POWERED BY:

July 1, 2026

Dear Valued Clients,

Warm Greetings!

We are pleased to present this healthcare proposal tailored specifically for you and your family. Ayos Health Card, powered by PhilCare, is designed to provide accessible, dependable, and cost-effective healthcare protection that helps safeguard your health, your savings, and your family's future.

In today's world, healthcare is no longer a luxury—it is an essential form of financial protection. A single hospitalization, emergency, or major medical procedure can significantly impact years of hard work and savings. With Ayos Health Card, you gain access to quality healthcare services through one of the country's most trusted healthcare networks while enjoying valuable protection against unexpected medical expenses.

WHY AYOS HEALTH CARD IS IDEAL FOR YOU AND YOUR FAMILY

Ayos Health Card offers comprehensive HMO coverage designed for real-life healthcare needs—whether you're protecting yourself, your spouse, your children, or your parents. Enrollment is simple, activation is fast, and benefits are designed to provide meaningful healthcare access from the start.

Key Advantages for You and Your Family

✓ Easy Enrollment

Simple requirements and a straightforward application process allow you and your family to get covered quickly and conveniently.

✓ No Medical Exams for Standard Entry Ages

Qualified applicants may enroll without extensive medical examinations or laboratory requirements, subject to underwriting guidelines.

✓ Comprehensive Day 1 Healthcare Access

Upon activation, members immediately gain access to eligible consultations, routine laboratory examinations, routine diagnostic procedures, emergency care, and other covered healthcare services subject to plan provisions.

Pre-Existing Conditions (PEC) are covered up to fifty percent (50%) of the chosen Maximum Benefit Limit (MBL), subject to claims assessment and policy provisions.

✓ Transparent Waiting Periods

To provide sustainable and meaningful healthcare protection, the following waiting periods apply:

• Consultations, routine laboratory examinations, and routine diagnostic procedures for non-dreaded conditions are covered from Day 1.

• Major diagnostic procedures, outpatient surgical procedures, and inpatient/confinement-related treatments for non-dreaded conditions are covered after a two (2) month waiting period from the plan's effective date.

• Consultations and routine laboratory examinations related to dreaded conditions are covered from Day 1.

• Major diagnostic procedures, outpatient surgeries, and inpatient/confinement treatments related to dreaded conditions are covered after a six (6) month waiting period from the plan's effective date.

• Dental benefits become available after one (1) month from the effective date.

POWERED BY:

✓ Access to a Nationwide Healthcare Network

Enjoy access to more than 57,000 accredited hospitals, clinics, laboratories, and healthcare facilities nationwide, together with over 1,880 accredited physicians and specialists.

✓ Access to Top Major Hospitals

Members enrolled in plans with Top Major Hospital Access may avail of services from leading healthcare institutions including:

- St. Luke's Medical Center – BGC
- St. Luke's Medical Center – Quezon City
- Makati Medical Center
- Cardinal Santos Medical Center
- Asian Hospital and Medical Center
- and other participating major hospitals

✓ Fast Processing and Activation

Ideal for individuals and families who want healthcare protection as soon as possible without lengthy processing requirements.

✓ Powered by PhilCare

Ayos Health Card is powered by PhilCare, one of the Philippines' most trusted Health Maintenance Organizations (HMOs), known for its strong provider network, quality healthcare services, and reliable member support.

Final eligibility and requirements remain subject to PhilCare guidelines and underwriting approval.

INDIVIDUAL & FAMILY RATES

Below are the annual premiums for Ayos Health Card. These may apply to you as an individual, to each family member, or to dependents, depending on your preferred setup.

AGE 18 TO 60

	PEC COVERAGE	WITHOUT TOP MAJOR HOSPITALS	WITH TOP MAJOR HOSPITALS
PLANS		**PREMIUM**	**PREMIUM**
60K MBL – WARD	**30K**	₱ 18,888.00	₱ 23,888.00
100K MBL - SEMI-PRIVATE	**50K**	₱24,888.00	₱ 31,888.00
200K MBL - REGULAR PRIVATE	**100K**	₱34,888.00	₱ 44,888.00

AGE 61 TO 65

	PEC COVERAGE	WITHOUT TOP MAJOR HOSPITALS	WITH TOP MAJOR HOSPITALS
PLANS		**PREMIUM**	**PREMIUM**
60K MBL – WARD	**30K**	₱ 24,888.00	₱ 31,888.00
100K MBL - SEMI-PRIVATE	**50K**	₱ 32,888.00	₱ 41,888.00
200K MBL - REGULAR PRIVATE	**100K**	₱ 45,888.00	₱ 58,888.00

AYOS HEALTHCARD

POWERED BY: PhilCare Healthcare Made Smarter

FOR MINORS AGE 15 DAYS OLD TO 17 AS INDIVIDUAL

	PEC COVERAGE	WITHOUT TOP MAJOR HOSPITALS	WITH TOP MAJOR HOSPITALS
PLANS		**PREMIUM**	**PREMIUM**
100K MBL - SEMI-PRIVATE	**50K**	₱ 30,888.00	₱ 35,888.00
200K MBL - REGULAR PRIVATE	**100K**	₱ 46,888.00	₱ 52,888.00

FAMILY APPLICATION DISCOUNT PROGRAM

To provide greater value and encourage comprehensive family healthcare protection, qualified family applications shall enjoy a **five percent (5%) discount** on the annual premium of each enrolled family member.

