogram and/or Angioplasty/Coronary Artery Bypass Graft	100% of Actual Cost subject to MBL (shared limit)
Cryosurgery	100% of Actual Cost subject to MBL Principal: 100% of Actual Cost subject to MBL
Gamma Knife Surgery	Dependent: Covered up to Php 40,000.00/member/year
Hysteroscopic Myoma Resection	Principal: 100% of Actual Cost subject to MBL; Dependent: Covered up to Php40,000.00/member/year
Hysteroscopically-guided D&C	100% of Actual Cost subject to MBL
Laparoscopy	Principal: 100% of Actual Cost subject to MBL; Dependent: Covered up to Php40,000.00/member/year

Additional Procedures And Modalities (shared limit for OP and IP; professional fees, hospital bills and other incidental expenses relative to the procedure shall form part of the limit)	Coverage
Lithotripsy	Principal: 100% of Actual Cost subject to MBL; Dependent: Covered up to Php40,000.00/member/year
Percutaneous Ultrasonic Nephrolithotomy	Principal: 100% of Actual Cost subject to MBL; Dependent: Covered up to Php40,000.00/member/year
Stereotactic Brain Biopsy	100% of Actual Cost subject to MBL
Conventional Hemorrhoidectomy	100% of Actual Cost subject to MBL
Scalpel Hemorrhoidectomy	100% of Actual Cost subject to MBL
Stapled Hemorrhoidectomy	Covered up to Php5,000.00/member/year
Mammotome	Principal: Covered up to Php 10,000.00/procedure/member /year Dependent: Covered up to Php 5,000.00/procedure/member/year
4D Ultrasound except for maternity-related cases	Principal: Covered up to Php 10,000.00/procedure/member/year Dependent: Covered up to Php 5,000.00/procedure/member/year
Esophageal Manometry	Principal: Covered up to Php 10,000.00/procedure/member/year Dependent: Covered up to Php 5,000.00/procedure/member/year
Intensified Modulated Radiotherapy	Principal: Covered up to Php 10,000.00/procedure/member/year Dependent: Covered up to Php 5,000.00/procedure/member/year
Botox which is not cosmetic in nature nor for beautification purpose	Principal: Covered up to Php 10,000.00/procedure/member/year Dependent: Covered up to Php 5,000.00/procedure/member/year
Positron Emission Tomography (PET) Scan	Principal: Covered up to Php 10,000.00/procedure/member/year Dependent: Covered up to Php 5,000.00/procedure/member/year



Additional Procedures And Modalities (shared limit for OP and IP; professional fees, hospital bills and other incidental expenses relative to the procedure shall form part of the limit)	Coverage
CT Pulmonary Angiography	Principal: Covered up to Php 10,000.00/procedure/member/year Dependent: Covered up to Php 5,000.00/procedure/member/year
Photodynamic Therapy	Principal: Covered up to Php 10,000.00/procedure/member/year Dependent: Covered up to Php 5,000.00/procedure/member/year
Other medically necessary modalities not mentioned above and those for which there are no comparable, conventional or traditional counterparts	Principal: Covered up to Php 10,000.00/procedure/member /year Dependent: Covered up to Php 5,000.00/procedure/member/year
Transurethral Microwave Therapy of Prostate	Principal: Covered subject to MBL Dependent: Covered up to Php 40,000.00/member/year
Conditions With Specific Limitations:	Coverage
Provoked and Unprovoked Assault, including domestic violence, whether initiated by the Member or by a known or unknown third party	Covered subject to MBL
Scoliosis including necessary procedures, except physical therapy sessions, whether congenital, pre-existing, developmental or acquired	Covered subject to MBL
Congenital Conditions except physical therapy sessions and developmental disorders	Principal: Covered up to Php 30,000.00/member /year (shared limit for OP and IP) Dependent: Covered up to Php 20,000.00/member /year (shared limit for OP and IP)
Congenital Hernia	Principal: Covered up to Php 30,000.00/member /year (shared limit for OP and IP) Dependent: Covered up to Php 20,000.00/member /year (shared limit for OP and IP)
Chronic Dermatoses	Consultations only
Scabies	Consultations and treatments

