DOJ-COOP Form No. 2a **CAN BE REPRODUCED**

DEPARTMENT OF JUSTICE
EMPLOYEES' MULTI-PURPOSE COOPERATIVE
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APPLICATION FORM – HEALTH CARD (RMC2-Amaphil)

Premium Payment Options:
☐ **MONTHLY** (PAYROLL DEDUCTION) ☐ **SEMI-ANNUAL** (MY & YE BONUS) ☐ **ANNUAL(MY / YE)**

I. CORPOSHIELD: FOR ACTIVE EMPLOYEE-MEMBER (Refer to Schedule A for Summary of Benefits)

ANNUAL PREMIUM FOR **PRINCIPAL (age 18-65y.o.)**		**₱7,000.00**
ANNUAL PREMIUM FOR **DEPENDENT (Age 5 – 65y.o.)**		**₱7,000.00**
		On top of PhilHealth
	Annual Benefit Limit (ABL)	₱400,000.00
	Maximum Benefit Limit (MBL) **Per illness, per coverage, per year (Shared limit: Out-Patient (OP) and In-Patient (IP)**	₱100,000.00
ANNUAL PREMIUM FOR **PRINCIPAL (age 66-75y.o.)**		**₱14,000.00**
ANNUAL PREMIUM FOR **DEPENDENT (Age 15 days old – 4y.o.)**		**₱7,400.00**
		On top of PhilHealth
	Annual Benefit Limit (ABL)	₱400,000.00
	Maximum Benefit Limit (MBL) **Per illness, per coverage, per year (Shared limit: Out-Patient (OP) and In-Patient (IP)**	₱100,000.00

Name of Member/Employee: _____
Date of Birth /Age: _____
Gender / Civil Status: _____
Contact Number: _____
Email Address: _____

☐ **OPTIONAL: ADDITIONAL ENROLLEE (INDIVIDUAL PAYMENT)**
Name of Dependent (to be enrolled): _____
Date of Birth /Age: _____
Relationship of Dependent to Principal: _____
Gender / Civil Status: _____
Contact Number: _____

Name of Dependent (to be enrolled) _____
Date of Birth: _____
Relationship of Dependent to Principal: _____
Gender / Civil Status: _____
Contact Number: _____

II. CORPOHEALTH CHECK: MEMBER (Refer to Schedule B for Summary of Benefits)

ELIGIBILITY:

PRINCIPAL (Age 18 – 65 years old)				
PLAN	**MAXIMUM BENEFIT LIMIT**	**ANNUAL PREMIUM**	**SEMI-ANNUAL PREMIUM**	**MONTHLY PREMIUM**
Bronze	100,000	₱21,000.00	₱10,500.00	₱ 1,750.00
Silver	150,000	29,400.00	14,700.00	2,450.00
Gold	200,000	36,400.00	18,200.00	3,033.33

PRINCIPAL (Age 66 – 75 years old)				
PLAN	**MAXIMUM BENEFIT LIMIT**	**ANNUAL PREMIUM**	**SEMI-ANNUAL PREMIUM**	**MONTHLY PREMIUM**
Bronze	100,000	₱26,250.00	₱13,125.00	₱2,187.50
Silver	150,000	36,750.00	18,375.00	3,062.50
Gold	200,000	45,500.00	22,750.00	3,791.67

DEPENDENTS (Age 5 – 65 years old)				
PLAN	**MAXIMUM BENEFIT LIMIT**	**ANNUAL PREMIUM**	**SEMI-ANNUAL PREMIUM**	**MONTHLY PREMIUM**
Bronze	100,000	₱25,190.00	₱10,500.00	₱ 1,750.00
Silver	150,000	35,270.00	14,700.00	2,450.00
Gold	200,000	43,670.00	18,200.00	3,033.33

DEPENDENTS (Age 15 days – 4 years old) & (Age 66 – 75 years old)				
PLAN	**MAXIMUM BENEFIT LIMIT**	**ANNUAL PREMIUM**	**SEMI-ANNUAL PREMIUM**	**MONTHLY PREMIUM**
Bronze	100,000	₱31,488.00	₱15,744.00	₱ 2,624.00
Silver	150,000	44,088.00	22,044.00	3,674.00
Gold	200,000	54,588.00	27,294.00	4,549.00