Eligibility Requirements

• Minimum of two (2) family members enrolled under a single application.

• **For Single Applicants:**
Must enroll together with biological or legal parents and/or minor siblings aged 15 days old to 17 years old.

• **For Married Applicants:**
Must enroll together with spouse and/or children.

• **For Single Parents:**
Must enroll together with children and/or parents.

Proof of Relationship

Applicants under the Family Application Discount Program must submit supporting documents such as:

• Birth Certificate (for parent-child relationships)

• Marriage Certificate (for spouses)

Additional Notes

• The 5% discount applies equally to each enrolled family member.

• This program supersedes the previous Minor Dependent Discounted Rates.

• All applications remain subject to standard underwriting guidelines and approval.

IMPORTANT NOTES

• All premiums stated are annual premiums.

• Prices are subject to change without prior notice.

• Pre-Existing Conditions (PEC) are covered up to 50% of the chosen Maximum Benefit Limit (MBL), subject to claims assessment.

• Major diagnostic procedures, outpatient surgeries, and inpatient/confinement treatments for non-dreaded conditions are subject to a two (2) month waiting period.

• Major diagnostic procedures, outpatient surgeries, and inpatient/confinement treatments related to dreaded conditions are subject to a six (6) month waiting period.

• All benefits remain subject to the terms, conditions, limitations, exclusions, medical necessity requirements, and utilization review guidelines of the plan.

• All plans do not have access to Notre Dame Hospital, Manila Adventist Hospital, Philippine Orthopedic Center, and The Medical City – Pasig Main Hospital.

ABOUT OUR AGENCY

IOSS Insurance Agency Inc. is the exclusive distributor of Ayos Health Card and Ayos Corporate Plans. We specialize in providing accessible, compliant, and cost-efficient healthcare solutions for individuals, families, SMEs, and large enterprises.

Our commitment is to:

• Deliver fast and hassle-free onboarding

• Provide transparent pricing and dependable service

• Offer end-to-end account management and after-sales support

• Ensure clients receive quality healthcare access nationwide

We simplify healthcare so you can focus on what matters most—your health, your family, and your future.

WHO IS PHILCARE?

PhilCare is one of the Philippines' most established and trusted Health Maintenance Organizations, recognized for:

✓ Nationwide healthcare network

✓ Decades of healthcare expertise

✓ Technology-driven member servicing

✓ Financial strength and stability

✓ Strong provider partnerships nationwide

With PhilCare as our healthcare partner, members gain access to quality healthcare backed by a proven and reliable healthcare infrastructure.

ANNEX A – FULL SCHEDULE OF BENEFITS

Please refer to Annex A for the complete Schedule of Benefits of your selected Ayos Health Card plan.

ANNEX B – TERMS, CONDITIONS, LIMITATIONS & EXCLUSIONS

Please refer to Annex B for the complete terms, conditions, limitations, and exclusions applicable to all enrolled members.

We believe you and your family deserve healthcare protection that is accessible, comprehensive, and dependable—a healthcare solution that works when you need it most.

Ayos Health Card is designed to:

• Protect your savings from unexpected medical expenses

• Give you peace of mind during medical emergencies

• Provide access to quality healthcare nationwide

• Help ensure your loved ones receive the care they deserve

We would be honored to be your partner in securing your family's health and future.

POWERED BY:

If you're ready, we can:

✓ Finalize your chosen plan

✓ Assist with enrollment and payment instructions

✓ Guide you through the activation process

✓ Support you throughout your membership journey

We look forward to helping you start your Ayos Health Card coverage.

Sincerely,

IOSS Insurance Agency Inc. – Ayos Health Card
0917-1548098

CONFORME

I/We have reviewed this proposal and agree to proceed with the Ayos Health Card under the terms and benefits presented herein.

