

DATE

Client's Name,

Warm Greetings!

We are pleased to present AYOS 2.0, the enhanced Ayos Health Card powered by PhilCare. It 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 Healthcare Access

Upon activation, members gain access to eligible consultations, laboratory examinations, diagnostic procedures, emergency care, in-patient services, and other covered healthcare services, subject to benefit limits, waiting periods, and plan provisions.

Pre-Existing Condition (PEC) coverage depends on membership status and approved underwriting. For new members, dreaded conditions have a six (6)-month waiting period and non-dreaded conditions have a two (2)-month waiting period, with coverage up to 50% of the MBL. Renewing members are covered up to the applicable MBL/PEC limit, subject to plan provisions.

✓ Transparent Waiting Periods

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

- **Day 1 Consultations and Basic Laboratory Tests** are covered through **LOA creation via the HeyPhil 3.0 App**, subject to the applicable plan benefits, coverage limits, and network guidelines.
- New members: Dreaded Pre-Existing Conditions have a six (6)-month waiting period and are covered up to 50% of the MBL.
- Renewing members: PEC coverage is up to the applicable MBL/PEC limit, subject to medical evaluation, underwriting, claims assessment, and plan provisions.
- Standard dental benefits include dental consultation, simple tooth extraction, temporary fillings, and one-time oral prophylaxis, subject to the dental network's terms.

✓ 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.

ANNUAL PREMIUM PLAN – WITH NO ACCESS TO TOP MAJOR HOSPITALS

PLAN	60K MBL WARD	100K MBL SEMI-PRIVATE	200K MBL REGULAR PRIVATE
15 DAYS OLD TO 60	PHP 18,888.00	PHP 24,888.00	PHP 38,888.00
SENIOR – 61 TO 65	PHP 24,888.00	PHP 32,888.00	PHP 50,888.00

ANNUAL PREMIUM PLAN – WITH ACCESS TO TOP MAJOR HOSPITALS

PLAN	60K MBL WARD	100K MBL SEMI-PRIVATE	200K MBL REGULAR PRIVATE
15 DAYS OLD TO 60	PHP 23,888.00	PHP 31,888.00	PHP 49,888.00
SENIOR – 61 TO 65	PHP 31,888.00	PHP 41,888.00	PHP 64,888.00

AYOS 2.0 MEDICAL UNDERWRITING AND DYNAMIC PRICING

A multiplier applies to the base annual premium for applicants who declare the listed medical conditions. Final acceptance and pricing remain subject to underwriting approval.

Combination of Options	Applicable Rate (Base Price x Below Multiplier)
No existing Medical Conditions	1
Any Physical Injuries or Deformity	1.3
Any Lungs disorder but not limited to Tuberculosis, Chronic lower respiratory diseases and other disorders of lungs	1.8
Benign Tumor/Mass/ New Growth	1.5
Any Kidney disorder but not limited to kidney failure or other disorders of the kidney	1.9
Diabetes or any complication thereof	1.9
Heart Conditions (except Hypertensions)	1.9
Transient ischemic Attack or Stroke	1.9
Hypertensions	1.9
Any Kidney disorder but not limited to kidney failure or other disorders of the kidney + Any Lungs disorder but not limited to Tuberculosis, Chronic lower respiratory diseases and other disorders of lungs	2.1
Diabetes or any complication thereof + Any Lungs disorder but not limited to Tuberculosis, Chronic lower respiratory diseases and other disorders of lungs	2.1
Heart Conditions (except Hypertensions) + Any Lungs disorder but not limited to Tuberculosis, Chronic lower respiratory diseases and other disorders of lungs	2.1
Transient ischemic Attack or Stroke + Any Lungs disorder but not limited to Tuberculosis, Chronic lower respiratory diseases and other disorders of lungs	2.1
Hypertensions + Any Lungs disorder but not limited to Tuberculosis, Chronic lower respiratory diseases and other disorders of lungs	2.1

