CONVERGYS
Benefit Manual
INTELLICARE’s 24/7 Customer Service Numbers:

Metro Manila:
(02) 789-4000 and 902-3400

Mobile Hotlines
For Call:
(0920) 9704724 – Smart
(0922) 8911395 – Sun
(0917) 8404494 – Globe

For Text:
(0920) 9518452 – Smart
(0917) 8052502 – Globe
(0922) 8913925 – Sun

Regional and Branch Offices:
CALAMBA (049) 5455081
CEBU (032) 255-1282; (0920)-9073708
BACOLOD (034) 433-1984; (0920) 926-8649
CDO (08822) 726327; (0920) 951-9526
DAVAO (082) 227-4697; (082) 227-4621; (0920) 951-9523

This on-line medical benefits manual contains a summary of your health care plan benefits. All provisions in the HMO contract between Intellicare and Convergys shall prevail during actual availment. This manual may be updated from time to time, but the contents herein are valid as of January 01, 2014.
# TABLE OF CONTENTS

About the Plan 4  
Membership in the Plan 5  
Plan Benefit Limits 7  
Your Intellicare ID 7  
Healthcare Benefits 8  

## A. Outpatient Benefits  
1. Preventive Healthcare 8  
2. Basic Outpatient Services 8  
3. Outpatient Services specially arranged for Convergys 9  
4. Annual Check Up 10  

## B. Confinement Benefits 11  
C. Special Procedures 12  
D. Emergency Care 12  
E. Dental Benefits 14  
F. Outpatient Medicines and Maternity Assistance Reimbursement 14  
G. Other benefits 15  
H. Pre-Existing Conditions 16  
I. Room Accommodation 17  
J. Philhealth Benefits 17  
K. Third Party Liability Insurance 17  
L. Ambulance Service 18  
M. Intellicare Network 18  

What the Plan Does Not Cover 19  

How to Use the Plan 20  
A. Flowcharts for Outpatient, Confinements and Emergency Case Availment 20  
B. Claims Procedure for Emergency Care Outside Intellicare Network 24  
C. Claims Procedure for Reimbursement of Outpatient Medicines 25  

Appendix A: Frequently Asked Questions 26  
Appendix B: General Exclusions 30  
Appendix C: General Limitations 34
ABOUT THE PLAN

Under the terms of this Agreement (or Plan), Intelicare agrees to provide certain outpatient and inpatient health care services, including emergency care, through its nationwide network of Intelicare accredited clinics, hospitals, physicians/specialists. Such health care services are made available to Plan Members subject to the terms and conditions of the Plan.

Outpatient Care

The Plan focuses on health maintenance and illness prevention. Affiliated physicians in the Intelicare Managed Clinic as well as in Intelicare accredited clinics provide outpatient consultations/services. For the convenience of employees, Convergys has set up clinics within its office premises.

Dental Care

Members are entitled to Basic Dental Benefits. These dental benefits may be availed at dentists of the Dental Network Company.

Confinements

Members are covered up to the Benefit Limit per illness per member per contract year, or up to the Pre-Existing Condition (PEC) limit, whichever is applicable. When medically indicated, a Member may be admitted at any affiliated hospital, in a room in accordance to the Employee’s entitlement. No deposit is required upon admission, provided an Intelicare physician recommends the hospitalization. In emergency cases, such recommendation will not be necessary, as the Emergency Room staff will arrange the admission.

Since the Plan benefits are integrated with those of PhilHealth, the Member is advised to file his/her PhilHealth Form with the hospital prior to discharge, to avoid having to pay for the PhilHealth portion of the hospital bill.

As long as the member uses the Intelicare network and procedures (e.g., Intelicare-affiliated hospital, Intelicare-affiliated physician), there is no need for him/her to pay the hospital bill (except for extra charges, if any); Intelicare pays the hospital and physicians directly.
Benefit Limit

Benefit Limit is defined as the liability that Intellicare shall cover per member per contract period. The limit is shared for Inpatient and Outpatient care for the same illness.

Emergency Care

Members who receive emergency care (outpatient and/or confinement) at affiliated hospitals are entitled to the full emergency benefits under the Plan. If the emergency care is administered at a non-affiliated hospital or outside of the Philippines, the Member will be entitled to reimbursement of emergency outpatient and/or confinement expenses. Reimbursement shall be based on Intellicare rates but not to exceed P100,000 per year.

For areas in the Philippines without Intellicare-accredited hospitals and clinics, the Member will be entitled to partial reimbursement or emergency outpatient and or confinement expenses up to the equivalent in-network costs, up to Benefit Limit.

The decision if case is emergency or not will depend on the judgment of the ER physician. If the case is not an emergency, member will be asked to pay for the cost of the ER consultation and/or diagnostic tests and shall seek consultation or follow-up check-ups at a CVG on-site clinic (for employees only) or Intellicare-managed or accredited clinic, the following day.

Emergency coverage is subject to the Pre-existing condition (PEC) limit. Members with no Preexisting cover (PEC) cover are entitled to a Php 5,000 annual coverage for emergency care in the Emergency Room.

Availment of Benefits

An Intellicare Identification card (ID) is issued to each Member. Members gain access to benefits under the Plan by presenting their individual Intellicare IDs and following certain procedures each time they need to avail of health care services.

MEMBERSHIP IN THE PLAN

Who may be enrolled?

- All employees upon Date of Hire who are 18 to 65 years old and actively working
- Dependents of Married Employees:
  - Legal Spouse up to 65 years old, and Children 14 days up to 23 years old (single and unemployed )
- Dependents of Single Parent Employees:
Children 14 days up to 23 years old (single, unemployed and living with the Principal member) OR
Parents up to 65 years old

- **Dependents of Single Employees:**
  Parents up to 65 years old

*** Part-time employees are not allowed to enroll dependents

*** Dependents of new hires may be covered on the third or seventh month of the employee depending on the employee’s job level. However, dependent enrollment form must be submitted within 30 days from hire date.

*** Dependents of on-board employees are covered only if declared either within the enrollment period or 30 days from date of marriage or 44 days from date of birth of new dependent. (Please refer to FAQ #s 10 & 11)

Deletion of Dependents: Once enrolled, dependents may not be deleted until December 31, 2014, unless employee member resigns.

**Effective Date of Initial Membership**

Since the Agreement with Intellicare was renewed effective 01 January 2015, all Members who are eligible for membership as of this date have their individual initial memberships in the Plan effective as of this same date. Additional individual memberships become effective upon meeting the eligibility requirements or the date of notification to Intellicare following declaration of Date of Hire, whichever comes later.

**Enrollment Procedure**

Employees who become eligible under the plan are reported by the Company to Intellicare for inclusion in Intellicare’s membership database, and for preparation of individual membership cards (IDs). Should any of these new members need to avail of health care benefits under the Plan while their individual Intellicare IDs are being processed, such access has to be coordinated with the Intellicare on-site nurses / Intellicare Customer Service.

