

Summary of Benefits

DEPARTMENT OF JUSTICE EMPLOYEES MULTIPURPOSE COOPERATIVE

MBL	Maximum Benefit Limit - The full amount that a member can consume per illness per injury per year subject to Pre-existing condition provision.
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SCHEDULE OF BENEFITS		LIMIT
I.	MEMBERSHIP ELIGIBILITY	
	Employees and Dependents	3 to 6 year old - w/o insurance benefit
		7-65 year old w/ insurance benefit
		66-70 year old w/o insurance benefit, + 25% loading on premium
II.	BENEFIT DETAILS	
A.	IN-PATIENT	
1.	Professional Fees of attending doctor/s	up to MBL
2.	X-ray, laboratory tests and other diagnostic procedures	up to MBL
3.	Anesthesia and its administration	up to MBL
4.	Whole blood/human blood products and intravenous fluids	up to MBL
5.	Oxygen and its administration	up to MBL
6.	Drugs and medicines for use in the hospital	up to MBL
7.	Dressings, conventional casts (plaster of Paris) and sutures	up to MBL
8.	Use of operating and recovery rooms	up to MBL
9.	Use of the Intensive Care Unit (ICU)	up to MBL
10.	Standard Nursing Services	up to MBL
11.	Standard Admission kit (package)	up to MBL
12.	All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Affiliated Physician	up to MBL
B.	OUT PATIENT	
1.	Medically necessary consultations during regular clinic hours	up to MBL
2.	Pre and Post Natal consultations excluding lab & diagnostics	FREE 10 consultations then subject to MBL
2.	Treatment for minor injuries such as lacerations, mild burns & sprains	up to MBL
3.	Eye, ear, nose and throat (EENT) treatment	up to MBL
4.	X-Ray, lab examinations, routine, diagnostic and therapeutic procedures	up to MBL
5.	Minor surgery not requiring confinement	up to MBL
6.	Wart Cauterization except genital warts & condyloma acuminata	same
7.	Allergy Testing/ allergy screening and other related examinations	no inner limits, up to MBL
8.	Tuberculin test	no inner limits, up to MBL

SCHEDULE OF BENEFITS		LIMIT
B.1.	THERAPEUTIC PROCEDURES	
1.	Eye Laser Therapy for retinal hole, retinal detachment and glaucoma,	Covered up to php10,000/eye (Except Lasik, PRK and the like)
2.	Other Laser procedures	Covered up to php5,000 subject to MBL
3.	Speech therapy sessions/consultations for stroke patients	Covered up to 12 sessions subject to MBL
4.	Physical therapy	Covered up to 12 sessions subject to MBL
5.	Radiotherapy	Covered up to 12 sessions subject to MBL
6.	Chemotherapy	Covered up to 12 sessions subject to MBL
7.	Dialysis	no inner limits, up to MBL
8.	Surgical procedures not requiring hospitalization	up to MBL
9.	Therapeutic Radiology	
	a. Cobalt	Covered up to 12 sessions subject to MBL
	b. Iodine	Covered up to 12 sessions subject to MBL
	c. Radioactive Cesium	Covered up to 12 sessions subject to MBL
	d. Linear Accelerator Therapy	Covered up to 12 sessions subject to MBL
	e. Brachytherapy	Covered up to 12 sessions subject to MBL
10.	Hormonal Replacement Therapy	Covered subject to MBL
11.	Sclerotherapy as prescribed by an accredited vascular surgeon	Covered up to php5,000/leg (Except for aesthetic purposes)
B.2.	COMMON LABORATORY PROCEDURES	
1.	Blood Chemistries	up to MBL
2.	Complete Blood Count (CBC)	up to MBL
3.	Diagnostic Radiographs	up to MBL
	a. Face (including sinuses), Head and Neck	up to MBL
	b. X-ray of the spine (cervical, thoracic, lumbo-sacral)	up to MBL
	c. Chest, ribs, sternum and clavicle	up to MBL
	d. Biliary tract: Cholecistogram and Cholangiograms	up to MBL
	e. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series	up to MBL
	f. Urinary: KUB Pyelograms and cystograms	up to MBL
	g. X-ray of the extremities and pelvis	up to MBL
4.	Electroencephalogram	up to MBL
5.	12 Lead Electrocardiogram	up to MBL
6.	TMST-Treadmill Stress Test	up to MBL
7.	Pap smear	up to MBL
8.	Urinalysis	up to MBL
B.3.	OTHER DIAGNOSTIC PROCEDURES	
1.	Adrenocortical Function	up to MBL
2.	Ambulatory Cardiac Monitoring (Holter)	up to MBL
3.	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	up to MBL
4.	Arterial Blood Gas	up to MBL

