



2308-1679

Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF VIGAN CITY

Advisory No. 82 s. 2025

In compliance with DepEd Order (Do) No. 016, s. 2025
this advisory issued not for the indorsement per DO 28, s. 2001,
but only for the information of DepEd officials,
personnel/staff, as well as the concerned public.

**HEALTH MAINTENANCE ORGANIZATIONS (HMOS) HEALTHCARE PROGRAMS
AND SERVICES**

In line with DepEd Order (Do) No. 016, s. 2025 to promote the welfare and well-being of our teaching and non-teaching personnel, this Office informs all concerned that the following Health Maintenance Organizations (HMOs) have formally presented their healthcare programs and services to the Division Office:

1. Medicare Plus, Inc.
 - Provides corporate plans and prepaid ER Guard cards
 - Licensed by the Insurance Commission
2. Kaiser International Health Group, Inc.
 - Offers the National Health Shield Program aligned with EO No. 64
 - Covers both active employees and retirees
3. IMS Wellth Care, Inc.
 - Specializes in cost-effective preventive care
 - Services current clients including DBM Region I and TESDA

These HMOs offer comprehensive healthcare and medical insurance packages for government employees, including corporate, family, and individual plans, as well as programs that may be availed of through the ₱7,000 annual medical allowance. A copy of the different HMO offerings are attached herewith for reference.

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Address: Mena Crisologo St. corner Rivero St., Brgy. IX, Vigan City, Ilocos Sur
Telephone No: (077) 722-20-23 / (077) 632-05-33
Email Address: vigan.city@deped.gov.ph
Website: www.depedvigancity.com



Your Feedback is important to us. Visit this link bit.ly/SDOViganCityCSM



ADDRESS: 54th Floor, The Orient Square Bldg.
F. Ortigas Jr. Road, Ortigas Center, Pasig City

02 July 2025

Ms. VILMA D. EDA
Schools Division Superintendent
Vigan City, Region I

SCHOOLS DIVISION OFFICE
DEPED VIGAN CITY
02 JUL 2025
RECEIVED
BY: *E29*

Subject : **HMO Comprehensive Health Care for DepEd Employees**

Dear Ma'am Vilma,

Greetings of love and peace *of the trusted health care providers in the country*, **Medicare Plus, Inc.!**
We are writing your office to introduce our company and products.

Medicare Plus, Inc. is a Health Maintenance Organization (HMO) duly registered with the Securities and Exchange Commission (SEC) and licensed by the Insurance Commission (IC) to offer and provide health insurance products (License/Registration Number HMO-2020-23-R.).

After helping various organizations secure dependable health care coverage for their employees, we would be more than happy to share our expertise with you to help you in choosing the most suitable Medicare Plus Corporate Plan for your workforce.

We currently offer **Corporate, Family, and Individual plans, together with our prepaid health cards ER Guard and ER Guard Plus.** *We recommend discussing our corporate plan in detail through a person-to-person meeting and product presentation at a schedule of your choosing.* During the presentation, we will answer your questions regarding pricing, coverage, and other details you would like to learn about.

Thank you for taking the time to consider our proposal. We look forward to helping your company have comprehensive HMO protection.

Kind Regards,

Annette De Jesus Supan
Healthcare Sales Agent
0931-1797330/ 0991-3883758
samsmendoza2023@gmail.com



COMPREHENSIVE HEALTH PLAN

COVERAGE:

- ✓ **ACCESS TO ALL PRIVATE HOSPITALS**
- ✓ 24/7 HEALTH ASSISTANCE HOTLINE (MEDICAL CONCIERGE)
- ✓ EMERGENCY CARE BENEFITS
- ✓ OUT-PATIENT BENEFITS
- ✓ IN-PATIENT BENEFITS
- ✓ COVID ILLNESS COVERAGE PLAN
- ✓ DENTAL COVERAGE
- ✓ ANNUAL PHYSICAL EXAM
- ✓ **100% PRE-EXISTING COVERAGE**

MEMBERSHIP FEES

MEDICARE PLUS HEALTH PLAN PROPOSAL			
Access to all affiliated hospitals/clinics including five (5) major hospitals (AHMC, TMC, CSMC & ST. LUKES QC & GLOBAL CITY)			
PRINCIPAL WITH ANNUAL BENEFIT LIMIT UP TO 65 YEARS OLD			
CATEGORY	ROOM & BOARD	ANNUAL BENEFIT LIMIT	ANNUAL
PERMANENT EMPLOYEES	Semi Private	60,000.00	7,000.00
JOS/COS	Semi Private	40,000.00	3,000.00
PRINCIPAL WITH MAXIMUM BENEFIT LIMIT UP TO 65 YEARS OLD			
CATEGORY	ROOM & BOARD	MAXIMUM BENEFIT LIMIT	ANNUAL
PERMANENT EMPLOYEES	Ward	40,000.00	7,000.00
JOS/COS	Ward	40,000.00	7,000.00
DEPENDENTS WITH MAXIMUM BENEFIT LIMIT UP TO 65 YEARS OLD			
OPTION 1	Ward	40,000.00	8,226.00
DEPENDENTS WITH MAXIMUM BENEFIT LIMIT 66 TO 70 YEARS OLD			
OPTION 1	Ward	40,000.00	16,452.00
DEPENDENTS WITH MAXIMUM BENEFIT LIMIT 71 TO 80 YEARS OLD			
OPTION 1	Ward	40,000.00	20,565.00



ADDRESS: 54th Floor, The Orient Square Bldg.
F. Ortigas Jr. Road, Ortigas Center, Pasig City

Failure on my part to pay any installment on or before every its due date, without the need for demand, will result in the automatic cancellation of this arrangement. As a consequence of said cancellation, the total amount due will: (1) revert to the original outstanding balance computed upon the inception of this arrangement less payments made and (2) computation of additional collection and agency fee, thus the full amount is due and demandable immediately on a ONE-TIME payment basis and filing of civil / criminal case whichever is applicable.