Any Kidney disorder but not limited to kidney failure or other disorders of the kidney + Any Physical Injuries or Deformity	2
Diabetes or any complication thereof + Any Physical Injuries or Deformity	2
Heart Conditions (except Hypertensions) + Any Physical Injuries or Deformity	2
Transient ischemic Attack or Stroke + Any Physical Injuries or Deformity	2
Hypertensions + Any Physical Injuries or Deformity	2
Any Lungs disorder but not limited to Tuberculosis, Chronic lower respiratory diseases and other disorders of lungs + Any Physical Injuries or Deformity	1.85
Tumor/Mass/ New Growth or Cancer	Decline
All Medical conditions selected (**, +++ and &&&)	Decline

Conditions	Tagging
Any Kidney disorder but not limited to, kidney failure or other disorder of the kidney	***
Diabetes or any complication thereof	***
Heart Conditions (except Hypertensions)	***
Transient Ischemic Attack or Stroke	***

Hypertensions	***
Tumor/Mass/New Growth or Cancer	>>>
Any Lungs disorders but not limited to Tuberculosis, Chronic Lower respiratory disease and other disorders of lungs	+++
Any Physical Injuries and deformity	&&&

Combination of options	Applicable
No Existing Medical Condition	1.00
Any Physical Injuries or Deformity	1.30
Any Lungs Disorder but not Limited to Tuberculosis, Chronic Lower Respiratory diseases and other disorders	1.80
Any of the ***	1.90
Combination of *** and +++	2.10
Combination of *** and &&&	2.00
Combination of +++ and &&&	1.85
Tumor/Mass/New growth or Cancer	Decline
All Medical Conditions selected (***, +++, and &&&)	Decline

OPTIONAL COVERAGE

Optional Coverage	
Benefit	Additional Fees (VAT Inclusive)
☐ Animal Bites Vaccine – Covered for 1 st dose only up to 18,000 aggregate limit	Php 3,000.00

IMPORTANT NOTES

- All premiums stated are annual premiums.
- Prices are subject to change without prior notice.
- New members: PEC coverage is subject to the applicable waiting period and up to 50% of the MBL. Renewing members: PEC coverage is up to the applicable MBL/PEC limit.
- New members with Non-Dreaded PEC are subject to a two (2)-month waiting period.
- New members with Dreaded PEC 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.

NO CANCELLATION / NO REFUND POLICY: For applicants with no multiplier or premium loading (standard/base premium), the application shall be considered final and non-cancellable once submitted. No cancellation, withdrawal, or refund request shall be allowed after submission of the application, subject to applicable laws and mandatory consumer rights.

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

ABOUT OUR AGENCY

IOSS Insurance Agency Inc. is the exclusive distributor of AyoS Health Card. 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.

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,

Agent's name

Sub-Ayosociates/ Full Ayosociates

IOSS Insurance Agency Inc. – Ayos Health Card

Contact No.



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: _____

ANNEX A: OFFICIAL AYOS 2.0 SCHEDULE OF BENEFITS

***TERMS, CONDITIONS, LIMITATIONS, AND EXCLUSIONS APPLY**

ANNUAL PHYSICAL EXAMINATION		
1	Taking of Medical History	Covered
2	Physical Examination	Covered
3	Chest X-Ray	Covered
4	Routine Urinalysis	Covered
5	Routine Fecalalysis	Covered
6	Complete Blood Count (CBC)	Covered
7	Electrocardiogram (ECG) for members 35 years old and above	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	Consultations during regular clinic hours, except prescribed	Covered
2	Pre and Post Natal consultations	Covered excluding laboratory & diagnostic procedures
3	Eye, ear, nose and throat (EENT) treatment prescribed by an	Covered
4	Treatment for minor injuries such as lacerations, mild burns,	Covered
5	Dressings, conventional casts (plaster of Paris) and	Covered
6	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	Covered
7	Minor surgery not requiring confinement prescribed by an affiliated physician / specialist	Covered
8	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/pec limit;
9	Speech Therapy	Not Covered
10	Initial treatment of animal bites	Covered subject to MBL/pec limit except cost
11	Passive and active vaccines for treatment of tetanus and animal	Not Covered
IN-PATIENT SERVICES		
1	Room and Board according to the Member's Room and Board	Covered subject to MBL/pec limit
	Room and Board, if any, of the plan under which the Member is	
2	Use of operating room, Intensive Care Unit (ICU), isolation	Covered subject to MBL/pec limit