_____
[CLIENT NAME & SIGNATURE]
Date: _____

AYOS HEALTHCARD

POWERED BY: PhilCare Healthcare Made Smarter

ANNEX A: FULL SCHEDULE OF BENEFITS

***TERMS & CONDITIONS APPLIES**

ANNUAL PHYSICAL EXAMINATION		
1	Taking of Medical History	Covered
2	Physical Examination	Covered
3	Chest X-Ray	Covered
4	Routine Urinalysis	Covered
5	Routine Fecalysis	Covered
6	Complete Blood Count (CBC)	Covered
7	Electrocardiogram (ECG) for members 35 years old and above or if indicated	Covered
8	Pap Smear for female members 35 years old and above or if indicated	Covered
PREVENTIVE HEALTH CARE		
1	Health Education Counseling on diet or exercise	Covered
2	Periodic Monitoring of Health Problems	Covered
3	Family Planning Counseling	Covered
OUT-PATIENT CARE		
1	Pre and Post Natal consultations	Covered excluding laboratory & diagnostic procedures
2	Eye, ear, nose and throat (EENT) treatment prescribed by an affiliated physician/specialist	Covered
3	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered
4	Dressings, conventional casts (plaster of Paris) and sutures.	Covered
5	X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an affiliated physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered
6	Minor surgery not requiring confinement prescribed by an affiliated physician / specialist	Covered
7	Cauterization of Warts prescribed by an Affiliated Physician/Specialist except genital warts and condyloma acuminatum	If Medically necessary & For therapeutic purposes (e.g. plantar warts, etc.) covered up to MBL;
8	Speech Therapy	**Not Covered**
9	Initial treatment of animal bites	Covered subject to MBL except cost of vaccines which is
10	Passive and active vaccines for treatment of tetanus and animal bites (including immunoglobulin)	**Not Covered**
IN-PATIENT SERVICES		
1	Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by attending Affiliated Physician) and recovery room.	Covered subject to MBL or PEC*
2	Professional fees in accordance with PhilCare Schedule of Rates.	Covered subject to MBL or PEC*
	a. Attending Physicians	Covered subject to MBL or PEC*

	b. Surgeons	Covered subject to MBL or PEC*
	c. Anesthesiologists	Covered subject to MBL or PEC*
	d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.	Covered subject to MBL or PEC*
3	Standard Nursing Services	Covered subject to MBL or PEC*
4	Medicines for in-patient use	Covered subject to MBL or PEC*
5	Blood products transfusions and intravenous fluids, including blood screening and cross matching.	Covered subject to MBL; blood screening of donor's blood **not included**
6	X-Ray, laboratory examinations, diagnostic tests and therapeutic procedures incidental to confinement	Covered subject to MBL or PEC*
7	Dressings, conventional casts (plaster of Paris) and sutures	Covered subject to MBL or PEC*
8	Anesthesia and its administration	Covered subject to MBL or PEC*
9	Oxygen and its administration	Covered subject to MBL or PEC*
10	Standard Admission kit	Covered subject to MBL or PEC*
11	All other items directly related in the medical management of the patient, as deemed medically necessary by the attending Affiliated Physician	Covered subject to MBL or PEC*
12	Assistance in administrative requirements through a Liaison Officer	Covered subject to MBL or PEC*
SPECIAL MODALITIES OF TREATMENT		
1	Laparoscopic Cholecystectomy	Php35,000 or subject to MBL; whichever is lower; limited to once per contract year
2	Lithotripsy	Php35,000 or subject to MBL; whichever is lower; limited to once per contract year
3	Magnetic Resonance Imaging (MRI)	Php5,000
4	Use of Nuclear/Radioactive Isotopes	Php5,000
5	Hysterescopic Myoma Resection	Php20,000
6	Laparoscopic Adrenalectomy (Unilateral)	Php75,000 or subject to MBL; whichever is lower
7	Laparoscopic Adrenalectomy (Bilateral)	Php85,000 or subject to MBL; whichever is lower
8	Transurethral Microwave Therapy of Prostate	Php35,000 or subject to MBL; whichever is lower; limited to once per contract year
9	Hysteroscopic Guided D&C/Biopsy	Php10,000 or subject to MBL; whichever is lower
10	Percutaneous Ultrasonic Nephrolithotomy	Php40,000 or subject to MBL; whichever is lower; limited to once per contract
11	Ureterolithotripsy	Php35,000 or subject to MBL; whichever is lower; limited to once per contract year
12	Stereotactic Brain Biopsy	Php120,000 or subject to MBL; whichever is lower
13	Cryosurgery	Php1,000/area; limited to once per contract year
14	Sleep Study/Polysomnograms (Sleep Recording)	Php5,000; with or without CPAP
15	Continuous Positive Airway Pressure (CPAP) titration for sleep study	Covered subject to Php 5,000; with separate limit for sleep study
16	Neuroscan	Php5,000
17	All Special Modalities of treatment and/or diagnostic procedures for which there are no comparable conventional or traditional equivalent or counterparts	Covered up to Php 5,000/ procedure/member /year