Conforme by:

Name and Signature of Authorized Signatory

Company Name

Date Signed



BENEFIT COVERAGE

1. NETWORK ACCESS

All Members of the CLIENT COMPANY covered under this Agreement can avail of services to all Affiliated Hospitals/Clinics **including** Asian Hospital and Medical Center, Cardinal Santos Medical Center, St. Luke's Medical Center – Quezon City, St. Luke's Medical Center – Global City, and The Medical City.

2. IN-PATIENT (IP) CARE BENEFITS

BENEFITS	COVERAGE/LIMITS
Room and Board accommodation	Subject to the Member's Room and Board limit
Use of operating room, Intensive Care Unit (ICU), and recovery room	Subject to MBL
Isolation room (if prescribed by Attending Affiliated Physician)	Subject to MBL
Professional fees by Medicare Plus Rates	Subject to MBL
a. Attending Physicians	
b. Surgeons	
c. Anesthesiologists	
Cardio-pulmonary (CP) clearance before surgery and cardiac monitoring during surgery except for CP clearances for all elective surgical cases including OB and Gynecology	Subject to MBL
Standard Nursing Services	
Drugs and medications, except vitamins, food supplements, herbal, probiotics, and the like, during confinement	
Blood products transfusions (except gamma globulin, and immunoglobulin) and intravenous fluids, including blood screening and cross-matching if the Member patient is the recipient but excluding expenses for donor screening services)	
X-Ray, laboratory examinations, routine, diagnostic and therapeutic procedures incidental to confinement	Subject to MBL
Dressings, plaster casts, sutures, and other medical supplies	Subject to MBL
Anesthesia and its administration	Subject to MBL
Oxygen and its administration	Subject to MBL
Standard Admission Kit	Subject to MBL

All other items directly related to the medical management of the patient, as deemed medically necessary by the Attending Affiliated Physician.	Subject to MBL
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3. OUT-PATIENT (OP) CARE BENEFITS

BENEFITS	COVERAGE/LIMITS
Consultation during the regular clinic, including Specialist's evaluation, except prescribed medicines	Subject to MBL
Pre-natal and post-natal consultations, except laboratory examinations	Subject to MBL
Eye, Ear, Nose, and Throat (EENT) treatment	Subject to MBL
X-rays, laboratory examinations, routine, diagnostic and therapeutic procedures prescribed by an Affiliated Physician/Specialist, subject to limits specified in specific benefits.	Subject to MBL
Treatment for minor injuries and minor surgery not requiring confinement except for out-patient medicines	Subject to MBL
Dressings, plaster casts, sutures, and other medical supplies	Subject to MBL
Blood products transfusions (except gamma globulin, and immunoglobulin) and intravenous fluids, including blood screening and cross-matching if the Member patient is the recipient but excluding expenses for donor screening services)	Subject to MBL
Cauterization of Warts except for facial and genital warts	up to 1,000 per member per year
Eye Laser Therapy (except correction of refraction such as myopia, astigmatism, Lasik & hyperopia	up to 5,000 per member per year/ subject to PEC coverage
Sclerotherapy for varicose veins as prescribed by Affiliated Physician	up to 5,000 per member per year/ subject to PEC coverage

4. EMERGENCY CARE BENEFITS

BENEFITS	COVERAGE/LIMITS
In Affiliated Hospitals	Subject to MBL
a. Physician's Services	
b. Emergency Room Fees	
c. Medicines used for immediate relief and during treatment	
d. Oxygen, intravenous fluids, and blood products (except gamma globulin, and immunoglobulin)	
e. Dressings, plaster casts, sutures, and other medical supplies	
f. X-rays, laboratory examinations, diagnostic and other medical services directly related to the emergency treatment of the patient	
In Non-Affiliated Hospitals	Reimbursable up to 100% of hospital bills and professional fees based on Medicare Plus rates incurred during the first 24 hours of treatment up to 15,000 per illness per member per year
In Foreign Territories	Reimbursable up to 100% of the actual cost based on Medicare Plus rates up to 15,000 per illness per member per year
Areas without Affiliated Hospitals	Reimbursable up to 100% of hospital bills and professional fees based on Medicare Plus rates up to MBL
Passive and Active Vaccine for anti-tetanus, anti-venom, and anti-rabies	up to 2,500 per member/year (first dose only)

5. PREVENTIVE CARE BENEFITS

BENEFITS	COVERAGE/LIMITS
Wellness programs	One (1) session per year
Administration of vaccines and allergy desensitization (except the cost of vaccines, allergens, and determinations of susceptibility)	covered
Health education	covered
Periodic monitoring of health problems	covered
Family planning counseling	covered

6. BENEFITS COVERED WHETHER IP OR OP

a. ROUTINE PROCEDURES

BENEFITS	COVERAGE/LIMITS
1. Blood Chemistries	Actual cost subject to MBL
2. Chest X-Ray	Actual cost subject to MBL
3. Complete Blood Count (CBC)	Actual cost subject to MBL
4. Fecalysis	Actual cost subject to MBL
5. Urinalysis	Actual cost subject to MBL

b. DIAGNOSTIC PROCEDURES

BENEFITS	COVERAGE/LIMITS
12-Lead Electrocardiogram (ECG)	Actual cost subject to MBL/ subject to PEC coverage
24-hour Electroencephalogram (EEG) Monitoring	
24-hour Holter Monitoring	
Adrenocortical Function	
Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	
Arterial Blood Gas	
Audiograms and Tympanograms	
Bone Densitometry Scan (Dexascan)	
Bone Mineral Density	
Cardiac Stress Test (Thallium and Dipyridamole Stress Tests)	
Computed Tomography (CT) Scans	