Name of Member/Employee: _____ **PLAN** _____
Date of Birth /Age: _____
Gender / Civil Status: _____
Contact Number: _____
Email Address: _____

☐ **OPTIONAL: ADDITIONAL ENROLLEE (INDIVIDUAL PAYMENT)**
Name of Dependent (to be enrolled): _____ **PLAN** _____
Date of Birth /Age: _____
Relationship of Dependent to Principal: _____
Gender / Civil Status: _____
Contact Number: _____

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Name of Dependent (to be enrolled) _____ **PLAN** _____
Date of Birth: _____
Relationship of Dependent to Principal:_____
Gender / Civil Status: _____
Contact Number: _____

Name of Dependent (to be enrolled) _____ **PLAN** _____
Date of Birth: _____
Relationship of Dependent to Principal:_____
Gender / Civil Status: _____
Contact Number: _____

****PLEASE READ THE SUMMARY OF BENEFITS CAREFULLY BEFORE COMPLETING THIS FORM****

PROMISSORY NOTE

I, _____ hereby promise to pay the **Department of Justice Employees' Multi-Purpose Cooperative (DOJ-COOP)** directly, or through its Treasurer, or through Payroll Deduction, the amount of _____ (P_____), payable in _____ installments of _____ (P_____) as my **premium fee for my health maintenance insurance for one (1) year coverage**. **(PRE-TERMINATION OF PREMIUM IS NOT ALLOWED)**

I hereby agree that, in case of default in the payment of any installment, or in case of my disability, retirement, resignation, absence without official leave, and/or separation from the service, the entire unpaid balance of this health card shall immediately become due and payable without need of any formal demand. I hereby agree to waive presentation of payment, demand, protest, and notice of protest and dishonor of the same.

In case of the above-mentioned cases, I hereby assign in favor of DOJ-COOP, without further notice, so much of my capital deposit, including earned dividends, with DOJ-COOP and all monies and monetary benefits due, or to be due, from my present office, that would be sufficient to pay off the entire outstanding balance of this health card. I, therefore, authorize the Department of Justice to deduct the necessary amounts from all monies due me and to remit the same directly to DOJ-COOP, through its duly authorized representative.

_____	_____	_____
Date	**Applicant's Name and Signature**	**Official Station**

SCHEDULE A - CORPOSHIELD SUMMARY OF BENEFITS

I. IN-PATIENT BENEFITS	
Room Type	**Regular Private**
Use of operating, ICU, isolation, or recovery Rooms	As charged, subject to MBL
Professional Fees (Physicians/Surgeon/Anesthesiologists)	As charged, subject to MBL
Standard nursing services, medicines, diagnostics, and supplies	As charged, subject to MBL
Blood transfusion and fluids (**recipient only**)	As charged, subject to MBL
II. OUT-PATIENT BENEFITS	
Consultation to Accredited Physicians	**₱60,000** Annual OP limit
Treatment for minor injuries and minor surgery (except outpatient medicines)	
Dressings, conventional casts (plaster or paris) and sutures	
Laser Eye Therapy **(retinal tear, hole, detachment, glaucoma only).**	
Routine diagnostic examinations and therapeutic procedures	
Sclerotherapy for varicose veins	Up to ₱10,000/member/year, subject to **OP limit**
Botox (non-Cosmetic)	Up to ₱10,000/member/year, subject to **OP limit**
III. EMERGENCY CARE BENEFITS	
Emergency treatment in non-affiliated hospitals/clinics	80% reimbursement (subject to plan limits), based on Amaphil RUV, subject to **OP Limit**
Emergency treatment in affiliated hospitals/clinics	As charged, **subject to OP Limit**
Areas without Accredited Hospital	100% reimbursement (subject to plan limits) based on AMAPHIL RUV
Ambulance Service (Accredited Hospital/Clinic to Accredited Hospital/Clinic)	Up to ₱2,500 per conduction
IV. PREVENTIVE HEALTH CARE SERVICES	
Physical Exam, CBC, Urinalysis, Fecalysis, Chest X-ray	Can be availed at Amaphil accredited clinics with APE arrangement, or APE Assistance of up to ₱650
Passive and active vaccines, including anti-tetanus, animal bites, as well as snake bites and its administration	**Up to ₱2,500/member/year,** subject to MBL
Mental Health Consultation	**₱1,500 consultation assistance/year** to an Amaphil-accredited psychiatrist
FLU Shot Vaccine	₱500 Assistance (Administered by RMC2 Consultancy Corporation)
V. BENEFITS COVERED WHETHER OUT-PATIENT OR IN-PATIENT	
1. ROUTINE PROCEDURES	
Blood Chemistries	As charged, subject to **OP Limit for Out-Patient;**

