maxicare®
health plans

My Maxicare



MAXICARE HEALTHCARE CORPORATION

Quality healthcare you can rely on — every step of the way from the country's leading HMO.

KEY BENEFITS

MyMaxicare

INPATIENT BENEFITS



1. Room and Board Accommodation
2. Use of Operating Room, Intensive Care Unit (ICU), Isolation Room (if prescribed by an attending affiliated physician) and Recovery Room
3. Professional Fees of Attending Physician, Surgeon, Anesthesiologist and Cardio Pulmonary clearance before surgery and cardiac monitoring during surgery
4. Standard nursing services
5. Medicines for inpatient use
6. Blood product transfusions and intravenous fluids, including blood screening and cross matching
7. X-ray, laboratory examinations, diagnostic tests, and therapeutic procedures incidental to confinement
8. Dressings, conventional casts (plaster of Paris), and sutures
9. Anesthesia and its administration
10. Oxygen and its administration
11. Standard admission kit
12. All other items directly related in the medical management of the patient, as deemed medically necessary by the attending affiliated physician



NOTE: *Required to file Philhealth upon discharge. Non-Philhealth members will pay for the Philhealth portion.*

PLAN TYPE	Room & Board Accommodation	Maximum Benefit Limit
Platinum Plus	Large Private	Php 250,000
Platinum	Regular Private	Php 200,000
Gold	Regular Private	Php 150,000
Silver	Semi-Private	Php 100,000

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OUTPATIENT BENEFITS

All outpatient consultations and outpatient procedures (as long as it is Medically Necessary).

OUTPATIENT PROCEDURE	COVERAGE	REMARKS
Eye laser therapy only for retinal tear, retinal hole, retinal detachment, and glaucoma prescribed by an Affiliated Physician / Specialist	Php 10,000 per eye per member per year	Eye correction such as Lasik, PRK, and the like are not covered
Electrocauterization of skin lesions such as plantar warts, flat warts, periungual warts, filiform warts, and molluscum contagiosum, in any part of the body as prescribed by an Affiliated Physician / Specialist	Php 1,000 per member per year	
Sclerotherapy for varicose veins as prescribed by an Affiliated Physician, to be availed through affiliated vascular surgeons	Php 5,000 per leg per member per year	Medicines and cosmetic purposes excluded
Allergy Testing / Allergy Screening and other related examinations prescribed by an Affiliated Physician	Php 2,500 per member per year	
Speech therapy for stroke patients only	Php 10,000 per member per year on reimbursement basis	Consultations shall be part of the limit
Tuberculin test	Php 600 per member per year	



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OUTPATIENT BENEFITS

DIAGNOSTIC / THERAPEUTIC PROCEDURES	COVERAGE	REMARKS
All diagnostic / therapeutic procedures	100% of actual cost subject to MBL	
Arthrocentesis	Up to six (6) sessions subject to MBL	
Continuous Positive Airway Pressure (CPAP) titration for sleep study	Php 60,000 per member per year	Shared limit for OP and IP
Dialysis	Up to twelve (12) sessions subject to MBL	
Non-oral chemotherapy (for cancer treatment only)	Up to twelve (12) sessions subject to MBL	
Oral chemotherapy (for cancer treatment only) up to Php 60,000 per member per year (shared limit for OP and IP)	Php 60,000 per member per year	Shared limit for OP and IP
Physical Therapy / Occupational Therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like	Shared limit of up to twelve (12) sessions per member per year subject to MBL	Therapy of one (1) body area shall be considered as one (1) session
Therapeutic Radiology: • **Brachytherapy** • **Cobalt** • **Linear Accelerator Therapy** • **Radioactive Cesium** • **Radioactive Iodine**	Up to twelve (12) sessions subject to MBL	



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OUTPATIENT BENEFITS

DIAGNOSTIC / THERAPEUTIC PROCEDURES	COVERAGE	REMARKS
Transurethral Microwave Therapy of Prostate	Php 25,000 per member per year	Shared limit for OP and IP
Stapled Hemorrhoidectomy	Php 10,000 per member per year	Shared limit for OP and IP
4D Ultrasound except for maternity-related cases	Php 5,000 per member per year	Shared limit for OP and IP
Esophageal Manometry	Php 5,000 per member per year	Shared limit for OP and IP
Intensified Modulated Radiotherapy	Php 10,000 per member per year	Shared limit for OP and IP
Botox which is not cosmetic in nature nor for beautification purpose	Php 5,000 per member per year	Shared limit for OP and IP
Positron Emission Tomography (PET) Scan	Php 5,000 per member per year	Shared limit for OP and IP
CT Pulmonary Angiography	Php 5,000 per member per year	Shared limit for OP and IP
Other Modalities	Php 5,000 per member per year	Shared limit for OP and IP



EMERGENCY CARE

Affiliated Hospitals

- Doctor's services
- Emergency Room fees
- Medicines used for immediate relief and during treatment
- Oxygen, intravenous fluids, and blood products
- Dressings, conventional casts (plaster of Paris), and sutures
- Initial treatment of animal bites shall be covered for the first twenty-four (24) hours from the time of bite, subject to MBL (except cost of vaccines)
- X-rays, laboratory, diagnostic examinations, and other medical services related to the emergency treatment of the patient

Non-Affiliated Hospitals

Within the Philippines

Maxicare shall reimburse up to 80% of the actual hospital bills and 80% of the professional fees based on Maxicare rates incurred during the first twenty-four (24) hours of treatment up to Php 30,000 per availment per member.

Areas without affiliated hospitals within the Philippines

Maxicare shall reimburse 100% of the total hospital bills and professional fees based on Maxicare rates.

Outside the Philippines

Maxicare shall reimburse 100% actual costs up to Php 30,000 per availment per member.

Ambulance Service

Maxicare will cover road ambulance service for transfers from an affiliated hospital to another affiliated hospital up to MBL, and Php 2,500 per conduction if it is from a non-affiliated hospital to an affiliated hospital (on reimbursement basis).

