MEDICAL BENEFIT
GUIDEBOOK

MediCard
Powered by Astina

Dear Valued Member,

We have prepared this guidebook to provide you with a basic understanding of how your medical benefit works.

For your easy reference, we have covered the important items that you need to know such as:

- Plan Coverage
- Procedures for Availment
- General Exclusions

For more detailed information about your AIA Med-Assist Plan, you may refer to your ePolicy contract easily accessible at https://www.aia.com.ph/en/myaia/login.html.

We are also more than happy to assist you should you have any questions regarding your medical benefit or your insurance policy. Please feel free to contact us at the numbers below.

MEDICARD CALL CENTER HOTLINE:
(Available from Monday to Friday except holidays, 8 a.m. to 5 p.m.)
(02) 8841-8080
Toll Free: 1-800-1-888-9001 (PLDT/Smart)
1-800-8-944-8400 (Globe landline/mobile and Touch mobile)

AIA PHILIPPINES CUSTOMER SERVICE HOTLINE
(For Insurance Policy - Related Questions)

(02) 8528-2000 | PLDT Provincial/International
Toll-Free Number 1-800-10-528-2000
(Available from Monday to Friday, 8 a.m. to 5 p.m. except holidays)

WHAT YOU CAN EXPECT FROM MEDICARD

The MEDICARD brand is recognized and accepted by our selected medical partners across the Philippines.

The MEDICARD-accredited medical network is supported by over 58,000 accredited doctors and over 2,000 hospitals and clinics.

To assist you with your medical benefit needs, MEDICARD provides Coordinators and/ or Liaison Officers (LOs) in many of its accredited hospitals.

TO SEEK ASSISTANCE, ADVISE OR CLARIFY ANY POINTS RELATING TO YOUR COVERAGE

• Read this guidebook to familiarize yourself with your in-patient hospitalization benefits.

• Have your MEDICARD membership card ready at all times.

You may send us an e-mail: For The Medical City, Makati Medical Center, St. Luke's Medical Center Quezon City, St. Luke's Medical Center Global and Asian hospital email center-inpatient@medicardphils.com and for other hospitals email inpatient_approval@medicardphils.com / retailproducts@medicardphils.com to report any concern.
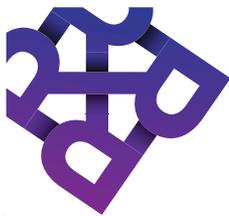
MediCard
Prescribed by Doctors

12345
JUAN DELA CRUZ

Cardholder's Signature

MediCard

8th Floor The World Center Bldg., Sen. Gil Puyat Avenue,
Salcedo Village, Makati City
Phone lines available 24/7: 8841-8080
Text MediCard: 0908 884-1814 (Smart & Sun) • 0917 851-2648 (Globe)
Back Office Support available Mon-Fri 8am-5pm: 8884-9999
Website: www.medicardphils.com

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SECTION 1. FEATURES OF THE PLAN

The AIA Med-Assist Plan aims to provide its plan-holders with in-patient services and facilities through MEDICARD's network of accredited hospitals.

THE ROLE OF EACH PARTY INVOLVED

- **AIA PHILIPPINES** is the insurer of the medical plan and is responsible for coordinating with MEDICARD to facilitate the in-patient hospitalization benefit and resolution of concerns on behalf of the Insured.

- **MEDICARD** is primarily responsible for the administration of your medical benefit by providing the insured members access to its affiliated medical service providers, 24-hour customer service, and claims support.

- **YOU**, as the Insured, are expected to declare any pre existing conditions, know the features of the medical benefit, to know and comply with the proper procedures of availment, and to give feedback on experiences during medical availment.

DEFINITION OF TERMS

- **Coordinator/ Assistant Coordinator** – Doctors or medical practitioners who provide primary consultation and issue a referral slip to other accredited physicians/ specialists for consultation/ treatment for prescribed outpatient diagnostic evaluations and hospital confinement.

- **Liaison Officer** – Employees of MEDICARD who assist members specifically for In-patient/ hospital confinement.

- **Out-patient Case** – Any condition which does not require hospital confinement.

- **In-patient Case** – Any condition which requires continuous confinement in a hospital depending on the number of hours as classified by the hospital.