For dependents who are eligible for membership in the Plan, details on enrollment are as follows:

For new hires / rehires = should log-in to the Convergys – **Intellicare portal** (intellicare.com.ph/memberaccess) to enroll their dependents.

For tenured employees (newly married / new born dependents) = should fill out the Dependents’ Enrollment form available with the on-site nurse.
Termination of Individual Membership in the Plan

Individual membership in the Plan is automatically terminated on the earliest of the following dates:

- Non-payment of personal accounts within a period of ten (10) days from receipt of the statement of account from Intellicare, unless extended by Intellicare in writing. Personal accounts refer to the cost of the medical services not covered by Intellicare.
- When a Member permits the use of his Intellicare ID card by any other person.
- When the Member enters military, naval or air service.
- When the Member ceases to be eligible for coverage as defined in the membership Plan.

Resignation, Termination, Separation or Retirement

The Company shall notify Intellicare in writing within thirty (30) days prior to effective date of the termination of a membership.

PLAN BENEFIT LIMITS (Room & BENEFIT LIMIT)

<table>
<thead>
<tr>
<th>Room &amp; Board Accommodation</th>
<th>Employee BENEFIT LIMIT</th>
<th>Dependent BENEFIT LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Private</td>
<td>Please refer to the amount indicated in the portal.</td>
<td>Please refer to the amount indicated in the portal.</td>
</tr>
</tbody>
</table>

Voluntary upgrade of plan shall not be allowed. Benefits are level-based.

YOUR INTELLICARE ID

Using your ID

As a Member, you are entitled to the outpatient, confinement and emergency benefits provided under the Plan. To avail of these health care services, present your Intellicare ID – your key to the benefits under the Plan. Your Intellicare ID may be used until three years from date of issuance, but may be deactivated off-site upon member termination.

Each Member, whether an Employee or Dependent, is issued his/her own Intellicare ID. ID cards are non-transferable. Since the ID cards have no photos, members may be asked to present another valid ID with photo when seeking care.

Have your Intellicare ID handy at all times. Dial the Intellicare hotline number/s printed on the ID to obtain assistance during emergency cases or to inform Intellicare within 24 hours from start of confinement (whether emergency or not).
**If you lose your ID**
Take care of your Intellicare ID. Losing it would cause you major inconvenience. Even in an emergency, the affiliated hospitals will honor only your Intellicare ID, not any other ID. In case you misplace or lose your Intellicare ID:

- Report the loss to on-site nurse in writing and enclose payment of P 100 per replacement card.
- If you need to seek immediate medical attention while your replacement card is not yet available, call Intellicare’s hotline for advice and assistance.

**HEALTH CARE BENEFITS UNDER THE PLAN**

The Plan makes available to Members the following health care benefits, free of charge, through Intellicare’s network of clinics and affiliated health service providers:

- Preventive Care
- Outpatient Benefits
- Annual Physical Examination
- Confinement Benefits (In-Patient)
- Special Procedures
- Emergency Care
- Dental Benefits
- Outpatient Medicines (for employees only) and Maternity Assistance Reimbursement (for female employees only)

**A. Outpatient Benefits**

The Outpatient benefits under the Plan consist of: Preventive Health Care, Basic Outpatient Services, and Annual Check Up.

Access to Outpatient care is through CVG clinics and Intellicare-owned or accredited clinics.

1. **Preventive Health Care**

   a. Passive immunization, excluding cost of vaccines
   b. Periodic monitoring of health problems
   c. Health-education and counseling on diets or exercise
   d. Health habits and family planning counseling
   e. Wellness programs

2. **Basic Outpatient Services**

   These are available through Intellicare clinics, excluding cost of prescribed medicines:
a. First-aid treatment of illness or injury.

b. Any number of medically necessary consultations during regular clinic hours.

c. Eye, ear, nose and throat (EENT) treatment or consultations.

d. Treatment of minor injuries such as lacerations, mild burns, sprains and the like.

e. 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 the amount set forth:

- Routine procedures to be covered at 100% of actual cost (CBC, Blood Chemistries, Urinalysis, Diagnostic radiographs, 12 Lead ECG, TMST, EEG, Papsmear).
- Diagnostic procedures to be covered at 100% of actual cost and to be computed against Benefit Limit or the Pre-Existing Condition Limit as applicable (Tuberculin test, CT scans, MRI, MRA, Fluorescein Angiography, Impedance Plethysmography, Diagnostic ultrasounds, Bone mineral density studies, Polysomnograms, Cardiac stress tests (Thallium and Dipyridamole stress tests), Ambulatory cardiac monitoring (Holter), Arterial blood gas, Lung function studies, microscopic examinations, Radioisotope scans and function studies (Thyroid scans, liver, renal, GI, cardiac, parathyroid, bone, pulmonary, total body scans), Audiograms and Tympanograms, Electromyelography and nerve conduction studies).
- Therapeutic procedures done on an out-patient basis to be covered at 100% of actual cost of 16 sessions subject to the provision on Benefit Limit or the Pre-Existing Condition Limit as applicable (Therapeutic radiology: Cobalt, Iodine, Radioactive cesium, Linear accelerator therapy, Chemotherapy).

f. Minor surgery not requiring confinement prescribed by an affiliated specialist.

3. Outpatient Services Benefit Enhancements:

a. Anti Rabies, Anti Tetanus, and Anti Snake Bite Venom vaccines shall be covered up to P18,000 per member per year.

b. Laser surgery for cataract, retinal detachment and glaucoma shall be covered up to PEC limit except for cost of lens.

c. Physical therapy covered up to 20 sessions per member per year.

d. Speech therapy covered up to 20 sessions per member per year.

e. Cauterization of viral warts (from neck down) shall be covered up to BENEFIT LIMIT.

f. Pre and Post Natal Consultations excluding laboratory exams are covered up to BENEFIT LIMIT at any accredited clinic.

g. Consultations for psoriasis and vitiligo are covered.

h. Coverage for Pre-existing Scoliosis up to Php 2,000 per member per year.

i. Therapeutic procedure (such as therapeutic radiology, chemotherapy & dialysis) shall be covered up to PEC limit per year.
4. Annual Physical Examination (APE)

   a. Physical Examination
   b. Urinalysis
   c. Chest X-ray
   d. Complete Blood Count (CBC)
   e. ECG (optional for 35 years old and above, or if indicated)
   f. Pap Smear (optional for females 30 years old and above, or if indicated)
   g. Visual Acuity
   h. Fasting Blood Sugar (FBS) and Cholesterol for Managers (job level B3)

The company-wide APE will be scheduled by HR. All employees are required to undergo the APE.

Dependents may avail of the APE on their preferred schedules. On-site nurse must be informed 1 week in advance for proper coordination.

