www.philcare.com.ph
/philcareph

Dear Valued Client: Mr. Mark Umali

Greetings in Good Health!

We thank you for your interest in PhilCare.

In our thrust to provide the most beneficial healthcare package, we are pleased to share our existing Individual and Family Plans.

Our comprehensive health program ensures services and access to our affiliated physicians, clinics, and/or hospitals nationwide. We are providing the following Annexes for your reference:

Annex A:	PhilCare's Profile and Value Proposition
Annex B:	Table of Rates
Annex C:	Comparative Table of Benefits
Annex D:	Customer Journey Process
Annex E:	List of Limitations and Exclusions

Please note that the member's coverage will be assessed based on the submitted application form and shall be subject to PhilCare's approval guidelines.

Once again, thank you and we look forward to servicing you.

Sincerely yours,
PHILHEALTHCARE, INC.

MIKE ETCHON
Manager, Emerging Channels and Partnerships

Noted:

MA. ABIGAIL GARCIA - LISING
Senior Asst. Vice President
Emerging Channels and Partnerships

Inclusion: Rates Matrix

ANNEX A
COMPANY'S BACKGROUND AND PREMIUM QUALITY CARE GUARANTEES

CORPORATE PROFILE

WHO IS PHILCARE?

For **40 years**, since 1982, PhilCare has been driven by its vision to see every Filipino enjoy a better quality of life by making world-class and innovative healthcare solutions accessible.

As a revolutionary leader in the HMO industry that continuously improves technology-enabled customer experience by creating dynamic healthcare plans, we have contributed milestones that include the launch of the first prepaid health cards in the market, the HeyPhil app, and the PhilCare Wellness Index research study on the state of health and wellbeing of Filipinos.

PhilCare is also part of the Maestro Holdings Inc., a part of the Tanco Group of companies. Formerly known as STI Investments, Inc., Maestro operates as the umbrella company that encompasses PhilCare, PhilLife, PhilPlans, and its sister company, PhilsFirst, to bring with them the glorious history of unsurpassed financial services to Filipinos.

SUSTAINABLE HEALTHCARE

Attuned to the changing needs of the times, PhilCare's extensive ***suite of Corporate plans*** covers hospitalization, out-patient, and emergency healthcare needs across a nationwide network of hospitals, clinics, and physicians. PhilCare also offers ***comprehensive Individual Plan packages*** fit for individuals and Families which provides outright healthcare coverage. To cover the distinct health needs of Filipinos, PhilCare has also made a pioneering effort in 2010 to create Prepaid Health plans which, as of today, has branched out to a variety of possible healthcare services.

LEVERAGING TECHNOLOGY

Innovation is a key pillar at PhilCare and through technology, we are able to create one-of-a-kind and timely products and services that help make healthcare management easier for consumers.

- **PhilCare SNAP** is PhilCare's Near Field Communication-enabled membership card. Designed to make hospital transactions faster, more efficient, and more paperless. With just one tap, a member's profile can be instantly accessed including all information they need to avail of medical services.
- **HEY PHIL** is a mobile app developed by PhilCare to provide more convenient and accessible healthcare services to PhilCare members by using the latest artificial intelligence technology that helps members find doctors or hospitals, create LOA, queue automatically, and do digital consultation.
- **PCare EASy (PhilCare Electronic Approval System)** is one of the channels for LOA issuance via the member gateway that can be accessed through the PhilCare website.
- **Member Gateway**, where members are given the ultimate ***PhilCare*** technology-enabled customer experience by allowing them to access for their reference some of the benefits and features of their plan, inquire about affiliated providers, review their personal medical utilization, check APE results, and conveniently file reimbursements.

OPTIMIZING CONVENIENCE

At PhilCare, customers' utmost convenience is among our top priorities. This is why we continuously find ways to transform existing services and develop new ones that make access to healthcare as easy.

√ **PhilCare's Home Care Umbrella** includes an array of services such as the **MedHub Mobile**, a mobile clinic on wheels for corporate members and non-member groups to access medical services at the convenience of their offices or homes within Metro Manila. **Home Care Medical Services** of various packages of services including Diabetic Packages, Hypertension Packages, and COVID-related services such as RT-PCR testing, Rapid Antigen (Nasal Swab) testing and the COVID Panel right at their doorsteps.

Lastly, **COVID Home Care Telemonitoring** offers PhilCare members who are confirmed COVID positive but are showing mild or moderate symptoms to be carefully monitored at home. This allows for timely monitoring of symptoms while reducing hospital visits to minimize risk of transmission.

√ **DigiMed and DigiMed Plus** allows members to consult with doctors through audio or video calls for smarter, more convenient and safer healthcare services.

CHAMPIONING HOLISTIC WELLNESS

PhilCare believes that being healthy is a state of holistic wellness that gives people the ability to become productive and bring out their fullest potential. With this in mind, we have come up with solutions that are responsive to Filipinos' in relevance to the changing times.

√ **Mindscapes** is PhilCare's program that addresses well-rounded mental healthcare through the use of modern digital tools to empower each individual / employee. It offers testing/assessment, consultations & counselling, and learning & training programs for companies and individuals.

√ **The Wellness Index** is PhilCare's industry-pioneering research study on Filipinos' perception of the state of their health and well-being. The three studies conducted since 2014 have led to the development of new products and services that are even more responsive to the health needs and financial capabilities of local consumers.

MAXIMIZING HEALTHCARE

PhilCare 360 promotes the well-being of our members through initiatives to maintain healthy lifestyles and manage chronic illness.

√ **ActivNation** is a program that involves holistic wellness events which helps people reaches total wellness – a sound mind, an active and fit body and positive disposition.