18	Sclerotherapy for varicose veins as prescribed by an Affiliated Physician, to be availed through Affiliated vascular surgeons.	Up to Php 5,000/member/year; aggregate limit.
EMERGENCY CARE		
1	a. Doctor's services	Covered subject to MBL or PEC*
	b. Emergency Room Fees	Covered subject to MBL or PEC*
	c. Medicines used for immediate relief during treatment	Covered subject to MBL or PEC*
	d. Oxygen, Intravenous fluids and blood products.	Covered subject to MBL or PEC*
	e. Dressings, conventional casts (plaster of Paris) and sutures.	Covered subject to MBL or PEC*
	f. X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient.	Covered subject to MBL or PEC*
	g. Room Upgrade in case of room unavailability	Room upgrade will be subject to rules on room upgrading (with additional charge -Waived for the first 24 hours except Suite room.
2	In Non-Affiliated Hospitals	100% of hospital bills & professional fees based on PhilCare rates up to Php 15,000 /case /member /year (Reimbursement Basis)
3	Outside the Philippines	100% of hospital bills & professional fees based on PhilCare rates up to Php 15,000 /case /member /year (Reimbursement Basis)
4	Areas w/o Affiliated Hospital	Covered subject to PhilCare rates up to MBL (using the 50-km radius rule)
5	Ambulance Service (Affiliated/Non- Affiliated to Affiliated) if within Metro Manila	Covered provided that case is fully coordinated with PhilCare
6	Ambulance Service (Affiliated/Non- Affiliated to Affiliated) if in Provincial areas	Covered up to 2K per conduction (reimbursement)
PRE-EXISTING CONDITIONS - 50% of CHOSEN PLAN LIMIT (Aggregate Limit for Kids) *(KNOWN OR UNKNOWN PEC)*		
OTHER BENEFITS/SPECIAL SERVICES		
1	Work Related Conditions based on conditions covered by ECC	Covered subject to MBL or PEC*
4	Scoliosis including necessary procedures	Not Covered
5	Epilepsy, Seizure Disorder	Covered if acquired
6	Hepatitis B (if acquired, excluding STD) & Hepatitis C	Covered if acquired & not related to STD. Screening test is not Covered
7	Sports-related injuries	covered; except extreme
8	Unprovoked Assault, including domestic violence, whether initiated by a known or unknown third party	Covered
DIAGNOSTIC PROCEDURES		
1	Coronary Angiography	Covered subject to MBL or PEC*
2	24 hour EEG Monitoring	Covered up to MBL*
3	Esophageal Manometry	Covered up to MBL*
4	Positron Emission Tomography	covered up to Php5,000/member/year
5	CT Pulmonary Angiography	Covered up to MBL*
6	Photodynamic Therapy	covered up to Php5,000/member/year
7	24-hour Holter Monitoring	Covered subject to MBL or PEC*
8	Adrenocortical Function	Covered subject to MBL or PEC*

9	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered subject to MBL or PEC*
10	Arterial Blood Gas	Covered subject to MBL or PEC*
11	Arthroscopic Procedures, Orthopedic Arthroscopy	Covered subject to MBL or PEC*
12	Audiograms and Tympanograms	Covered subject to MBL or PEC*
13	Bone Density Test (Dexa Scan/BMD Studies)	Covered subject to MBL or PEC*
14	Computed Tomography Scans	Covered subject to MBL or PEC*
15	**Diagnostic Radiographs:**	
	a. Biliary tract: Cholecystogram and Cholangiogram	Covered subject to MBL or PEC*
	b. Chest, ribs, sternum and clavicle	Covered subject to MBL or PEC*
	c. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series, Small Bowel series	Covered subject to MBL or PEC*
		Covered subject to MBL or PEC*
	d. Face (including sinuses), Head and Neck	Covered subject to MBL or PEC*
	e. Urinary: KUB, Pyelograms and Cystograms	Covered subject to MBL or PEC*
	f. X-ray of the extremities and pelvis	Covered subject to MBL or PEC*
	g. X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered subject to MBL or PEC*
16	**Diagnostic Ultrasounds:**	
	a. 2D-Echo with Doppler	Covered subject to MBL or PEC*
	b. Abdomen	Covered subject to MBL or PEC*
	c. Duplex Scan	Covered subject to MBL or PEC*
	d. Digestive and Urinary Systems	Covered subject to MBL or PEC*
	e. Ultrasound of the Lungs	covered up to Php5,000
	f. 4D Ultrasound except for maternity- related cases	Covered subject to MBL or PEC*
	Electroencephalogram	Covered subject to MBL or PEC*
	Electro myelography and Nerve Conduction Studies	Covered subject to MBL or PEC*
	Endoscopic Procedures	Covered subject to MBL or PEC*
	Fluorescein Angiography	Covered subject to MBL or PEC*
	Impedance Plethysmography	Covered subject to MBL or PEC*
	Lead Electrocardiogram	Covered up to Php5,000
	Magnetic Resonance Angiography (MRA)	Covered subject to MBL or PEC*
	Mammography and Sono mammogram	Covered subject to MBL or PEC*
	Myelogram	Covered subject to MBL or PEC*
	Pap`s Smear	Covered subject to MBL or PEC*
	Perfusion Scan	Covered subject to MBL or PEC*
	Plasma Urinary Cortisol, Plasma Aldosterone	Covered subject to MBL or PEC*
	Polysomnograms (Sleep Recording)	Covered subject to MBL or PEC*
	Pulmonary Function Tests	Covered subject to MBL or PEC*
17	**Radioisotope Scans and Function Studies:**	
	a. Cardiac	subject to special modalities limit ; Php5T limit per service