B. Confinement Benefits

Intellicare covers non-emergency, ordinary illnesses/injuries requiring hospital confinement, as well as the so-called "catastrophic" illnesses/injuries and complications requiring confinement. A Member who suffers a disability that requires confinement shall be entitled to the hospitalization benefits as follows:

- Room and Board, according to the Member’s Room and Board accommodation and subject to the maximum rate of daily room and board.
- Use of Operating Room (OR) and Recovery Room (RR)
- Services of physicians, specialists, surgeons, anesthesiologists, cardio-pulmonary clearance before surgery and cardiac monitoring during surgery (Professional fees in accordance with Intellicare Schedule of Rates)
- Anesthesia and its administration
- Drugs and medications for use in the hospital
- Whole blood and human blood products transfusions and intravenous fluids, including blood screening and cross matching. Gamma Globulin is also covered up to BENEFIT LIMIT.
- X-ray, laboratory examinations and other necessary diagnostic services
- Dressings, conventional casts (plaster of Paris) and sutures
- Confinement in Intensive Care Unit (ICU), up to maximum limit
- Standard nursing services
- Standard admission kit
- All other items directly related in the medical management of the patient, as deemed medically necessary by the attending affiliated physician.

The above mentioned hospitalization benefits may be availed, free of charge, within the Intellicare network, i.e., when the following three (3) conditions are met:
a. The hospitalization is arranged or approved by an Intellicare Clinic physician or approved by the Intellicare Hospital Coordinator;
b. The confinement is in an affiliated hospital and the room accommodation shall be in accordance with the Member’s plan benefit;
c. The professional services are provided by Intellicare-affiliated physicians. Please note that a physician may practice in several accredited hospitals but may be accredited in only one of those hospitals.

When any of the three conditions is not met, the hospitalization will be considered an out-of-network confinement and will not be covered, unless hospitalization is Emergency in nature (see Emergency provisions below).

C. Special Procedures covered if availed within Intellicare Network, subject to PEC cover of member:

a. Lithotripsy, Laparoscopic Cholecystectomy and Hysteroscopic Myoma Resection covered 100% inclusive of standard hospital charges and professional fees whether Inpatient or Out-patient up to BENEFIT LIMIT or PEC limit as applicable
b. Kidney Dialysis up to BENEFIT LIMIT or PEC limit as applicable
c. Angiogram and Angioplasty up to BENEFIT LIMIT or PEC limit as applicable /member/year (shared limit)
d. Coverage for open heart surgery except cost of pacemaker
e. Organ transplant, excluding donor’s expense
f. Myelogram
g. Video Gastroscopy
h. Orthopedic Arthroscopy
   i. Adrecortical Functions (e.g. Primary Aldosteronism, Cushings Disease)
j. Plasma / Urinary Cortisol, Plasma Aldosterone, etc.
k. Mammography (breast cancer) and Sonomammogram
l. Bone Densitometry Scan (Dexascan)
m. Anti-Nuclear antibody (ANA), C-Reactive protein (Rheumatic and its complications), Lupus cell exam
n. Laboratory / Ancillary services for conditions whose pathogenesis or subsequent clinical improvement is not yet fully established in Medical Sciences
o. New Modalities and/or diagnostic and treatment procedures for conditions with established etiologies and its use is only as alternative to the conventional methods

D. Emergency Benefits

In case of medical emergencies, Members are to proceed to the Emergency Room of the nearest hospital, preferably an affiliated hospital. Emergency care consists of outpatient treatment and/or confinement for an illness or condition that is emergency in nature. If the illness or condition is covered under the Plan, and is an emergency case
as determined by Intelicare, a Member may avail of the emergency benefits under the Plan.

The Plan defines an "emergency condition" as a life-threatening or accidental injury or a sudden, unexpected onset of illness or injury which at the time of contract reasonably appeared as having the potential of causing immediate disability or death or requiring the immediate alleviation of pain or discomfort. These illnesses or injuries require urgent medical or surgical care which the Member secures immediately after the onset or as soon as the care may be made available but in any case not later than 24 hours after the onset.

Such emergencies include, but are not limited to, the following:

- Acute appendicitis
- Acute myocardial infarction (heart attack)
- Bleeding, massive
- Bleeding, secondary to dengue fever
- Burns (2nd or 3rd degree, with significant area involvement)
- Convulsions
- Diarrhea associated with moderate to severe dehydration
- Fractures/multiple injuries secondary to accidents
- High-grade fever in children (i.e., 39°C and above) aged 14 and below
- Hypertensive crisis (e.g., stroke, HPN coma)
- Hypoxia/anoxia, secondary to severe asthmatic attack or drowning
- Poisoning
- Shock (anaphylactic/hypovolemic/septic/cardiogenic)
- Syncope

Intelicare reserves the right to determine if the illness for which treatment is received is emergency in nature and if the illness or condition is covered under the provisions of the Plan.

Emergency coverage is subject to the Pre-existing condition (PEC) limit. Members with no Pre-existing cover (PEC) cover are entitled to a Php 5,000 annual coverage for emergency care in the Emergency Room.

1. Emergency Care in an Affiliated Hospital

If the emergency health care was administered in an Affiliated Hospital whether as inpatient or outpatient, the Member shall be entitled to full coverage under the hospitalization Benefits Provisions of the Health Care Service Agreement provided that Intelicare has been notified of such emergency and a prescribed referral letter was issued by an Intelicare Authorized Physician and provided further that the illness or condition is covered under the Health Care Service Agreement. However, if no such prescribed referral letter was issued or if the professional service was provided by a
non-Affiliated Physician but the illness or condition is otherwise covered by the Agreement, Intellicare shall reimburse the member based on Intellicare rates or up to P100,000 per year, whichever is less.

2. Emergency Care in a Non-affiliated Hospital

If the emergency health care was administered in a Non-Affiliated Hospital, whether as inpatient or outpatient, and Intellicare was notified of such emergency within 24 hours following the commencement of the emergency, Intellicare shall reimburse the member based on Intellicare rates or up to P100,000 per year, whichever is less.

E. Dental Benefits

Dental Benefits are available to all members, i.e., Employees and Dependents, through the accredited dentists of the Dental Network Company. You may call the dentist directly for an appointment. The dental benefits consist of the following:

1. Oral/Dental Examination and Consultation
2. Emergency Dental Treatment
3. Oral Prophylaxis - once per contract year
4. Unlimited Simple Tooth Extractions
5. Restorative & Prosthodontic Treatment Planning
6. Temporary Fillings – unlimited, as needed
7. Permanent fillings up to 4 surfaces for Light Cure
8. Desensitization of hypersensitive teeth – up to 2 teeth
9. Simple Adjustment of Dentures
10. Recementation of loose crowns inlays or onlays
11. Dental Nutrition and Dietary Counseling
12. Dental Health Education

F. Outpatient Medicines and Maternity Assistance Reimbursement

1. Outpatient Medicines - for Employees only Intellicare will reimburse your expenses up to P1,000 per employee per contract year.