√ **Wellness Buddies** is a merchant partnership program which offers PhilCare members with exclusive discounts and preferred rates for specialized and related wellness services.

NETWORK OF PROVIDERS & MEMBERSHIP BASE

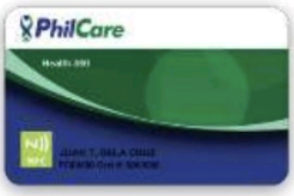
2 PhilCare MedHubs | More than 1,600 affiliated hospitals and clinics | More than 49,000 affiliated physicians
More than 1,500 corporate clients | More than 400,000 members nationwide

ANNEX B: TABLE OF RATES

ANNUAL MODE OF PAYMENT								
Plan Type	**HEALTH360**				**HEALTHPRO**		**HEALTHLUXE**	
Type of Limit	**ANNUAL BENEFIT LIMIT (ABL)**				**MAXIMUM BENEFIT LIMIT (MBL)**		**MAXIMUM BENEFIT LIMIT (MBL)**	
Limit Value	100k	150k	300k	500k	150k	300k	150k	300k
Room & Board	Ward 900	Semi-Private 1,000	Private 1,400	Private 1,400	Semi-Private Open	Private Open	Semi Private	Regular Private Open
Age Band	**MEMBERSHIP FEES/PREMIUMS (ANNUAL)**							
15 days – 5 years old	16,150	18,116	31,455	33,902	28,577	49,420	33,544	58,206
6 – 10	11,329	13,849	21,700	24,147	22,260	34,675	26,074	40,762
11 – 17	8,002	10,030	17,976	20,423	16,627	29,047	19,410	34,104
18 – 30							20,070	34,765
31 – 35	10,276	11,995	21,997	24,438	19,527	35,118	23,498	41,944
36 – 40	11,021	12,746	26,841	29,288	20,630	42,442	24,802	50,613
41 – 45	13,283	19,085	35,834	38,276	30,005	56,039	35,896	66,696
46 – 50	16,531	24,058	42,913	45,354	37,358	66,735	44,593	79,352
51 – 55	22,691	29,434	49,633	52,074	45,304	76,894	53,995	91,370
56 – 60	31,847	42,308	57,943	60,385	64,333	89,460	76,507	106,238

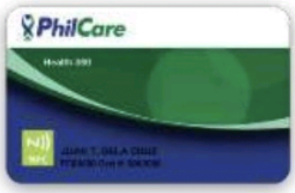
NOTES:

1. *Additional Php 4,032.00 per annum (VAT Inclusive) for Non-Philhealth Members. (Must be declared upon enrollment)*
2. *PhilCare Standard Provisions shall apply*
3. *ABL = aggregate limit: One limit for all illnesses/conditions, replenished yearly*
4. *MBL = per illness, per member per year, replenished yearly*

SEMI-ANNUAL MODE OF PAYMENT								
Plan Type	**HEALTH360**				**HEALTHPRO**		**HEALTHLUXE**	
Type of Limit	**ANNUAL BENEFIT LIMIT (ABL)**				**MAXIMUM BENEFIT LIMIT (MBL)**		**MAXIMUM BENEFIT LIMIT (MBL)**	
Limit Value	100k	150k	300k	500k	150k	300k	150k	300k
Room & Board	Ward 900	Semi-Private 1,000	Private 1,400	Private 1,400	Semi-Private Open	Private Open	Semi-Private	Regular Private Open
Age Band	**MEMBERSHIP FEES/PREMIUMS (SEMI-ANNUAL)**							
15 days – 5 years old	8,640	9,692	16,829	18,138	15,289	26,440	17,946	31,140
6 – 10	6,061	7,409	11,610	12,919	11,909	18,551	13,949	21,808
11 – 17	4,281	5,366	9,617	10,926	8,896	15,540	10,384	18,246
18 – 30							10,738	18,599
31 – 35	5,498	6,417	11,768	13,075	10,447	18,788	12,571	22,440
36 – 40	5,896	6,819	14,360	15,669	11,037	22,707	13,269	27,078
41 – 45	7,107	10,210	19,171	20,478	16,053	29,981	19,204	35,682
46 – 50	8,844	12,871	22,958	24,265	19,986	35,703	23,857	42,453
51 – 55	12,140	15,747	26,554	27,860	24,238	41,138	28,887	48,883
56 – 60	17,038	22,635	31,000	32,306	34,418	47,861	40,931	56,837

NOTES:

1. *Additional Php 4,032.00 per annum (VAT Inclusive) for Non-Philhealth Members. (Must be declared upon enrollment)*
2. *PhilCare Standard Provisions shall apply*
3. *ABL = aggregate limit: One limit for all illnesses/conditions, replenished yearly*
4. *MBL = per illness, per member per year, replenished yearly*

QUARTERLY MODE OF PAYMENT								
Plan Type	**HEALTH360**				**HEALTHPRO**		**HEALTHLUXE**	
Limit Value	100k	150k	300k	500k	150k	300k	150k	300k
Room & Board	Ward 900	Semi-Private 1,000	Private 1,400	Private 1,400	Semi-Private Open	Private Open	Semi-Private	Regular Private Open
Age Band	**MEMBERSHIP FEES/PREMIUMS (QUARTERLY)**							
15 days – 5 years old	4,441	4,982	8,650	9,323	7,859	13,591	9,225	16,007
6 – 10	3,115	3,808	5,968	6,640	6,122	9,536	7,170	11,210
11 – 17	2,201	2,758	4,943	5,616	4,573	7,988	5,338	9,379
18 – 30							5,519	9,560
31 – 35	2,826	3,299	6,049	6,721	5,370	9,657	6,462	11,535
36 – 40	3,031	3,505	7,381	8,054	5,673	11,672	6,821	13,919
41 – 45	3,653	5,248	9,854	10,526	8,251	15,411	9,871	18,919
46 – 50	4,546	6,616	11,801	12,472	10,273	18,352	12,263	21,822
51 – 55	6,240	8,094	13,649	14,320	12,459	21,146	14,849	25,127
56 – 60	8,758	11,635	15,934	16,606	17,692	24,602	21,039	29,215