	(if prescribed by attending Affiliated Physician) and recovery room.	
3	Professional fees in accordance with PhilCare Schedule of Rates.	Covered subject to MBL/pec limit
	a. Attending Physicians	Covered subject to MBL/pec limit
	b. Surgeons	Covered subject to MBL/pec limit
	c. Anesthesiologists	Covered subject to MBL/pec limit
	d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.	Covered subject to MBL/pec limit
4	Standard Nursing Services	Covered subject to MBL/pec limit
5	Medicines for in-patient use	Covered subject to MBL/pec limit
6	Blood products transfusions and intravenous fluids, including blood screening and cross matching.	Covered subject to MBL/pec limit; blood screening of donor's blood not included
7	X-Ray, laboratory examinations, diagnostic tests and therapeutic procedures incidental to confinement	Covered subject to MBL/pec limit
8	Dressings, conventional casts (plaster of Paris) and sutures	Covered subject to MBL/pec limit
9	Anesthesia and its administration	Covered subject to MBL/pec limit
10	Oxygen and its administration	Covered subject to MBL/pec limit
11	Standard Admission kit	Covered subject to MBL/pec limit
12	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/pec limit
13	Assistance in administrative requirements through a Liaison Officer	Covered subject to MBL/pec limit
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)	Up to Php5,000
4	Use of Nuclear/Radioactive Isotopes	Up to Php5,000
5	Hysteroscopic Myoma Resection	Up to Php20,000
6	Laparoscopic Adrenalectomy (Unilateral)	Up to Php75,000 or subject to MBL; whichever is lower
7	Laparoscopic Adrenalectomy (Bilateral)	Up to Php85,000 or subject to MBL; whichever is lower
8	Transurethral Microwave Therapy of Prostate	Up to Php35,000 or subject to MBL; whichever is lower; limited to once per contract year
9	Hysteroscopic Guided D&C/Biopsy	Up to Php10,000 or subject to MBL; whichever is lower
10	Percutaneous Ultrasonic Nephrolithotomy	Up to Php40,000 or subject to MBL; whichever is lower; limited to once per contract

11	Ureterolithotripsy	Up to Php35,000 or subject to MBL; whichever is lower; limited to once per contract year
12	Stereotactic Brain Biopsy	Up to Php120,000 or subject to MBL; whichever is lower
13	Cryosurgery	Up to Php1,000/area; limited to once per contract year
14	Sleep Study/Polysomnograms (Sleep Recording)	Up to 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	Up to 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	In Affiliated Hospitals	
	a. Doctor's services	Covered subject to MBL/pec limit
	b. Emergency Room Fees	Covered subject to MBL/pec limit
	c. Medicines used for immediate relief during treatment	Covered subject to MBL/pec limit
	d. Oxygen, Intravenous fluids and blood products.	Covered subject to MBL/pec limit
	e. Dressings, conventional casts (plaster of Paris) and sutures.	Covered subject to MBL/pec limit
	f. X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient.	Covered subject to MBL/pec limit
	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 2,000 per conduction (reimbursement)
PRE-EXISTING CONDITION		
	New Members	Dreaded Conditions: 6 months waiting period covered up to 50% of MBL Non-Dreaded Conditions: 2 months waiting period covered up to 50% of MBL

