



A PROPOSAL

GROUP LIFE AND COMPREHENSIVE MEDICAL INSURANCE

PREPARED FOR

DEPARTMENT OF JUSTICE EMPLOYEES MULTI-
PURPOSE COOPERATIVE

BY:

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GENERALI LIFE ASSURANCE
PHILIPPINES, INC.

www.generali.com.ph
photo shows the Generali Tower
in Milan, Italy

requirements

Eligible members are those whose ages are:

LIFE:

PRINCIPAL: GYRT: 18 to 75 years old; ADD - Long Scale: 18 to 65 years old

MEDICAL:

PRINCIPAL: 18 to 75 years old

DEPENDENTS:

SPOUSE: 18 to 75 years old

CHILDREN: 14 days old to 23 years old

PARENTS: 18 to 75 years old

SIBLINGS: 14 days old to 23 years old

ELIGIBILITY

Hierarchy for enrollment shall be applied for the following:

Married Members:

SPOUSE: 18 to 75 years old

CHILDREN: 14 days old to 23 years old, unmarried and unemployed

Single Members:

PARENTS: 18 to 75 years old, unemployed

SIBLINGS: 14 days old to 23 years old, unmarried and unemployed

Single Parent Members:

CHILDREN: 14 days old to 23 years old, unmarried and unemployed

PARENTS: 18 to 75 years old, unemployed

SIBLINGS: 14 days old to 23 years old, unmarried and unemployed

76-80

PARTICIPATION

PRINCIPAL MEMBERS: 100% of all eligible members shall be required to install and maintain the plan. All members must be full-time and actively at work.

DEPENDENTS: 75% minimum participation requirement

No Evidence Limit (NEL)

The No Evidence Limit (NEL) is the maximum age and insurance cover for which proof of insurability will not be required.

No Medical Limit (NML)

The Non-Medical Limit (NML) is the maximum age and insurance cover for which submission of a Health Declaration or a Long Medical Questionnaire is sufficient compliance. Above these limits, the individual will be required to undergo medical examination.

Group Life

Through group life insurance, employers can provide their regular employees protection and security, tailor - fitted to the needs of the organization.

When an eligible employee is insured under this Plan, he gets the solid assurance that in the event of his death from whatever cause, his beneficiary/ies will receive the amount equal to the sum insured.

All eligible employees shall be insured in accordance to the Schedule of Benefits.

Group Medical

Generali shall reimburse the actual, necessary, usual, reasonable and customary expenses which an eligible employee or his dependent may have incurred subject to the limits specified in the Schedule of Benefits.

Riders

ADD - LONG SCALE

Pays benefit, as stated in the Schedule of Indemnities, for death, disability or loss of function, as a result of an injury within one hundred eighty (180) days after the date of an accident.

Schedule of Indemnities (Long Scale)

<u>Loss</u>	<u>% of Amount of Insurance</u>
Life	100%
Total and permanent loss of sight in both eyes	100%
Total and permanent loss of speech and hearing in both ears	100%
Total or Total and permanent loss of use of both hands or both feet at or above the wrist or ankle	100%
Total paralysis of all limbs	100%
Loss of one limb at or above wrist or ankle and the total and permanent loss of sight in one eye	100%
Total and irrevocable loss of hearing in both ears	75%
Total and irrevocable loss of hearing in one ear	15%
Total and permanent loss of the sight in one eye	50%

Total and permanent loss of use of one limb at or above the wrist or ankle			50%	
			<u>Right</u>	<u>Left</u>
Loss of or total and permanent loss of use of:				
Four fingers and thumb of one hand			70%	50%
Four fingers			40%	30%
One thumb	both phalanges		30%	30%
	one phalanx		15%	15%
Index Finger	three phalanges		10%	7.5%
	two phalanges		8%	6%
	one phalanx		5%	3.75%
Middle Finger	three phalanges		8%	6%
	two phalanges		6%	4.5%
	one phalanx		4%	3%
Ring Finger	three phalanges		8%	6%
	two phalanges		6%	4.5%
	one phalanx		4%	3%
Little Finger	three phalanges		8%	6%
	two phalanges		6%	4.5%
	one phalanx		4%	3%
Toes	All		15%	
	Great, both phalanges		5%	
	Great, one phalanx		2%	
	Other than great, if more than one			
	Toe lost, each		1%	

Note: For left-handed life insured, the percentage related to the right hand shall apply to the left.