BENEFITS	COVERAGE/LIMITS
Diagnostic Radiographs: a. Biliary Tract: Cholecystogram and Cholangiogram b. Chest, ribs, sternum, and clavicle c. Digestive: Plain film of the abdomen, Barium Enema, Upper Gastrointestinal (GI) Series, Lower GI Series, Small Bowel Series d. Face (including sinuses), Head, and Neck e. Urinary: Kidney, Ureter, and Bladder (KUB) Pyelograms and Cystograms f. X-ray of the extremities and pelvis g. X-ray of the spine (Cervical, thoracic, lumbosacral)	Actual cost subject to MBL/ subject to PEC coverage
Diagnostic Ultrasounds: (except for pregnancy-related) a. 2D-Echo with Doppler b. Abdomen c. Duplex Scan d. Digestive and Urinary Systems e. Ultrasound of the Lungs	
Electroencephalogram (EEG)	
Electromyography (EMG) and Nerve Conduction Studies (NCV)	
Endoscopic Procedures	
Fluorescein Angiography	
Impedance Plethysmography	
Magnetic Resonance Angiography (MRA)	
Magnetic Resonance Imaging (MRI)	
Mammogram and Sonomammogram	
Myelogram	
Neuroscan	
Nuclear Radioactive Isotope Scan (NRIS)	
Pap's Smear	
Perfusion Scan	
Plasma Urinary Cortisol, Plasma Aldosterone	
Polysomnograms	

c. THERAPEUTIC PROCEDURES

BENEFITS	COVERAGE/LIMITS
Arthrocentesis	up to six (6) sessions subject to MBL for OP; Up to MBL for IP/ subject to PEC coverage
Phlebotomy	
Thoracentesis	
Continuous Positive Airway Pressure (CPAP) titration for a sleep study	up to Php60,000 shared limit for OP and IP/ subject to PEC coverage
Physical/Occupational Therapy (shared limit)	up to ten (10) sessions subject to MBL/ subject PEC coverage
Therapeutic Radiology	
a. Brachytherapy	
b. Cobalt	
c. Linear Accelerator Therapy	
d. Radioactive Cesium	
e. Radioactive Iodine	
Speech Therapy (for stroke patients only)	up to 10,000 per member per year/ subject to PEC coverage

d. ADDITIONAL PROCEDURES AND MODALITIES

BENEFITS	COVERAGE/LIMITS
Angiography	up to 40,000 per member per year/ subject to PEC coverage
Laparoscopic Procedures	
Lithotripsy	
Percutaneous Ultrasonic Nephrolithotomy	
Arthroscopic Procedures, Orthopedic Arthroscopy	up to 20,000 per member per year/ subject to PEC coverage
Coronary Angiogram and/or Angioplasty/Coronary Artery Bypass	
Positron Emission Tomography (PET) Scan	
Hysteroscopically-guided procedures	
Arthroscopy with Meniscectomy	up to 20% of MBL subject to MBL/ subject to PEC coverage
Cryosurgery	up to 1,000 per area subject to MBL
Gamma Knife Surgery	Actual cost subject to MBL/ subject to PEC coverage
Hysteroscopic Myoma Resection	
Conventional Hemorrhoidectomy	
Scalpel Hemorrhoidectomy	
Laparoscopic Adrenalectomy	Unilateral: up to 75,000 per member per year/ subject to PEC coverage

Stereotactic Brain Biopsy	Up to 120,000* per member per year/ subject to PEC coverage
Transurethral Microwave Therapy of Prostate	up to 30,000 per member per year/ subject to PEC coverage
Stapled Hemorrhoidectomy	up to Php5,000 subject to MBL/ subject PEC coverage
Mammotome	
4D Ultrasound except for maternity-related cases	
Esophageal Manometry	
Intensified Modulated Radiotherapy	
Botox which is not cosmetic nor for beautification purposes	
CT Pulmonary Angiography	
Photodynamic Therapy	
Other medically necessary modalities of treatment not mentioned above and those for which there are no comparable conventional counterparts	

7. PRE-EXISTING CONDITIONS

Pre-existing conditions shall be covered depending on the availed plan.

An Illness, Injury, or condition shall be considered pre-existing if it existed before the Effective Date of the Member's coverage, the natural history of which can be medically determined to have started before the effective date of coverage or at the time of processing of the Member's Application, whether or not the Member was aware of such Illness, Injury or condition.

Pre-Existing Conditions shall include the following Illnesses, Injuries, or conditions, but not to the exclusion of all others including their complications and sequelae:

▪ Asthma/Chronic Obstructive Lung disease	▪ Endometriosis /Myoma/Ovarian Cyst	▪ Varicose veins
▪ Buerger's disease	▪ ENT conditions requiring surgery	▪ Gastric or Duodenal ulcer
▪ Calculi of the urinary system	▪ Epilepsy/Seizure disorder	▪ Peptic ulcer disease
▪ Cataract/Glaucoma	▪ Fatty liver	▪ Spinal column abnormalities
▪ Cerebrovascular Accident Transient/Ischemic Attack	▪ Goiter and other thyroid disorders	▪ Tuberculosis