b. Gastrointestinal	subject to special modalities limit ; Php5T limit per service
c. Liver	subject to special modalities limit ; Php5T limit per service
d. Parathyroid Bone, Pulmonary (Perfusion/ Ventilation Lung Scans)	subject to special modalities limit ; Php5T limit per service
e. Renal	subject to special modalities limit ; Php5T limit per service
f. Thyroid Scans	subject to special modalities limit ; Php5T limit per service
g. Total Body Scans	subject to special modalities limit ; Php5T limit per service
h. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	subject to special modalities limit ; Php5T limit per service
Radionuclide Ventriculography	subject to special modalities limit ; Php5T limit per service
Surface Electromyography (SEMG)	subject to special modalities limit ; Php5T limit per service
Thallium Scintigraphy	subject to special modalities
TMST-Treadmill Stress Test	Covered subject to MBL except Nuclear TMST
Cataract extraction except cost of lens	Covered subject to MBL or PEC*
X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an accredited physician/specialist, provided however that the cost of diagnostic and therapeutic procedures covered shall be limited to a specific amount.	Covered subject to MBL or PEC*
Tuberculin test	covered up to Php600/member/year
Blood Chemistries	Covered subject to MBL or PEC*
Chest X-Ray	Covered subject to MBL or PEC*
Complete Blood Count (CBC)	Covered subject to MBL or PEC*
Fecalysis	Covered subject to MBL or PEC*
Urinalysis	Covered subject to MBL or PEC*

THERAPEUTIC PROCEDURES

Angioplasty / Coronary Artery Bypass Graft	Covered subject to MBL (Stent or Balloon not covered)
Gamma Knife Surgery	covered subject to prevailing rate/RUV of conventional method
Laparoscopy (except those listed in the Special Modalities of Treatment)	Covered subject to MBL or PEC*
Conventional	Covered subject to MBL or PEC*
Hemorrhoidectomy	
Scalpel Hemorrhoidectomy	Covered subject to MBL or PEC*
Stapled Hemorrhoidectomy	covered subject to MBL except cost of staple
Mammotome	subject to special modalities limit; Php5T limit per service

	Botox which is not cosmetic in nature nor for beautification purpose	subject to special modalities limit; Php5T limit per service
	Dialysis	Covered subject to MBL or PEC*
	Intravenous Chemotherapy	Covered subject to MBL or PEC*
	Physical therapy/Occupational Therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.	For OP: PT & OT is shared/aggregate limit & whichever comes first (either 12 sessions or MBL); For IP: subject to aggregate MBL - For Rehabilitative purposes only
	Therapeutic Radiology:	
	a. Brachytherapy	Covered subject to MBL or PEC*
	b. Cobalt	Covered subject to MBL or PEC*
	c. Linear Accelerator Therapy	Covered subject to MBL or PEC*
	d. Radioactive Cesium	Covered subject to MBL or PEC*
	e. Radioactive Iodine	Covered subject to MBL or PEC*
	f. Intensified Modulated Radiotherapy	Covered up to Php5,000/member/year
	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered subject to MBL or PEC*
	Minor surgery not requiring confinement prescribed by an Affiliated Physician / Specialist	Covered subject to MBL or PEC*
	Eye laser therapy for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an affiliated Physician/Specialist , excluding eye correction such as Lasik, PRK and the like	covered up to MBL, except for correction of EOR such as myopia, astigmatism and hyperopia
	Blood products transfusions and intravenous fluids, including blood screening and cross matching	Covered up to MBL except blood donor screening test
(AFTER 1 MONTH OF EFFECTIVE DATE) DENTAL CARE BENEFIT		
Standard Package	Annual Oral Prophylaxis (excluding deep scaling, periodontal surgery)	Covered
	Unlimited Consultation / check-up	Covered
	Unlimited Temporary Fillings	Covered
	Unlimited Simple Tooth Extraction	Covered
	Emergency Dental Treatment for relief of pain (excluding root canal treatment)	Covered
	Simple Adjustment of dentures	Covered
	Dental Certification	Covered
	Treatment Planning	Covered
	Recementation of loose crowns, inlays and onlays	Covered