Loss of hand means severance at or above the wrist. Loss of foot means severance at or above the ankle joint. However, total loss of the use of the hand or foot, if not severed, shall be presumed to be permanent if it had continued uninterruptedly for a period of at least six (6) months. Such permanent total loss shall be considered as a loss of said hand or foot. Loss of sight means total irrecoverable loss of sight.

If more than one (1) of the losses specified in this schedule are sustained as a result of one (1) accident, payment shall be made only for the loss for which the largest benefit is payable. Losses sustained as a result of any subsequent accident shall be considered for payment separately from and independently of other losses sustained in a previous accident.

In any policy year, the aggregate disability benefits payable under this Rider in respect of one (1) or more accidents shall not exceed the Amount of Insurance; provided however, that any partial benefit already paid for any loss(es) shall not be carried over to the subsequent policy year.

SCHEDULE OF BENEFITS (GT)

CLASS	LEVEL	COUNT	COVERAGE	LIMIT
ALL ELIGIBLE EMPLOYEES	ALL ELIGIBLE EMPLOYEES	652	ADD - Long Scale, GYRT	100,000
Total Sum Assured (GYRT)		581		58,100,000
Total Sum Assured (ADD Long)		562		56,200,000
NEL up to age 65				100,000
NML up to age 45				N/A

SCHEDULE OF BENEFITS (GH COMPREHENSIVE)

Pre-existing conditions:	Employees:	COVERED FROM DAY 1
	Dependents:	COVERED FROM DAY 1
Intervening Period:	Employees:	365 DAYS
	Dependents:	365 DAYS
PhilHealth Benefit:		On top of PhilHealth
Remarks: If the member did not file PhilHealth, the PhilHealth portion will be charged to the member upon discharged.		

For Employees

Rank Classification	Room & Board	Maximum Benefit Limit (MBL)		Application of Limit		Sharing of Limit		Dental Benefit *see inclusions in the benefit list below	Annual Physical Exam (APE)
		IP	OP	IP	OP	IP	OP		
CLASS 1-ALL ELIGIBLE EMPLOYEES	SUITE	200,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered
CLASS 2-ALL ELIGIBLE	SEMI-PRIVATE	150,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered
CLASS 3-ALL ELIGIBLE EMPLOYEES	SEMI-PRIVATE	100,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered
CLASS 4-ALL ELIGIBLE EMPLOYEES	SEMI-PRIVATE	80,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered
CLASS 5-ALL ELIGIBLE EMPLOYEES	WARD	70,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered
CLASS 6-ALL ELIGIBLE EMPLOYEES	WARD	60,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered

For Dependents

Rank Classification	Room & Board	Maximum Benefit Limit (MBL)		Application of Limit		Sharing of Limit		Dental Benefit *see inclusions in the benefit list below	Annual Physical Exam (APE)
		IP	OP	IP	OP	IP	OP		
CLASS 1 -ALL ELIGIBLE DEPENDENTS	SUIT	200,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered
CLASS 2 -ALL ELIGIBLE DEPENDENTS	SEMI-PRIVATE	150,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered
CLASS 3 -ALL ELIGIBLE DEPENDENTS	SEMI-PRIVATE	100,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered
CLASS 4 -ALL ELIGIBLE DEPENDENTS	SEMI-PRIVATE	80,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered
CLASS 5 -ALL ELIGIBLE DEPENDENTS	WARD	70,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered
CLASS 6 -ALL ELIGIBLE DEPENDENTS	WARD	60,000	Subject to IP Limit	MBL	MBL	Per Head	Per Head	Covered	Covered