<ul style="list-style-type: none"> Cholecystitis/Cholelithiasis Cirrhosis of the liver Collagen disease 	<ul style="list-style-type: none"> Hallux valgus Hemorrhoids/Anal Fistula Hernia/Benign Prostatic Hypertrophy 	<ul style="list-style-type: none"> Osteoarthritis/Gout/Hyperuricemia Paralysis and other Neurological disorders Pathological Abnormalities of nasal septum or turbinates
<ul style="list-style-type: none"> Diseased tonsils and sinus conditions requiring surgery 	<ul style="list-style-type: none"> Hypertension and other cardiovascular diseases 	<ul style="list-style-type: none"> Tumor, whether benign or malignant, of all organs and organ systems, including malignancies of the blood and bone marrow
<ul style="list-style-type: none"> Diabetes Mellitus 	<ul style="list-style-type: none"> Migraine 	<ul style="list-style-type: none"> Any dreaded disease

8. COVID ILLNESS

BENEFITS	COVERAGE/LIMITS
1. Swab (Antigen or RT-PCR)	Covered up to Php 6,000.00 per member, per year. With active signs and symptoms and a doctor's prescription

EXCLUSIONS AND LIMITATIONS

Notwithstanding any provisions to the contrary, the following shall not be covered except otherwise specified in Schedule C – Benefit Coverage:

1. Services obtained for non-emergency conditions from Physicians and Hospitals in any of the following circumstances:
 - non-Affiliated Physicians in non-Affiliated Hospitals or non-Affiliated Clinics
 - non-Affiliated Physicians in Affiliated Hospitals or Affiliated Clinics
 - Affiliated Physicians in non-Affiliated Hospitals or non-Affiliated Clinics or another healthcare facility.
2. Additional hospital charges and physician's professional fees resulting from:
 - Room-upgrading beyond twenty-four (24) hours during emergency conditions;
 - Extension of hospital stays despite the release of discharge order from Member's attending physician;
 - Fees of the assistant surgeons for surgeries with less than 250 RUV units/resident doctors who assisted the Attending Physician in the process of rendering the medical services shall not be chargeable to the Member and/or Medicare Plus except for hospitals that do not have resident physicians to assist during surgeries subject to the prior approval of Medicare Plus;
 - use of the extra bed, pillows, TV, electric fan, DVD/VCD, and other similar items unless such appliances and items are necessarily and ordinarily included in the Member's Room and Board Accommodation;
 - extra food, toilet articles like face towels, soap, toothbrushes, and the like;
 - difference in Room and Board Accommodation, the incremental rate differences for professional fees, diagnostic and laboratory examinations, and other ancillary medical services brought about by obtaining a room and board accommodation higher than the Member's Room and Board Accommodation limit;
 - services of a private or a special nurse;
 - all other items not medically necessary in the medical management of the Member.
3. Routine physical examinations are required for obtaining or continuing employment, a requirement in school, insurance/travel or government licensing, health permit, and other similar purposes.
4. Rest cures, custodial, domiciliary, convalescent and intermediate care. These pertain to care in a skilled affiliated facility or an institution that meets certain standards for medical care and includes nursing care and therapeutic services following hospital confinement.
5. Medical Certificates and request for a copy of hospital documents.
6. Medico-Legal Fees. These are the professional fees of a medico-legal consultant to whom a patient is referred primarily for the issuance of a medical certificate for legal purposes.
7. All expenses incurred in the process of organ donation and transplantation and its complications if the Member is the donor.
8. Benefits covered by PhilHealth and all other government-funded healthcare entitlements as provided for by law.
9. Cost of the medical services and professional fees over the MBL/ABL.
10. Long-term rehabilitation and psychiatric and/or psychological illnesses and conditions including neurotic, psychotic behavior disorders and psychosomatic illness; anxiety disorders.

11. Developmental disorders including functional disorders of the mind, such as but not limited to Attention-Deficit Disorder (ADD)/Attention-Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders, Bipolar Disorders, Central Auditory Processing Disorder (CAPD), Cerebral Palsy, Down Syndrome, Neural Tube Defects, and Mental Retardation.
12. Treatment for injury and its complications resulting from self-inflicted injuries including infections as a result of tattoos, piercing of the ear, or in anybody part, whether self-inflicted or done by a third party, or attempted suicide or self- destruction, whether sane or insane.
13. Treatment of any injury received when there is negligence, unauthorized use of prohibited drugs or regulated drugs, alcoholic liquor intake, direct or indirect participation in the commission of a crime whether consummated or not, violation of a law or ordinance, or unnecessary exposure to imminent danger, knowingly or unknowingly or hazard to health, by the Member. Medicare Plus may rely on the Police or Doctor's report to evaluate such a claim.
14. Aesthetic, cosmetic, and reconstructive surgery or any consultation or treatment for any beautification purposes except, if necessary, to treat a functional defect due to accidental injury within the initial confinement.
15. Oral surgery following accidental injury to teeth for purposes of beautification. Dental examinations, extractions, fillings, other dental treatment, and their complications except to the extent that is medically necessary for repair or alleviation of damage to the Member caused solely by an accident. Medical care resulting from any dental-related conditions.
16. Maternity care and all other conditions related to and/or resulting from pregnancy and/or delivery that affect the conditions of the Member and the unborn child.
17. Circumcision (except for treatment of urological conditions), sex transformation, diagnosis, treatment, and procedures related to fertility or infertility including menopause, artificial insemination, sterilization, or reversal of such and their complications.
18. Experimental medical procedures and their complications.
19. Acupuncture, chirotherapy, and other forms of therapies and their complications.
20. Purchase or lease durable medical equipment, oxygen dispensing equipment, and oxygen except during covered in-patient care.
21. Corrective appliances, prosthetics, and orthotics such as but not limited to eyeglasses and contact lenses, hearing aids, pacemakers, artificial limbs, valves, knee-tibial insert for total knee arthroplasty, vascular grafts, titanium thread, myringotomy tube, intravascular catheters, vascular stents, prolene mesh, bone screws/plates, pins, wires, VP shunt, balloons, orthopedic internal fixator/fixation systems, orthopedic external fixator/fixation systems, intraocular lens, braces, crutches.
22. Take-home medicine, immunizing agents (vitamins), and outpatient medicine except medicine administered during emergency treatment.
23. Congenital, genetic and hereditary diseases and their complications affecting functions of individuals.
24. All congenital and physical deformities and abnormalities before enrollment.
25. Treatment of injuries/illnesses caused directly or indirectly by engaging in any professional sport or hazardous activity such as but not limited to scuba diving, hang- gliding, surfing, water skiing, mountain climbing, rock climbing, mountaineering, parachuting, airsoft, drag racing, paintballing, wakeboarding and bungee jumping, except for activities under company-sponsored sports activities, and all other voluntary activities which pose a danger to life and limb.
26. Injuries resulting from direct participation in riots, strikes, and other civil disturbances.
26. Treatment of injuries or illnesses resulting from war or any combat-related activities while in military service.
27. Sexually transmitted diseases, genital warts, AIDS, and AIDS-related diseases.