SCHEDULE OF BENEFITS		LIMIT
5.	Audiograms and Tympanograms	up to MBL
6.	Bone Densitometry Scan (Dexascan)	up to MBL
7.	Bone Mineral Density Studies	up to MBL
8.	Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	up to MBL
9.	Computed Tomography Scans	up to MBL
10.	Diagnostic Ultrasounds: 2D-Echo, Doppler, Ultrasound of the Lungs, Digestive and Urinary Systems, Abdomen, and Deep Vein Thrombosis ultrasonic scanning	up to MBL
11.	Electromyography and Nerve Conduction Studies	up to MBL
12.	Fluorescein Angiography	up to MBL
13.	Impedance Plethysmography	up to MBL
14.	Lung Function Studies	up to MBL
15.	Magnetic Resonance Imaging	up to MBL
16.	Magnetic Resonance Angiography	up to MBL
17.	Mammography and Sonomammogram	up to MBL
18.	Microscopic Examinations	up to MBL
19.	Myelogram	up to MBL
20.	Neuroscan	up to MBL
21.	Nuclear Radioactive Isotope Scan	up to MBL
22.	Perfusion Scan	up to MBL
23.	Plasma Urinary Cortisol, Plasma Aldosterone	up to MBL
24.	Polysomnograms (Sleep Recording)	Covered up to Php10,000 subject to MBL
25.	Radionuclide Ventriculography	up to MBL
26.	Radioscope Scans and Function Studies	up to MBL
	a. Thyroid Scans	up to MBL
	b. Liver	up to MBL
	c. Renal	up to MBL
	d. GI - Gastro Intestinal	up to MBL
	e. Cardiac	up to MBL
27.	Thallium Scintigraphy	up to MBL
	Herniorrhaphy (Acquired Hernia)	
B.4.	SPECIAL PROCEDURES	
1.	Coronary Angiogram	up to MBL
2.	Angioplasty	up to MBL
3.	Coronary Artery Bypass Graft	up to MBL
4.	Open Heart Surgery	up to MBL
5.	Conventional Hemorrhoidectomy	up to MBL
6.	Scalpel Hemorrhoidectomy	up to MBL
7.	Stapled Hemorrhoidectomy	up to MBL
8.	Coverage for Special modalities, New, and/or Sophisticated procedures not specified WITH conventional counterparts.	Covered up to php5,000

SCHEDULE OF BENEFITS		LIMIT
9.	Coverage for Special modalities, New and/or Sophisticated procedures not specified WITHOUT conventional counterparts.	Covered up to php20,000
10.	Cryosurgery	Covered up to php1,000/area/year
11.	Gamma Knife Surgery	up to MBL
12.	Endoscopic procedures	up to MBL
13.	Arthroscopic Procedures	up to MBL
14.	Video Gastroscopy	up to MBL
15.	Hysteroscopic Myoma Resection	up to MBL
16.	Hysteroscally-guided D&C	up to MBL
17.	Laparoscopic Procedures	up to MBL
18.	Laparoscopic Cholecystectomy	up to MBL
19.	Lithotripsy	up to MBL
20.	Organ Transplant (except cost of organs and procedures for donor)	up to MBL
21.	Percutaneous Ultrasonic Adrenalectomy	up to MBL
22.	Stereotactic Brain Biopsy	up to MBL
23.	Transurethral Microwave Therapy of Prostate	Covered up to Php20,000
24.	Percutaneous Ultrasonic Nephrolithomy	up to MBL
25.	Testing involving Nuclear Technologies(Thallium Stress Testing, Radionuclide, Thyroid Scan, Pyrosphosphate Scintigraphy, Positron Emission Tomography, Radio Isotope Scanning)	up to MBL
26.	Prostate Specific Antigen	Covered up to php1,000
C.	ANNUAL PHYSICAL EXAMINATION Employees Dependents	
1.	Routine Check Up	free, not deducted from MBL
2.	Physical Examination and History Taking	free, not deducted from MBL
3.	Complete Blood Count	free, not deducted from MBL
4.	Urinalysis	free, not deducted from MBL
5.	Fecalalysis	free, not deducted from MBL
6.	Chest X-ray	free, not deducted from MBL
7.	Electrocardiogram (ECG) for 35 years old and above	from 30 year old & above, free
8.	Pap Smear for 35 years old and above	from 30 year old & above, free
9.	Uric Acid Test	free, not deducted from MBL
10.	FBS	free, not deducted from MBL
9.	Pre-employment exam	can be arranged.
D.	EMERGENCY CASES	
1.	In Accredited Hospitals	
	1.1. Doctor's services	up to MBL
	1.2. Emergency Room Fees	up to MBL
	1.3. Medicines used for immediate relief during treatment	up to MBL
	1.4. Whole blood/human blood products	up to MBL