AYOS HEALTHCARD

POWERED BY: PhilCare Healthcare Made Smarter

GROUP LIFE WITH ACCIDENTAL DEATH & DISMBLEMENT (AD&D) , ACCIDENT MEDICAL REIMBURSEMENT, TERMINAL ILLNESS BENEFITS AND BURIAL ASSISTANCE BENEFIT (For Principal Members from 18 year old to 65 year old ONLY)		
1	**Death**	Php 100,000
2	**AD&D Coverage**	Php 50,000
	a. life	100% of amount of insurance
	b. entire sight of both eyes	100% of amount of insurance
	c. both hands or both feet	100% of amount of insurance
	d. one hand and one foot	100% of amount of insurance
	e. either hand or foot and sight of one eye	100% of amount of insurance
	f. Arm at or above elbow	70% of amount of insurance
	g. Leg at or above knee	60% of amount of insurance
	h. One hand at or above wrist	50% of amount of insurance
	i. One foot at or above the	50% of amount of insurance
	Ankle	
	j. Hearing of both ears	50% of amount of insurance
	k. Sight of one eye	50% of amount of insurance
	l. Four fingers and thumb of one hand	50% of amount of insurance
3	**Accident Medical Reimbursement**	up to Php 5,000
4	**Terminal Illness**	50% of Death Coverage
5	**Burial Assistance**	50,000 worth of Funeral Service provided by PhilPlans

MENTAL HEALTH CARE BENEFIT (For Principal Members Only – Age 18 to 65)		
1	**60-minutes Mental Health Screening via mindscapes platform**	One-time only
2	**Mental Health Helpline Call & Chat Support**	Unlimited via mindscapes platform

POWERED BY:

ANNEX B
TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

GROUP LIFE INSURANCE TERMS AND CONDITIONS

1. Notice of Claim

Written notice of claim must be given to the Insurer within thirty (30) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Failure to comply within the time provided shall not invalidate nor reduce the claim if it is given as soon as was reasonably possible.

2. Standard Clause on Claims Processing

All claims and benefits under this Group Life Insurance Policy are **subject to the evaluation and approval** of the **Insurer's Underwriting and Claims Departments**.
The Insurer reserves the right to require additional documentation or medical evidence to validate any claim prior to payment.

3. Accident Medical Reimbursement

Upon receipt and approval by the Insurer of due proof that an Insured Member has sustained accidental bodily injuries effected directly and independently of all other causes, and within one hundred eighty (180) days from the date of the accident, required medical treatment, the Insurer shall, subject to the limitations and provisions of the Policy, reimburse the actual medical expenses incurred up to the amount of insurance specified under this Rider.
Medical Expenses shall include reasonable and customary physician's fees, hospitalization charges, medical supplies, and medications, all of which must have been necessary and reasonably incurred in the medical or surgical treatment of the bodily injury covered by this Rider. Such medical or surgical treatment must be administered or prescribed by a legally qualified physician or surgeon.

4. Terminal Illness Benefit

The Policy provides a **Terminal Illness Benefit** equivalent to **50% of the Amount of Insurance**, payable in advance under the Basic Plan, upon confirmed medical diagnosis that the covered member is terminally ill.
However, **claims related to terminal illnesses will not be covered** if the member was already diagnosed with, or had existing signs or symptoms of, such terminal illness **prior to enrollment or prior to the effectivity date of the plan**.
The insurer reserves the right to review medical records or require certification from the attending physician to determine the date of onset of the illness.

5. Activation and Effective Date of Coverage

5.1 Verified Payment Date

The *Verified Payment Date* refers to the date when full payment has been successfully validated and confirmed by the Company or its authorized payment processor.

5.2 Effective Date of Coverage

The effective date of the insurance coverage shall be determined based on the Verified Payment Date, as follows:

a. If the Verified Payment Date falls between the **1st and 15th day of the month**, the effective date of the coverage shall be the **1st day of the same month**.
b. If the Verified Payment Date falls between the **16th and the 30th/31st day of the month**, the effective date of the coverage shall be the **1st day of the immediately succeeding month**.
Coverage shall only be deemed in force starting from the applicable effective date, regardless of the purchase or enrollment date.

5.3 Activation of Card Usage

Notwithstanding the effective date of coverage, the insurance card shall become **activated and usable fifteen (15) calendar days after the Verified Payment Date**.

No benefits, reimbursements, or claims shall be honored for services availed prior to the completion of the activation period.

6. Termination of Coverage

All insurance coverage under this Policy shall automatically terminate upon the Insured Member reaching the age of sixty-six (66), or upon termination of employment, membership, or eligibility under the group plan, whichever occurs first.

POWERED BY:

PHILLIFE, PHILCARE, AND IOSS INSURANCE AGENCY, INC. STANDARD GENERAL EXCLUSIONS AND LIMITATIONS

Pre-Existing Conditions Coverage and Limitations

1. Dreaded Pre-Existing Conditions (DPEC)

Claims related to Dreaded Pre-Existing Conditions are subject to a **six (6)-month waiting period**, except for basic laboratory tests, minor diagnostic procedures, and medical consultations, which may still be availed even during the waiting period.