28. Chronic Dermatoses. Psycho Dermatologic Disorders such as (a) Psycho Physiological Disorders (e.g., Alopecia Areata, Atopic Dermatitis, Psoriasis, Psychogenic Purpura, Rosacea, Seborrheic Dermatitis, Urticaria); (b) Primary Psychiatric Dermatologic

29. Disorder (e.g., Bromosiderophobia, Delusion of Parasitosis, Dysmorphophobia, Factitial Dermatitis, Trichotillomania); (c) Secondary Psychiatric Dermatologic Disorders (e.g. Alopecia Areata, Cystic Acne, Hemangiomas, Ichthyosis, Kaposi's Sarcoma, Psoriasis, Vitiligo).

30. Infectious diseases (according to the local epidemiological patterns) that may arise in times of an epidemic or pandemic (i.e., Avian Flu, Meningococcemia, etc.) as declared by World Health Organization (WHO) and/or by the Department of Health (DOH).

31. Pre-existing Hepatitis B and screening and vaccines for all types of Hepatitis.

32. Animal bite/scratch/lick or snake bite including its complications.

33. Laser procedures/treatments.

34. Speech therapy for developmental and congenital diseases.

35. Weight reduction programs, surgical operations, or procedures for the treatment of obesity, including gastric stapling or balloon procedures and liposuction.

36. Cost of vaccines for immunization, except passive and active vaccines for anti-tetanus, anti-venom, and anti-rabies vaccines as specified in the Agreement.

37. All screening tests.

38. Executive check-ups and confinement which are for purely diagnostic purposes except as specified in the Agreement.

39. Allergens are used for hypersensitivity testing regardless of administered as an outpatient or in-patient procedure.

40. Provoked assault including domestic violence.

41. Robotic surgery.

-END-

**KAISER**
INTERNATIONAL

THE 1ST NAME IN HEALTH CARE

**KAISER INTERNATIONAL**
HEALTH GROUP INC.

August 8, 2025

HONORABLE VILMA E. EDA, CESO V
SUPERINTENDENT
SCHOOLS DIVISION
Vigan City, Ilocos Sur



Subject: Opportunity to Present Flexible Healthcare Solutions for
Government Employees

Dear Superintendent Eda:

We hope this letter finds you well.

We are representatives of the **International Marketing Group (IMG)**, an organization committed to promoting financial education among Filipinos. As part of our advocacy, we partner with reputable institutions to provide accessible and sustainable healthcare solutions for both individuals and organizations.

In line with this, we would like to express our interest in the opportunity to present the healthcare programs offered by our partner, **Kaiser International Healthgroup, Inc. (Kaiser)**. Kaiser is a registered healthcare provider that caters to both group and individual accounts, offering products designed to address both **short-term and long-term healthcare needs**—during and beyond employment years.

In light of the recent issuance of **DBM Budget Circular No. 2024-6**, which authorizes the grant of a **PHP 7,000 annual medical allowance** to qualified government employees for HMO-type benefits, we believe this is a timely opportunity to introduce our **National Health Shield Program for Government Institutions (Shield Program)**. This program, detailed in **Annex A**, is aligned with **Executive Order No. 64, s. 2024**, and provides multiple flexible options to help maximize the value of the medical allowance for your personnel.

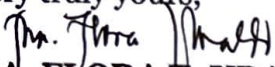
Should your agency be ineligible to avail of the Shield Program, Kaiser also offers **short-term healthcare plans** with competitive group rates. These options are outlined in **Annex B**.

We would be honored to present these options to your agency at your convenience. We are confident that our programs can contribute meaningfully to the health and welfare of your personnel.

Should this proposal merit your consideration, we would be happy to coordinate a presentation and discuss the details further.

Thank you for your time and consideration. We look forward to the opportunity to be of service.

Very truly yours,


MA. FLORA T. UBALDO
Senior Manager Director
International Marketing Group
0917-558-8016

CELESTINA T. CHAN, PhD
International Marketing Group
Associate
0917-883-0519

NOTED:

97-

Aquilino Acuzar, Jr., CPA, AFP®
Financial Educator- CEO Marketing Director
International Marketing Group

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REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF BUDGET AND MANAGEMENT
GEN. SOLANO ST., SAN MIGUEL, MANILA

BUDGET CIRCULAR

No. 2024 - 6
December 12, 2024

TO : Heads of Departments, Bureaus, Offices, and Agencies of the National Government, Including State Universities and Colleges (SUCs); Government-Owned or -Controlled Corporations (GOCCs); Local Water Districts (LWDs); Local Government Units (LGUs); and All Others Concerned

SUBJECT : Rules and Regulations on the Grant of Medical Allowance to Civilian Government Personnel

1.0 Background

Section 7 of Executive Order (EO) No. 64¹, s. 2024 authorizes, beginning FY 2025, the grant of a Medical Allowance in an amount not exceeding Seven Thousand Pesos (P7,000) per annum to each qualified government civilian personnel as a subsidy to avail of health maintenance organization (HMO)-type benefits, subject to the conditions and guidelines to be issued by the Department of Budget and Management (DBM) or the Governance Commission for GOCCs (GCG), as the case may be.