SCHEDULE OF BENEFITS		LIMIT
1.5.	Oxygen and IV fluids	up to MBL
1.6.	X-ray, laboratory tests and other diagnostic procedures	up to MBL
1.7	Room Upgrade in case of room unavailability	allowed
2.	In Non-Accredited Hospitals	
2.1.	Areas with Accredited Facilities within 50km Radius	Up to 80% reimbursement subject to CH rates
2.2.	Areas w/o Accredited Hospital outside 50km Radius	Up to 100% reimbursement subj to CH rates
2.3. Outside the Philippines		not covered
3.	Room Upgrading Provision in case of unavailability of entitled room	within 24H only except Suite room
3.1.	Waiver of Room rate difference	within 24H only
3.2.	Waiver of Incremental charges (except suite room)	within 24H only
3.3.	Computation of Incremental Costs:	
	One room category higher (W to SMP/SMP to RP/RP to LP/LP to SUS)	subject for approval, on member's account
	Two room categories higher (W to RP/SMP to LP/RP to SUS)	
	Three room categories higher (W to LP/SMP to SUS)	
E.	PREVENTIVE	
1.	Health habits and Family Planning counseling	covered
2.	Passive and active vaccines for treatment of tetanus, animal bites, snake	up to MBL, 1st dose only
3.	Periodic monitoring of health problems	covered
4.	Wellness programs/lectures	Covered up to Two (2) sessions
F.	SPECIAL BENEFITS	
1.	Congenital Conditions	Up to 25% of MBL only
2.	Congenital Hernia	up to MBL
3.	Cataract Extraction	up to MBL
4.	Scoliosis, whether congenital, pre existing, developmental or acquired	Covered up to php20,000
5.	Work Related Conditions based on conditions covered by ECC	up to MBL
6.	Medico Legal Cases without violation with Exclusion Conditions	
6.1.	Motor Vehicular Accidents	Covered subject to MBL (Subject to submission of Police report)
6.2.	Motorcycle Accident	Covered subject to MBL (Subject to submission of Police report)
6.3.	Provoked Assault	not covered
6.4.	Unprovoked Assault	Covered subject to MBL (Subject to submission of Police report)
7.	Benign Prostatic Hypertrophy	up to MBL
8.	Slipped disc / Spondylosis	up to MBL
G.	FINANCIAL ASSISTANCE Employees Dependents	
1.	Financial Assistance	
1.1	Death	Term Life Insurance: 100% of MBL
1.2	Accidental Death (Principal Sum)	Accidental Death Benefit: 200% of MBL
a.	Loss of life, or two limbs	Memorial Service Ben: 50% of Term Life Insurance
b.	Loss of both hands, or all fingers and both thumbs	na

SCHEDULE OF BENEFITS		LIMIT
	c. Loss of sight of both eyes	na
	d. Loss of arm at or above elbow	na
	e. Loss of arm between elbow and wrist, or leg at or above knee	na
	f. Loss of a hand, a foot, a leg below the knee, or sight of one eye	na
	g. Loss of four fingers	na
	h. Loss of thumb	na
	i. Loss of index finger	na
	j. Loss of middle finger	na
	k. Loss of ring finger, or big toe	na
	l. Loss of little finger	na
	m. Loss of metacarpals - first or second (additional)	na
	n. Loss of metacarpals - third, fourth or fifth (additional)	na
	o. Loss of toes all of one foot	na
	p. Loss of any toe other than the big toe, each	na
	q. Loss of hearing of each ear	na
H.	DENTAL	THRU ACCREDITED DENTAL CLINICS
1.	Dental examination/consultation	Free 4 consultations, not deducted from MBL
2.	Simple Oral prophylaxis (excluding deep scaling)	once a year
3.	Care for Oral Lesions, Wounds and Burns	covered
4.	Desensitization of hypersensitive teeth	covered
5.	Relief of Acute Dental Pain	covered
6.	Permanent Fillings	
	6.1. Light Cure	not covered
	6.2. Amalgam	not covered
7.	Recementation of loose crowns, inlays and onlays	covered
8.	Restorative and prosthodontic treatment planning	covered
9.	Simple adjustment of dentures	covered
10.	Simple non-surgical tooth extractions	covered
11.	Temporary Fillings	up to MBL
I.	OTHER BENEFITS	
1.	Ambulance Service (hospital transfers only) accredited to accredited	no inner limits, up to MBL
2.	Ambulance Service (non accredited to accredited)	Covered up to Php2,500/conduction (Hospital to Hospital) on reimbursement basis
2.	Wellness programs	Covered up to two (2 sessions)
3.	Philhealth	Required
3.1.1.	Additional Premium Option for non-Philhealth Eligible members	Php2,400 per member
J.	PRE-EXISTING CONDITIONS	
1.	Existing Employees	covered, from 3 years old & up,
2.	Future Employees	
3.	Existing Dependents	
4.	Future Dependents	