Note: *It is very important that you call the Maxicare Hotline within 24 hours in order for Customer Care to arrange a transfer from the non-affiliated hospital to the affiliated hospital.*

PREVENTIVE CARE

- Passive and active vaccines for treatment of tetanus and animal bites shall be covered up to Php 18,000 per member per year
- Periodic monitoring of health problems
- Health education and counseling on diets and exercise
- Health habits and family planning counseling

ANNUAL CHECK-UP (ACU)

Basic 5 Routine; Clinic-based: (Applicable to Platinum Plus, Platinum, Gold, and Silver Plan Types)

1. History and Physical Exam
2. CBC (Complete Blood Count)
3. Routine Urinalysis
4. Routine Fecalysis
5. Chest X-ray (PA)



The ACU however, may only be availed within the contract period after one (1) payment of at least six (6) months worth of membership, and two (2) availer must be a member of at least six (6) months starting from the effectivity date. Members must notify Maxicare's Customer Care Department (CCD) at least one (1) month prior to the preferred schedule. Any request for rescheduling or change of venue must be in writing and shall be allowed only once provided request was forwarded to CCD at least one (1) week prior to the original ACU schedule. Otherwise, ACU entitlement shall be forfeited.

ACCIDENTAL DEATH, DISABLEMENT & DISMEMBERMENT BENEFIT

Life Insurance coverage with Accidental Death, Disablement & Dismemberment up to Php 50,000

DENTAL CARE (OPTIONAL)

Exclusive for Dental Hub Provider Only

1. Oral Consultation / Examination
2. Once a year Oral Prophylaxis
3. Simple Tooth Extraction
4. Unlimited Temporary Fillings, as needed
5. Simple Repair and Adjustment of Dentures
6. Recementation of Jacket Crowns, Bridges, Inlay and Onlay
7. Palliative Treatment of Simple Mouth Sores and Blisters
8. Desensitization of Hypersensitive Teeth – up to two (2) teeth per year
9. Permanent Fillings – up to two (2) teeth per year
10. Gum Treatment for cases like inflammation or bleeding
11. Emergency Dental Treatment
12. Oral Incision and drainage

CRITICAL CARE (OPTIONAL)

List of Critical Illness

1. Alzheimer's Disease
2. Apallic Syndrome
3. Aplastic Anaemia
4. Bacterial Meningitis
5. Benign Brain Tumor
6. Cardiomyopathy
7. Cerebral Aneurysm Requiring Invasive Brain Surgery
8. Chronic Liver Disease
9. Chronic Lung Disease
10. Chronic Recurrent Pancreatitis
11. Coma
12. Coronary Artery Bypass Grafting
13. Crohn's Disease
14. Encephalitis
15. Fulminant Viral Hepatitis
16. Heart Valve Surgery
17. HIV/AIDS due to Blood Transfusion
18. Loss of Hearing (Deafness)
19. Loss of Independent Existence
20. Loss of Limbs
21. Loss of Sight (Blindness)
22. Loss of Speech
23. Major Burns
24. Major Cancer
25. Major Head Trauma with Severe Brain Damage
26. Major Organ and Bone Marrow Transplant
27. Major Stroke
28. Major Surgery to Aorta
29. Medullary Cystic Disease
30. Motor Neurone Disease
31. Multiple Sclerosis
32. Muscular Dystrophy
33. Myocardial Infarction (Heart Attack)
34. Occupationally-acquired HIV/AIDS
35. Paralysis
36. Parkinson's Disease
37. Primary Pulmonary Arterial Hypertension
38. Progressive Scleroderma
39. Renal Failure
40. Severe Rheumatoid Arthritis
41. Terminal Illness
42. Ulcerative Colitis



DAILY HOSPITAL CASH BENEFIT (OPTIONAL)

Php 500 hospitalization cash per day of confinement

- Insurance Provider: Maxicare Life Insurance Corporation

Covered up to:

- 31 days per hospital confinement or per illness or accident
- 62 days per year
- Coverage Amount per Day: Php 500/day of confinement
- Intensive Care Unit (ICU) Cash Benefit: 2x the Daily Hospital Cash Benefit per each ICU day

  Note: This is subject to a limit of fourteen (14) ICU days per policy per year
- Inpatient Surgery Cash Benefit: 5x the Daily Hospital Cash Benefit

Note: *This is subject to a limit of three (3) Inpatient Surgery Benefit payments per policy per year*.



ADDITIONAL BENEFIT

- Initial Treatment within 24 hours from time of bite of animal bites – subject to MBL (except cost of vaccines)
- Succeeding treatment after 24 hours from time of bite of animal bites – subject to MBL (except cost of vaccines)
- Vaccines for treatment of tetanus and animal bites (including administration fee but excluding ER Fees) – up to Php 18,000 per member per year (shared limit for OP and IP)
- Scoliosis including necessary procedures, except physical therapy sessions, whether congenital, pre-existing, developmental or acquired – up to Php 20,000 per member per year (shared limit for OP and IP)



Note: *Physical Therapy sessions shall form part of the Physical Therapy / Occupational Therapy limits*

- Congenital Conditions except physical therapy sessions and developmental disorders – up to Php 20,000 per member per year (shared limit for OP and IP)
- Chronic Dermatoses – Consultations only
- Hepatitis B – Not covered
- Wellness Program – Not covered

VALUE ADDED FEATURES

MAXICARE'S INTERNATIONAL ASSISTANCE PROGRAM

Maxicare has partnered with the Insurance Company of Assist America Asia Limited

Note: *Coverage begins when a member is traveling more than 150 km away from home or in another country or territory.*

Benefits:

Medical Emergency Assistance

- Emergency Medical Evacuation
- Emergency Medical Repatriation
- Medical Referral
- Medical Monitoring
- Prescription Assistance
- Foreign Hospital Admission Assistance
- Return of Mortal Remains

Non-Medical Emergency Assistance

- Compassionate Visit
- Care of Minor Children
- Emergency Message Transmission
- Lost Luggage or Document Assistance
- Legal and Interpreter Referrals
- Pre-Trip Information
- Mobile App Services

PRE-EXISTING CONDITIONS - DREADED DISEASES

Any condition that is considered to be chronic, progressive, life-threatening, and which may entail lifelong therapy wherein complete cure cannot be ensured

COVERAGE FOR DREADED AND NON-DREADED CONDITIONS

1st and 2nd year of membership

Dreaded illness coverage is subject to the following limits:

PLAN TYPE	Per illness per member per year
Platinum Plus	Php 20,000
Platinum	Php 15,000
Gold	Php 10,000
Silver	Php 5,000

Acquired dreaded conditions shall be covered up to MBL.