NOTES:

1. *Additional Php 4,032.00 per annum (VAT Inclusive) for Non-Philhealth Members. (Must be declared upon enrollment)*
2. *PhilCare Standard Provisions shall apply*
3. *ABL = aggregate limit: One limit for all illnesses/conditions, replenished yearly*
4. *MBL = per illness, per member per year, replenished yearly*

Optional Rider: Dental Benefits *(Please refer to Annex C for the benefit list)*

Dental Fees			
Payment Mode	☐ Package 1	☐ Package 2	☐ Package 3
Annual	Php 270	Php 495	Php 585
Semi-Annual	Php 135	Php 245	Php 295
Quarterly	Php 70	Php 125	Php 150

ANNEX C: SUMMARY OF BENEFITS

SERVICES/BENEFITS		HEALTH 360	HEALTH PRO	HEALTH LUXE
1	**Product Description**	**Health360:** A standard health plan that is made accessible and affordable, as it should be.	**Health Pro:** A generous health plan with a Full HMO benefit package and bigger network access. It is enriched with PhilCare Travel Assist, powered by Assist America	**Health LUXE:** Comprehensive health plan that promotes overall wellness and healthy lifestyle. It gives you direct access to health care, travel assist, and lifestyle services all rolled into one.
2	**Benefit Limit**	Total Annual Benefit Limit (ABL) = aggregate limit for all illnesses	Maximum Benefit Limit (MBL) = per illness per contract year	Maximum Benefit Limit (MBL) = per illness per contract year
3	**Out-Patient & Elective Confinement Access** **Clinic Access Type** **Except healthway*	**Clinic based access**	**Preferred based access**	**Direct based access**
		Primary access: PhilCare owned/Medhub clinics & designated clinics (PCCs) Access to more than 600 affiliated clinics and if needed, to more than 600 affiliated hospitals **by referral**	Direct access to more than 1,000 PhilCare affiliated clinics Access to more than 600 affiliated hospitals **by referral**	Direct access to more than 1,600 PhilCare affiliated clinics and hospitals nationwide
4	**Hospital Access**	More than 600 hospitals nationwide	More than 600 hospitals nationwide	More than 600 hospitals nationwide
		With Access to St. Luke's Quezon City, Makati Medical Center, Cardinal Santos Medical Center, and The Medical City ***(Without Access to St. Luke's Global City and Asian Hospital Medical Center)***	With Access to Asian Hospital Medical Center, St. Luke's Quezon City, St. Luke's Global City, Makati Medical Center, Cardinal Santos Medical Center, and The Medical City	With Access to Asian Hospital Medical Center, St. Luke's Quezon City, St. Luke's Global City, Makati Medical Center, Cardinal Santos Medical Center, and The Medical City
ANNUAL PHYSICAL EXAMINATION ***(via affiliated APE provider only)***				
1	Taking of Medical History	Covered	Covered	Covered
2	Physical Examination	Covered	Covered	Covered
3	Chest X-Ray	Covered	Covered	Covered
4	Routine Urinalysis	Covered	Covered	Covered
5	Routine Fecalysis	Covered	Covered	Covered
6	Complete Blood Count (CBC)	Covered	Covered	Covered
7	Electrocardiogram (ECG) for members 35 years old and above or if indicated	Covered	Covered	Covered
8	Pap Smear for female members 35 years old and above or if indicated	Covered	Covered	Covered
PREVENTIVE HEALTH CARE				
1	Health Education Counseling on diet or exercise	Covered	Covered	Covered
2	Periodic Monitoring of Health Problems	Covered	Covered	Covered
3	Family Planning Counseling	Covered	Covered	Covered
OUT-PATIENT CARE ***(Please refer to previous page for the access procedure)***				

1	Consultations during regular clinic hours, except prescribed medicines	Covered	Covered	Covered
2	Pre and Post Natal consultations	Covered excluding laboratory & diagnostic procedures	Covered excluding laboratory & diagnostic procedures	Covered excluding laboratory & diagnostic procedures
3	Eye, ear, nose and throat (EENT) treatment prescribed by an affiliated physician/specialist	Covered	Covered	Covered
4	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered excluding laboratory & diagnostic procedures	Covered	Covered
5	Dressings, conventional casts (plaster of Paris) and sutures.	Covered	Covered	Covered
6	X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an affiliated physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered	Covered	Covered
7	Minor surgery not requiring confinement prescribed by an affiliated physician/specialist	Covered	Covered	Covered
8	Cauterization of Warts prescribed by an Affiliated Physician/Specialist except for genital warts and condyloma acuminatum	If Medically necessary & For therapeutic purposes (e.g. plantar warts, etc.) covered up to ABL	If Medically necessary & For therapeutic purposes (e.g. plantar warts, etc.) covered up to MBL	If Medically necessary & For therapeutic purposes (e.g. plantar warts, etc.) covered up to MBL
9	Speech Therapy	**Not Covered**	Covered up to Php10,000/member/year *(Reimbursement basis)*	Covered up to Php10,000/member/year *(Reimbursement basis)*
10	Initial treatment of animal bites *(cleaning, sutures, etc.)*	Covered subject to ABL except for the cost of vaccines	Covered subject to MBL except for the cost of vaccines	Covered subject to MBL except for the cost of vaccines
11	Passive and active vaccines for the treatment of tetanus and animal bites *(including immunoglobulin)*	**Not Covered**	covered up to P20,000 per member per year	covered up to P20,000 per member per year
IN-PATIENT SERVICES				
	Benefit Limit (Php) Options (see Annex B)	100K to 500K	150K & 300K	150K & 300K
1	Room and Board (R&B) according to the Member's chosen plan and subject to the maximum daily room rate, if any, of the plan under which the Member is enrolled.	Ward P 900	Semi-Private Open	Semi-Private Open