Examples include (but are not limited to):

- Cancer or Malignancies
- Heart Disease (e.g., Myocardial Infarction, Coronary Artery Disease)
- Stroke or Cerebrovascular Accident (CVA)
- Chronic Kidney Disease / Renal Failure
- Liver Cirrhosis
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes Mellitus and its complications

⚠️ *This list is not exhaustive. Final classification will be based on the attending physician's medical diagnosis and declarations.*

All claims related to, or arising from, a Dreaded Pre-Existing Condition will be applied under the member's **Pre-Existing Condition (PEC) Coverage Limit**.

Example:

If a member is confined for a pre-existing condition requiring surgery and develops pneumonia during confinement, the pneumonia will still be classified as related to the pre-existing condition and applied under the PEC limit.

2. Non-Dreaded Pre-Existing Conditions (NDPEC)

Conditions classified as Non-Dreaded (such as asthma, hypertension, hyperacidity, allergies, and similar manageable conditions) are covered up to the member's applicable Pre-Existing Condition (PEC) Coverage Limit.

Medical consultations, laboratory tests, and routine diagnostic procedures related to Non-Dreaded Pre-Existing Conditions are covered starting Day 1 once the plan is activated and payment is confirmed.

Major diagnostic procedures, outpatient surgical procedures, and inpatient or confinement-related treatments for Non-Dreaded Pre-Existing Conditions shall be covered after a two (2) month waiting period from the plan's effective date.

Important Note on Coverage Validation

All availments and claims under Ayos Health Card, PhilCare, and PhilLife Group Life Insurance are subject to the final medical diagnosis, evaluation, and classification determined by the attending physician and the respective healthcare and insurance providers.

Renewal Benefit Policy for Pre-Existing Conditions

We value our members and encourage responsible health management.
Upon renewal, coverage limits for Pre-Existing Conditions may be reviewed based on medical evaluation, utilization history, and prevailing underwriting guidelines.

• Members with minimal or no availment related to their Pre-Existing Condition, and with a favorable medical assessment, may be eligible for enhanced PEC coverage of up to 100% of their chosen plan's Maximum Benefit Limit (MBL), subject to underwriting approval.

• Members with consistent or high PEC utilization may retain their existing PEC Coverage Limit based on underwriting evaluation.

This approach is designed to encourage proactive health management while providing members with the opportunity to qualify for increased PEC protection in future coverage periods.

Right to Decline or Rescind Coverage

For **Group Life Insurance** underwritten by **PhilLife**, and for healthcare coverage administered by **PhilCare** and distributed through **IOSS Insurance Agency, Inc.**, all parties reserve the right to **decline or rescind coverage** if it is determined that the applicant or insured member **failed to declare, concealed, or misrepresented any material fact**, including existing illnesses, prior diagnoses, medical conditions, or any information affecting the underwriting and approval of the policy.

Any such omission or misrepresentation shall render the insurance contract **voidable at the option of the Insurer**, and any claims arising from such undisclosed conditions shall **not be payable**.

POWERED BY:

GENERAL EXCLUSIONS AND LIMITATIONS

No Health Care Benefits shall be paid for the following services, procedures, or conditions:

1. Care by Non-Accredited Physicians in either Accredited or Non-Accredited Hospitals, except in emergencies wherein the Emergency Provision of the Agreement shall apply.
2. Care by an Accredited Physician in a Non-Accredited Hospital.
3. Additional hospital charges and professional fees resulting from taking a room category higher than that specified in the Member's Benefit Schedule.
4. Additional personal comfort items (e.g., telephone, television, additional food trays, admission kits, and similar items).
5. Procurement or use of corrective appliances, prosthesis, artificial aids, and durable equipment such as, but not limited to:
    - stents, prolene mesh, pins, screws, plates, wires, VP shunts, clips, hearing aids, intraocular lenses, eyeglasses, contact lenses, balloons, valves, braces, crutches, and pacemakers.
6. All pregnancy-related conditions and complications relating to the mother and unborn child, requiring medical or surgical care, regardless of the time or date of occurrence.
7. All sexually transmitted diseases.
8. Circumcision, sterilization or reversal thereof, artificial insemination, sex transformation, or diagnosis/treatment of infertility.
9. Rest cures, custodial, domiciliary, and convalescent care in any skilled accredited facility or institution.
10. Cosmetic procedures and surgeries for beautification, except reconstructive surgery for functional defects due to disease or accidental injury.
11. Blood screening, blood typing, and cross-matching for potential donors related to blood donation or transfusion.
12. Weight reduction programs or surgical procedures for obesity, including gastric stapling.
13. All dental services and treatments, including oral surgery and prosthodontic procedures, unless required for functional repair due to accidental injury.
14. All forms of behavioral, developmental, or psychiatric disorders; psychosomatic illnesses.
15. Any injury, illness, or condition suffered after taking intoxicating drugs or alcohol, or resulting from alcoholism or drug addiction.
16. Medical or surgical procedures that are experimental or not generally accepted as standard treatment by the medical profession (e.g., Chiropractic Services, Acupuncture, Reflexology).
17. Allergens used for hypersensitivity testing.
18. All expenses incurred in the process of donating organs.
19. Treatment of injuries or illnesses resulting from voluntary participation in hazardous sports or activities (e.g., bungee jumping, scuba diving, martial arts, motor sports, etc.), except when related to declared occupation.
20. Self-inflicted injuries or those consented to by the Member; injuries from participation in high-risk activities or procedures.
21. Physical examinations, fitness certifications, and related services required for employment, licensing, travel, school, sports, or insurance.
22. Treatment of injuries or illnesses due to or arising from riots, wars, civil disturbances, rebellion, or similar acts; participation in any military service; or injuries sustained during natural disasters such as earthquakes, typhoons, floods, volcanic eruptions, or similar catastrophes.
23. Executive check-ups and confinements for purely diagnostic purposes except as specified in the Agreement.
24. Treatment of illnesses or injuries covered by government programs or laws.
25. Treatment of any injury attributable to the Member's own misconduct, negligence, drug/alcohol abuse, participation in crimes, or unnecessary exposure to danger.
26. Any claims or treatments resulting from murder or assault, whether provoked or unprovoked.
27. Charges by physicians or health professionals beyond PhilCare's standard professional fees.
28. Take-home medicines, preventive or non-therapeutic drugs (vitamins, supplements, hormonal preparations, unapproved medicines).
29. Outpatient medicines, except intravenous chemotherapy and those administered during emergency treatment.
30. Vaccines, whether elective or administered during emergency treatment.
31. All hospital charges and professional fees incurred after the authorized discharge time.
32. Diagnosis and treatment of errors of refraction (e.g., myopia, astigmatism), including corrective laser treatments.
33. Outpatient pain management (except emergencies) and inpatient specialized pain management procedures.
34. Complications arising from non-covered procedures or surgeries.
35. All diseases declared as epidemics by the Department of Health or recognized health agencies.
36. Medico-legal fees and related services (e.g., autopsies, issuance of legal medical certificates).
37. Procedures or services primarily for screening purposes.
38. Congenital anomalies and conditions, including their complications.