BENEFIT DESCRIPTION	BENEFIT LIMIT
Inpatient (IP) Care	
Room and Board Accommodation	Subject to the Member's Room and Board limit
Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by Attending Accredited Physician) and recovery room.	Subject to MBL
Professional fees in accordance with Generali's Schedule of Rates.	
Attending Physicians	Subject to MBL
Surgeons	Subject to MBL
Anesthesiologists	Subject to MBL
Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery	Subject to MBL
Standard Nursing Services	Subject to MBL
Medicines for in-patient use	Subject to MBL
Blood products transfusions and intravenous fluids, including blood screening and cross matching.	Subject to MBL
X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures incidental to confinement	Subject to MBL
Dressings, conventional casts (plaster of Paris) and sutures	Subject to MBL
Anesthesia and its administration	Subject to MBL
Oxygen and its administration	Subject to MBL
Standard Admission kit	Subject to MBL
All other items directly related in the medical management of the patient, as deemed medically necessary by the Attending Accredited Physician	Subject to MBL
Outpatient (OP) Care	
Consultations during regular clinic hours, except prescribed medicines	Subject to MBL

Pre and Post Natal consultations (excluding laboratory & diagnostic procedures)	FREE 10 consultations then subject to MBL
Eye, ear, nose and throat (EENT) treatment prescribed by an Accredited Physician/Specialist	Subject to MBL
Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Subject to MBL
Dressings, conventional casts (plaster of Paris) and sutures	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.	Subject to MBL
Minor surgery not requiring confinement prescribed by an Accredited Physician /Specialist	Subject to MBL
Eye laser therapy only for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an Accredited Physician/Specialist. Eye correction such as Lasik, PRK and the like are not covered	Covered up to php10,000/eye (Except Lasik, PRK and the like)
Electrocauterization of skin lesions such as plantar warts, flat warts, periungual warts, filiform warts and molluscum contagiosum, in any part of the body, except genital warts and condyloma acuminata, prescribed by an Accredited Physician /Specialist	NO INNER LIMITS, UP TO MBL
Sclerotherapy for varicose veins (except medicines and for cosmetic purposes) as prescribed by an Accredited Physician, to be availed through accredited vascular surgeons	Up to Php5,000 /leg /member /year
Allergy Testing/ allergy screening and other related examinations prescribed by an Accredited Physician	NO INNER LIMITS, UP TO MBL
Speech therapy (for stroke patients only)	COVERED UP TO 12 SESSIONS SUBJECT TO MBL
Tuberculin test	NO INNER LIMITS, UP TO MBL
Routine Procedures	
Blood Chemistries	100% of Actual Cost subject to MBL
Chest X-Ray	FREE, NOT DEDUCTED FROM MBL
Complete Blood Count (CBC)	100% of Actual Cost subject to MBL
Fecalysis	FREE, NOT DEDUCTED FROM MBL
Urinalysis	FREE, NOT DEDUCTED FROM MBL
Emergency Care	
In Accredited Hospitals	
Doctor's services	Subject to MBL
Emergency Room Fees	Subject to MBL
Medicines used for immediate relief during treatment	Subject to MBL
Oxygen, Intravenous fluids and blood products	Subject to MBL
Dressings, conventional casts (plaster of Paris) and sutures	Subject to MBL
X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient	Subject to MBL