- **Elective Case** – A non-emergency case that does not need urgent treatment and may be deferred without endangering the member's life.

- **Emergency Case** - A condition that manifests itself by acute signs and symptoms of sufficient severity that a trained medical professional could reasonably expect that the insured member's life or health would be put at serious risk if no immediate attention is provided. Some examples include – heart attack, stroke, loss of consciousness, convulsion, severe dehydration, etc.

- **Relative Value Scale (RVS)** – The schedule of charges as agreed between the Association of Health Maintenance Organizations in the Philippines, Inc. (AHMOPI) and various Medical Societies using the Philippine College of Surgeons book.

- **Benefit Limit (BL)** – This is the amount payable for covered medical benefits:
  - Lifetime Limit – The maximum benefit for the lifetime of the insured member. Once this limit is reached, the medical plan will no longer pay for covered services.
  - Aggregate Maximum Limit per year – The maximum amount payable for all covered medical benefits within a one-year term. The benefit is replenished upon receipt of renewal premium payment during the policy anniversary provided the policy's Lifetime Limit is not yet exhausted.

- **Pre-Existing Condition (PEC)** - Any illness or condition occurring before the Supplementary Contract Effective Date or the approval date of the latest Reinstatement, if any, which satisfy the following conditions:

  (a) any professional advice or treatment was given for such illness or condition;

  (b) such illness or condition was in any way evident to the Insured which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or

  (c) the pathogenesis of such illness has started whether or not the Insured is aware of such illness or condition. Such pre-existing conditions will also be subject to medical underwriting and if not disclosed, they will not be covered.

  Without necessarily limiting the following enumeration, the following are automatically considered as preexisting conditions if consultation or treatment is sought within the first twelve (12) months of coverage:

  - Any dreaded disease – kindly refer to the list below
  - Hypertension
  - Goiter (Hypo/Hyperthyroidism)
  - Cataracts/Glaucoma
  - ENT conditions requiring surgery
  - Bronchial Asthma/Allergy/Urticaria
  - Tuberculosis
  - Chronic Cholecystitis/Cholelithiasis (gall bladder stones)
  - Acquired Hernias
  - Prostate disorders
  - Hemorrhoids and Anal Fistulae
  - Benign Tumors
  - Uterine Myoma, Ovarian Cyst, Endometriosis
  - Buerger's Disease
  - Varicose Veins
  - Arthritis
  - Migraine Headache
  - Gastritis/Duodenal or Gastric Ulcer

- **Dreaded Diseases** - Potentially or actually life threatening conditions. They may also be illnesses that may require unusually or uncustomary prolonged or repeated hospitalization and may likewise require intensive care management. These are enumerated but not limited to the following illnesses/conditions which are considered as dreaded disease:

  - Cerebrovascular Accident (stroke)
  - Central Nervous System lesions (Poliomyelitis/Meningitis/Encephalitis/ Neurosurgical conditions)
  - Cardiovascular Disease (Coronary/Valvular/Hypertensive Heart Disease/ Cardiomyopathy)
  - Chronic Obstructive Pulmonary Disease (Chronic Bronchitis/Emphysema), Restrictive Lung Disease
  - Liver Parenchymal Disease (Cirrhosis, Hepatitis (except Type A), New Growth)
  - Chronic Kidney/Urological disease (Urolithiasis, Obstructive uropathies, etc.)
  - Chronic Gastrointestinal Tract Disease requiring bowel resection and/ or anastomosis
  - Collagen diseases (Rheumatoid Arthritis, Systemic Lupus Erythematosus)
  - Diabetes Mellitus and its complications
  - Malignancies and Blood dyscrasias (Cancer, Leukemias, Idiopathic Thrombocytopenic Purpura)
  - Single or multiple organ dysfunction and failure (MODS and MOF)
  - Conditions that may require dialysis
  - Chronic pain syndrome (greater than six weeks)
  - Any illness other than the above which would require Intensive Care Unit confinement

- **PhilHealth / Employees' Compensation Commission Provision** - MEDICARD covers the availment of medical benefits net of PhilHealth/ Employees' Compensation Commission (ECC) deduction; subject to benefits and limitations of the program. MEDICARD will not pay nor advance the costs of PhilHealth or ECC benefits nor will MEDICARD be responsible for filing any claims under PhilHealth or ECC.
  - PhilHealth members must file all required PhilHealth forms and documents (e.g. Member's Data Record (MDR)) prior to hospital discharge and for PhilHealth - required Out-patient procedures. Non-filing or late filing would mean payment of the PhilHealth portion by the member.
  - Non-PhilHealth members must pay the PhilHealth portion.