POWERED BY:

Member Quick Guide

Fast, Simple, Hassle-Free Healthcare Access
Powered by PhilCare

HOW TO REQUEST YOUR LOA (EASY OPTIONS)
Members may request their **Letter of Authorization (LOA)** using **either** of the options below.
Once approved, the member may proceed with medical services.

OPTION 1: USE THE MOBILE APP
Download the **HeyPhil 3.0 Mobile App**
Available on **Google Play Store** and **Apple App Store**
Use the app to:

- View membership details
- Request and monitor LOA approvals
- **Generate your LOA in as fast as under 10 seconds***
- Receive real-time updates
- Access healthcare services conveniently

Processing time may vary depending on provider and service type.

OPTION 2: FACE-TO-FACE REQUEST (HMO DEPARTMENT)
Visit the **HMO Department** of any **PhilCare-accredited hospital or clinic** and present:

- Your **Ayos Health Card**
- A **valid government-issued ID** for verification

The HMO staff will assist in processing your **LOA request**.

LOA APPROVAL & AVAILMENT
Once the **LOA is approved**—whether requested via the **mobile app** or **in person**—you may proceed with **consultation, diagnostic tests, or treatment**, subject to plan coverage, limits, and exclusions.

HOW TO REQUEST AN ADVANCE LOA (FOR SCHEDULED SERVICES)
(NOT AVAILABLE IN THE HEYPHIL APP)

Advance LOA requests for **scheduled consultations, diagnostic procedures, and planned treatments** must be submitted **via email only**.
Email Subject Format: LOA REQUEST_Ayos Health Card_Policy Holder Name
Include the following details in the email body:

- Policy Holder Name
- Contact Number
- Email Address
- Name of Provider
- Type of Availment (Outpatient / Inpatient / Emergency)
- Date of Availment *(must be on or after plan activation)*
- Chief Complaint / Diagnosis
- Hospital / Clinic Name
- Name of Attending Physician

For procedures, attach a copy of the doctor's request or medical order.

Send Email To:
supportservices@philcare.com.ph
customercare@philcare.com.ph
callcenter@philcare.com.ph

CC:
oneclaims@ioss.ph and your agent's email address

POWERED BY:

CUSTOMER SUPPORT & HOTLINES

PhilCare Customer Service

☎ **Landline:** (02) 8462-1800
📱 **Mobile:**
• Globe: 0917-592-1800
• Smart: 0998-562-1800
☎ **Toll-Free:** 1-800-1888-3230

IOSS Hotline Assistance

📞 **0917-154-8098**

ACCREDITED HOSPITALS & CLINICS
View the updated list here:
https://shop.philcare.com.ph/accredited-hospitals

IMPORTANT REMINDERS

- Your plan must be **activated** before any medical availment
- LOA approval is required for **non-emergency services**
- Benefits are subject to **plan terms, conditions, and exclusions**
- Availments without an approved LOA may be denied or subject to reimbursement rules