Note: MBL - Maximum Benefit Limit

INCREASED DREADED ILLNESS COVERAGE FOR CONTINUING MEMBERS

Dreaded illness coverage limits increase by up to 20% in subsequent years of membership, subject to plan type and the limits below:

Membership Year	Per illness per member per year
3rd	Platinum Plus – Php 24,000 Platinum – Php 18,000 Gold – Php 12,000 Silver – Php 6,000
4th	Platinum Plus – Php 28,000 Platinum – Php 21,000 Gold – Php 14,000 Silver – Php 7,000
5th	Platinum Plus – Php 32,000 Platinum – Php 24,000 Gold – Php 16,000 Silver – Php 8,000
6th - 9th	Platinum Plus – Php 36,000 Platinum – Php 27,000 Gold – Php 18,000 Silver – Php 9,000
10th onwards	Platinum Plus – Php 40,000 Platinum – Php 30,000 Gold – Php 20,000 Silver – Php 10,000

PRE-EXISTING COVERAGE - NON-DREADED

Non-Dreaded illness coverage for 1st year of membership is subject to the following limits:

PLAN TYPE	Per illness per member per year
Platinum Plus	Php 20,000
Platinum	Php 15,000
Gold	Php 10,000
Silver	Php 5,000

Non-dreaded conditions from 2nd year of membership onwards shall be covered up to MBL.

Maxicare reserves the right to determine coverage up to MBL on acquired conditions that are not included and those that may be related to the list of conditions enumerated above.

Note: MBL - Maximum Benefit Limit

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DREADED DISEASE / CONDITION

Such **dreaded conditions** include, but are not limited to, the following:

All malignancies (including indicated chemotherapy or radiotherapy)	Chronic Kidney Disease / Failure and its complications
Arthritis	Chronic Glomerulonephritis
Chronic Gastrointestinal Diseases such as, but not limited to, Irritable Bowel Syndrome, Crohn's disease	Blood Dyscrasias such as but not limited to Leukemia, Idiopathic Thrombocytopenic Purpura, Lymphoma
Chronic Endocrine Disorders and its complications such as, but not limited to, Dyslipidemia, Obesity, Diabetes Mellitus, Hormonal Dysfunctions excluding surgical treatment/procedures for obesity	Chronic Liver Parenchymal Diseases such as, but not limited to, Liver Cirrhosis, Chronic hepatitis, Non-alcoholic Fatty Liver Disease/Steatohepatitis (NASH), New growth
Chronic Cardiovascular Diseases and its complications such as, but not limited to, Uncontrolled Hypertension of whatever etiology, Aortic Dissection, Abdominal Aortic Aneurysm, (Myocardial) Infarction, Cardiac Arrest, Congestive Heart Failure, Cardiac Arrhythmia, Cardiac Tamponade, Coronary Artery Disease, Cardiomyopathies and Valvular Heart Disease except Mitral Valve Prolapse, Aortic Dissection, Abdominal Aortic Aneurysm, and Peripheral Vascular Disease and its complications such as, but not limited to Buerger's Disease	Cerebrovascular Diseases such as, but not limited to, Stroke, Cerebral, Cerebellar, Thrombosis, Embolism, and Ruptured aneurysm and all Intracranial Hemorrhage and related conditions
	Cholecystolithiasis and Choledocholithiasis
	Neuro-surgical interventions and/or major neurological diseases such as, but not limited to, Poliomyelitis / Meningitis / Encephalitis, Demyelinating Neurologic diseases and its complications / sequelae and Peripheral Nervous System Disorders / Diseases; Neurosurgical conditions: brain tumors, arteriovenous fistula, aneurysm and others



DREADED DISEASE / CONDITION

Such **dreaded conditions** include, but are not limited to, the following:

Chronic Genitourinary Disorders	Multiple Organ Failure
Slipped disc	Spinal Stenosis
Chronic Pulmonary Diseases such as, but not limited to, Bronchial Asthma, Chronic Obstructive Pulmonary Disease (COPD), emphysema, and other chronic lung disease	Collagen Vascular / Connective Tissue / Immunologic Disorders such as, but not limited to, Systemic Lupus Erythematosus, Scleroderma, Rheumatoid arthritis and its complications
Muscular Dystrophies such as, but not limited to, Duchenne, Becker, limb girdle, Facioscapulohumeral, Myotonic, Oculopharyngeal, distal, and Emery-Dreifuss	Thyroid Dysfunctions due to disease of the thyroid, such as, but not limited to, Hypothyroidism and Hyperthyroidism
	Previous craniotomy sequelae
Complications of immunocompromised clinical conditions except HIV/AIDS	Extrapulmonary Tuberculosis including Pott's disease and Multi-Drug Resistance Case (MDR) case
Any illness other than above which would require Critical Care/Intensive Care Unit (ICU) Confinement	All complications resulting from the above list of conditions



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NON-DREADED DISEASE / CONDITION

Such **non-dreaded conditions** include, but are not limited to, the following:

All benign tumors, except those causing compression and obstructive symptoms or complications	Endometriosis/Controlled Dysfunctional Uterine Bleeding (except if caused by uterine malignancies)
Anal Fistulae	Cervical Polyps (if benign biopsy)
Conjunctivitis (except chemical, complicated)	Ovarian cysts, Uncomplicated Cholecystitis, Cholelithiasis
Gastritis, Duodenitis or Uncomplicated Gastric / Duodenal Ulcer	Urinary Incontinence
Migraine	Non-Toxic Goiter (if uncomplicated)
Cataract and Glaucoma	Uncomplicated Hernias (Congenital Hernia will have coverage as listed in the Congenital Clause)
Non-surgical Ear-Nose-Throat conditions such as, but not limited to, Sinusitis, Rhinitis, Tonsillopharyngitis, Laryngitis, Parotitis, Otitis Media, Otitis Externa and Surgical Ear-Nose-Throat conditions such as but not limited to Tonsillectomy, Nasal Polypectomy, Tympanoplasty, Sialolithotomy, Sialodochoplasty	Uncomplicated Urinary Tract Infection, Stones / Calculi
	Uncomplicated Hypertension
Hemorrhoids	Hearing impairment
Uncomplicated Hepatitis A	Inactive Pulmonary Tuberculosis



AVAILMENT PROCEDURES

OUTPATIENT / NON-EMERGENCY SERVICES

1. Any outpatient or non-emergency services are accommodated by the Maxicare primary care physician at any Maxicare Primary Care Clinic (PCC). Please refer to the list and location of Maxicare PCCs and Helpdesks on the inside back cover.
2. If any of the PCCs is inaccessible to the Member, he may proceed to any Maxicare Affiliated Hospital / Medical Clinic and must go through the Maxicare Coordinator
    a. Prior to availment, Member shall present his Maxicare ID Card and another valid identification card (e.g., company ID, SSS ID, driver's license, or other ID cards bearing photo and signature) for verification. For cases when the Maxicare ID card is not available, the Maxicare Certification can be honored.
    b. The Maxicare Coordinator shall diagnose the Member for any ailment. Appropriate medical treatment will then be given or confinement may be recommended, if necessary. If a medical case requires treatment or consultation with another specialist, the Maxicare primary care physician or Coordinator may refer accordingly.
    c. Necessary laboratory examinations or diagnostic procedures may be requested by the Maxicare primary care physician or Coordinator using the Maxicare Laboratory Request Form. Member then proceeds to the laboratory where the tests will be performed. Results of the tests may be followed up with the Maxicare primary care physician or coordinator.