Said Section of EO No. 64 also stipulated that the Medical Allowance shall be categorized under the Standard Allowances and Benefits component of the Total Compensation Framework embodied in Congress Joint Resolution No. 4², s. 2009 and Republic Act (RA) No. 11466³.

¹ Updating the Salary Schedule for Civilian Government Personnel and Authorizing the Grant of an Additional Allowance, and For Other Purposes (August 2, 2024)

² Joint Resolution Authorizing the President of the Philippines to Modify the Compensation and Position Classification System of Civilian Personnel and the Base Pay Schedule of Military and Uniformed Personnel in Government, and For Other Purposes (June 17, 2009)

³ An Act Modifying the Salary Schedule for Civilian Government Personnel and Authorizing the Grant of Additional Benefits, and For Other Purposes (January 8, 2020)

2.0 Purpose

This Circular is issued to provide the guidelines, rules, and regulations on the grant of the Medical Allowance to qualified civilian government personnel.

3.0 Coverage

The Circular applies to all civilian government personnel in the national government agencies (NGAs), including SUCs, and GOCCs not covered by RA No. 10149⁴ and EO No. 150⁵, s. 2021, regardless of appointment status, whether regular, casual, or contractual; appointive or elective; and on full-time or part-time basis.

This Circular also covers employees in the LGUs and LWDs.

4.0 Exclusions

The following are excluded from the coverage of this Circular:

- 4.1 Government officials and employees who are already receiving HMO-based health care services by virtue of special laws;
- 4.2 Officials and employees in the legislative and judicial branches and other offices vested with fiscal autonomy;
- 4.3 Officials and employees in GOCCs under RA No. 10149 and EO No. 150, which shall be covered by the Compensation and Position Classification System (CPCS) established by the GCG and approved by the President of the Philippines;
- 4.4 Military personnel of the Armed Forces of the Philippines under the Department of National Defense and the uniformed personnel of the Philippine National Police, Philippine Public Safety College, Bureau of Fire Protection, and Bureau of Jail Management and Penology under the Department of the Interior and Local Government, Philippine Coast Guard under the Department of Transportation, Bureau of Corrections under the Department of Justice, and the National Mapping and Resource Information Authority under the Department of Environment and Natural Resources; and

⁴ An Act to Promote Financial Viability and Fiscal Discipline in Government-Owned or -Controlled Corporations and to Strengthen the Role of the State in its Governance and Management to Make Them More Responsive to the Needs of Public Interest and for Other Purposes (June 6, 2011)

⁵ Approving the Compensation and Position Classification System (CPCS) and Index of Occupational Services, Position Titles, and Job Grades for GOCCs (IOS-G) Framework, Repealing Executive Order No. 203 (S. 2016), and For Other Purposes (October 1, 2021)

4.5 Those hired without employer-employee relationships and funded from non-Personnel Services (PS) appropriations/budgets, as follows:

4.5.1 Consultants and experts hired for a limited period to perform specific activities or services with expected outputs;

4.5.2 Laborers hired through job contracts (*pakyaw*) and those paid on piecework bases;

4.5.3 Student laborers and apprentices; and

4.5.4 Individuals and groups of people whose services are engaged through job orders, contracts of service, or others similarly situated.

5.0 Definition of Terms

5.1 *Geographically Isolated and Disadvantaged Areas (GIDAs)* – refer to communities/areas which are specifically disadvantaged due to the presence of both physical (refers to characteristics that limit the delivery of and/or access to basic health services to communities that are difficult to reach due to distance, weather conditions, and transportation difficulties) and socio-economic (refers to social, cultural, and economic characteristics of the community that limit access to and utilization of health services) factors.

5.2 *HMO provider* – refers to a juridical entity legally organized to provide or arrange for the provision of pre-agreed or designated health care services to its enrolled members for a fixed pre-paid fee for a specific period of time.

5.3 *HMO-type product* – refers to an agreement issued on individual/family or group basis approved pursuant to Insurance Commission (IC) Circular Letter No. 2017-19 and issued by duly licensed HMO companies by the IC.

6.0 Rates of the Medical Allowance

6.1 For FY 2025, the Medical Allowance for full-time service of government personnel shall not exceed **₱7,000** per annum.

For each subsequent year, the Medical Allowance shall not exceed the amount authorized under the pertinent general provisions in the annual General Appropriations Act (GAA).

- 6.2 The Medical Allowance per annum for part-time service shall be in direct proportion to the Medical Allowance for full-time service.

For example, the Medical Allowance for part-time service in FY 2025 shall be computed as follows:

$$\text{Medical Allowance (Part-Time Service)} = (\text{P}7,000) \times \frac{(\text{hours of part-time service/day})}{8 \text{ hours of full-time service}}$$

If employed on a part-time basis with two (2) or more agencies, an employee shall be entitled to proportionate amounts corresponding to the services in each agency, provided that the total Medical Allowance shall not exceed the authorized amount.

7.0 Forms and Other Details of the Medical Allowance

- 7.1 The Medical Allowance may be granted in the following forms:

- 7.1.1 In the form of HMO-type product coverage, which could be availed by either (i) government agencies concerned or (ii) their respective employees' organizations/groups.

Such arrangement, however, is without prejudice to the preference of employees to opt out from such group purchase, and individually avail of another HMO product.

- 7.1.2 In cash form for those who will (i) avail their own or (ii) pay/renew their existing HMO-type benefit.