SECTION 2. PLAN BENEFITS

IN-PATIENT / HOSPITALIZATION BENEFITS

1. Room and Board accommodation within the limits of your plan

2. Use of the operating room and recovery room facilities

3. Professional fees of attending MEDICARD-affiliated physicians

4. Anesthesia and its administration

5. Transfusion of blood (including whole blood products) and intravenous fluids

6. Laboratory tests, x-rays, and other diagnostic procedures referred by the attending MEDICARD-affiliated physicians/ specialists

7. Administered medicines either orally or intravenously

8. Admission kit, including ice cap and urine bag.

9. Dressings, plaster casts, sutures, and other items directly related to the medical management of the patient

10. Use of Intensive Care Unit (ICU), Coronary Care Unit (CCU), Telemetry, High Dependency Unit (HDU)

11. Ambulance service to be covered through reimbursement

12. Assistance in administrative requirements through MEDICARD Liaison Officer (LO)

13. All other hospital charges deemed necessary by the MEDICARD-accredited physician in the treatment of the member

SECTION 3. STEPS IN AVAILING A MEDICAL PROCEDURE

IN-PATIENT (ELECTIVE)

1. If you are recommended for admission after undergoing a medical consultation or diagnostic examination, please secure an admitting order from a MEDICARD-affiliated doctor in a MEDICARD-accredited hospital where you will be admitted. Important Note! If you had your consultation or diagnostic examination in another clinic or hospital, please present the results and recommendation of the MEDICARD-affiliated doctor to the MEDICARD Coordinator for you to be assigned to a MEDICARD-affiliated doctor in the MEDICARD-accredited hospital where you will be referred for admission.

2. Proceed to the admitting section and present your admitting order, MEDICARD card, and one (1) valid ID. The medical staff will swipe your card for validation of membership eligibility.
   - If APPROVED, admitting section of the hospital shall call MediCard Customer Management Group to report the confinement.
   - If DECLINED, the hospital staff will call MEDICARD's Customer Service hotline for assistance. **Important Note!** You will have to pay for the full hospitalization expense if the diagnosed condition or illness is part of the plan's general exclusions and limitations.

3. Occupy the allowed room closest to the amount of your plan benefit. Important Note! Please double check your plan limits to avoid paying high incremental charges.

4. The Liaison Officer will issue a MEDICARD Letter of Authorization (LOA) for confinement and discuss the plan benefits. Sign the LOA.

5. File the PhilHealth-required documents on the day of discharge. PhilHealth forms can be secured from the PhilHealth help desks of the hospital where you are confined. You can also download the forms from the PhilHealth website (https://www.philhealth.gov.ph/downloads/).

6. Please validate if all charges are correct. Settle the co-paying cost (10% of the total hospitalization expense after PhilHealth deduction) and any excess or miscellaneous fees (if applicable) directly to the hospital upon discharge.

EMERGENCY

FOR AN EMERGENCY IN AN ACCREDITED HOSPITAL

1. Go to the Emergency Room (ER) of an accredited hospital.
Visit www.medicardphils.com to view the complete list of
MEDICARD-accredited hospitals.

2. Present your MEDICARD card and one (1) valid ID to the Emergency Room (ER)
staff for validation of your membership status.

3. Undergo the medical treatment.

4. If declared as an out-patient case, please settle the hospital charges
upon discharge.

5. If for admission, notify MEDICARD's Customer Service within 24 hours. Occupy
the allowed room closest to the amount of your plan benefit. **Important Note!**
Please double check your plan limits to avoid paying high incremental charges.

6. The Liaison Officer will issue a MEDICARD Letter of Authorization (LOA) for
confinement and discuss the benefit plan. Sign the LOA.

7. File the PhilHealth-required documents on the day of discharge. PhilHealth
forms can be secured from the PhilHealth help desks of the hospital where
you are confined. You can also download the forms from the PhilHealth
website (https://www.philhealth.gov.ph/downloads/).