Note: *Referral Slips and Laboratory Slips* are necessary in order for the doctor to know that Maxicare is to be billed for the procedure. For queries and assistance, please call the 24/7 Maxicare Hotline at (02) 8582-1900 (PLDT) or (02) 7798-7777 (GLOBE)*

INPATIENT SERVICES

1. Upon recommendation of the Maxicare primary care physician or Coordinator, the Member may be admitted to the hospital either on emergency or Elective Confinement.
2. For proper monitoring and notification of confinement by Maxicare, the Member must present the Maxicare ID Card to the hospital's admitting section immediately upon admission. Likewise, said section must be notified by the Maxicare Coordinator of room-and-board entitlement for proper room accommodation.
    a. Room upgrading during an Elective Confinement is allowed. However, the difference in the room-and-board, doctor's Professional Fees and incremental costs incurred shall be charged to and settled by the Member upon discharge.

AVAILMENT PROCEDURES

INPATIENT SERVICES

b. In an emergency confinement where room entitlement may not be available, room upgrading is allowed subject to the conditions

3. Once confinement is monitored, Maxicare prepares the Letter of Authorization (LOA), which contains Maxicare's extent of coverage on availment. This is issued by the Maxicare representative to the hospital where the Member is admitted.
4. All provisions indicated in the LOA shall be discussed by the Maxicare representative with the Member on the first or second day of confinement. This informs the Member of any charges that will not be shouldered by Maxicare, as well as other requirements pertinent to the availment. The Member must indicate his conforme to the LOA provisions by signing the same.

Note: *For queries and assistance, call the 24/7 Maxicare Hotline at (02) 8582-1900 (PLDT) or (02) 7798-7777 (GLOBE).*

EMERGENCY CARE SERVICES

A life-threatening or accidental injury or a sudden and unexpected onset of a condition which at the time of the occurrence reasonably appears to have the potential of causing immediate disability or death, or which requires the immediate alleviation of pain or discomfort.

A. Affiliated Hospitals

a. Once confinement is determined, the Member must notify the Maxicare Head Office, through the customer care department, within 24 hours so that proper assistance is promptly rendered

B. Non-Affiliated Hospitals

a. After treatment at the emergency room, all necessary receipts must be secured by the Member for the processing of claim for reimbursement.

b. The Maxicare claim for reimbursement form, medical certificate, and all pertinent documents must be promptly accomplished and submitted to the Maxicare Head Office within thirty (30) days upon the date of discharge.



ENROLLMENT PROCESS AND GUIDELINES

1. Fill out the IF application form completely
2. Dependent's plan must be the same plan as the principal or one plan lower
3. Forward the accomplished application form and other requirements needed (if applicable) to the Account Officer for processing
4. Once the application has been approved, the Statement of Account shall be sent to your billing address for settlement. Payments (cash or check) may be made at the Maxicare Head Office or at any Banco de Oro branches via bills payments
5. Members will receive a Maxicare ID card as proof of membership

Who may be enrolled into the MyMaxicare Program and what are the requirements?

- The age eligibility for principal and dependents are from 15 days old to 60 years and 5 months of age
- Eligible dependents are as follows (in order):
  - For single enrollees: Mother, Father, then Siblings 21 years and 5 months old and below, according to age
  - For married enrollees: Spouse, then Children 21 years and 5 months old and below, according to age.
- **Individual Membership Requirements:**
  - Application form
  - One (1) Valid ID / Copy of Birth Certificate
  - Photocopy of ACR (Alien Certificate of Residency) if nationality is foreign



- **Family Membership Requirements**

  Couples only:
  - Application form
  - Copy of marriage certificate
  - Photocopy of ACR (Alien Certificate of Residency) if nationality is foreign

  With child dependent:
  - Application form
  - Copy of birth certificate (each child)
  - Photocopy of ACR (Alien Certificate of Residency) if nationality is foreign

Note: *Maxicare may request for additional requirements when deemed necessary.*

ENROLLMENT PROCESS AND GUIDELINES

HIERARCHY OF ENROLLMENT:

- Unless there is a valid reason for the non-enrollment of certain dependents (i.e. currently enrolled in another HMO, abroad, separated, deceased, etc.), applicants should enroll their dependents in the priority specified above
- Sufficient documentation shall be requested by Maxicare from the applicant to validate the non-eligibility of the dependent (i.e. photocopy of HMO card, certificate of employment from company abroad, death certificate, etc.)

REQUIREMENTS FOR ALIEN RESIDENTS / FOREIGN NATIONALS:

- Photocopy of ACR (Alien Certificate of Residency) ID
- Certificate of employment (if applicable)

EXCLUSIONS AND LIMITATIONS

Notwithstanding any provisions to the contrary, the following shall not be covered except otherwise specified in the Agreement:

1. Services obtained for non-emergency conditions from Physicians and Hospitals in any of the following circumstances:
    a. Non-affiliated physicians in non-affiliated hospitals or clinics;
    b. Non-affiliated physicians in affiliated hospitals or clinics;
    c. Affiliated physicians in non-affiliated hospitals or other non-affiliated healthcare facilities
2. Additional hospital charges and physician's professional fees resulting from:
    a. Room-upgrading beyond Member's allowable time during emergency care;
    b. Extension of hospital stay despite release of discharge order from Member's attending physician;
    c. Fees of the assistant surgeons / resident doctors who assisted the Attending Physician in the process of rendering the above mentioned services shall not be chargeable to the Member and/or Maxicare except for hospitals that do not have resident physicians to assist during surgeries subject to the prior approval of Maxicare;
    d. Use of extra bed, TV, electric fan, DVD/VCD, and other similar items unless such appliances and items are necessarily and ordinarily included in the Member's Room & Board Accommodation;
    e. Extra food;
    f. Toilet articles like face towel, soap, toothbrush and the like;
    g. Difference in room and board, the incremental rate differences for professional fees, diagnostic and laboratory