- 7.1.3 In cash form for those who paid their medical expenses, such as but not limited to hospitalization, emergency care, diagnostic tests, and medicines, due to the difficulty in acquiring HMO-product in view of the following:

- 7.1.3.1 Their localities/communities are identified as GIDA, as certified by the head of agency;
- 7.1.3.2 Their localities have no adequate HMO branch or office of a licensed HMO company, as certified by the head of agency; or
- 7.1.3.3 Application of the personnel concerned in acquiring HMO coverage has been denied by an HMO company.

- 7.2 In case an employee opts to continue his/her existing HMO product, the Medical Allowance shall be spent thereto provided that it will cover the fiscal year, in whole or in part, when the allowance was granted.

- 7.3 In cases where the HMO-type product availed is below the rate of P7,000 Medical Allowance, the government employee shall not be obligated to refund the excess amount to the government.

8.0 Conditions and Guidelines on the Grant of Medical Allowance

The grant of the Medical Allowance shall be subject to the following conditions and guidelines:

- 8.1 The civilian personnel are occupying regular, contractual, or casual positions.
- 8.2 The personnel are already in the government service and are to render services for at least a total or an aggregate of six (6) months of service in a particular fiscal year, including leaves of absence with pay, as well as those services rendered under any of the alternative work arrangements prescribed by the Civil Service Commission.
- 8.3 A newly-hired employee may qualify for the grant of the Medical Allowance after rendering six (6) months of service.
- 8.4 For Transferred Employee:
- 8.4.1 An employee who transferred to another agency and was not granted Medical Allowance by the former agency shall be granted Medical Allowance by the new agency, subject to the submission of a certification to the effect.
- 8.4.2 An employee who transferred to another agency within the year but was earlier granted Medical Allowance by the previous agency shall no longer be granted Medical Allowance by the new agency.
- 8.5 The Medical Allowance of an employee on detail to another government agency shall be granted by the mother agency, while those on secondment shall be paid by the recipient agency.
- 8.6 A compulsory retiree, whose services have been extended, may be granted the Medical Allowance, subject to the pertinent conditions and guidelines under this Circular.
- 8.7 Those who are formally charged with administrative and/or criminal cases, which are still pending for resolution, shall be entitled to Medical Allowance until found guilty by final and executory judgement, provided that:
- 8.7.1 Those found guilty shall not be entitled to Medical Allowance in the year of finality of the decision.

The personnel shall refund the Medical Allowance received for that year.

8.7.2 If the penalty imposed is only a reprimand, the personnel concerned shall be entitled to Medical Allowance.

8.8 For employees on Study Leave or Study/Training/Scholarship Grant

8.8.1 An employee on study leave or on study/training/scholarship grant, whether locally or abroad, shall be entitled to the grant of Medical Allowance for the year if he/she renders at least six (6) months of service in the same year, including leaves of absence with pay, prior to and/or after the study leave or study/training/scholarship grant.

8.8.2 If an employee is on study/training/scholarship grant for the entire year, whether locally or abroad, he/she is not entitled to the Medical Allowance.

8.9 Pursuant to Revenue Memorandum Circular No. 107-2024 of the Department of Finance-Bureau of Internal Revenue, the authorized Medical Allowance granted under EO No. 64, s. 2024 falls under the "*de minimis*" benefit contemplated in Section 2.78.1(A)(3) of Revenue Regulations (RR) No. 2-98, as amended.

Such being the case, the Medical Allowance and/or the actual premium paid to HMO providers in compliance with EO No. 64, s. 2024 is **exempt from income tax** and consequently, to withholding tax pursuant to Section 2.78.1(A)(3) of RR No. 2-98, as amended.

9.0 Fund Sources

9.1 For NGAs, including SUCs, the amount required for the grant of the Medical Allowance shall be charged against the available PS allotments of the respective agencies.

In case of deficiency, the amount required may be charged against the Miscellaneous Personnel Benefits Fund and any other available appropriations under the annual GAA, subject to budgeting, accounting, and auditing rules and regulations.

9.2 For covered GOCCs, the amount required shall be charged against their respective approved corporate operating budgets (COB) for a particular fiscal year. Should the identified funding source prove to be insufficient to cover the full amount, a lower but uniform

amount shall be granted to all qualified employees of the concerned GOCC.

10.0 Medical Allowance for LGU Officials and Employees

The grant of the Medical Allowance to employees in LGUs, including those in the *barangays*, shall be determined by their respective *sanggunians* depending on the LGU's financial capability, at a uniform rate not exceeding Seven Thousand Pesos (P7,000) each per annum, subject to the following conditions:

- 10.1 The Medical Allowance shall be charged against their respective local government funds, subject to the PS limitation in LGU budgets pursuant to Sections 325(a) and 331(b) of RA No. 7160 or the Local Government Code (LGC) of 1991.

The grant of the Medical Allowance shall be authorized through an appropriation ordinance to be enacted by the *Sangguniang Panlalawigan/Panlungsod/Bayan/Barangay* concerned and that the changes in the annual budget of the LGUs may be allowed through supplemental budgets under the specified circumstances pursuant to Section 321 of the LGC and Article 417 of its Implementing Rules and Regulations (IRR), as amended by Administrative Order No. 47 dated April 12, 1993, or through augmentation pursuant to Section 336 of the LGC and Article 454 of its IRR.

- 10.2 The guidelines on the grant of the Medical Allowance provided in this Circular shall be adhered to and the pertinent budgeting, accounting, and auditing laws, rules, and regulations.
- 10.3 In determining the amount of the Medical Allowance, the *sanggunians* shall exercise prudence and judicious use of *government funds*, ensuring that the expenditure is reasonable and will not, in any way, adversely affect the delivery of services to the public.