2	Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by attending Affiliated Physician) and recovery room.	up to ABL	Covered subject to MBL	Covered subject to MBL
3	Professional fees in accordance with PhilCare Schedule of Rates.			
	a. Attending Physicians	Covered	Covered	Covered
	b. Surgeons	Covered	Covered	Covered
	c. Anesthesiologists	Covered	Covered	Covered
	d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.	Covered	Covered	Covered
4	Standard Nursing Services	Covered	Covered	Covered
5	Medicines for in-patient use	Covered	Covered	Covered
6	Blood products, transfusions and intravenous fluids, including blood screening and cross matching.	Covered subject to ABL; blood screening of donor's blood **not included**	Covered subject to MBL **including** the cost of blood screening	Covered subject to MBL **including** the cost of blood screening
7	X-Ray, laboratory examinations, diagnostic tests and therapeutic procedures incidental to confinement	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
8	Dressings, conventional casts (plaster of Paris), and sutures	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
9	Anesthesia and its administration	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
10	Oxygen and its administration	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
11	Standard Admission kit	Covered subject to ABL	Covered	Covered
12	All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Affiliated Physician	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
13	Assistance in administrative requirements through a Liaison Officer	Covered subject to ABL	Covered	Covered
SPECIAL MODALITIES OF TREATMENT				
1	Laparoscopic Cholecystectomy	Php30,000 or subject to ABL; whichever is lower; limited to once per contract year	Subject to MBL, once per contract year	Subject to MBL, once per contract year
2	Lithotripsy	Php35,000 or subject to ABL; whichever is lower; limited to once per contract year	Subject to MBL, once per contract year	Subject to MBL, once per contract year

3	Magnetic Resonance Imaging (MRI)	Php5,000	Subject to MBL	Subject to MBL
4	Use of Nuclear/Radioactive Isotopes	Php5,000	Subject to MBL	Subject to MBL
5	Hysterescopic Myoma Resection	Php20,000	Subject to MBL	Subject to MBL
6	Laparoscopic Adrenalectomy (Unilateral)	Php75,000	Subject to MBL	Subject to MBL
7	Laparoscopic Adrenalectomy (Bilateral)	Php85,000	Subject to MBL	Subject to MBL
8	Transurethral Microwave Therapy of Prostate	Php35,000	Subject to MBL; once per contract year	Subject to MBL; once per contract year
9	Hysteroscopic Guided D&C/Biopsy	Php10,000	Subject to MBL	Subject to MBL
10	Percutaneous Ultrasonic Nephrolithotomy	Php40,000; limited to once per contract	Subject to MBL, once per contract year	Subject to MBL, once per contract year
11	Ureterolithotripsy	Php35,000; limited to once per contract year	Subject to MBL; once per contract year	Subject to MBL; once per contract year
12	Stereotactic Brain Biopsy	Php120,000 or subject to ABL; whichever is lower	Subject to MBL	Subject to MBL
13	Cryosurgery	Php1,000/area; limited to once per contract year	Subject to MBL; once per contract year	Subject to MBL; once per contract year
14	Sleep Study/ Polysomnograms (Sleep Recording)	Php5,000; with or without CPAP	Subject to MBL	Subject to MBL
15	Continuous Positive Airway Pressure (CPAP) titration for sleep study	Covered subject to Php 5,000; with separate limit for sleep study	Covered subject to Php 5,000	Covered subject to Php 5,000
16	Neuroscan	Php5,000	Subject to MBL	Subject to MBL
18	All Special Modalities of treatment and/or diagnostic procedures for which there are no comparable conventional or traditional equivalent or counterparts	Covered up to Php 5,000/ procedure /member /year	Covered up to Php 5,000/ procedure /member /year	Covered up to Php 5,000/ procedure /member /year
19	Sclerotherapy for varicose veins as prescribed by an Affiliated Physician, to be availed through Affiliated vascular surgeons.	Up to Php 5,000/member/year; aggregate limit.	Up to Php 5,000 / leg / member /year	Up to Php 5,000 / leg / member /year
EMERGENCY CARE				
1	In Affiliated Hospitals			
	a. Doctor's services	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	b. Emergency Room Fees	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	c. Medicines used for immediate relief during treatment	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	d. Oxygen, Intravenous fluids and blood products.	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	e. Dressings, conventional casts (plaster of Paris) and sutures.	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL

	f. X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient.	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	g. Room Upgrade in case of room unavailability	Room upgrade will be subject to rules on room upgrading (with additional charge -Waived for the first 24 hours except for Suite room.	Room upgrade will be subject to rules on room upgrading (with additional charge -Waived for the first 24 hours except for Suite room.	Room upgrade will be subject to rules on room upgrading (with additional charge - Waived for the first 24 hours except for Suite room.
2	In Non-Affiliated Hospitals	100% of hospital bills & professional fees based on PhilCare rates up to Php 15,000 /case /member /year (Reimbursement Basis)	80% of hospital bills & professional fees based on PhilCare rates up to Php 30,000 /case /member /year (Reimbursement Basis)	80% of hospital bills & professional fees based on PhilCare rates up to Php 30,000 /case /member /year (Reimbursement Basis)
3	Outside the Philippines	100% of hospital bills & professional fees based on PhilCare rates up to Php 15,000 /case /member /year (Reimbursement Basis)	80% of hospital bills & professional fees based on PhilCare rates up to Php 30,000 /case /member /year (Reimbursement Basis)	80% of hospital bills & professional fees based on PhilCare rates up to Php 30,000 /case /member /year (Reimbursement Basis)
4	Areas w/o Affiliated Hospital *(using the 50km radius rule)*	Covered subject to PhilCare rates up to ABL	Covered subject to PhilCare rates up to MBL	Covered subject to PhilCare rates up to MBL
5	Ambulance Service (Affiliated/Non-Affiliated to Affiliated) if within Metro Manila	Covered provided that the case is fully coordinated with PhilCare	Covered provided that the case is fully coordinated with PhilCare	Covered provided that the case is fully coordinated with PhilCare
6	Ambulance Service (Affiliated/Non-Affiliated to Affiliated) if in Provincial areas	Covered up to 2,000 per conduction (reimbursement basis)	Covered up to 2,000 per conduction (reimbursement basis)	Covered up to 2,000 per conduction (reimbursement basis)
PRE-EXISTING CONDITION				
Pre-Existing Condition (PEC)	**1st year**	All PEC *(whether declared or identified during the contestability period)*: Not Covered	All PEC *(shared limit)*: Semi-Private Plan: 5,000 Private Plan: 10,000	All PEC (*shared limit)*: Semi-Private Plan: 10,000 Private Plan: 20,000
	2nd year onwards		**Non-Dreaded Condition:** ABL *(regardless of plan)* **Dreaded Condition: Shared limit** Semi-Private Plan: 5,000 Private Plan: 10,000	**Non-Dreaded Condition:** ABL *(regardless of plan)* **Dreaded Condition: Shared limit** Semi-Private Plan: 10,000 Private Plan: 20,000
OTHER BENEFITS/SPECIAL SERVICES				
1	Work Related Conditions based on conditions covered by ECC	Covered subject to ABL	Covered	Covered
2	Motor Vehicular Accidents	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
3	Congenital diseases, except physical therapy sessions and developmental disorders,	Not Covered	Not Covered	Not Covered
	Congenital Hernia	Not Covered	Not Covered	Not Covered
4	Scoliosis (acquired cases only) including necessary procedures, except physical therapy sessions	Not Covered	Covered up to Php 40,000/member/year (only acquired cases)	Covered up to Php 40,000/member/year (only acquired cases)

5	Epilepsy, Seizure Disorder	Covered if acquired	Covered if acquired	Covered if acquired
6	Hepatitis B (if acquired, excluding STD) & Hepatitis C	Covered if acquired & not related to STD. Screening test is not Covered	Covered if acquired & not related to STD. Screening test is not Covered	Covered if acquired & not related to STD. Screening test is not Covered
7	Sports-related injuries	covered; except extreme	covered; except extreme sports	covered; except extreme sports
8	Unprovoked Assault, including domestic violence, whether initiated by a known or unknown third party	Covered	Covered	Covered
9	Maternity Assistance	Not covered	Not covered	Not covered
10	**Mental Health Assessment (MindCheck)**	**1 year access**	**1 month access**	**1 month access**
11	**Mental Health Counselling**	**2 sessions**	**1 session**	**1 session**
DIAGNOSTIC PROCEDURES				
1	Coronary Angiography	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
2	24 hour EEG Monitoring	Covered up to ABL	Covered subject to MBL	covered up to Php5,000/member/year
3	Esophageal Manometry	Covered up to ABL	covered up to Php5,000/member/year	covered up to Php5,000/member/year
4	Positron Emission Tomography	covered up to Php5,000/member/ year	covered up to Php5,000/member/year	covered up to Php5,000/member/year
5	CT Pulmonary Angiography	Covered up to ABL	covered up to Php5,000/member/year	covered up to Php5,000/member/year
6	Photodynamic Therapy	covered up to Php5,000/member/ year	covered up to Php5,000/member/year	covered up to Php5,000/member/year
7	24-hour Holter Monitoring	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
8	Adrenocortical Function	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
9	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
10	Arterial Blood Gas	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
11	Arthroscospic Procedures, Orthopedic Arthroscopy	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
12	Audiograms and Tympanograms	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
13	Bone Density Test (Dexa Scan/BMD Studies)	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
14	Computed Tomography Scans	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
15	**Diagnostic Radiographs:**			
	a. Biliary tract: Cholecystogram and Cholangiogram	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	b. Chest, ribs, sternum and clavicle	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	c. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series, Small Bowel series	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	d. Face (including sinuses), Head and Neck	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL

	e. Urinary: KUB, Pyelograms and Cystograms	Covered subject to ABL	Covered subject to MBL	
	f. X-ray of the extremities and pelvis	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	g. X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
16	**Diagnostic Ultrasounds:**			
	a. 2D-Echo with Doppler	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	b. Abdomen	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	c. Duplex Scan	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	d. Digestive and Urinary Systems	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	e. Ultrasound of the Lungs	covered up to Php5,000	Covered subject to MBL	Covered subject to MBL
	f. 4D Ultrasound except for maternity-related cases	Covered subject to ABL	covered up to Php5,000/member/year	covered up to Php5,000/member/year
	Electroencephalogram	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Electromyelography and Nerve Conduction Studies	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Endoscopic Procedures	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Fluorescein Angiography	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Impedance Plethysmography	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Lead Electrocardiogram	Covered up to Php5,000	Covered subject to MBL	Covered subject to MBL
	Magnetic Resonance Angiography (MRA)	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Mammography and Sonomammogram	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Myelogram	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Pap`s Smear	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Perfusion Scan	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Plasma Urinary Cortisol, Plasma Aldosterone	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Polysomnograms (Sleep Recording)	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Pulmonary Function Tests	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
17	**Radioisotope Scans and Function Studies:**			
	a. Cardiac	subject to special modalities limit; Php5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	b. Gastrointestinal	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	c. Liver	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	d. Parathyroid Bone, Pulmonary (Perfusion/ Ventilation Lung Scans)	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	e. Renal	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	f. Thyroid Scans	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	g. Total Body Scans	subject to special modalities	Covered subject to MBL	Covered subject to MBL