EXCLUSIONS AND LIMITATIONS

examinations, and other ancillary medical services brought about by obtaining a room accommodation higher than the Member's Room and Board Accommodation limit;

h. Services of a private or a special nurse;
i. All other items not medically necessary in the medical management of the patient

3. Custodial, domiciliary, convalescent and intermediate care.
4. Long-term rehabilitation and psychiatric care and/or psychological illnesses and conditions including neurotic and psychotic behavior disorders; anxiety disorders.
5. Treatment for injury and its complications resulting from self-inflicted injuries including infections as a result of tattoos, piercing of the ear or in any body part, whether self-inflicted or done by a third party, or attempted suicide or self-destruction, whether sane or insane.
6. Developmental disorders including functional disorders of the mind, such as, but not limited to, Attention-Deficit Disorder (ADD) / Attention-Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders, Bipolar Disorders, Central Auditory Processing Disorder (CAPD), Cerebral Palsy, Down Syndrome, Neural Tube Defects, and Mental Retardation
7. Treatment of any injury received when there is:
    a. Negligence
    b. Unauthorized use of prohibited drugs or regulated drugs
    c. Alcoholic liquor intake
    d. Direct or indirect participation in the commission of a crime, whether consummated or not
    e. Violation of a law or ordinance
    f. Unnecessary exposure to imminent danger, knowingly or unknowingly, or hazard to health, by the Member

    Note: *Maxicare shall be given a copy the police or doctor's report (the "Report"), if any. To determine whether or not such treatment is an exclusion under this paragraph, Maxicare may rely on the Report, as well as on the evaluation of its own medical resource group provided, however, that if Maxicare has yet to receive the Report or the evaluation of its medical resource group, the Member shall shoulder the expenses for medical treatment subject to Maxicare's reimbursement should it be found, after submission of pertinent documentary evidence, that the treatment is not an exclusion under this paragraph. Reimbursement will be based on Maxicare standard rates and will be based on the terms and conditions of this Agreement.*

8. Aesthetic, cosmetic and reconstructive surgery or any consultation or treatment for any beautification purposes except if necessary to treat a functional defect due to accidental injury within the initial confinement.

EXCLUSIONS AND LIMITATIONS

9. Oral surgery following accidental injury to teeth for purposes of beautification. Dental examinations, extractions, fillings, other dental treatment and their complications to the extent that are medically necessary for repair or alleviation of damage to the Member caused solely by an accident. Medical care resulting from any dental related conditions.
10. Maternity care and all other conditions, including pre- and post-natal consultations, related to and/or resulting from pregnancy and/or delivery which affect the conditions of the principal Member and the unborn child
11. Circumcision (except for treatment of urological conditions), sex transformation, diagnosis, treatment and procedures related to fertility or infertility, artificial insemination, sterilization or reversal of such procedures and their complications
12. Experimental medical procedures and their complications
13. Acupuncture and cryotherapy and other forms of therapies, and its complications
14. All expenses incurred in the process of organ donation and transplantation if the Member is the donor of such donation or transplantation, and its complications
15. Routine physical examinations required for obtaining or continuing employment, requirement in school, insurance, government licensing, health permit, and other similar purposes
16. Purchase or lease of durable medical equipment, oxygen dispensing equipment, and oxygen, except during inpatient care.
17. Corrective appliances, prosthetics and orthotics such as, but not limited to, eye glasses and contact lenses, hearing aids, pacemakers, artificial limbs, valves, knee-tibial insert for total knee arthroplasty, vascular grafts, titanium thread, myringotomy tube, intravascular catheters, vascular stents, bone screws/plates, pins, wires, balloons, orthopedic internal fixator / fixation systems, orthopedic external fixator/fixation systems, intraocular lens, braces, crutches, herniorrhaphy mesh or mesh used for herniorrhaphy
18. Take-home medicine and outpatient medicine except:
    a. Chemotherapy medicine (except for cancer treatment)
    b. Medicine administered during an emergency treatment
19. Congenital, genetic, and hereditary disease and their complications (except for hernias) affecting functions of individuals
20. All physical deformities prior to enrollment
21. Treatment of injuries/illnesses caused directly or indirectly by engaging in any professional sport or hazardous activity such as, but not limited to, scuba diving, surfing, water skiing, mountain climbing, rock climbing, mountaineering, parachuting, airsoft, drag racing, paintballing, wakeboarding and bungee jumping, except for activities under company-sponsored sports activities

EXCLUSIONS AND LIMITATIONS

22. Injuries resulting from direct participation in riots, strikes, and other civil disturbances
23. Treatment of injuries or illnesses resulting from war or any combat-related activities while in military service
24. Sexually transmitted diseases, genital warts, AIDS and AIDS related diseases
25. Treatment for Chronic Dermatoses, except Scabies
26. Infectious diseases (i.e. Avian Flu, Meningococcemia, etc.) that are declared epidemic or pandemic by the Department of Health, World Health Organization or any recognized health authority
27. Hepatitis B and screening and vaccines for all types of Hepatitis
28. Benefits covered by PhilHealth and all other government funded healthcare entitlements as provided for by law
29. Speech therapy for developmental and congenital diseases
30. Weight reduction programs, surgical operation or procedure for treatment of obesity, including gastric stapling or balloon procedures and liposuction
31. Cost of vaccines and immunization including its administration.
32. Cost of medico-legal cases
33. Routine medical examination or check up or medical examination for employment or medical examination for travel
34. Intravenous Immunoglobulin (IVIG)
35. Treatment of work-related injuries of high-risk occupations such as but not limited to construction workers, miners, loggers and drillers.
36. Cost of the medical services and Professional Fees in excess of the MBL
37. Guillain-Barre Syndrome
38. Multiple sclerosis, epilepsy, and seizures.
39. Routine diagnostic, therapeutic and other procedures of the same or similar nature not otherwise specified in this Agreement
40. Open heart surgeries, angioplasties, valvuloplasty, permanent pacemaker, balloon valvuloplasty, percutaneous intra-aortic balloon counterpulsation and balloon atrial septostomy
41. All cases of assault whether provoked or unprovoked, whether initiated by the Member or by a known or unknown third party
42. Home service
43. Laser procedures or treatments
44. Neurological degenerative diseases such as, but not limited to, Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis
45. All screening tests

OTHER PROVISIONS

ENHANCED ACTIVATION POLICY

For Individual and Family

OR Issuance Date	Effectivity will be after 7th calendar days

* Effective on October 25, 2021

LAPSATION

If a Member fails to pay a membership fee on its due date, his or her membership shall be considered lapsed effective the day after the due date. A Member whose membership has lapsed will not be entitled to any Benefit during the period that his membership is on a lapsed status, except in connection with illness or injury that supervened prior to such lapsation and for which the Member had at that time made the necessary claim for the benefits under this Agreement.