8. Please validate if all charges are correct. Settle the co-paying cost (10% of the
total hospitalization expense after PhilHealth deduction) and any excess or
miscellaneous fees (if applicable) directly to the hospital upon discharge.

FOR AN EMERGENCY IN A NON-ACCREDITED HOSPITAL

1. Go to the Emergency Room (ER) of the hospital.

2. If for admission, you may opt to transfer to an accredited hospital to
minimize your expenses.

3. If you decide to stay in the non-accredited hospital, pay all the hospital bills
upon discharge and then file a claim for reimbursement.

4. You may call the customer service hotline of MEDICARD or AIA PHILIPPINES
(contact numbers are indicated on the first page of this medical benefit
guidebook) for the reimbursement process and/ or follow the steps
indicated below.

Daycare (outpatient) Surgical Procedures done in the Operating Room
are covered but subject to coverage provisions, schedule of benefit, philhealth deductions and aggregate limit. Daycare procedure coverage does not include surgical procedures done outside the operating room, diagnostic and interventional procedures, and ortho non surgical procedures. All Daycare Surgical Procedures are subject to pre approval prior to the schedule.

REIMBURSEMENT

1. Secure / download the MEDICARD Reimbursement Form from the MEDICARD website http://bit.ly/48T8Xme.

2. The details of the required documents are indicated in the reimbursement form. Complete all the required documents and attach them together with the reimbursement form.

3. Submit the reimbursement form and required documents via email to reimbursementreceiving@medicardphils.com not more than thirty (30) days from the last day of treatment.

4. Upon receipt of complete documents, MEDICARD will process the request and reimburse within fifteen (15) working days. The following may be reimbursed in accordance to the policy provision:
   - Hospitalization in non-accredited hospital on emergency case,
   - Ambulance service,
   - Hospice care,
   - Private nurse,
   - Medical equipment, and
   - Out-patient Surgery.

Important Note! For approved claims, the reimbursement pay-out will be credited to the bank account you nominated during policy application. If the "Pick-up from Branch" option was selected, you will receive an SMS/ e-mail regarding the details of your check availability. MEDICARD will also send an e-mail requesting for the necessary documents for claims that are lacking requirements and/ or are disapproved.

SOME IMPORTANT REMINDERS:

1. Always bring and present your MEDICARD medical benefit card when availing your in-patient hospitalization benefits. To replace a lost card, please fill out the form and pay the replacement fee at any AIA PHILIPPINES Branch office. To find the branch nearest you, please visit this link (https://www.aia.com.ph/en/help-support/locate-us.html).

2. For the complete list of accredited and affiliated medical providers, you may refer to the MEDICARD website (www.medicardphils.com) or call MEDICARD 's Customer Service hotline (contact numbers are indicated on the first page of this medical benefit guidebook) for assistance.

3. For concerns or queries regarding your PhilHealth benefits and coverage, eligibility, payments, and requirements, please visit (philhealth.gov.ph).

4. For accredited hospitals or clinics without Point of Sale (POS) terminals, please proceed to the MEDICARD Hospital Coordinator or call MEDICARD's Customer Service hotline (contact numbers are indicated on the first page of this medical benefit guidebook) for assistance.

5. A member may be billed of the charges if the MEDICARD medical benefit card is not swiped or if no Letter of Authorization (LOA) is issued. Possible reasons for the non-issuance of the Letter of Authorization (LOA) include: Excluded facility or clinic, Membership status is not active, or the Consultation/ procedure is not covered by the medical benefit.

SECTION 4. GENERAL EXCLUSIONS & LIMITATIONS

MEDICARD will not pay for any costs or losses arising directly or indirectly from:

1. Services rendered by non-MEDICARD doctors, except during emergency cases,

2. Routine health checks, Health/ Annual/ Pre-employment check-ups for companies, government requirements, insurance purposes, or travel abroad; any investigations not related to admission, diagnosis, illness or injury, or any treatment or investigation which is not medically necessary; or convalescence, custodial or rest care,

3. Recuperation such as confinement in a sanitarium or convalescent home, rehabilitation medicines (including work-ups), custodial, domiciliary care, government-imposed quarantines,

4. Medical certificates,

5. Professional fees in medico-legal cases,

6. Refusal to undergo recommended treatment or demanding treatment for which MEDICARD accredited doctors believe a professionally alternative exists,