- Medicines should be prescribed by Intellicare Physician (e.g. for fever, cough and colds, diarrhea, anti-inflammatory, antibiotics)
- Exclusions:
  - Vitamins including food supplements, vaccines, medicines for TB, asthma, heart ailment, hypertension, dental cases, maintenance medication (e.g. for diabetes)
  - Medicines to treat fertility, virility and potency (e.g. Clomid, Clostil, Viagra)
  - Medicines prescribed by Dermatologist (e.g. Whitening pills, creams, astringents)
- Medicine prescribed for psychological/psychiatric cases and for sleeping disorders (e.g. Diazepam, Valium, Tranzene, Xanor)
- Medicine prescribed to treat Sexually Transmitted Disease
- Medicine that comes in the form of soap, lotion, mouthwash, toothpaste and shampoo

2. **Maternity Assistance** - for Female Employees only; and Intellicare will reimburse up to the following limits:

- Caesarean Section - P15,000 per case per year
- Normal Delivery - P11,000 per case per year
- Abnormal Pregnancy (i.e., Ectopic Pregnancy, Miscarriage, Abortion) - P11,000 per case per year

**NOTE:** Self-inflicted termination of pregnancy shall not be covered.

Maternity assistance may be covered outright up to the stipulated limits, provided that the availment is at an Intellicare-accredited hospital. In cases where in the hospital is accredited but the doctor is not, coverage will only be for the hospital bills, up to the corresponding limits indicated above or actual bill, whichever is lower. This can be extended at all accredited hospitals except blanket-authority hospitals.

As of June 22, 2012, blanket-authority hospitals include the following: Makati Medical Center, St. Luke’s Medical Center (Quezon City), Manila Doctor's Hospital, Our Lady of Lourdes Hospital, Pablo O. Torre, Sr. Memorial Center (formerly Riverside Hospital-Bacolod) and Davao Doctor's Hospital.

G. **Other benefits (All items below are subject to the PEC Limit as applicable)**

1. Pre-existing Dreaded and Non-Dreaded conditions covered up to the limit specified for you.
2. Work-related conditions covered up to BENEFIT LIMIT, subject to sub-limits per procedure indicated in the contract, as reflected in other pages of this manual.
3. Coverage for Congenital Illnesses up to P 100,000 per member per year.
4. Provoked and Unprovoked assault, whether initiated by the member or by a known or unknown third party shall be covered up to BENEFIT LIMIT.
5. Sensorineural hearing impairments shall be covered up to BENEFIT LIMIT, if congenital up to P100,000 per year.
6. Congenital aneurysms shall be covered up to P100,000 per year subject to BENEFIT LIMIT; if acquired up to BENEFIT LIMIT (subject to PEC Limit).
7. Casting materials are covered except fiberglass.
8. Valvular heart disease (congenital and/or acquired) including Cardiomyopathies, Chronic Glomerulonephritis and Pyelonephritis, previous craniotomy sequelae/hearing impairment/ Neurologic disease and Spinal Stenosis (if preexisting)/ 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) shall be covered up to BENEFIT LIMIT except Chronic Dermatoses.

H. Pre-existing Conditions

1. What are pre-existing conditions (PEC)?
   - Any professional advice or treatment has been obtained for such illness or injury; or
   - Illness or injury evident upon medical examination; or
   - Natural history of illness or injury can be clinically determined to have started prior to any availment whether or not the member is aware of such illness or injury

   - The following are considered as PEC:
     - Hypertension, thyroid disease, goiter, cataracts/glaucoma/pterygium, ear nose and throat conditions requiring surgery, asthma, TB, chronic cholecystitis/cholelithiasis and other forms of calcification, hernia, prostate disorders, hemorrhoids and fistulae, tumors, uterine myoma, ovarian cyst, endometriosis, Buergers disease, varicose veins, scoliosis, arthritis, chronic allergies, gastric and duodenal ulcers, dreaded diseases (conditions mentioned are examples, but this is not a complete list).

   - The following is an additional list of pre-existing conditions:
     - Heart ailments- CAD, IHD, Pulmonary Tuberculosis, Gall Stones/Cholelithiasis/Chronic cholecystitis, Nephrolithiasis, Gyne Patho (Myoma Uteri/ Endometrial Polyp), Breast Cyst, Thyroid problem, (hypo/hyperthyroidism), Cataracts/Glaucoma/Pterygium, Thyroid disease, Goiter, Ear nose and/or throat conditions requiring surgery, Chronic allergies, Gastric and duodenal ulcers, Brain Tumors, Pituitary Tumors, Degenerative Spine, Athrosclerosis, Stroke (CVA), Congestive Heart Failure, Myocardia Infarction (Heart Attack), Peripheral Vascular Disease, Chronic Bronchitis, Emphysema, Bronchial Asthma, Hepatocellular CA, End Stage Kidney Disease, Chronic Renal Failure, Glumerulonephritis, Nephrolithiasis, Ureterolithiasis, Bladder CA, Renal Cell CA (Kidney CA), Prostate CA, Gastroesophageal Reflux Disease, Peptic Ulcer Disease, Pyloric Stenosis, Chronic Pancreatitis, Cholecystolithiasis, Scleroderma, Systemic Lupus Erythymatosus, Chronic Sinusitis, Deep Vein Thrombosis, Nasal Polyps, Functional Endoscopic Sinus Surgery, Tumors of the Nose, Adenoid Surgery, Tonsillectomy, Lung CA, Pott’s Disease, Benign Prostatic Hyperplasia, Prostate CA, Endometriosis, Uterine Prolapse, Ovarian New Growth, Ovarian CA, Endometrial Polyp,
Myoma Uteri, Ganglion Cyst, Trigger Finger, Chronic Otitis Media, Spinal Radiculopathy, Cystic Fibrosis, Lymph Angioma, Breast Mass, Dermoid Cyst

- Conditions above are examples, but is not a complete list.

- Example: Dependent is enrolled on September 2012, dependent develops kidney stones starting October 2013, dependent seeks care for stones in 20014. This is not covered.

- It is possible for a patient to be completely asymptomatic (that is exhibits no sign nor feels any ailment), yet have a pre-existing condition developing within him or her.

2. Are pre-existing conditions covered under the plan?

For employees:
- If you were hired by CVG on or before July 1, 2006 you shall enjoy full cover of PEC.
- If you were hired by CVG after July 1, 2006, you will enjoy PEC coverage up to 50% of your BENEFIT LIMIT, after six months from hire date (whichever comes later). After one year of continuous membership, you will have PEC coverage up to 100% of your BENEFIT LIMIT.