		limit; Php 5,000 limit per service		
	h. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	Radionuclide Ventriculography	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	Surface Electromyography (SEMG)	subject to special modalities limit; Php 5,000 limit per service	Covered subject to MBL	Covered subject to MBL
	Thallium Scintigraphy	subject to special modalities	Covered subject to MBL	Covered subject to MBL
	TMST-Treadmill Stress Test	Covered subject to ABL except for Nuclear TMST	Covered subject to MBL	Covered subject to MBL
	Cataract extraction except the cost of the lens	Covered subject to ABL	Covered subject to MBL	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 ABL	Covered subject to MBL	Covered subject to MBL
	Tuberculin test	covered up to Php600/member/year	covered up to Php600/member/year	covered up to Php600/member/year
	Blood Chemistries	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Chest X-Ray	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Complete Blood Count (CBC)	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Fecalysis	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
	Urinalysis	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
THERAPEUTIC PROCEDURES				
1	Angioplasty / Coronary Artery Bypass Graft	Covered subject to ABL (Stent or Balloon not covered)	Covered subject to MBL (Stent or Balloon not covered)	Covered subject to MBL (Stent or Balloon not covered)
2	Gamma Knife Surgery	covered subject to prevailing rate/RUV of conventional method	covered subject to prevailing rate/RUV of conventional method	covered subject to prevailing rate/RUV of conventional method
3	Laparoscopy (except those listed in the Special Modalities of Treatment)	covered subject to ABL	Covered subject to MBL	Covered subject to MBL
4	Conventional Hemorrhoidectomy	covered subject to ABL	Covered subject to MBL	Covered subject to MBL
5	Scalpel Hemorrhoidectomy	covered subject to ABL	Covered subject to MBL	Covered subject to MBL
6	Stapled Hemorrhoidectomy	covered subject to ABL except cost of staple	Covered up to Php 5,000 /member /year	Covered up to Php 5,000 /member /year
7	Mammotome	subject to special modalities limit; Php 5,000 limit per service	Covered up to Php5,000/member/year	Covered up to Php5,000/member/year
8	Botox which is not cosmetic in nature nor for beautification purpose	subject to special modalities limit; Php 5,000 limit per service	Covered up to Php5,000/member/year	Covered up to Php5,000/member/year
9	Dialysis	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
10	Intravenous Chemotherapy	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL

11	Physical therapy (PT)/ Occupational Therapy (OT) excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.	For OP: PT & OT is shared/aggregate limit & whichever comes first (either 12 sessions or ABL); For IP: subject to aggregate ABL - For Rehabilitative purposes only	For OP: PT & OT is shared/aggregate limit & whichever comes first (either 12 sessions or MBL); For IP: subject to aggregate MBL - For Rehabilitative purposes only	For OP: PT & OT is shared/aggregate limit & whichever comes first (either 12 sessions or MBL); For IP: subject to aggregate MBL - For Rehabilitative purposes only
12	**Therapeutic Radiology:**			
13	a. Brachytherapy	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
14	b. Cobalt	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
15	c. Linear Accelerator Therapy	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
16	d. Radioactive Cesium	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
17	e. Radioactive Iodine	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
18	f. Intensified Modulated Radiotherapy	Covered up to Php5,000/member/year	Covered up to Php5,000/member/year	Covered up to Php5,000/member/year
19	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
20	Minor surgery not requiring confinement prescribed by an Affiliated Physician / Specialist	Covered subject to ABL	Covered subject to MBL	Covered subject to MBL
21	Eye laser therapy for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an affiliated Physician/Specialist , excluding eye correction such as Lasik, PRK and the like	covered up to ABL, except for correction of EOR such as myopia, astigmatism and hyperopia	Covered up to Php 10,000 /eye /member /year	Covered up to Php 10,000 /eye /member /year
22	Blood products transfusions and intravenous fluids, including blood screening and cross matching	Covered up to ABL except blood donor screening test	Covered subject to MBL	Covered subject to MBL
TRAVEL ASSISTANCE *All Principals are entitled to Emergency Assistance worldwide provided for by ASSIST AMERICA, subject to the terms and conditions stated below. Members may avail this Emergency assistance if they are 150 kilometers from declared residence and travelling not more than 90 days in foreign country.* **Key Services:**				
1	**Medical Consultation, Evaluation & Referral** - Calls to Assist America's Operation Center are evaluated by medical personnel and referred to qualified doctors and/ or hospitals.	Not covered	Covered	Covered
2	**Hospital Admission Assistance** - Assist America fosters prompt hospital admission by validating the member's health coverage or by advancing funds to	Not covered	Covered	Covered

	the hospital, as needed.			
3	**Emergency Medical Evacuation** -If adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment, and personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.	Not covered	Covered	Covered
4	**Prescription Assistance** - If a member needs a replacement prescription while travelling, Assist America will help in filling that prescription	Not covered	Covered	Covered
5	**Emergency Message Transmission** - Assist America will receive and transmit authorized emergency messages for members.	Not covered	Covered	Covered
6	**Compassionate Visit** - If a member is travelling alone and will be hospitalized for more than seven days, Assist America will provide economy, round trip, and common carrier transportation to the place of hospitalization for a designated family member or friend.	Not covered	Covered	Covered
7	**Medical Monitoring** - Assist America medical personnel will maintain regular communication with the member's attending physician and/ or hospital and relay information to the family, as	Not covered	Covered	Covered
8	**Medical Repatriation** - If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate them home or to a rehabilitation facility with a medical or non-medical escort, as necessary.	Not covered	Covered	Covered