7. Blood screening,

8. Vaccines for immunizations,

9. Cost of acquisition of an organ,

10. While the insured was committing or attempting to commit an act or omission which is in violation of any prevailing law or ordinance of the Philippines or of any country in which the act or omission was committed or attempted; while resisting lawful arrest; murder, frustrated murder or any attempt thereat; homicide, frustrated homicide or any attempt thereof, or physical injuries, occasioned by the provocation of the insured,

11. Intentionally self-inflicted injury, suicide or any attempt thereat, while sane or insane,

12. Any hospitalization, treatment or surgery which commenced within one (1) year from the effective date or reinstatement date due to any pre-existing condition that existed, happened or occurred within the last two (2) years from the effective date or reinstatement date, if such condition was disclosed at the time of application,

13. Any pre-existing conditions that are not disclosed upon submission of application form for policy issuance or reinstatement,

14. While the Insured is in active service in the Armed Forces of any country or any international authority and in such an event, we, upon written notification by the Insured Individual, shall return the pro-rata premium for any such period of service,

15. Hospital charges for supplemental foods and medicines like vitamins and minerals (unless prescribed), extra accommodation and non-medical personal appliances such as radio, television, telephone, computer,

16. Determining ruling out of hepatitis or tuberculosis if result is negative.

TREATMENT / PROCEDURES

1. Circumcision; diagnosis and treatment of infertility or fertility and virility/potency (erectile dysfunction), artificial insemination, sex transformation; diagnosis and treatment of congenital deformities and defects,

2. Laser eye surgery for myopia or error or refraction,

3. Acupuncture, chiropractic treatment, iridology, chelation, stem cell transplant therapy,

4. Reconstructive surgery except to treat a functional defect, treatment of warts, milia, syringoma, facial moles, aesthetic, cosmetic or beautification alterations, sclerotherapy,

5. Cosmetic or plastic surgery, except as a result of injury,

6. Out-patient consultation; out-patient medicines, and medical supplies except in emergency cases that lead to confinement,

7. Dental care or surgery except to natural teeth as occasioned by injury.

EXTERNAL FORCES / ACTIVITIES

1. Hostilities, war or war-like or combat operations, mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law or state of siege, or any events or causes which determine the proclamation of martial law or state of siege, seizure, quarantine, or nationalization by or under the order of any government or public or local authority; Government-declared acts of rebellion, active participation in riots, demonstrations, strikes or labor disputes, terrorism-provoked criminal acts, violation of a law or ordinance, commission of a crime whether consummated or not, serving in military, naval, or air forces of any country or international authority, unnecessary exposure to imminent danger or hazard, active participation in setting off and/ or handling pyrotechnic materials,

2. Any weapon or instrument employing atomic fission, thermonuclear fusion or any form of radiation, whether in time of peace or war,

3. Poison, gas or fumes voluntarily or involuntarily taken,

4. Participation in hazardous activities such as skydiving, motor sports, judo, karate, taekwondo, boxing, wrestling, bungee jumping, scuba diving, snorkeling, horseback riding, polo, hunting, mountain climbing, hang gliding, spelunking, ballooning, gymnastics, or partaking as a paid professional or semi-professional in any sport,

5. Aviation or aeronautics or sea travel other than as a fare-paying passenger on a licensed aircraft/vessel operated by a recognized airline/operator while entering, leaving, servicing, or being in, on, or about any aerial or submarine device or conveyance.

ILLNESSES / CONDITIONS

1. Congenital abnormalities such as neonatal hernia, indirect hernia, hemangioma, phimosis, harelip, clubfoot, cerebral palsy, renal diseases such as medullary sponge kidney, pediatric cardiovascular work-up and the like; developmental delay,

2. Neuro-developmental disorders such as ADHD-attention deficit hyperactive disorder, autism, genetic disorder which may result to mental retardation (e.g. Down syndrome) and other condition which may require speech/physical and other related therapies,

3. Psychosis, mental or nervous disorders, sleep disturbance disorders, childhood and adolescent behavioral disorders, attempted suicide, self-inflicted injuries or any attempt thereat, while sane or insane,

4. Substance addiction or reaction to use of prohibited drugs, alcoholism, alcohol intake, anxiety reaction, psychiatric and psychological illnesses, neurotic and psychiatric behavior disorders, or accidents arising from these conditions,

5. Hernia, ptomaines or other bacterial infections which are not pyogenic infections occurring at the same time with or because of any accidental cut or wound,

6. Pregnancy and resulting childbirth, miscarriage, abortion,

7. Any pre-existing conditions that are not disclosed upon submission of application form for policy issuance or reinstatement.