Chest X-Ray	**MBL for In-Patient**
Complete Blood Count (CBC)	
Fecalysis	
Urinalysis	
2. DIAGNOSTIC PROCEDURES	
Standard procedures and imaging (Diagnostic X-rays, ECG, Ultrasounds, etc.)	As charged, subject to OP Limit for Out-Patient; MBL for In-Patient
2D-Echo with Doppler	As charged, subject to OP Limit for Out-Patient; MBL for In-Patient
Adrenocortical Function	
Arterial Blood Gas	
Arthroscopic procedures, Orthopedic Arthroscopy	
Audiograms and Tympanograms	
Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	
Computed Tomography (CT) Scan	
Duplex scan	
Electroencephalogram (EEG) Monitoring	
Endoscopic Procedures	
Impedance Plethysmography	
Magnetic Resonance Angiography (MRA)	
Magnetic Resonance Imaging (MRI)	
Mammogram and Sonomammogram	
Myelogram	
Nuclear Radioactive Isotope Scan	
Paps Smear	
Perfusion Scan	
Plasma Urinary Cortisol, Plasma Aldosterone	
Pulmonary Function Tests	
Radionuclide Ventriculography	
Surface Electromyography (SEMG)	
Thallium Scintigraphy	
Treadmill Stress Test (TMST)	
3. THERAPEUTIC PROCEDURES	
Intravenous or Oral Chemotherapy	Subject to OP Limit
Arthrocentesis	

Dialysis	
Physical Therapy	Up to six (6) sessions, subject to OP Limit
Thoracentesis	**₱4,000/illness/year**; subject to MBL
4. OTHER PROCEDURES AND LATEST MODALITIES	
Angiography (gastrointestinal, brain, retinal and peripheral vascular)	**₱5,000/illness/year**; subject to OP Limit; MBL for In-Patient
Coronary Angiogram and/or Angioplasty/Coronary Artery Bypass Graft	**₱5,000/illness/year**; subject to OP Limit; MBL for In-Patient
Cryosurgery	**Up to ₱1,000**/area, subject to MBL
Gamma Knife Surgery	As charged, subject to MBL
Hysteroscopic Myoma Resection	**₱7,000/illness/year**; subject to OP Limit; MBL for In-Patient
Hysteroscopic-guided D&C	
Laparoscopy	
Lithotripsy	
Percutaneous Ultrasonic Nephrolithotomy	
Stereotactic Brain Biopsy	
Conventional Hemorrhoidectomy	
Scalpel Hemorrhoidectomy	**₱7,000/illness/year;** subject to OP Limit; MBL for In-Patient
Stapled Hemorrhoidectomy	
Mammotome / Vacuum Assisted Breast Biopsy	
4D Ultrasound **except maternity-related cases**	
Esophageal Manometry	
Positron Emission Tomography (PET) Scan	
CT Pulmonary Angiography	
Photodynamic Therapy	
Other medically necessary modalities not mentioned above and those for which there are no comparable, conventional or traditional counterparts	
Transurethral Microwave Therapy of Prostate	
VI. ADDITIONAL BENEFITS	
Motor Vehicular Accidents **(subject to evaluation; Police Report is required before coverage)**	As charged, subject to OP limit for OP, MBL for IP
Unprovoked Assault / domestic violence	
Sports-related injuries (non-hazardous)	
Scabies / Chronic Dermatoses	Consultations Only
Hepatitis B **(treatment only)**	As charged, subject to OP limit for OP, MBL for IP