9	**Lost Luggage or Document Assistance** - Assist America will help members locate lost luggage, documents, or personal belongings.	Not covered	Covered	Covered
10	**Care of Minor Children** - Assist America will arrange for the care of children left unattended as the result of medical emergency and pay for any transportation costs involved in such arrangements.	Not covered	Covered	Covered
11	**Return of Mortal Remains** - Assist America will assist with the logistics of returning a member's remains home in the event of his or her death. This service includes arranging the preparation of the remains for transport, procuring required documentation, providing the necessary shipping container as well as paying for transport.	Not covered	Covered	Covered
12	**Interpreter & Legal Referrals** - Assist America will refer member to interpreters and / or legal personnel, as necessary	Not covered	Covered	Covered
13	**Pre-Trip Information** - Assist America offers members country profiles that include visa requirements, immunization and inoculation recommendations, as well as security advisories for any travel destination.	Not covered	Covered	Covered
	Conditions and Exclusion: Assist America will not provide services in the following instances:			
1	*Travel undertaken specifically for securing medical treatment*	N/A	Applicable exclusion	Applicable exclusion
2	*Injuries resulting from participation in acts of war or insurrection*	N/A	Applicable exclusion	Applicable exclusion
3	*Attempt at suicide*	N/A	Applicable exclusion	Applicable exclusion
4	*Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care.*	N/A	Applicable exclusion	Applicable exclusion

5	*Commission of unlawful act(s)*	N/A	Applicable exclusion	Applicable exclusion
6	*Incidents involving the use of drugs unless prescribed by a physician*	N/A	Applicable exclusion	Applicable exclusion
7	*Assist America will not evacuate or repatriate a member - Without medical authorization; With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home;· With pregnancy over six months; With mental or nervous disorders unless hospitalized*	N/A	Applicable exclusion	Applicable exclusion
GROUP LIFE WITH ACCIDENTAL DEATH & DISABLEMENT (AD&D) BENEFITS (For Principal Members Only)				
1	Death	Php 100,000	Php 100,000	Php 100,000
2	AD&D Coverage	Php 100,000	Php 100,000	Php 100,000
	a. life	100% of amount of insurance	100% of amount of insurance	100% of amount of insurance
	b. entire sight of both eyes	100% of amount of insurance	100% of amount of insurance	100% of amount of insurance
	c. both hands or both feet	100% of amount of insurance	100% of amount of insurance	100% of amount of insurance
	d. one hand and one foot	100% of amount of insurance	100% of amount of insurance	100% of amount of insurance
	e. either hand or foot and sight of one eye	100% of amount of insurance	100% of amount of insurance	100% of amount of insurance
	f. Arm at or above elbow	70% of amount of insurance	70% of amount of insurance	70% of amount of insurance
	g. Leg at or above knee	60% of amount of insurance	60% of amount of insurance	60% of amount of insurance
	h. One hand at or above wrist	50% of amount of insurance	50% of amount of insurance	50% of amount of insurance
	i. One foot at or above the ankle	50% of amount of insurance	50% of amount of insurance	50% of amount of insurance
	j. Hearing of both ears	50% of amount of insurance	50% of amount of insurance	50% of amount of insurance
	k. Sight of one eye	50% of amount of insurance	50% of amount of insurance	50% of amount of insurance
	l. Four fingers and thumb of one hand	50% of amount of insurance	50% of amount of insurance	50% of amount of insurance

OPTIONAL RIDER: DENTAL BENEFITS

☐ **Package 1: Standard Package**	• Annual dental examination and consultations • Emergency out-patient dental treatment • Oral Prophylaxis once a year (light cases only) • Simple tooth extractions • Restorative and prosthodontics treatment planning • Unlimited Temporary fillings (as needed) • Desensitization of hypersensitive teeth • Simple adjustment of dentures • Simple adjustment of dentures • Recementation of loose crows, inlays and onlays • Dental nutrition and dietary counselling • Dental health education • Temporo mandibular joint consultation • Gum treatment for cases like inflammation
☐ **Package 2: Non-Standard Package A**	• Package 1: Standard Package **Plus:** • **2 surfaces light-cure dental filling**
☐ **Package 3: Non-Standard Package B**	• Package 1: Standard Package **Plus:** • **1 additional prophylaxis** • **2 surfaces light-cure dental filling**

ANNEX E: CUSTOMER JOURNEY

Process	Requirements	TAT
1. Client's Submission of enrolment requirements	• Application form • Valid ID (gov't ID) • **For 50 years old & up or if required: Medical Exam*	N/A
2. PhilCare's Assessment & Offer *(Acceptance/Decline)*	**Assessment:** • With Health declaration • Without a Health declaration	2–5 business days Without Health dec: 2 days With Health dec: 3 – 5 days
3. Client's/Applicant's Acceptance and Settlement	**Premiums Payment Options:** • Credit card • Banks *(deposit, transfer, bills payment)* • Check payments • PhilCare Offices (cashier) • Payment centers *(Lhuillier, etc.)* • Web payments **Mode of Pay:** • Annual, Semi-Annual & Quarterly	N/A
4. Membership Activation	*Same day from activation date:* • Provision of Certificate Number • Access to HeyPhil App	7 days
5. Release of Deliverables	• Membership card & booklet • Policy Agreement • Dental Card *(if applicable)*	7 business days
Release of Modal Billing: 30 days prior to the due date Release of Renewal Proposal: 60 days prior to expiry Account Renewal processing: 5 days *(from payment receipt)*		
****Medical Exam:** **Physical Exam| Urinalysis | ECG | Blood Tests – CBC, Sodium, Chloride, Bicarbonate, Calcium, Glucose, BUN and Potassium** ***Note:*** *Medical Tests from accredited providers 6 months & below may be accepted*. Expense for Medical Exam may be reimbursed up to **Php 2,250.00,** for approved applications.		