SECTION 5. FREQUENTLY ASKED QUESTIONS

1. **When can I start using my medical benefits?**
You can start using your medical benefits after thirty (30) days from the effective date of your AIA Med-Assist Plan. You will receive SMS and e-mail notifications that your medical benefit card is ready for use.

2. **Until when can I avail my medical benefits?**
You may avail your eligible medical benefits for as long as –
- the AIA Med-Assist Plan is not terminated,
- the Medical Benefit Rider and the Hospital Income Benefit Rider attached to the AIA Med-Assist Plan are not terminated (refer to the Termination Provision found in your Policy Contract),
- the AIA Med-Assist Plan has not lapsed and your Medical Benefit card is not suspended due to non-payment of premiums,
- you have not reached the age of sixty-five (65) years old prior to the plan anniversary, or
- you have not reached the Aggregate Maximum Limit used in page 5 or the lifetime maximum limit of the Medical Benefit Rider.

3. **Where can I get a copy of the list of affiliated MEDICARD Medical Providers?**
MEDICARD constantly updates its list of affiliated doctors and medical providers. You may refer to www.medicardphils.com.

4. **Are there MEDICARD Coordinators available in hospitals who could assist me? What should I do if they are unavailable?**
MEDICARD may have an assigned coordinator(s) in some hospital who will accommodate members for their in-patient requirements during their specified clinic hours. The MEDICARD Referral Forms are also available in the HMO or Industrial Office of hospitals that do not have coordinators. You may call MEDICARD directly for assistance in case the hospital has no coordinator(s). For medical emergencies, you may proceed directly to the Emergency Room (ER) of the hospital for immediate treatment. However, assessment of whether the case is an emergency or not will depend on the attending Emergency Room (ER) physician.

5. **If I am in an accredited hospital and I want to use the services of my personal doctor who is not accredited under MEDICARD, can I have the medical services reimbursed?**
Consultation, treatment and referral for diagnostic procedures and/or confinement coming from a non-accredited doctor is non-reimbursable. To maximize the benefits of your health plan, you must avail of your benefits in a MEDICARD-accredited hospital and have your case managed by a MEDICARD-affiliated doctor.

6. During confinement, if I want to occupy a room category higher than what is stated in my plan, may I do so?

Yes, you may occupy a room category higher than what is entitled to you. However, during voluntary upgrading (when you choose to occupy a higher room category even if you're allowed room is available), you will pay all incremental charges. Due to socialized pricing implemented in hospitals, occupying a room that has a higher rate per day also has a corresponding increase in the cost of services. This includes room rate, professional fees, medicines, medical supplies, hospital procedures among others. The same charges may also apply if you are admitted in a hospital that does not provide or does not allow confinement of non-private patients in the room category corresponding to your plan. Your MEDICARD Liaison Officer (LO) shall explain and remind you to pay these charges prior to hospital discharge.

7. What if my illness/ condition developed certain complications, will these illnesses have a separate Benefit Limit?

No, any and all illnesses proven to be related to or is a complication of a certain illness shall share the same Benefit Limit.

8. Who is responsible for the filing of my PhilHealth forms with the hospital? What happens if I fail to file?

It is the insured member's responsibility to file the PhilHealth forms. If you fail to file upon hospital discharge, you will pay the amount corresponding to your PhilHealth benefit and apply for reimbursement directly from the PhilHealth Office afterwards. MEDICARD Liaison Officers (LOs) will remind you to submit the said forms. However, they will not be directly responsible for the actual filing. **Important Note!** Non-PhilHealth members must pay the PhilHealth portion of the hospital bill prior to hospital discharge.

9. Do I get 90% reimbursement for my emergency confinement in a non-accredited hospital?

If you were treated in a non-accredited hospital for a medical emergency, MEDICARD will reimburse your medical expenses based on the Relative Value Scale (RVS), subject to your co-pay of 10%.