REACTIVATION

A Member whose coverage has lapsed may apply to reactivate his or her coverage within fifteen (15) days from end of Grace Period by (a) submitting a written request for reactivation; (b) paying the membership fee due with arrears, including the penalty charge of five hundred pesos (Php500) per member; (c) for modes of payment other than annual, paying in advance the Membership fee due for the next period. Suspension of benefits under this Agreement shall be in force until such time the Member shall have paid in full all fees required in reactivation of his or her coverage and within thirty (30) days from the effective date of reactivation. After forty-five (45) days from the due date and all fees required in reactivation of coverage is not yet paid and settled, Maxicare reserves the right to disapprove reactivation. However, Member may re-apply subject to approval of the Maxicare Underwriting Department.

****May change without prior notice****

2026 INDIVIDUAL MEMBERSHIP FEES

MyMaxicare

PLATINUM PLUS

AGE BRACKET	Large Private	
	250,000 MBL	
	MODE OF PAYMENT	
	ANNUAL	SEMI-ANNUAL
15 days - 5 yrs	72,403	39,098
6 - 10 yrs old	59,282	32,012
11 - 15 yrs old	48,852	26,380
16 - 20 yrs old	47,322	25,554
21 - 25 yrs old	47,055	25,410
26 - 30 yrs old	48,852	26,380
31 - 35 yrs old	58,543	31,613
36 - 40 yrs old	73,603	39,746
41 - 45 yrs old	93,488	50,484
46 - 50 yrs old	111,362	60,135
51 - 55 yrs old	125,647	67,849
56 - 60 yrs old	138,743	74,921

PLATINUM

Regular Private	
200,000 MBL	
MODE OF PAYMENT	
ANNUAL	SEMI-ANNUAL
42,443	22,919
34,001	18,361
27,365	14,777
25,271	13,646
26,364	14,237
29,152	15,742
34,553	18,659
45,522	24,582
61,893	33,422
83,525	45,104
101,796	54,970
115,275	62,249

NOTES:

- Above rates are inclusive of 12% VAT
- With access to all affiliated hospitals and clinics including Healthway Clinics
- Status quo benefits and arrangements including the following:
  - ACU / ECU type: ACU Basic 5 only (applicable to all plan types)
  - Philhealth provision: Required to file Philhealth. Non-Philhealth members will pay for Philhealth portion.
  - Riders: Built-in on Rates
    - International Assistance Program
    - Group Life Insurance with Accidental Death, Dismemberment & Disablement (ADD&D) up to Php 50,000

Optional Rider Rates

Rider	2026 Rates	
	Annual	Semi-Annual
Standard Dental Benefit	PHP 387	PHP 209
Critical Illness (42) Benefit up to Php 300,000 c/o Maxicare Insurance	PHP 3,610	PHP 1,950
Daily Hospital Cash Benefit up to Php 500 per day	PHP 627	PHP 339

2026 INDIVIDUAL MEMBERSHIP FEES

MyMaxicare

GOLD

AGE BRACKET	Regular Private	
	150,000 MBL	
	MODE OF PAYMENT	
	ANNUAL	SEMI-ANNUAL
15 days - 5 yrs	37,573	20,289
6 - 10 yrs old	29,415	15,884
11 - 15 yrs old	24,201	13,069
16 - 20 yrs old	23,159	12,506
21 - 25 yrs old	22,623	12,216
26 - 30 yrs old	26,542	14,333
31 - 35 yrs old	32,009	17,285
36 - 40 yrs old	42,014	22,688
41 - 45 yrs old	53,800	29,052
46 - 50 yrs old	64,494	34,827
51 - 55 yrs old	67,461	36,429
56 - 60 yrs old	78,660	42,476

SILVER

Semi Private	
100,000 MBL	
MODE OF PAYMENT	
ANNUAL	SEMI-ANNUAL
27,843	15,035
23,199	12,527
19,632	10,601
18,674	10,084
18,674	10,084
21,245	11,472
22,884	12,357
27,866	15,048
41,774	22,558
50,006	27,003
50,020	27,011
55,571	30,008

NOTES:

- Above rates are inclusive of 12% VAT
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- Status quo benefits and arrangements including the following:
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  - Philhealth provision: Required to file Philhealth. Non-Philhealth members will pay for Philhealth portion.
  - Riders: Built-in on Rates
    - International Assistance Program
    - Group Life Insurance with Accidental Death, Dismemberment & Disablement (ADD&D) up to Php 50,000

Optional Rider Rates

Rider	2026 Rates	
	Annual	Semi-Annual
Standard Dental Benefit	PHP 387	PHP 209
Critical Illness (42) Benefit up to Php 300,000 c/o Maxicare Insurance	PHP 3,610	PHP 1,950
Daily Hospital Cash Benefit up to Php 500 per day	PHP 627	PHP 339

2026 FAMILY MEMBERSHIP FEES

MyMaxicare

PLATINUM PLUS

AGE BRACKET	Large Private	
	250,000 MBL	
	MODE OF PAYMENT	
	ANNUAL	SEMI-ANNUAL
15 days - 5 yrs	59,205	31,971
6 - 10 yrs old	48,449	26,162
11 - 15 yrs old	42,206	22,791
16 - 20 yrs old	38,506	20,793
21 - 25 yrs old	38,885	20,998
26 - 30 yrs old	40,723	21,990
31 - 35 yrs old	46,057	24,871
36 - 40 yrs old	52,564	28,385
41 - 45 yrs old	68,051	36,748
46 - 50 yrs old	91,302	49,303
51 - 55 yrs old	107,329	57,958
56 - 60 yrs old	123,308	66,586

PLATINUM

Regular Private	
200,000 MBL	
MODE OF PAYMENT	
ANNUAL	SEMI-ANNUAL
38,563	20,824
30,980	16,729
25,125	13,568
22,992	12,416
24,574	13,270
27,073	14,619
32,579	17,593
41,188	22,242
53,520	28,901
71,555	38,640
87,296	47,140
102,724	55,471

NOTES:

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- Status quo benefits and arrangements including the following:
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  - Philhealth provision: Required to file Philhealth. Non-Philhealth members will pay for Philhealth portion.
  - Riders: Built-in on Rates
    - International Assistance Program
    - Group Life Insurance with Accidental Death, Dismemberment & Disablement (ADD&D) up to Php 50,000