Diagnostic Procedures (Whether Op Or Ip)	Coverage
Valvular heart disease (congenital and/or acquired) including Cardiomyopathies, Chronic Glomerulonephritis, previous craniotomy sequelae/hearing impairment/ Neurologic disease and Spinal Stenosis (if pre-existing)/Poliomyelitis/Slipped disc (if pre-existing) and Guillain-Barre Syndrome, Diabetes and its complications (if pre-existing), Complicated Hypertension (e.g. those with history of stroke, myocardial ischemia or infarction and poor kidney function), and all malignant tumors (if pre-existing).	Up to MBL (if acquired) and subject to dreaded pre-existing provision (if pre-existing)
Hepatitis B except vaccines and screening	If acquired, covered subject to MBL; If pre-existing, covered subject to MBL as long as not STD-related
Prosthetic Device	Principal: Covered up to Php 20,000.00/member/year Dependent: Not Covered

DENTAL BENEFITS

1. Annual dental examinations and consultations;
2. Emergency outpatient dental treatment to be availed at accredited dental clinics;
3. Unlimited, with fluoride brushing oral scaling and polishing (prophylaxis) for senior managers to directors;
4. Two (2) oral scaling and polishing (prophylaxis) with fluoride brushing per year for rank and file to managers;
Simple tooth extraction;
5. Restorative and prosthodontic treatment planning;
6. Temporary fillings-unlimited as needed
7. Desensitization of hypersensitive teeth up to two (2) teeth;
8. Simple adjustment of dentures;
9. Recementation of loose crowns, inlays and onlays;
10. Dental nutrition and dietary counseling;
11. Dental health education;
12. Pre-natal check of teeth and gums;
13. Temporo mandibular joint consultation;
14. Gum treatment for cases like inflammation or bleeding;
15. Lightcure fillings up to four (4) teeth (per contract year); and
16. Guaranteed Dental discount at all HMO Dental Network accredited clinics (specify amount, e.g. 25%).

PRE-EXISTING CONDITIONS

The pre-existing conditions (PEC) are covered under this plan. A pre-existing condition is an illness, injury or condition shall be considered pre-existing if prior to the effective date of the member's coverage and within the first 12 months from the effective date of the coverage:

NO-COPAY CLINICS

See list of PhilCare accredited clinics that don't require copayments.

Site	Clinic
Sta. Rosa	PMP Diagnostic Clinic, CygnetMed Health System, Wellcare Clinic and Laguna Industrial Health Clinic Inc. - SM Sta Rosa
Lipa	St. Joseph Healthcare Inc. Lipa, MD Link Healthcare
Pampanga	Stotsenberg Medical Center, Hematech Diagnostic Center, R.A.C.H.F Diagnostic Lab, Parian Diagnostic Laboratory and Hi-Precision clinic Angeles City
Dumaguete	Negros Oriental Hospital and Health Services Cooperative, Metro Dumaguete Diagnostics Care and Laboratory Services -Maria Cristina, Metro Dumaguete Diagnostics Care and Laboratory Services – Maxima Limquiaco
Bacolod	MP Analysis & Laboratory Inc.. MCS Diagnostics and Villanueva Clinics
Iloilo	Statlab Clinical Laboratory, Medicus Clinic -Main, Jara, La Paz, Manduriao, Oton, Molo, Tabuc-Suba, Balasan, Passi, Sara, -Sta. Barbara branches)
Novaliches	Friendly Care Foundation Inc. – Lagro, Family Care Clinic - Lagro
Cebu1 Cebu2 EBloc	LH Prime Medical Clinic – Consolacion LH Prime Medical Clinic – Mandaue Hi Precision Clinics (Mandaue, Cebu City, Lapu-Lapu City, Talisay Branches) Lifelab diagnostics, Cebu St. Lukes Clinic, LH Prime –Mactan
Roxas 5Ecom Roxas 2ECom Aseana One	Borough Medical Clinics MOA branch Hi-Precision clinics Manila, Philcare Clinic (VIP, Manila), Evergreen Medical & Diagnostic Center, Hi-Precision Clinics (Paranaque), Inter-Industrial Physicians' Medical Services, Inc., SMS Laboratory Health Services
Ayala (FGU) Makati Ecoplaza Cainta Pioneer Quezon City Araneta	MMC Quick Assist (Consult only) Biomedix – Makati, Healthlab, Inc. -Makati Hi-Precision Clinics – Global City, TMC Quick Assist (Consultation only) Megaclinic, Hi-Precision Clinics - Pioneer Hi-Precision Plus – Alabang I.M Health Medical and Dialysis Wellness Center Polymed Laboratory - Lakandula Polymed Laboratory – Hermosa Dasma PMP Medical Center

2016 COPAY OUTRIGHT COLLECTION:

Availment on the following providers will require Teletch members to pay the copay amount outright:

- *The Medical City*
- *Makati Medical Center*