OTHER BENEFITS/SPECIAL SERVICES		
1	Work Related Conditions based on conditions covered by ECC	Covered subject to MBL/pec limit
2	Physical Therapy	Covered up to 12 sessions
3	Epilepsy, Seizure Disorder	Covered if acquired
4	Hepatitis B (if acquired, excluding STD) & Hepatitis C	Covered if acquired & not related to STD. Screening test is not Covered
5	Sports-related injuries	covered; except extreme
6	Unprovoked Assault, including domestic violence, whether initiated by a known or unknown third party	Covered
DIAGNOSTIC PROCEDURES		
1	Coronary Angiography	Covered subject to MBL/pec limit
2	24 hour EEG Monitoring	Covered up to MBL/pec limit
3	Esophageal Manometry	Covered up to MBL/pec limit
4	Positron Emission Tomography	Covered up to Php5,000/member/year
5	CT Pulmonary Angiography	Covered up to MBL/pec limit
6	Photodynamic Therapy	Covered up to Php5,000/member/year
7	24-hour Holter Monitoring	Covered subject to MBL/pec limit
8	Adrenocortical Function	Covered subject to MBL/pec limit
9	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered subject to MBL/pec limit
10	Arterial Blood Gas	Covered subject to MBL/pec limit
11	Arthroscopic Procedures, Orthopedic Arthroscopy	Covered subject to MBL/pec limit
12	Audiograms and Tympanograms	Covered subject to MBL/pec limit
13	Bone Density Test (Dexa Scan/BMD Studies)	Covered subject to MBL/pec limit
14	Computed Tomography Scans	Covered subject to MBL/pec limit
15	Diagnostic Radiographs:	
	a. Biliary tract: Cholecystogram and Cholangiogram	Covered subject to MBL/pec limit
	b. Chest, ribs, sternum and clavicle	Covered subject to MBL/pec limit
	c. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series, Small Bowel series	Covered subject to MBL/pec limit
	d. Face (including sinuses), Head and Neck	Covered subject to MBL/pec limit
	e. Urinary: KUB, Pyelograms and Cystograms	Covered subject to MBL/pec limit
	f. X-ray of the extremities and pelvis	Covered subject to MBL/pec limit
	g. X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered subject to MBL/pec limit
16	Diagnostic Ultrasounds:	
	a. 2D-Echo with Doppler	Covered subject to MBL/pec limit
	b. Abdomen	Covered subject to MBL/pec limit
	c. Duplex Scan	Covered subject to MBL/pec limit
	d. Digestive and Urinary Systems	Covered subject to MBL/pec limit
	e. Ultrasound of the Lungs	covered up to Php5,000
	f. 4D Ultrasound except for maternity-related cases	Covered subject to MBL/pec limit
	Electroencephalogram	Covered subject to MBL/pec limit
	Electromyography and Nerve Conduction Studies	Covered subject to MBL/pec limit
	Endoscopic Procedures	Covered subject to MBL/pec limit

	Fluorescein Angiography	Covered subject to MBL/pec limit
	Impedance Plethysmography	Covered subject to MBL/pec limit
	Lead Electrocardiogram	Covered up to Php5,000
	Magnetic Resonance Angiography (MRA)	Covered subject to MBL/pec limit
	Mammography and Sonomammogram	Covered subject to MBL/pec limit
	Myelogram	Covered subject to MBL/pec limit
	Pap's Smear	Covered subject to MBL/pec limit
	Perfusion Scan	Covered subject to MBL/pec limit
	Plasma Urinary Cortisol, Plasma Aldosterone	Covered subject to MBL/pec limit
	Polysomnograms (Sleep Recording)	Covered subject to MBL/pec limit
	Pulmonary Function Tests	Covered subject to MBL/pec limit
17	Radioisotope Scans and Function Studies:	
	a. Cardiac	subject to special modalities limit ; Php5,000 limit per service
	b. Gastrointestinal	subject to special modalities limit ; Php5,000 limit per service
	c. Liver	subject to special modalities limit ; Php5,000 limit per service
	d. Parathyroid Bone, Pulmonary (Perfusion/ Ventilation Lung Scans)	subject to special modalities limit ; Php5,000 limit per service
	e. Renal	subject to special modalities limit ; Php5,000 limit per service
	f. Thyroid Scans	subject to special modalities limit ; Php5,000 limit per service
	g. Total Body Scans	subject to special modalities limit ; Php5,000 limit per service
	h. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	subject to special modalities limit ; Php5,000 limit per service
	Radionuclide Ventriculography	subject to special modalities limit ; Php5,000 limit per service
	Surface Electromyography (SEMG)	subject to special modalities limit ; Php5,000 limit per service
	Thallium Scintigraphy	subject to special modalities limit ; Php5,000 limit per service
	TMST-Treadmill Stress Test	Covered subject to MBL/pec limit except Nuclear TMST
	Cataract extraction except cost of lens	Covered subject to MBL/pec limit
	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	Covered subject to MBL/pec limit