Optional Rider Rates

Rider	2026 Rates	
	Annual	Semi-Annual
Standard Dental Benefit	PHP 387	PHP 209
Critical Illness (42) Benefit up to Php 300,000 c/o Maxicare Insurance	PHP 3,610	PHP 1,950
Daily Hospital Cash Benefit up to Php 500 per day	PHP 627	PHP 339

2026 FAMILY MEMBERSHIP FEES

MyMaxicare

GOLD

AGE BRACKET	Regular Private	
	150,000 MBL	
	MODE OF PAYMENT	
	ANNUAL	SEMI-ANNUAL
15 days - 5 yrs	31,019	16,750
6 - 10 yrs old	25,001	13,501
11 - 15 yrs old	20,616	11,133
16 - 20 yrs old	18,417	9,945
21 - 25 yrs old	18,157	9,805
26 - 30 yrs old	21,374	11,542
31 - 35 yrs old	24,954	13,475
36 - 40 yrs old	31,625	17,078
41 - 45 yrs old	39,408	21,280
46 - 50 yrs old	50,194	27,105
51 - 55 yrs old	52,712	28,464
56 - 60 yrs old	61,019	32,950

SILVER

Semi Private	
100,000 MBL	
MODE OF PAYMENT	
ANNUAL	SEMI-ANNUAL
24,405	13,179
19,882	10,736
17,068	9,217
16,217	8,757
16,162	8,727
17,930	9,682
19,422	10,488
23,129	12,490
33,317	17,991
41,512	22,416
41,697	22,516
46,303	25,004

NOTES:

- Above rates are inclusive of 12% VAT
- With access to all affiliated hospitals and clinics including Healthway Clinics
- Status quo benefits and arrangements including the following:
  - ACU / ECU type: ACU Basic 5 only (applicable to all plan types)
  - Philhealth provision: Required to file Philhealth. Non-Philhealth members will pay for Philhealth portion.
  - Riders: Built-in on Rates
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Optional Rider Rates

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	Annual	Semi-Annual
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Daily Hospital Cash Benefit up to Php 500 per day	PHP 627	PHP 339

PRIMARY CARE CLINIC

We've put this together with your convenience in mind. These are well-appointed to give the cardholders access to quality healthcare close enough to where they work or live. Each center has its staff of Customer Service Assistants, Primary Care Physicians (specialists in some centers on certain days) and additional services like urinalysis and CBC. Because our centers are located close to major hospitals, our Customer Service Assistants are able to facilitate easy access to quality diagnostics, specialist consultation and hospitalization when you need it.

NATIONAL CAPITAL REGION CLINICS

ALABANG
G/F Southkey Hub, Indo-China Drive, Northgate Filinvest, Alabang
(02) 7798-7739
pcc.alabang@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

AYALA NORTH EXCHANGE
2/F The Shops, Ayala North Exchange, Ayala Ave. Cor. Amorsolo & Salcedo Streets, Makati City
(02) 7798-7739
pcc.ayalanorthexchange@maxicare.com.ph
Monday – Sunday, 24/7

BONIFACIO TECHNOLOGY CENTER
2nd Ave. Cor. 31st St. Bonifacio Technology Center, Bonifacio Global City
(02) 7798-7739
pcc.bonifaciotechcenter@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

BRIDGETOWNE
Unit 1-3, Zeta Tower, Bridgetowne, C-5 Road, Ugong Norte, Quezon City
(02) 7798-7739
pcc.bridgetowne@maxicare.com.ph
Monday – Sunday, 24/7

CALOOCAN
G/F The Plaza Bagong Silang, Langit Rd., Phase 1 Bagong Silang, North Caloocan
(02) 7798-7739
pcc.bagongsilang@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

CUBAO
Upper G/F, Cyberpark Tower 2, Araneta City, Cubao, Quezon City
(02) 7798-7739
pcc.cubao@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

CENTRIS
G/F Cyberpod Centris 5, Eton Centris, Quezon City
(02) 7798-7739; Rehab: 0917-830-6211
pcc.centris@maxicare.com.ph;
pcc.centrisrehab@maxicare.com.ph
Monday – Sunday, 6AM – 10PM
Rehab: Monday – Sunday, 7AM – 7PM

DOUBLE DRAGON MERIDIAN PARK
G/F Tower 2, Double Dragon Meridian Park, Diosdado Macapagal Ave. Cor. EDSA Extension, Pasay City
(02) 7798-7739
pcc.doubledragonmp@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

FAIRVIEW
Unit 1&2 AD Center, Regalado Ave., Fairview, Quezon City
(02) 7798-7739
pcc.fairview@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

HEMADY
Unit 102 & Unit 203-205, Hemady Square, 86 Dona Hemady St. Cor. E. Rodriguez Sr. Ave., Quezon City
(02) 7798-7739
pcc.hemady@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

ROBINSONS METRO EAST
L4, Robinsons Metro East, Marikina-Infanta Highway, Pasig City
(02) 7798-7739
pcc.robinsonsmetroeast@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

PRIMARY CARE CLINIC

MyMaxicare

ROBINSONS LAS PIÑAS
Level 2, Robinsons Place Las Pinas, Talon Uno, Alabang Zapote Road, Las Pinas City
(02) 7798-7739
pcc.robinsonslaspinas@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

ROBINSONS NOVALICHES
G/F, Robinsons Novaliches Expansion Area, Quirino Highway, Quezon City
(02) 7798-7739
pcc.robinsonsnovaliches@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

ROBINSONS OTIS
2/F, Robinsons Mall Otis, Paco Manila
(02) 7798-7739
pcc.robinsonsotis@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

SM BF PARANAQUE
G/F SM BF Paranaque, Dr. A. Santos Ave., Sucat, Paranaque
(02) 7798-7739
pcc.smbfparanaque@maxicare.com.ph
Monday – Sunday, 7AM – 9PM

STA. MESA, MANILA
L2, P. Sanchez Street, 3rd St, Santa Mesa, Manila, Metro Manila
(02) 7798-7739
pcc.donaelena@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

VV SOLIVEN
GF-SOL1 (Centro Del Sol), VV Soliven Shopping Complex, Greenhills, San Juan
(02) 7798-7739
pcc.vvsoliven@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

LUZON CLINICS

ANTIPOLO
2nd Fl. Robinsons Antipolo, Rizal
(02) 7798-7739
pcc.robinsonsantipolo@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

BACOOR
G/F, SOMO A Vista Mall, Molino Paliparan Road, Bacoor, Cavite
(02) 7798-7739
pcc.bacoor@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