For dependents:
- If your dependent/s were enrolled before July 1, 2006, they shall likewise continue to enjoy full cover of PEC
- If your dependent/s were enrolled July 1, 2006 onwards, they will NOT have cover for PEC from hereon

For members without Pre-existing condition cover:

- Members with no Pre-existing cover (PEC) cover are entitled to a Php 5,000 annual coverage for emergency treatment in an Emergency Room of a hospital for Pre-existing conditions (combined single limit for all pre-existing conditions).

3. What if I already enrolled my dependents before July 1, 2006 and now have a new dependent?

- Employees whose spouse and/or children were continuously covered before July 1, 2006 until now, will enjoy PEC for new born children (assuming they follow rules on enrollment)

- Employees whose parents were covered before July 1, 2006 and switch dependents to spouse after marriage, will have NO cover for PEC for the spouse and subsequent children.
4. May I voluntarily pay more premium to cover pre-existing conditions for new dependents?  
   - This shall not be allowed.

**Room Accommodation**

The Plan entitles all Members (Employees and Dependents) to a specified room rate limit according to employee’s classification.

It is important for Members to know that fees charged for various procedures done in the hospital, as well as professional fees, are based on the type of room accommodation. Hence, if a Member occupies a Room of higher category than his Plan, he/she will have to pay not only for the excess in room charges but also for the excess in professional fees and other hospital ancillary charges. (Please refer to FAQ # 15 and 16)

**PhilHealth Benefits**

The Plan is integrated with PhilHealth. Hence, benefits to which a Member is entitled under PhilHealth are made deductible in the computation of benefits under the Plan. Intellicare is not obliged to pay for or advance the payment of PhilHealth benefits, regardless of whether the Member is enrolled under PhilHealth or not.

For any confinement or outpatient procedure, the Benefit Limit will be net of PhilHealth coverage.

In case of hospitalization, therefore, a Member should file his/her PhilHealth claim form with the hospital prior to discharge. Otherwise, he/she will be asked to pay that portion of the hospitalization expenses which is coverable by PhilHealth, before he/she can be cleared for discharge.

Philhealth is likewise required for outpatient procedures performed in special units such as, but not limited to operating room and for special procedures such as, but not limited to, excision/biopsy of mass, endoscopy (e.g gastroscopy, colonoscopy), chemotherapy, dialysis, and lithotripsy.

**Third Party Liability Insurance Benefits**

If a Member is injured in a vehicular accident, wherein a third party is claimed to be at fault, the benefits accruing to the Member under the Motor Car Insurance as provided by law are extended as long as the patient signs a Subrogation Letter assigning his rights to reimburse the medical bills to Intellicare. A Police Report is required by Intellicare prior to the issuance of the Letter of Authorization to the hospital, to determine coverage. Failure to execute a Deed of Subrogation and Reimbursement
means non-coverage of the expenses. (Please refer to Appendix B, General Exclusions # 31)

**Ambulance Service**

Subject to availability and when medically necessary, Intellicare will cover road ambulance service. Members may reimburse advances for ambulance services up to Php 2,500 per member per conduction nationwide.

**Intellicare Network**

Intellicare health care delivery system consists of a nationwide network of Intellicare clinics and physicians, and affiliated specialists and hospitals. A Member avails of Plan benefits at any point within the network. Should a Member need health care, for instance, while vacationing in the province, the lists of provincial Intellicare clinics and affiliated hospitals would be useful.

Also part of this system are some key persons, whom Members will get to meet should they be confined in an affiliated hospital.

- Hospital Coordinator: He/She is the first contact doctor for primary consultation in an accredited hospital. This includes Assistant Coordinators. An affiliated physician and an active member of the hospital's medical staff, he/she handles confinements and acts as a Member's attending physician, unless another affiliated physician has been previously approved. (The name of the attending physician is usually indicated on the LOA for hospitalization when it is issued).
- Intellicare Customer Service Representative: Usually a graduate of a medical course, he/she is assigned to one or more hospitals within the same geographical area. His/her major role during a Member's hospital confinement is to make sure that the LOA is submitted to with the hospital's billing section before discharge time. He/she also visits the confined Member and attends to Intellicare-related matters on behalf of the Member.
WHAT THE PLAN DOES NOT COVER

General Exclusions

The Plan covers most health care expenses except for certain services, procedures or conditions, such as, but not limited to, the following:

- Take-home medications (except when covered under the Outpatient Medicine Reimbursement benefit of the Company).
- Self-inflicted injuries
- Drug and alcohol abuse and other conditions related to alcohol intake
- Psychiatric Care
- Cosmetic treatment
- Sexually transmitted disease / AIDS

Expenses not covered by the Plan are for the account of the Members. A full list of Exclusions appears in Appendix B.

General Limitations

The Plan specifies certain limitations to the rights of a Member and obligations of Intelligicare. With regard to some special outpatient procedures: Lithotripsy, a special procedure for removing kidney stones, and Laparoscopic Cholecystectomy, a special procedure for removing gallstones, are fully covered (i.e., up to the full prevailing costs subject to the Member’s available benefit limit) as long as these are performed by affiliated physicians in affiliated hospitals.
HOW TO USE THE PLAN

Out-Patient

1. Go to the POS terminal in an accredited clinic. The terminal is located at the reception area or at the nurse station.

2. Present your Intellicare card to the attending medical staff and have it swiped to validate membership eligibility.

3. If APPROVED, Out-Patient (OP) Letter of Eligibility (LOE) will be printed. Sign the LOE.
   - If DECLINED, the attending medical staff will call Intellicare’s Customer Service for assistance.

4. Secure an Intellicare Referral Control Sheet (RCS) 1 for consultation or RCS 2 for laboratory or diagnostic procedure prior to availing.

5. Avail of the consultation or procedure. Sign the RCS.

6. File Philhealth for Philhealth-required procedures.

Dental

1. Call Dental Network Hotline numbers at (02) 535.3181/535.3187 or email co_dentalhr@philhealth.com for the list of affiliated dentists.

2. Call the dentist to confirm schedule and to inquire if an appointment should be set or if walk-in patients can be accommodated.

3. Proceed to the dental clinic on the day of your dental availing and present your Intellicare card for validation.

4. Avail of the entitled dental benefit.

5. Sign the Referral Control Sheet (RCS) 5 made available at the dental clinic.
1. If recommended for admission after undergoing medical consultation or diagnostic examination, secure an admitting order from an Intellicare-affiliated doctor in an Intellicare-accredited hospital where you will be admitted.

2. Proceed to the admitting section and present your admitting order and Intellicare card. The medical staff will swipe your card for validation of membership eligibility. If APPROVED, In-Patient (IP) Letter of Eligibility (LOE) will be printed. Sign the LOE.

   IF DECLINED, staff will call Intellicare’s Customer Service for assistance.