	Tuberculin test	covered up to Php600/member/year
	Blood Chemistries	Covered subject to MBL/pec limit
	Chest X-Ray	Covered subject to MBL/pec limit
	Complete Blood Count (CBC)	Covered subject to MBL/pec limit
	Fecalysis	Covered subject to MBL/pec limit

	Urinalysis	Covered subject to MBL/pec limit
THERAPEUTIC PROCEDURES		
	Angioplasty / Coronary Artery Bypass Graft	Covered subject to MBL/pec limit (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/pec limit
	Conventional Hemorrhoidectomy	Covered subject to MBL/pec limit
	Scalpel Hemorrhoidectomy	Covered subject to MBL/pec limit
	Stapled Hemorrhoidectomy	Covered subject to MBL/pec limit except cost of staple
	Mammotome	Subject to special modalities limit ; Php5,000 limit per service
	Botox which is not cosmetic in nature nor for beautification purpose	Subject to special modalities limit ; Php5,000 limit per service
	Dialysis	Covered subject to MBL/pec limit
	Intravenous Chemotherapy	Covered subject to MBL/pec limit
	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/pec limit
	b. Cobalt	Covered subject to MBL/pec limit
	c. Linear Accelerator Therapy	Covered subject to MBL/pec limit
	d. Radioactive Cesium	Covered subject to MBL/pec limit
	e. Radioactive Iodine	Covered subject to MBL/pec limit
	f. Intensified Modulated Radiotherapy	Covered up to Php5,000/member/year
	Treatment for minor injuries such as lacerations, mild burns,	Covered subject to MBL/pec limit
	Minor surgery not requiring confinement prescribed by an Affiliated Physician / Specialist	Covered subject to MBL/pec limit
	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/pec limit, 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 / pec limit except blood donor screening test
GROUP LIFE WITH ACCIDENTAL DEATH & DISMBLEMENT (AD&D) BENEFITS (For Principal Members/Employees only below 65 y/o)		
1	Death	Php 150,000
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 ankle	50% of amount of insurance
	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	Terminal Illness	Php 75,000
4	Burial Assistance (Funeral Service via PhilPlans)	Up to Php 50,000
5	Accident Medical Reimbursement	Up to Php 5,000
STANDARD DENTAL BENEFIT (DENTAL NETWORK COMPANY) – after a month of effectivity		
	Dental Consultation	
	Simple Tooth Extraction	
	Temporary Fillings	
	One time Oral Prophylaxis	

NOTES

1. With access to TMC Satellite Clinics.
2. **Day 1 Consultations and Basic Laboratory Tests** are covered through **LOA creation via the HeyPhil 3.0 App**, subject to the applicable plan benefits, coverage limits, and network guidelines.
3. Existing terms and conditions of partnership and service level agreements (SLA) continue to apply unless superseded by an updated agreement.
4. Diseases declared by the Department of Health as an epidemic, including related consultations and diagnostic procedures, are not covered unless specified otherwise.
5. The basis for membership/subscription is the original join date.
6. Enrollees 10 years old and below will be accepted only if one parent is enrolled under AYOS Health Card or another provider, excluding prepaid plans, subject to proof of coverage.
7. Benefits not stipulated in this schedule will follow status quo benefits and PhilCare's standard process.