VII. DENTAL BENEFITS - Administered by RMC2 Consultation Corporation	
Consultation & Dental examination	Free & unlimited
Simple tooth extraction **except surgery for impaction**	Unlimited / Maximum of 3 teeth per day
Temporary Fillings	Up to 3X per year
Oral prophylaxis (mild to moderate)	2X a year, which can be availed of after active membership
Simple denture adjustment and repair	Covered
Recementation of loose Jacket Crowns	Covered
Treatment of dental-related pain excluding cost of medicine	Covered
Emergency desensitization of Hypersensitive teeth	Covered
Annual dental examination	Covered
Orthodontic and aesthetic dental consultation	Covered
Financial Assistance - PRINCIPAL ONLY	
HEALTHCARE BENEFITS	Administered by Standard Insurance
1. Accidental Death	₱100,000
2. Burial	₱10,000
3. Terminal Illness Benefit (TIB)	₱50,000

SCHEDULE B - CORPOHEALTH SUMMARY OF BENEFITS

I. IN-PATIENT BENEFITS	
Room Type	**Regular Private**
Use of operating, ICU, isolation, or recovery Rooms	As charged, subject to MBL
Professional Fees (Physicians/Surgeon/Anesthesiologists)	As charged, subject to MBL
Standard nursing services, medicines, diagnostics, and supplies	As charged, subject to MBL
Blood transfusion and fluids (**recipient only**)	As charged, subject to MBL
II. OUT-PATIENT BENEFITS	
Consultation to Accredited Physicians	As charged, subject to MBL
Pre- and postnatal consultations (Excluding laboratory and diagnostic procedures)	As charged, subject to MBL
Treatment for minor injuries and minor surgery (except outpatient medicines)	As charged, subject to MBL
Dressings, conventional casts (plaster or paris) and sutures	As charged, subject to MBL
Laser Eye Therapy **(retinal tear, hole, detachment, glaucoma only).**	As charged, subject to MBL
Routine diagnostic examinations and therapeutic procedures	As charged, subject to MBL
Electrocauterization of skin lesions	Up to ₱2,500/member/year, subject to MBL
Sclerotherapy for varicose veins	Up to ₱10,000/member/year, subject to MBL

Botox (non-Cosmetic)	Up to ₱10,000/member/year, subject to MBL
Speech therapy (for stroke patients only)	Up to ₱10,000/member/year, subject to MBL
Tuberculin test	Up to ₱600/member/year, subject to MBL
Cataract surgery (excluding lens cost)	Up to ₱30,000/eye/year, subject to MBL
III. EMERGENCY CARE BENEFITS	
Emergency treatment in non-affiliated hospitals/clinics	Reimbursable up to 80% of hospital & professional fees (maximum ₱15,000)
Emergency treatment in affiliated hospitals/clinics	As charged, **subject to MBL**
Areas without Accredited Hospital	100% reimbursement (subject to plan limits) based on AMAPHIL RUV
Ambulance Service (Accredited Hospital/Clinic to Accredited Hospital/Clinic)	Up to ₱2,500 per conduction
IV. PREVENTIVE HEALTH CARE SERVICES	
Physical Exam, CBC, Urinalysis, Fecalysis, Chest X-ray	Can be availed at Amaphil accredited clinics with APE arrangement, or APE Assistance of up to ₱650
Passive and active vaccines including anti-tetanus, animal bites as well as snake bites and its administration	**Up to ₱2,500/member/year,** subject to MBL
Mental Health Consultation	**₱1,500 consultation assistance/year** to an Amaphil-accredited psychiatrist
FLU Shot Vaccine	₱500 Assistance (Administered by RMC2 Consultancy Corporation)
V. BENEFITS COVERED WHETHER OUT-PATIENT OR IN-PATIENT	
1. ROUTINE PROCEDURES	
Blood Chemistries	As charged, subject to **MBL**
Chest X-Ray	
Complete Blood Count (CBC)	
Fecalysis	
Urinalysis	
2. DIAGNOSTIC PROCEDURES	
Standard procedures and imaging (Diagnostic X-rays, ECG, Ultrasounds, etc.)	As charged, subject to MBL
2D-Echo with Doppler	As charged, subject to MBL
Adrenocortical Function	
Arterial Blood Gas	
Arthroscopic procedures, Orthopedic Arthroscopy	
Audiograms and Tympanograms	
Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	
Computed Tomography (CT) Scan	