3. Present the admitting order and LOE to the Intellicare Coordinator.

4. Occupy allowed room (note: please double-check room category/plan limit to avoid paying incremental charges).

5. Inform Intellicare’s Customer Service regarding admission within 24 hours.

6. File Philhealth for Philhealth-required procedures.

7. Intellicare’s Patient Relations Officer (PRO) will issue an Intellicare Referral Control Sheet (RCS) 3 for in-patient. Sign the RCS. Settle any incremental and miscellaneous charges upon discharge (please validate if items charged are correct).

Note: If you had your consultation or diagnostic examination in another clinic or hospital, please present the results and recommendation of the Intellicare-affiliated doctor to the Intellicare Coordinator for you to be assigned an Intellicare-affiliated doctor in an Intellicare-accredited hospital where you will be admitted.
1. Go to the Emergency Room (ER) of an accredited hospital.

2. Present your Intellicare card to the ER staff for validation of your membership status. If APPROVED, ER LOE will be printed. Sign the LOE.
   If DECLINED, attending medical staff will call Intellicare's Customer Service for assistance.


4. If declared as an OUT-PATIENT CASE, sign the hospital bill upon discharge and settle non-covered charges.

5. If FOR ADMISSION, notify Intellicare's Customer Service within 24 hours. Occupy allowed room (note: please double-check room category/plan limit to avoid paying incremental charges).

6. File Philhealth for Philhealth-required procedures.

7. Intellicare’s Patient Relations Officer (PRO) will issue a Referral Control Sheet (RCS) 3 for in-patient. Sign the RCS. Settle any incremental and miscellaneous charges upon discharge (please validate if items charged are correct).

NOTE: If treated in a non-accredited facility, you may file for reimbursement of your hospital bill (subject to plan coverage).

The process of reimbursement is as follows:
1. Download Intellicare Reimbursement Form from Intellicare's website or secure a copy from your HR representative.
2. Fill up the reimbursement form completely and attach required documents (please note: all attached official receipts must be original copies).
3. Submit the form and the required documents to Intellicare within 30 days from expiration of treatment/hospital discharge.
4. Intellicare will process the request within 30 days upon receipt of complete form and documents.
EMERGENCY AVAILMENT in a NON ACCREDITED HOSPITAL

1. Emergency situation
2. Emergency Room of nearest Non-Accredited Hospital
3. Avail of treatment at the Emergency Room
4. File for Reimbursement, submit complete documents to HR within 30 days from date of discharge
5. Pay bills
   - Secure all pertinent documentation
   - Submit receipts for reimbursement
6. PhilHealth
   - File PhilHealth on or before discharge
7. If for Confinement
   - Notify INTELLICARE within 24 hours for proper assistance
CLAIMS PROCEDURE FOR EMERGENCY CARE OUTSIDE INTELICARE NETWORK

Usually, you should be able to avail of the benefits under the Plan without any cash outlay on your part. For emergency care in a non-accredited facility, however, you need to pay for the cost of your medical care, including whatever professional fees that may be charged, and then file a reimbursement claim with Intellicare through your on-site nurse.

• In such cases, you will be reimbursed based on Intellicare rates up to P100,000 per year, subject to sub-limits as applicable.

To apply for reimbursement, follow these steps in the Claims Procedure:

1. Secure Intellicare Reimbursement Request Form from CVG clinic nurse and fill out completely.

2. Complete the following documents and attach original copies to Reimbursement Form:

   **OUTPATIENT:**
   a) Original Official Receipt (with TIN)
   b) Statement of Account from the hospital
   c) Medical Certificate or duly accomplished attending physician’s statement form in the Intellicare Reimbursement Form.
   d) Laboratory result (if with diagnostic procedure)
   e) Police Report & Medico-Legal Report (if case is secondary to vehicular accident and assaults like mauling or stab wounds)

   **INPATIENT:**
   a) Original Official Receipt (with TIN)
   b) Medical Certificate or duly accomplished attending physician’s statement form in the Intellicare Reimbursement Form.
   c) Statement of Account (Itemized Hospital Bill)
   d) Operative Record with Histopath Result (if with operation)
   e) Police Report & Medico-Legal Report (if case is secondary to vehicular accident and assaults like mauling or stab wounds)

3. Submit to CVG clinic nurse not more than **30 days** from date of treatment or discharge.

• Cut-off for submission: Tuesday 12 noon
• Check Release: 4PM Friday the following week
CLAIMS PROCEDURE FOR REIMBURSEMENT OF OUTPATIENT MEDICINES & MATERNITY

1. Secure the new Intellicare Reimbursement Claim form from the On-site nurse and fill out completely. Please do not forget to indicate your employee number (otherwise, your claims shall not be processed).

2. Attach original copies of the following documents:
   a) For Out-patient Medicines
      i. Itemized original receipt (with TIN)
      ii. Prescription of Intellicare accredited doctor

   b) For Maternity-related claims
      i. Itemized original official receipt (with TIN)
      ii. Statement of account from the hospital
      iii. Medical certificate
      iv. Histopath result (if case is abortion or miscarriage)
      v. Photocopied birth certificate (with original authentication)
      vi. Delivery room record

3. Submit to the on-site nurse not more than 30 days from date of purchase / discharge.

4. Cut-off schedule
   a. Submission: Tuesdays, 12nn
   b. Availability of the claim computation sheet: the following Wednesday
   c. Credit to payroll account: the following Thursday
APPENDIX A

FREQUENTLY ASKED QUESTIONS

1. How do I avail of health care in the absence of my HMO ID?
   - Contact the nurse in your worksite’s clinic for assistance.
   - You may also call Intellicare’s 24/7 Customer Service Numbers.

2. How do I access outpatient care?
   - Employees seek care at CVG clinics. If physician at CVG clinic is not available, you may proceed to any Aventus Clinic or any Intellicare accredited clinic. CVG clinic physician can refer you to specialists in Intellicare’s network or for necessary basic diagnostic tests.
   - Your dependents may seek care at Aventus clinics and Intellicare accredited clinics. Contact your on-site clinic nurse or Intellicare Customer Service hotline for assistance.

3. What is the advantage of using Aventus clinics and Intellicare accredited clinics for outpatient care?
   - Convenience. – Multi-specialty clinics are like “one-stop shops” for medical care. You need not go from one floor to another to undergo diagnostic tests. Clinics are conveniently located for easy access.
   - More efficient use of benefit pesos. --You can maximize your Benefit Limit. For example:

<table>
<thead>
<tr>
<th>Test Procedure</th>
<th>Aventus Clinic</th>
<th>Makati Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinalysis</td>
<td>98</td>
<td>385</td>
</tr>
<tr>
<td>Ultrasound of whole abdomen</td>
<td>2,420</td>
<td>4,490</td>
</tr>
</tbody>
</table>

   Actual comparison of rates of services (as of March 1, 2015)

4. What if I need a test that is not available at the clinic?
   - Multi-specialty clinics have the capability for most common tests needed.
   - In the rare occasion that a member needs a test not available in the clinic (e.g. CT scan), the clinic shall refer the member to a hospital.