ANNEX B

TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS

GROUP LIFE WITH ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) 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 (Group Life and AD&D)

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 (up to PHP 5,000)

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 (PHP 75,000)

The Policy provides a Terminal Illness Benefit of PHP 75,000, payable subject to the insurer's confirmation of a covered terminal illness and all applicable policy terms.

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 the applicable premium payment has been successfully validated and confirmed by the Company or its authorized payment processor.

For members who select the **Semi-Annual Payment Option**, the Verified Payment Date for initial activation shall refer to the date when the **first Semi-Annual Premium** has been successfully validated and confirmed.

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.

5.4 Semi-Annual Payment Option

Members may be allowed to select a **Semi-Annual Payment Option**, where applicable.

Under the Semi-Annual Payment Option, a **ten percent (10%) modal surcharge** shall be applied to the applicable Annual Premium.

The Semi-Annual Premium shall be computed as follows:

$\text{Annual Premium} \times 110\% \div 2 = \text{Semi-Annual Premium per installment}$

Accordingly, each Semi-Annual installment shall be equivalent to **fifty-five percent (55%) of the applicable Annual Premium**, subject to applicable rounding.

The total of the two (2) Semi-Annual installments shall therefore be equivalent to **one hundred ten percent (110%) of the applicable Annual Premium**.

Payment of the **first Semi-Annual Premium does not constitute full payment of the premium obligation for the entire coverage period**.

The member remains responsible for fully settling the **succeeding Semi-Annual Premium on or before its applicable due date** in order to maintain continuous coverage, subject to the applicable policy terms and conditions.

5.5 Non-Payment of Succeeding Semi-Annual Premium

For members who select the Semi-Annual Payment Option, **failure to fully settle the succeeding Semi-Annual Premium within the applicable payment period shall result in the termination of the plan and coverage**, subject to the applicable policy terms and conditions.

Upon the effective termination of the plan due to non-payment:

- a. The member's coverage and applicable benefits shall cease effective on the applicable termination date;
- b. No benefits, reimbursements, or claims shall be payable for covered events, medical services, treatments, expenses, or losses occurring **after the effective date of termination**;
- c. **IOSS Insurance Agency Inc. / AYOS Health Card shall not be liable for claims, benefits, reimbursements, medical expenses, or other costs arising after the effective termination of coverage due to the member's failure to settle the required succeeding premium**, subject to the applicable insurer's policy terms and conditions; and
- d. Any reinstatement, reapplication, or continuation of coverage, if permitted, shall be subject to the applicable eligibility requirements, payment requirements, underwriting guidelines, and policy terms and conditions.

The member is responsible for monitoring and settling the succeeding Semi-Annual Premium when due. Any payment reminder issued by IOSS Insurance Agency Inc. / AYOS Health Card shall be considered a courtesy and shall not relieve the member of the responsibility to pay the required premium on time.

6. Termination of Coverage

Group Life and AD&D benefits apply to principal members or employees below age sixty-five (65) and terminate upon loss of eligibility under the group plan, upon reaching the applicable age limit, **or upon termination of the plan due to non-payment of the required succeeding Semi-Annual Premium, where applicable**, subject to the insurer's policy terms.

For members under the Semi-Annual Payment Option, failure to settle the succeeding premium within the applicable payment period shall result in termination of coverage in accordance with Section 5.5 and the applicable insurer's policy terms and conditions.

Following the effective termination of coverage due to non-payment, **IOSS Insurance Agency Inc. / AYOS Health Card shall not be liable for claims, benefits, reimbursements, medical expenses, or other covered events occurring after the effective termination date**, subject to the applicable insurer's policy terms and conditions.