Room Upgrade in case of room unavailability (involuntary)	Up to 24 hours except Suite Room (Note: If a member has to occupy a room one category higher than what he is entitled to because of non-availability of a category room, he will shoulder the difference in cost between the non-category room and the category room. However, should a room becomes available, the Member is obligated to transfer to a category room, otherwise incremental charges shall be billed to the Member.)
In Non-Accredited Hospitals	Reimbursable up to 80% of the total hospital bills and 100% of the professional fees based on GENERALI's regulated fees.
Outside the Philippines	100% of hospital bills & professional fees based on GENERALI rates up to Php30,000 /case /member /year (Reimbursement Basis)
Areas without Accredited Hospital	up to 100% reimbursement subject to CH rates
Ambulance Service (Accredited Hospital/Clinic to Accredited Hospital/Clinic)	no inner limits, up to MBL
Ambulance Service (Non-Accredited Hospital/Clinic to Accredited Hospital/Clinic)	Covered up to Php2,500/conduction (Hospital to Hospital) on reimbursement basis
Note: The ambulance service provided herein shall be available regardless of the location within the Philippines.	
Initial treatment of Animal bites (vaccines not included)	UP TO MBL, 1ST DOSE ONLY
Diagnostic Procedures	
12-Lead Electrocardiogram (ECG)	Covered subject to MBL
24-hour Electroencephalogram (EEG) Monitoring	Covered subject to MBL
24-hour Holter Monitoring	Covered subject to MBL
Adrenocortical Function	Covered subject to MBL
Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered subject to MBL
Arterial Blood Gas	Covered subject to MBL
Arthroscopic Procedures, Orthopedic Arthroscopy	Covered subject to MBL
Audiograms and Tympanograms	Covered subject to MBL
Bone Densitometry Scan (Dexascan)	Covered subject to MBL
Bone Mineral Density Studies	Covered subject to MBL
Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	Covered subject to MBL
Computed Tomography (CT) Scans	Covered subject to MBL
Diagnostic Radiographs:	Covered subject to MBL
Biliary tract: Cholecystogram and Cholangiogram	Covered subject to MBL
Chest, ribs, sternum and clavicle	Covered subject to MBL
Digestive: Plain film of the abdomen, Barium Enema, Upper Gastrointestinal (GI) Series, Lower GI Series, Small Bowel series	Covered subject to MBL
Face (including sinuses), Head and Neck	Covered subject to MBL
Urinary: Kidney, Ureter and Bladder (KUB) Pyelograms and Cystograms	Covered subject to MBL
X-ray of the extremities and pelvis	Covered subject to MBL
X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered subject to MBL
Diagnostic Ultrasounds:	Covered subject to MBL
2D-Echo with Doppler	Covered subject to MBL
Abdomen	Covered subject to MBL
Duplex Scan	Covered subject to MBL

Digestive and Urinary Systems	Covered subject to MBL	
Ultrasound of the Lungs	Covered subject to MBL	
Electroencephalogram (EEG) Monitoring	Covered subject to MBL	
Electromyography and Nerve Conduction Studies	Covered subject to MBL	
Endoscopic Procedures	Covered subject to MBL	
Fluorescein Angiography	Covered subject to MBL	
Impedance Plethysmography	Covered subject to MBL	
Magnetic Resonance Angiography (MRA)	Covered subject to MBL	
Magnetic Resonance Imaging (MRI)	Covered subject to MBL	
Mammogram and Sonomammogram	Covered subject to MBL	
Myelogram	Covered subject to MBL	
Nuclear Radioactive Isotope Scan	Covered subject to MBL	
Pap's Smear	Covered subject to MBL	
Perfusion Scan	Covered subject to MBL	
Plasma Urinary Cortisol, Plasma Aldosterone	Covered subject to MBL	
Polysomnograms (Sleep Recording)	COVERED UP TO PHP10,000 SUBJECT TO MBL	
Pulmonary Function Tests	Covered subject to MBL	
Radioisotope Scans and Function Studies:	Covered subject to MBL	
Cardiac	Covered subject to MBL	
Gastrointestinal	Covered subject to MBL	
Liver	Covered subject to MBL	
Parathyroid Bone, Pulmonary (Perfusion/ Ventilation Lung Scans)	Covered subject to MBL	
Renal	Covered subject to MBL	
Thyroid Scans	Covered subject to MBL	
Total Body Scans	Covered subject to MBL	
Radionuclide Ventriculography	Covered subject to MBL	
Surface Electromyography (SEMG)	Covered subject to MBL	
Thallium Scintigraphy	Covered subject to MBL	
Treadmill Stress Test (TMST)	Covered subject to MBL	
Cataract extraction except cost of lens	Covered subject to MBL	
Therapeutic Procedures	IN-PATIENT	OUT-PATIENT
Arthrocentesis	Up to MBL	Up to 12 sessions subject to MBL
Dialysis	NO INNER LIMITS, up to MBL	NO INNER LIMITS, up to MBL
Intravenous Chemotherapy	Covered up to 12 sessions subject to MBL	Covered up to 12 sessions subject to MBL
Phlebotomy	Up to MBL	Up to 12 sessions subject to MBL
Physical therapy / Occupational therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.	Up to MBL	Up to 12 sessions subject to MBL
Thoracentesis	Up to MBL	Up to 12 sessions subject to MBL
Therapeutic Radiology:		
Brachytherapy	Up to MBL	Up to 12 sessions subject to MBL