5. What about specialists?
   - Multi-specialty clinics are staffed with specialists who also practice in hospitals.
   - In the rare occasion that a member needs access to a sub-specialty not available at the clinic, the member shall be referred to a hospital.

6. What about medical emergencies?
   - In emergency situations, members may proceed directly to the Emergency Room of the nearest hospital without passing through a clinic.
Emergencies are defined as:
- Sudden and unexpected medical conditions that may lead to death or disability if immediate care is not received
- Accidental injuries that cause severe pain and discomfort
- Examples: heart attack, coma, stroke, poisoning, fainting, diarrhea with severe dehydration, loss of consciousness or respiration, convulsion

The decision if case if emergency or not will depend on the judgment of the ER physician. (Please refer to page 8 for emergency care provision)

7. What if I need to undergo a diagnostic exam to determine whether a condition is preexisting or not?
   - You advance the cost of the exam. If the result or condition is not pre-existing, you may file for a reimbursement through your site nurse.

8. What if there is no Intellicare doctor available in any accredited hospital for the field of specialization I need or I am referred to? What if an Intellicare physician bills beyond HMO rates?
   - Intellicare will exert all effort to negotiate for Intellicare rates to be charged.
   - If the physician does not agree, then you will advance the full amount due and will be reimbursed based on Intellicare rates.
   - In no case should you negotiate rates directly with the physician. Let Intellicare handle the negotiation.
   - At the moment, all care with accredited neurologists are on a cash basis only. Notwithstanding this, you still need to obtain a referral to go to an accredited neurologist.

9. How can I enroll my dependents under the plan?
   - Fill out the Application for Health Insurance form or through the CVG Intellicare portal (www.intellicare.com.ph/memberaccess)
     - For new hires, this is included in the New Hire Kit given to you by the HR facilitator on your first day of work.
     - Forms are also available with your on-site clinic nurse
   - Submit the form together with required attachments to your on-site clinic nurse
     - To enroll spouse: attach copy of Marriage Contract
     - To enroll child: attach copy of Birth Certificate or, for new born children, you may attach a Certificate of Live Birth from the hospital instead
     - To enroll parents: attach copies of your Birth Certificate as well as your parents’ Birth Certificate

10. When should I enroll my dependents?
    - New hires must submit the form and required attachments within 15 days from date of hire
    - On-board employees may enroll dependents:
      - When an enrollment period is opened at the start of each contract year
11. When does coverage for my dependent start?
   • For new hires: On the third or seventh month of your employment depending on the employee’s job level
   • For new dependents of on-board employees:
     ▪ For COMPLETE (all information required filled up, form signed, with complete attachments) application forms received by on-site nurse between the first (1st) and fifteenth (15th) day of the month, cover of dependents shall start on the first day (1st) day of the following month.
     ▪ For COMPLETE (all information required filled up, form signed, with complete attachments) application forms received by on-site nurse between the sixteenth (16th) and the 30th/31st day of the month, cover of dependents shall start on the sixteenth (16th) day of the following month.

12. Can my dependents be enrolled twice under the CVG plan (i.e. children enrolled by husband and wife who are both employees of CVG and CPI, parents enrolled by both siblings who are both employees of CVG and CPI)?
   • No. Dependents may only be enrolled into the plan once. Usually, the employee with the higher benefit level enrolls his/her dependent.

13. Can I upgrade to a higher benefit if I am willing to pay additional premium for that benefit level?
   • This is not allowed because the benefits given by the company are based on the employee job grade.

14. When and how do I file my PhilHealth form?
   • Always file PhilHealth prior to discharge (even for some special out-patient procedures)
   • For both accredited and non-accredited hospitals
   • You will pay for PhilHealth portion if you fail to file.
   • Tear off “Receiving Stub” as proof that you filed PhilHealth.

15. What will happen if my total bill exceeds my Benefit Limit under the plan? What are excess charges? What happens if I fail to pay the excess charges?
   • Excess charges will be billed by hospital prior to discharge. If the hospital fails to charge these, you will receive a billing from Intellicare.
   • Examples of Excess Charges:
- Unfiled PhilHealth (or filing after discharge)
- Excess Room & Board, or other hospital expenses as a result of choosing a room beyond your limit
- BENEFIT LIMIT exceeded
- Excluded expenses

- Failure to pay for excess charges within ten (10) days from receipt of billing from Intellicare will result in SUSPENSION of coverage, i.e. exclusion from Network, and claims will be on hold.

16. What if I choose a room higher than what I am entitled to? What if there was no room available within my limit?

- You share in the cost of the room and other charges (which is around 30% of the total bills). In cases of emergency confinement, Intellicare pays for the first 48 hours of room upgrade if room within your limit is not available, provided a certification from the Admitting Section is shown before discharge. If a Regular Private Room becomes available within the first 48 hours, member must transfer to avoid payment of excess charges. Only the upgrade from Regular Private to Large Private will be covered by this emergency provision. Extra charges for voluntary upgrade, involuntary upgrade beyond 48 hours and involuntary upgrade to Suite Accommodation shall be for member's account.

17. What happens if the hospital has “cash basis policy”?

- There are some hospitals, which have a cash basis policy for some procedures even if performed or recommended by an accredited physician. Member advances and files a reimbursement claim. Intellicare will reimburse based on Intellicare rates. At the moment, all care with accredited neurologists are on a cash basis only. Notwithstanding this, you still need to obtain a referral to go to an accredited neurologist.

18. What if I lose my HMO ID?

- Fill out Statement of Lost ID form & enclose P100.00. Submit to onsite nurse.
- Call Intellicare Customer Service Hotline for endorsement while awaiting new card.

19. What if I want to give feedback on my experience with Intellicare?

- Log on to www.intellicare.com.ph/memberaccess
- Click Benefits Summary
- Click For Comments, Queries and Feedback
- Type your message
APPENDIX B

GENERAL EXCLUSIONS (Reference: Health Care Agreement)

Notwithstanding any provisions to the contrary, the following shall fall under the exclusions and limitations of medical and health-care services including its complications:

1. Services and supplies which have not been approved or coordinated by the Preferred Clinic or by INTELLICARE Coordinator, or by Accredited INTELLICARE Specialist, when applicable, except in cases of Medical Emergency.

2. Physical Examination (including Executive Check-ups, Annual Physical Examinations and similar diagnostic or screening tests) and psychological testing for employment, school, insurance, licensing, passport or visa application, or for such other purposes which are not directly related to treatment of an illness or injury, except insofar as Executive Check-Ups and/or Annual Physical Examinations may be covered under any rider/endorsement included herein.