Duplex scan	
Electroencephalogram (EEG) Monitoring	
Electromyography and Nerve Conduction Studies	
Endoscopic Procedures	
Fluorescein Angiography	
Impedance Plethysmography	As charged, subject to MBL
Magnetic Resonance Angiography (MRA)	
Magnetic Resonance Imaging (MRI)	
Mammogram and Sonomammogram	
Myelogram	
Nuclear Radioactive Isotope Scan	
Paps Smear	
Perfusion Scan	
Plasma Urinary Cortisol, Plasma Aldosterone	
Pulmonary Function Tests	
Radionuclide Ventriculography	
Surface Electromyography (SEMG)	
Thallium Scintigraphy	
Treadmill Stress Test (TMST)	
3. THERAPEUTIC PROCEDURES	
Intravenous or Oral Chemotherapy	Up to 10 sessions, subject to MBL
Arthrocentesis	Up to ₱5,000/illness/year; subject to MBL
Dialysis	Up to 10 sessions, subject to MBL
Physical Therapy	Up to 12 sessions, subject to MBL Limit
Thoracentesis	**Up to ₱5,000**/illness/year; subject to MBL
4. OTHER PROCEDURES AND LATEST MODALITIES	
Angiography (gastrointestinal, brain, retinal and peripheral vascular)	**Up to ₱10,000/illness/year**; subject to MBL
Coronary Angiogram and/or Angioplasty/Coronary Artery Bypass Graft	**Up to ₱10,000/illness/year**; subject to MBL
Cryosurgery	**Up to ₱1,000**/area, subject to MBL
Gamma Knife Surgery	As charged, subject to MBL
Hysteroscopic Myoma Resection	**Up to ₱10,000/illness/year**; subject to MBL
Hysteroscopic-guided D&C	

Laparoscopy	
Lithotripsy	
Percutaneous Ultrasonic Nephrolithotomy	
Stereotactic Brain Biopsy	
Conventional Hemorrhoidectomy	
Scalpel Hemorrhoidectomy	**Up to ₱10,000/illness/year; subject to MBL**
Stapled Hemorrhoidectomy	
Mammotome / Vacuum Assisted Breast Biopsy	
4D Ultrasound **except maternity-related cases**	
Esophageal Manometry	
Positron Emission Tomography (PET) Scan	
CT Pulmonary Angiography	
Photodynamic Therapy	
Other medically necessary modalities not mentioned above and those for which there are no comparable, conventional or traditional counterparts	
Transurethral Microwave Therapy of Prostate	

VI. ADDITIONAL BENEFITS	
Motor Vehicle Accidents **(subject to evaluation; Police Report is required before coverage)**	As charged, subject to MBL
Unprovoked Assault / domestic violence	As charged, subject to MBL
Scoliosis (necessary procedures)	As charged, subject to MBL
Sports-related injuries (non-hazardous)	As charged, subject to MBL
Scabies / Chronic Dermatoses	Consultations Only
Hepatitis B **(treatment only)**	As charged, subject to MBL

VII. DENTAL BENEFITS - Administered by RMC2 Consultation Corporation	
Consultation & Dental examination	Free & unlimited
Simple tooth extraction **except surgery for impaction**	Unlimited / Maximum of 3 teeth per day
Temporary Fillings	Up to 3X per year
Oral prophylaxis (mild to moderate)	2X a year, which can be availed of after active membership
Simple denture adjustment and repair	Covered
Recementation of loose Jacket Crowns	Covered
Treatment of dental-related pain excluding cost of medicine	Covered
Emergency desensitization of Hypersensitive teeth	Covered
Annual dental examination	Covered

Orthodontic and aesthetic dental consultation	Covered
Financial Assistance - PRINCIPAL ONLY	**Administered by Standard Insurance**
1. Natural Death	
2. Accidental Death	₱100,000
3. Burial	₱10,000
4. Unprovoked murder and assault	₱50,000