Cobalt	Up to MBL	Up to 12 sessions subject to MBL
Linear Accelerator Therapy	Up to MBL	Up to 12 sessions subject to MBL
Radioactive Cesium	Up to MBL	Up to 12 sessions subject to MBL
Radioactive Iodine	Up to MBL	Up to 12 sessions subject to MBL
Continuous Positive Airway Pressure (CPAP) titration for sleep study	Up to Php5,000 /member /year	Up to Php5,000 /member /year
Oral chemotherapy	Up to Php60,000 /member /year	Shared with IP
Preventive Care	IN-PATIENT	OUT-PATIENT
Routine Immunization except cost of vaccines (administration only)	Not Covered	Covered
Passive and active vaccines for treatment of tetanus and animal bites	Not Covered	Not Covered
Periodic monitoring of health problems	Not Covered	Covered
Health-education and counseling on diets or exercise	Not Covered	Covered
Health habits and Family Planning counseling	Not Covered	Covered
Wellness Program	Covered up to 2 sessions	Covered up to 2 sessions
Additional Procedures and Modalities		
Angiography (gastrointestinal, brain, retinal and peripheral vascular)	Covered subject to MBL	
Coronary Angiogram and/or Angioplasty/Coronary Artery Bypass Graft	Covered subject to MBL	
Cryosurgery	Covered up to Php 1,000/area/year	
Gamma Knife Surgery	Covered subject to MBL	
Herniorraphy	Covered subject to MBL (for acquired cases only)	
Hysteroscopic Myoma Resection	Covered subject to MBL	
Hysteroscopically-guided D&C	Covered subject to MBL	
Laparoscopy	Covered subject to MBL	
Lithotripsy	Covered subject to MBL, once per contract year	
Neuroscan	Up to Php7,000 /member /year	
Percutaneous Ultrasonic Nephrolithotomy	Covered subject to MBL, once per contract year	
Stereotactic Brain Biopsy	Covered subject to MBL	
Conventional Hemorrhoidectomy	Covered subject to MBL	
Scalpel Hemorrhoidectomy	up to MBL	
Stapled Hemorrhoidectomy	up to MBL	
Mammotome	Covered up to Php5,000 /member /year	
4D Ultrasound except for maternity-related cases	Covered up to Php5,000 /member /year	
Esophageal Manometry	Covered up to Php5,000 /member /year	
Intensified Modulated Radiotherapy	Covered up to 12 sessions subject to MBL	
Botox which is not cosmetic in nature nor for beautification purpose	Covered up to Php5,000 /member /year	
Positron Emission Tomography (PET) Scan	Covered up to Php5,000 /member /year	
CT Pulmonary Angiography	Covered up to Php5,000 /member /year	
Photodynamic Therapy	Covered up to Php5,000 /member /year	