BAGUIO
G/F Patria de Baguio, Porta Vaga Mall, Session Road, Baguio City
(074) 661 8833
pcc.baguio@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

CLARK
G/F SM City Clark, Tech Hub 6, Manuel A. Roxas Highway, Angeles, Pampanga
(045) 6498001
pcc.clark@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

DASMARIÑAS
L2, Terraza Dasma (Robinsons Dasmarinas), Aguinaldo Highway, Dasmarinas, Cavite
(02) 7798-7739
pcc.dasmarinas@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

IMUS
Metro MPC Building, E. Aguinaldo Highway, Imus, Cavite
(046) 4198017
pcc.imus@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

ROBINSONS MALOLOS
4/F, Robinsons Malolos, Bulacan
(02) 7798-7739
pcc.robinsonsmalolos@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

ROBINSONS STARMILLS (SAN FERNANDO)
G/F, Robinsons Starmills, Jose Abad Santos Ave., Brgy. San Jose, San Fernando, Pampanga
(02) 7798-7739
pcc.robinsonsstarmills@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

SAN JOSE DEL MONTE, BULACAN (SJDM)
2/F Skyline Drive Building, Quirino Hi-way, Maharlika, San Jose Del Monte, Bulacan
(02) 7798-7739
pcc.sjdm@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

PRIMARY CARE CLINIC

SAN PABLO, LAGUNA
324 Maharlika Highway,
San Pablo, Laguna
(02) 7798-7739
pcc.sanpablo@maxicare.com.ph Monday – Sunday, 7AM – 4PM

SAN PEDRO, LAGUNA
2nd Level Robinsons Galleria South National Highway City of San Pedro, Laguna
pcc.robinsonssanpedro@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

SOLENAD, LAGUNA
G/F Solenad 2, Nuvali, Sta. Rosa, Laguna
(049) 559 8008; 0917 848 9274
pcc.laguna@maxicare.com.ph
Monday – Sunday, 6AM – 8PM

THE MEZZO, CALAMBA
G/F, The Mezzo Barangay Turbina,
City of Calamba, Laguna
(02) 7798-7739; 0917 127 2505
pcc.calamba@maxicare.com.ph
Monday – Sunday, 7AM – 4PM

VISAYAS CLINICS

BACOLOD
G/F Lopues Mandalagan Building, Lacson St., Mandalagan, Bacolod City
(034) 458-6715
pcc.bacolod@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

CEBU BUSINESS PARK
Lot 5, Block 6, Mindanao Avenue, Cebu Business Park, Ayala, Barangay Luz, Cebu
(032) 260-9067
pcc.cebu@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

CEBU EXCHANGE
G/F, Cebu Exchange Tower, Salinas Drive, Cebu City
(02) 7798-7739
pcc.cebuexchange@maxicare.com.ph
Monday – Sunday, 6AM – 10PM
Laboratory: Monday – Sunday, 6AM – 10PM

CEBU SKYRISE
Block 8, Lot 3 Cebu IT Park Subdivision, Barangay Apas, Cebu City
(032) 260 9069
pcc.cebuskyrise@maxicare.com.ph

ILOILO
Unit 4, Three Techno Place, Megaworld Blvd, Mandurriao, Iloilo City, Iloilo (033) 3287031
pcc.iloilo@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

MINDANAO CLINICS

CAGAYAN DE ORO
G/F Primavera City Citta Verde, Pueblo De Oro, Upper Carmen, Cagayan De Oro
(088) 864 8804
pcc.cdo@maxicare.com.ph
Monday – Sunday, 6AM – 10PM

DAVAO
G/F, Space 1C-1D, Abreeza Mall J.P Laurel Avenue, Bajada, Davao City
(082) 293 2446
pcc.davao@maxicare.com.ph
Monday – Sunday, 6AM – 10PM





HELPDESK

ASIAN HOSPITAL AND MEDICAL CENTER
Upper Ground Tower 2, Asian Hospital and Medical Center 2205 Civic Drive FCC Alabang Muntinlupa

BACOLOD
Unit 102 A&B 103 A&B and 104 AG/F, VLI Medical Plaza Bldg., Ipil St., Capitol Shopping Business Center, Bacolod City, Negros Occidental

CAGAYAN DE ORO
2nd floor Gateway Tower Limketkai Mall, CM Recto Street, Cagayan de Oro, 9000 Misamis Oriental

CALAMBA MEDICAL CENTER
Maxicare Office, 2nd Floor, Calamba Medical Center Tower 1, Crossing Real, Calamba City, Laguna

CAPITOL MEDICAL CENTER
Room 1101, 11th Floor, Capitol Medical Center, Scout Magbanua St. cor Quezon Ave, Quezon City

CARDINAL SANTOS MEDICAL CENTER
Room 160, Ground Floor Medical Arts Building, Cardinal Santos Medical Center, Wilson Street, Greenhills, San Juan City

CEBU CYBERGATE
4/F Robinsons Cybergate Mall, Don Gil Garcia and J. Llorente St., Capitol Site, Cebu City

CHINESE GENERAL HOSPITAL
10/F Medical Arts Building, Chinese General Hospital, Blumentritt, Sta. Cruz, Manila

DAVAO
3/F FTC Tower, Mt. Apo Street, Davao City

GENERAL SANTOS
Unit 206, 2nd floor Santanna Bldg., Santiago Blvd., General Santos City

MAKATI MEDICAL CENTER
1st floor Tower 2, Makati Medical Center, Amorsolo St., Makati City

MANILA DOCTORS HOSPITAL HEALTHHUB
2nd floor Norberto Ty Medical Tower II, Manila Doctors Hospital, 727 Teodoro M Kalaw Avenue, Manila

ST. LUKE'S MEDICAL CENTER GLOBAL CITY
Room 325, 3rd Floor, Medical Arts Bldg, Rizal Drive Cor. 5th Ave & 32nd Ave., Fort Bonifacio Global City, Taguig

THE MEDICAL CITY
MGR04 Ground Floor, Medical Arts Tower, Inc. (MATI Building) Ortigas Avenue, Pasig City

THE MEDICAL CITY SOUTH LUZON HOSPITAL
2nd floor , The Medical City South Luzon, United boulevard , Greenfield City, Sta. Rosa, Laguna

VRP MEDICAL CENTER
Ground Floor, Doctor's Bldg. VRPMC, EDSA, Mandaluyong

For Providers' Directory, please refer to List of Accredited Hospitals and Clinics at www.maxicare.com.ph

maxicare®

health plans