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

Pre-Existing Conditions Coverage and Limitations

1. Dreaded Pre-Existing Conditions (DPEC)

For **new members**, Dreaded Pre-Existing Conditions (DPEC) may be covered up to **50% of the chosen Maximum Benefit Limit (MBL)**, subject to the applicable plan terms, conditions, and coverage limitations.

Consultations and Basic Laboratory Tests may be accessed through **LOA creation via the HeyPhil 3.0 App**, subject to applicable plan benefits, coverage limits, and network guidelines.

A **six (6)-month waiting period** shall apply to covered major procedures, advanced diagnostics, treatments, hospitalization, and other applicable medical services related to a Dreaded Pre-Existing Condition.

Examples of Dreaded Pre-Existing Conditions include, but are not limited to:

- Heart Disease, including Myocardial Infarction and 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 shall be based on the member's medical declarations, available medical records, attending physician's diagnosis, and applicable medical underwriting and claims assessment guidelines.

All covered claims **medically related to, resulting from, or arising from** a Dreaded Pre-Existing Condition shall be applied against the member's applicable **Pre-Existing Condition (PEC) Coverage Limit**.

Example:

If a member is hospitalized for a covered pre-existing condition and develops another medical condition or complication during confinement that is determined to be **medically related to or arising from the pre-existing condition**, the related expenses shall be applied against the member's applicable **PEC Coverage Limit**.

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

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

For **new members**, coverage for NDPEC is limited to **up to 50% of the chosen Maximum Benefit Limit (MBL)**, subject to applicable plan terms, conditions, and coverage limitations.

Consultations and Basic Laboratory Tests may be accessed through **LOA creation via the HeyPhil 3.0 App**, subject to applicable plan benefits, coverage limits, and network guidelines.

A **two (2)-month waiting period** shall apply to other covered services, procedures, diagnostics, treatments, and hospitalization related to an NDPEC, as applicable under the plan.

Important Note on Coverage Validation

All ailments and claims are subject to the **final medical diagnosis, evaluation, and classification** of the attending physician and the applicable assessment and approval processes of **PhilCare and/or PhilLife**, depending on the benefit being claimed.

Coverage shall be determined based on the member's declared medical history, medical records, final diagnosis, applicable benefit limits, waiting periods, exclusions, and other terms and conditions of the plan.

Renewal Benefit Policy for Pre-Existing Conditions

For **renewing members**, coverage for Pre-Existing Conditions may be available up to the member's applicable **MBL or PEC Coverage Limit**, as provided under the applicable renewal plan.

Renewal coverage remains subject to **medical evaluation, underwriting approval, utilization review, claims assessment, and the applicable terms, conditions, exclusions, and benefit limitations** of the renewed plan.

Material Misrepresentation or Non-Disclosure

Applicants and members are required to provide **complete, accurate, and truthful information** in their application and medical declarations.

For **Group Life Insurance underwritten by PhilLife** and healthcare coverage administered by **PhilCare**, any material non-disclosure, concealment, or misrepresentation—including failure to disclose an existing illness, prior diagnosis, medical condition, treatment, or other material information relevant to underwriting or coverage—may result in the **denial of the affected claim and/or the decline, cancellation, rescission, or other action on the applicable coverage**, subject to the terms of the policy, applicable underwriting and claims guidelines, and governing laws and regulations.

IOSS Insurance Agency, Inc., as the distributing insurance agency, does not independently make the final medical, underwriting, or claims determination of PhilCare or PhilLife.

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. Dental services and treatments other than the standard dental benefits expressly listed in the Schedule of Benefits, 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. Claims or treatments resulting from murder or provoked assault. Unprovoked assault, including domestic violence, is covered as stated in the Schedule of Benefits.
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, except when expressly covered under an approved optional benefit or stated in the Schedule of Benefits.
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.

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 2.0_Policy Holder Name**

 **Include the following details in the email body:**

- Policy Holder Name
- Certificate Number
- 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
BDServiceSpecialists@philcare.com.ph
customercare@philcare.com.ph
callcenter@philcare.com.ph

 **CC:**

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

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