3. Immunization, including cost of vaccines for well baby and other preventive/promotive programs, (e.g. BCG, DPT, Polio, Measles, Mumps, Rubella, Hepatitis, Typhoid) and for the purpose of travel or other purposes which are not directly related to treatment of an illness or injury of Member. The administration of the vaccine will be covered if rendered by any of the hospitals, clinics, physicians, and other health professionals and facilities within INTELLICARE Network.

4. Experimental or investigational drugs, devices, procedures, or treatment which has not been approved by the appropriate government authority; or by INTELLICARE in consultation with the Department of Health or medical associations;

5. Convalescent care;

6. Custodial or domiciliary care, which includes but is not limited to any type of care whose purpose, in the determination of INTELLICARE, is to attend to the daily living activities of Member and does not entail or require the continuing attention of a trained medical or paramedical personnel; such as but not limited to changes of dressings of non-infected, post-operative of chronic conditions, other routine services which in the sole determination of INTELLICARE, based on medically-accepted standards, can be safely and adequately administered by an average non-medical person without the direct supervision of trained medical or paramedical personnel, regardless of who actually provides the service;

7. Reconstructive surgery, and any consultation, treatment, or surgery for aesthetic, cosmetic, or for any beautification purposes, except if necessary to treat a functional defect resulting from an accidental injury;
8. Maternity care and other conditions related to and/or resulting from pregnancy, except pre- and post-natal consultations and Maternity Assistance benefits.

9. Drugs and medicines prescribed for outpatient cases, except for drugs used for primary chemotherapy;

10. Acupuncture and chiropractics;

11. Allergy testing and treatment materials, except skin and other testing to determine hypersensitivity to treatment;

12. Diagnosis and reversion of infertility or fertility;

13. Expenses incurred in the harvesting of the organ from the donor in transplant procedure and services related to the testing and preparation of the donor for such transplant, and the cost of the organ, if any;

14. Purchase of oxygen, or purchase or lease of oxygen-dispensing or other medical equipment, except if part of covered in-patient care;

15. Corrective appliances, artificial aids and external prosthetic devices including but not limited to eyeglasses, contact lenses, wheelchairs, braces, crutches, hearing aids, traction apparatus, walkers, arch supports, canes, cervical collars, corrective shoes, corsets, elastic hose and false;

16. Treatment of a condition resulting from a psychiatric illness or a functional disorder of the mind, including but not limited to stress-related or anxiety disorders or attacks, neuroses, and personality disorders.

17. Treatment of alcoholism, drug and substance abuse;

18. Treatment of military service-related diseases, disabilities or injuries for which Member is legally entitled to receive treatment at government facilities and which facilities are reasonably available to Member;

19. Treatment of injuries or illness resulting from attempted suicide or self-mutilation, regardless of whether Member was sane or insane;

20. Treatment of injuries attributable to Member’s own misconduct, negligence (meaning the Member’s failure to use that degree of care that a reasonable prudent person could have used under the circumstances), intertemperate consumption of alcoholic beverage, use of legally prohibited substances, vicious or immoral habits, participation in the commission of a crime whether consummated or not, or violation of a law or ordinance;
21. Treatment for sexually transmitted diseases;

22. Any dental care or service, such as removal or replacement of teeth and treatment of injuries to or diseases of the teeth, gums and temporomandibular joint, including apicoectomy (dental root resection), orthodontics, root canal treatment, soft tissue impactions, temporomandibular joint dysfunction therapy, alveolectomy and treatment of periodontal disease, except insofar as may be covered under any rider/endorsement included herein;

23. Treatment of injuries resulting from riots, strikes, and other civil disturbances where Member was a participant or failed to take reasonable precautions to avoid injury;

24. Professional fees of medico-legal officers;

25. Treatment of injuries sustained as a result of engagement in hazardous sports and activities which includes, but is not limited to, skydiving; motor sports (e.g. car racing, motorbike racing, jet skiing); martial arts (e.g. judo, karate, taekwando); boxing, wrestling, bungee jumping, scuba diving, snorkeling, horseback riding, polo, mountain climbing, rock climbing, hang gliding, spelunking, ballooning, and gymnastics;

26. Circumcision, except for correction of phimosis;

27. Services or supplies, which upon determination of INTELLICARE based on existing standards of medical care and practice, are not appropriate for the diagnosis, care or treatment of the disease or injury involved;

28. Expenses for the use of television, extra bed, electric fan, videocassette recorders, guests meals, services of a private nurse, toiletries or any other item not directly related to or medically necessary for the treatment of an illness or injury;

29. Weight reduction programs, surgical operation or procedure for treatment of obesity, including gastric stapling or balloon procedures and liposuction;

30. Transsexual surgery or related services;

31. Treatment of injuries sustained in a motor vehicle accident or caused by a third party, if Member refuses to execute a Deed of Subrogation and Reimbursement;

32. Laser eye surgery except for glaucoma;

33. Treatment for sleep disorders including but not limited to snoring, except sleep disorders directly related to organic illness;
34. Charges for room and board beyond the limits of the Member's enrolled program, 
and the Incremental Rate Difference resulting from the Member's upgrade of his Room 
and 
Board accommodations; and;

35. All excluded services listed in this Agreement and services or expenses that 
exceed the Benefit Limit.
APPENDIX C

GENERAL LIMITATIONS (Reference: Health Care Agreement)

The rights of the Member and obligations of INTELLICARE are subject to the following limitations:

1. If a major disaster or epidemic causes unavailability of facilities or personnel, or if circumstances are not within the control of INTELLICARE such as complete or partial destruction of facilities, war, riot, civil insurrection, labor disputes, or similar causes occur, INTELLICARE shall not be liable for any delay or failure to provide services to the member. INTELLICARE shall, however, exert its best effort to provide services to the Member, as the circumstances permit.

2. INTELLICARE’s aggregate liability for Out-patient, In-patient and Emergency Care Benefits during the one year term of this Agreement with respect to any particular disease/condition and their complications shall be limited to the Member’s Benefit Limit.

3. If the Member refuses to follow the recommended treatment or procedures and INTELLICARE physician believes that no professionally acceptable alternative exists, then INTELLICARE shall no longer be responsible to provide care for the condition under treatment while such refusal exists. However, if the earlier refusal resulted in the aggravation of the medical condition, then INTELLICARE shall no longer be responsible for the treatment thereof.

4. If a Member refuses to comply with established rules, regulations and procedures of the chosen hospitals or clinics and by reason of which services are denied, INTELLICARE is not liable for any claims, charges or damages caused to the member.

5. INTELLICARE is not liable for any claims, charges or damages caused to the Member by the acts of the doctors or physicians in the course of the delivery of the medical services whether in-patient or out-patient as it is hereby understood that the liability of INTELLICARE is limited to the payment of hospital bills, professional fees and all medical expenses directly related to the medical management of the Member.