Video Gastroscopy	Covered subject to MBL
Other medically necessary modalities not mentioned above and those for which there are no comparable, conventional or traditional counterparts	Covered up to Php5,000 /procedure /member /year
Transurethral Microwave Therapy of Prostate	COVERED UP TO PHP20,000
Conditions with Specific Limitations	IN-PATIENT and OUT-PATIENT
Work Related Conditions based on conditions covered by ECC	Up to MBL
Motor Vehicular Accidents	Subject to MBL and exclusions and limitations
Provoked and Unprovoked Assault, including domestic violence, whether initiated by the Member or by a known or unknown third party	Unprovoked Assault, including domestic violence, whether initiated by a known or unknown third party - Covered
Scoliosis including necessary procedures, except physical therapy sessions, whether congenital, pre existing, developmental or acquired	Covered up to Php40,000 /member /year(acquired cases only)
Congenital Conditions except physical therapy sessions and developmental disorders	UP TO 25% OF MBL
Congenital Hernia	UP TO MBL
Chronic Dermatoses	Consultations only (medicines not covered)
Scabies	Consultations only (medicines not covered)
Valvular heart disease (congenital and/or acquired) including Cardiomyopathies, Chronic Glomerulonephritis, previous craniotomy sequelae/hearing impairment/ Neurologic disease and Spinal Stenosis (if pre-existing)/Poliomyelitis/Slipped disc (if pre-existing) and Guillain-Barre Syndrome, Diabetes and its complications (if pre-existing), Complicated Hypertension (e.g. those with history of stroke, myocardial ischemia or infarction and poor kidney function), and all malignant tumors (if pre-existing).	UP TO MBL
Hepatitis B except vaccines	Up to MBL (if acquired)
Hepatitis B Screening	Not Covered
Maternity Assistance	
Covered Members	Not Covered
Delivery Type:	
Normal Delivery	Not Covered
Caesarian	Not Covered
Miscarriage and Abortion	Not Covered
Ectopic Pregnancy	Not Covered
H. Mole Pregnancy	Not Covered
Home Delivery	Not Covered
Other Complications	Not Covered
Laboratory procedures/work-ups	Not Covered
Additional Note	For availments in Accredited Hospitals but with non-Accredited Physicians, Generali shall provide outright coverage for the hospitals bills and the professional fees of non-Accredited Physicians shall be on a reimbursement, equivalent to the amount of what we would have paid based on relative unit value.
Other Non-Standard Procedures	
ADDITIONAL PREMIUM OPTION FOR NON-PHILHEALTH ELIGIBLE MEMBERS	P2,400 per member
OTHER LASER PROCEDURES	COVERED UP TO PHP5,000 SUBJECT TO MBL

Surgical procedures not requiring hospitalization	UP TO MBL
HORMONAL REPLACEMENT THERAPY	COVERED SUBJECT TO MBL
OPEN HEART SURGERY	UP TO MBL
Coverage for Special modalities, New, and/or Sophisticated procedures not specified WITH conventional counterparts.	COVERED UP TO 5,000
Coverage for Special modalities, New and/or Sophisticated procedures not specified WITHOUT conventional counterparts	COVERED UP TO PHP20,000
Laparoscopic Cholecystectomy	UP TO MBL
Organ Transplant (except cost of organs and procedures for donor)	UP TO MBL
Testing involving Nuclear Technologies(Thallium Stress Testing, Radionuclide, Thyroid Scan, Pyrosphosphate Scintigraphy, Positron Emission Tomography, Radio Isotope Scanning	UP TO MBL
PROSTATE SPECIFIC ANTIGEN	Covered up to Php 1,000
Benign Prostatic Hypertrophy	UP TO MBL
SLIPPED DISC/SPONDYLOSIS	UP TO MBL

General Notes:

1. Out of network availment will be based on Generali's regulated rates and on a reimbursement basis only.
2. For cases where availment is out of network and Generali has no accredited Doctor/Specialist, reimbursement will be "as charged".