10. When should I submit my reimbursement and what is the turn-around time for processing it?

Submission of the duly accomplished MEDICARD Reimbursement form and the required attachments should be done within thirty (30) days from the date of hospital discharge or treatment. MEDICARD will process the request within twenty (20) working days upon receipt of the complete documents.

11. What should I do if I am asked to pay for medical services which I know are covered?

Please call MEDICARD's 24-hour customer service number listed below for assistance and verification of the medical service being charged:
Land line: (02) 8841-8080 | Toll Free: 1-800-1-888-9001 (PLDT/Smart)
1-800-8-944-8400 (Globe landline/mobile and Touch mobile)

12. What if the hospital has a cash basis policy for some of the procedures even if they are recommended or performed by a MEDICARD-affiliated physician?
You may pay for the cost of the procedure first then file for its reimbursement later. Reimbursement shall be based on the Relative Value Scale (RVS) or pre-agreed rates for laboratory and diagnostic examinations (i.e. CT scan, MRI, etc.). If you do not want to pay the amount being asked for, you may transfer to another MEDICARD-accredited facility that has a no "cash basis only" policy. You may also call MEDICARD's customer service number for assistance.

13. Why do I need to pay for the professional fees of accredited Neurologists?
The professional fees of Neurologists are on a "cash basis" policy for all members. This policy is in accordance with the guidelines set by the Society of Neurologists of the Philippines. You may pay for the cost of professional fees first then file for its reimbursement based on MEDICARD's Relative Value Scale (RVS). For any recommended procedures, MEDICARD will cover the member immediately according to the plan benefit.

14. What if there is no MEDICARD doctor available in any accredited hospital for the field of specialization I need, or I am referred to?
MEDICARD will exert all its effort to negotiate for the MEDICARD rate to be charged once the member is referred to a non-affiliated specialist. If the physician does not agree to the rate, you will be asked to pay the cost of their professional fee first then file for reimbursement based on MEDICARD's Relative Value Scale (RVS).

15. If I have an HMO plan or another medical insurance plan can I use it together with my AIA Med-Assist Plan in a single confinement?
It is advisable to use your HMO plan as the primary plan to cover for your hospitalization expenses since you will not have to shoulder the 10% co-paying cost of your bill. However, if you have reached the maximum limit of your HMO plan, you may use the medical benefits of your AIA Med-Assist Plan to cover for the balance hospitalization expense. Inform both your HMO provider and the hospital admission staff that you will use both your HMO plan and your AIA Med-Assist plan to properly update the cut-off of the billing charges for each of the plans. On the day that you want to use your AIA Med-Assist Plan, please secure the In-patient Letter of Authorization (LOA) from MEDICARD. **Important Note!** AIA Philippines will only cover the eligible medical expenses starting the cut-off date. All expenses not covered by the previous HMO before the the cutoff are not included in the coverage.

16. What if I get into a vehicular accident – will MEDICARD cover the cost of my medical expenses?
MEDICARD will cover for the cost of your medical expenses if they are not under the general exclusions and limitations clause indicated in Section 4 of this document. Please submit a police report and other pertinent documents for any injuries sustained during the vehicular accident and other medico-legal related cases (i.e. shooting, stabbing, mauling, etc.) for MEDICARD's evaluation. If you cannot submit the required documents immediately, MEDICARD will still reimburse the cost of your medical expenses, subject to their evaluation of

your submitted documents for reimbursement. Please refer to Section 3 of this guidebook for the reimbursement process.

17. What should I do if I lost my MEDICARD medical benefit card?
Please notify MEDICARD through its 24-hour customer service number within twenty-four (24) hours upon discovery of the loss. You need to submit a Card Replacement Request Form to any AIA PHILIPPINES Customer Service Center and pay for the card replacement and delivery fees. You can download the form or contact AIA PHILIPPINES Customer Service for more details on the replacement process.. If you need medical care while your new card is still being processed, you may contact MEDICARD's 24-hour customer service number for endorsement to the medical facility where the procedure/ treatment or admissionwill be conducted.

18.Is the renewal of my AIA Med-Assist Plan, guaranteed, regardless of my health condition?
We will continue to provide you with insurance coverage even if you are diagnosed with a chronic or critical medical condition. For as long as your premium payments are up-to-date, your coverage will continue until you reach the maximum age limit or the lifetime benefit limit of your plan, whichever comes first.