OPTIONS TO APPLY FOR A PLAN:

1. Manual Sign-up *(hard copies/printed copies submitted to PhilCare office)*
2. Soft copy *(editable PDF). Click this link to access the form: https://tinyurl.com/mr355vfa*
3. Online Application through PhilCare's site via *(scan the QR code below)*:

EASyPhil

ANNEX F: PHILCARE'S GENERAL EXCLUSIONS APPLICABLE TO HEALTH CARE COVERAGE

"No Health Care Benefits shall be paid for the following services, procedures or conditions unless otherwise specified in the contract."

1. Care by Non-Affiliated Physician in either Affiliated or Non-Affiliated Hospitals, except in emergencies wherein the Emergency Provision of the Agreement shall apply;
2. Care by an Affiliated Physician in Non-Affiliated Hospital;
3. Additional hospital charges and Professional Fees resulting from taking a Room Category higher than that specified in the Member's Benefit Schedule.
4. Additional personal comfort items (e.g., telephone and television, additional food trays, admission kit and such other items of the same nature);
5. Procurement or use of corrective appliances, prosthesis, artificial aids and durable equipment such as but not limited to the following: (a) stents; (b) prolene mesh; (c) pins, screws, plates, wires; (d) VP shunt, clips; (e) hearing aids; (f) intraocular lens, eyeglasses, contact lenses; (g) balloons, valves; (h) braces, crutches; (i) pace maker;
6. All pregnancy-related conditions and complications relating to mother and unborn child, requiring medical and surgical care, regardless of time/date of occurrence (during the actual time of pregnancy or thereafter);
7. All sexually transmitted diseases
8. Circumcision, sterilization of either sex or reversal of such, artificial insemination, sex transformation or diagnosis and treatment of infertility.
9. Rest cures, custodial, domiciliary and convalescent care. These pertain to care in a skilled affiliated facility or an institution that meets certain standards for medical care and includes nursing care and therapeutic services following hospital confinement.
10. Cosmetic procedure and surgery and oral surgery solely for purpose of beautification, except reconstructive surgery to treat functional defects due to disease or accidental injury;
11. Blood screening, blood typing, cross-matching for potential donors in relation to blood donation and transfusion;
12. Weight reduction programs, surgical operation or procedure for treatment of obesity, including but not limited to gastric stapling;
13. Dental examination, extractions, fillings and general dental attention and conditions and all complications arising there from, including oral surgery and prosthodental procedures following accidental injury to teeth for purposes of beautification. Exceptions are treatment to the extent necessary for repair and/or restoration of function, when the damage is caused solely by accidental injuries;

14. All forms of behavioral disorders whether congenital or acquired; developmental or psychiatric disorder; psychosomatic illness;

15. Any injury, illness or condition which the Member may suffer after he has taken intoxicating drugs or alcoholic beverage as evidenced by clinical history or alcoholic breath as determined by the examining physician and/or conditions or illnesses resulting from Alcoholism and Drug Addiction;

16. Medical or surgical procedures that are experimental in nature and those that are not generally accepted as standard medical treatment by the medical profession, that may include but is not limited to, Chiropractic Services, Acupuncture, and Reflexology;

17. Allergens used for hypersensitivity testing regardless if administered as an out-patient or in-patient procedure;

18. All expenses incurred by the Member in the process of donating organs;

19. Treatment of injuries or illnesses resulting from the voluntary participation of a Member in any hazardous sport or activity that may include but is not limited to: bungee jumping, scuba diving, hang-gliding, mountain climbing, parachuting, surfing, rock climbing, airsoft, paintballing, boxing, wrestling, martial arts (such as taekwondo, judo, karate, etc.), gymnastics, motor sports (drag racing, jet skiing), wakeboarding, water skiing and all such other voluntary activities which pose a grave danger to life and limb, except those related to or directly connected with the Member's occupation as declared in the application for health care coverage under the Agreement;

20. Physical examinations, certification of results/fitness and other related services required for obtaining or continuing employment, insurance application, government licensing, travel clearances, dental clearance, school clearances, sports and competition clearances, company promotions or not related to the health maintenance of the client;

21. Treatment of injuries or illnesses due to military service or suffered under conditions of war;

22. Executive check-ups and confinement which are for purely diagnostic purposes except as specified in the Agreement;

23. Treatment of injuries or illnesses wherein the care or reimbursement of services is provided by law or a government program, up to the stipulated limits;

24. Treatment of any injury which is proven to be attributable to the Member's own misconduct such as negligence, intemperate use of drugs or alcoholic liquor, direct or indirect participation in the commission of a crime, whether consummated or not, violation of a law or ordinance, unnecessary exposure to imminent danger or hazard to health, infections or complications as a result of tattoos and piercing of the ear or any body part, whether self-inflicted or done by a third party, or attempted suicide or self-destruction, whether sane or insane. Self-inflicted fireworks-related injuries fall within the foregoing exclusions.

25. All cases of assault perpetrated by the Member including domestic violence which result in harm or injury to the Member perpetrator.