RIDERS

Dental Care

Oral Examination/diagnosis as needed	covered
Oral Prophylaxis every 6 months	Covered
Gum Problem Consultation and treatment planning	Covered
Simple tooth Extraction when indicated (excluding impaction)	Covered
Temporary Fillings when indicated	Covered
Recementation of loose Jacket Crowns	Covered
Adjustment/Repair of dentures	Covered
Oral Hygiene Instructions	Covered
Dental Health Education and Consultation	Covered
Orthodontic Treatment and Consultation	Covered
Light Cure Filling - 2 teeth	Covered
Desensitization of Hypersensitive Teeth (2 Teeth Annually)	Covered

Annual Physical Exam

Basic 5 (Physical Exam, Complete Blood Count, Urinalysis, Fecalalysis, Chest X-Ray)	FREE, NOT DEDUCTED FROM MBL
Pap Smear for female members age 35 yo and above	FROM 30 YEAR OLD AND ABOVE, FREE
ECG for members age 35 yo and above	FROM 30 YEAR OLD AND ABOVE, FREE

Additional Procedures:

ROUTINE CHECK UP	FREE, NOT DEDUCTED FROM MBL
PHYSICAL EXAMINATION AND HISTORY TAKING	FREE, NOT DEDUCTED FROM MBL
URIC ACID TEST	FREE, NOT DEDUCTED FROM MBL
FBS	FREE, NOT DEDUCTED FROM MBL
PRE-EMPLOYMENT EXAM	CAN BE ARRANGED

Pre - Employment Medical Exam

Inclusions	CAN BE ARRANGED
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value added services

Generali offers other valuable services to our clients, fostering holistic protection. Please contact your Account Officer to know more about these



Get unlimited and free consultations and health advices from medical specialists with the Call A Doc service.

Anytime you need.
Anywhere you may be.

Reliable doctors are just a call away.
Answerable all day and all night.
Zero charges on coverage limit.
Unlimited number of consultations.

**the doctor is in
24/7**

Two (2) ways to Call A Doc:

1.) Download "Generali PH" and register.
Click on the "Talk to a Doctor" menu to call the specialist or schedule a callback on your most convenient time.

2.) Call any of the following hotline numbers:
(0993) 708.0700 (Manila) | (0332) 265.9111 (Cebu) |
(0912) 345-5111 (Davao) | (033) 925.5111 (Dumaguete) |
(0916) 0917.5362156 | (0917) 5362715 | (0917) 5487675
(0916) 0916.9027542 | (0916) 9027543 |
(0916) 9027542 | (0916) 9027543 |
(0916) 9027542 | (0916) 9027543

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24/7 CALL A DOC

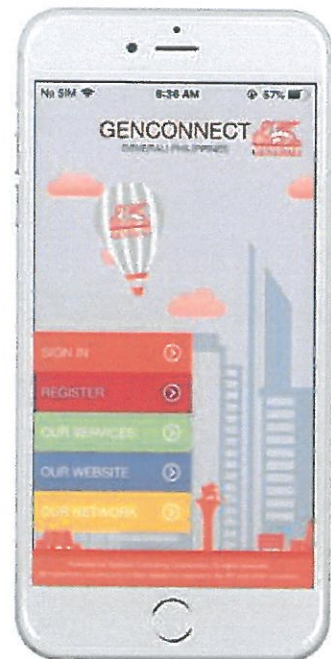
The primary touchpoint for non - emergency and/or initial outpatient consultations.

Free and unlimited consultation with a reliable doctor, anytime and anywhere. Convenient for the members and will contribute in managing utilization costs.

GENCONNECT

Generali's mobile application for members. Available for download via AppStore or PlayStore. No charges on the mobile data, as well, for Globe and TM subscribers.

Member does not need a physical membership card as the virtual one is in the app, can call a doctor anytime for a free consultation, request for a Letter of Authority (LOA) prior to going to a medical facility, file a claims reimbursement online, get rewarded for health achievements with the health & wellness platform, check his / her benefits and utilization, and a whole lot more features.



GENPORTAL

The 24/7 online portal for our HR partners. Access via Generali's website, www.generali.com.ph

HR can do transactions such as member movements (enrollment and deletion), changes in classifications, and check the utilization report and top diagnoses of members. Seamless for our valued HR partners,