19. Will I be allowed to upgrade or downgrade my medical coverage during policy renewal?
No, you are not allowed to upgrade or downgrade your medical coverage at any point in time.

20. What is an 'Aggregate Limit'?
Aggregate limit is the maximum liability that AIA PHILIPPINES shall assume for all covered benefits rendered to you within the one (1) year term of your insurance policy. The aggregate limit is renewed every policy anniversary.

21. What is a 'Lifetime Limit'?
This is the maximum amount of the medical benefit available to you during your lifetime. Once you reached this limit, you can no longer avail of the medical benefits.

22.How can I monitor my medical benefit limits?
You can monitor your medical benefit limits, both annual and lifetime limits, through your MEDICARD Member Portal (www.medicardphils.com).

23.The plan I have is a variable unit-linked policy, does this affect the amount of my medical benefit limits?
While the investment returns of your policy plan may vary depending on the rise and fall of the equity market where the policy premium is invested in, this does not affect the medical benefits that come with it. Your medical benefit limits will remain the same throughout the lifetime of your policy.

24. What does 'co-paying' mean?
Your medical benefit is co-paying which means only the remaining 10% of the hospitalization expense will be shouldered by you (subject to the plan limits). For example, if your total hospital bill after PhilHealth deduction amounts to Php 100,000, you only need to pay Php 10,000. This applies to all types of medical reimbursements and availments. Please refer to the Coordination of Benefits provision in your policy contract.

25. What does 'Waiver of Premium' do and how does it affect my medical benefits?
This is applicable only if your policy has a Waiver of Premium Rider. Your medical benefits will be terminated if you experience total and permanent disability. However, you will no longer have to pay for any premium to enjoy continued insurance coverage.

26. What happens when I fail to pay for my policy premium dues?
It is important that your premiums are paid on time. If you are unable to pay, the unpaid premium will be deducted from your policy's account value (if it is sufficient to pay for the premium charges). You can check your remaining account value in your AIA PHILIPPINES customer portal, https://www.aia.com.ph/en/myaia/login.html.
Important Note! An account value is the return on investment from where a portion of your premium is invested in various funds. The return is not guaranteed because this may vary depending on the rise and fall of the equity market where your premium is currently invested. As such, it is important to pay your premium on time not only to keep your medical benefits and insurance policy active but also to keep your investment intact.

27. What happens when I have my AIA Med-Assist Plan Reinstated?
When a policy is terminated, you can opt to have it reactivated by paying the back premiums and the cost of reinstating the insurance plan (provided that the Cash Value of your Hospital Income Benefit Rider and your remaining Account Value, if any, have not yet been paid out). To reinstate your policy and reactivate your medical benefits, please print and fill out the Health Statement Form and submit this together with your payment for the reinstatement cost to any AIA PHILIPPINES Customer Service Center. To find the branch nearest you, please visit https://www.aia.com.ph/en/help-support/locate-us.html.

28. How can I give feedback or report any concern?
You may create an incident report by sending an e-mail:
For The Medical City, Makati Medical Center, St. Luke's Medical Center Quezon City, St. Luke's Medical Center Global and Asian hospital email center-inpatient@medicardphils.com and for other hospitals email inpatient_approval@medicardphils.com / retailproducts@medicardphils.com. For urgent matters, you may also call MEDICARD's 24-hour customer service number for immediate assistance. Please provide all relevant information for MEDICARD to be able to address the concern/s as quickly as possible.

AIA Philippines Contact Details:
Customerservice.ph@aia.com
(02) 8528 2000

MyAIA:
https://www.aia.com.ph/en/myaia/login.html

AIA Philippines Forms:
https://www.aia.com.ph/en/help-support/forms-library.html

AIA Philippines Branch Locator:
https://www.aia.com.ph/en/help-support/locate-us.html

AIA Philippines Health Statement Form:
https://www.aia.com.ph/content/dam/ph/en/docs/forms/customer-request/AIA-Philam-Life-Health-Statement-Form.pdf

PhilHealth Website:
philhealth.gov.ph

PhilHealth Forms:
https://www.philhealth.gov.ph/downloads/