Should the identified funding source prove insufficient to cover the maximum allowable rate of the Medical Allowance, a lower but uniform amount shall be granted to all qualified officials and employees of the LGU.

- 10.4 The appropriation for Medical Allowance shall be subject to the usual local budgeting process.

11.0 Medical Allowance for Officials and Employees in LWDs

LWDs may also grant the Medical Allowance to their employees at a uniform rate to be determined by their Boards of Directors (BOD), which shall not exceed Seven Thousand Pesos (P7,000) each, chargeable only against their respective BOD-approved COBs, subject to the conditions and guidelines set in this Circular.

Should the identified funding source be insufficient to cover the maximum allowable rate of the Medical Allowance, a lower but uniform amount shall be granted to all qualified officials and employees of the LWD.

12.0 Medical Allowance for Officials and Employees in Agencies Exempted from the Coverage of RA No. 6758, as Amended

NGAs and GOCCs exempted from the coverage of RA No. 6758, as amended, may also grant the Medical Allowance to avail of the HMO-type benefits to their employees at a uniform rate to be determined by their agency heads or governing boards, which shall not exceed Seven Thousand Pesos (P7,000) each per annum, chargeable against the NGA's available funds and the GOCC's COB for a particular fiscal year, subject to the conditions set forth in this Circular, and to pertinent budgeting, accounting, and auditing laws, rules, and regulations.

Should the identified funding source prove to be insufficient to cover the maximum allowable amount of the Medical Allowance, a lower but uniform amount shall be paid to all qualified employees of the concerned agency or GOCC.

13.0 Policy Guidelines for Civilian Officials and Employees Excluded from the Grant of Medical Allowance Under EO No. 64, s. 2024

For (i) NGAs and GOCCs, whose qualified officials and employees are already receiving HMO-type benefits by virtue of special laws, and (ii) those government entities and offices vested with fiscal autonomy, they may continue their existing practice of providing HMO-type health care services to their entitled personnel or grant the Medical Allowance under EO No. 64, s. 2024 to their respective employees to avail of the HMO-type benefits. The funding requirement for the Medical Allowance shall be charged against the NGA's available funds or the GOCC's COB for a particular fiscal year, subject to the conditions set forth in this Circular, and to pertinent budgeting, accounting, and auditing laws, rules, and regulations.

The healthcare benefits of GOCCs excluded under Item 4.3 of this Circular shall be governed by the rules and regulations governing the CPCS, which includes, among others, EO No. 150, s. 2021 and future iterations thereof, and relevant issuances of the GCG.

However, there shall be no instance that officials and employees in said NGAs or GOCCs concerned shall receive both the HMO-type health care services authorized by special laws and the Medical Allowance under EO No. 64, s. 2024 for the same period.

14.0 Reportorial Requirements

- 14.1 All government personnel, who have been provided with Medical Allowance, shall submit a proof of enrollment with an HMO provider, such as but not limited to (i) certified copy of the HMO agreement or Identification card issued by the HMO provider, (ii) certification of membership issued by the HMO provider, or (iii) official receipt for the payment of membership fee for the HMO product acquired.

In case the Medical Allowance is granted in cash form, as provided under Item 7.1.3 hereof, the personnel shall submit documents to support the use of the Allowance for medical expenses, e.g., receipts of the medical services undertaken, subject to the internal guidelines to be issued by the agency concerned.

- 14.2 Each NGA, SUC, GOCC, and LWD shall submit to the DBM's Budget and Management Bureau or Regional Office concerned not later than one (1) month after every fiscal year, the annual report on the grant of the Medical Allowance by following the template in Annex "A."

15.0 Responsibilities of Agencies

Agencies shall be responsible for the proper implementation of this Circular.

- 15.1 To ensure the achievement of the objectives of the allowance, as well as the judicious and prudent use of government funds, Agencies shall establish and issue their respective internal implementing rules, guidelines, and/or procedures on the release, use, and monitoring of the Medical Allowance, subject to the guidelines and limitations prescribed in this Circular.
- 15.2 Agencies shall be held liable for any grant of the Medical Allowance *not in accordance with the provisions of this Circular*, without prejudice, however, to the refund by the employees concerned of any excess or undue payments.

However, there shall be no instance that officials and employees in said NGAs or GOCCs concerned shall receive both the HMO-type health care services authorized by special laws and the Medical Allowance under EO No. 64, s. 2024 for the same period.

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14.1 All government personnel, who have been provided with Medical Allowance, shall submit a proof of enrollment with an HMO provider, such as but not limited to (i) certified copy of the HMO agreement or identification card issued by the HMO provider, (ii) certification of membership issued by the HMO provider, or (iii) official receipt for the payment of membership fee for the HMO product acquired.

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14.2 Each NGA, SUC, GOCC, and LWD shall submit to the DBM's Budget and Management Bureau or Regional Office concerned not later than one (1) month after every fiscal year, the annual report on the grant of the Medical Allowance by following the template in Annex "A."

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15.2 Agencies shall be held liable for any grant of the Medical Allowance not in accordance with the provisions of this Circular, without prejudice, however, to the refund by the employees concerned of any excess or undue payments.

16.0 Resolution of Cases

Cases not covered by the provisions of this Circular shall be referred to the DBM for resolution.

17.0 Effectivity

This Circular shall take effect on January 1, 2025.


AMENAH F. PANGANDAMAN
Secretary



ANNEX A**Report on the Grant of the Medical Allowance for FY 2025****Department/Agency:** _____**I. Total Amount Paid for the Medical Allowance:****A. Number of Qualified Personnel:**

i. Civilian personnel:	x x x
ii. Contractual personnel:	x x x
iii. Casual personnel:	x x x
Total No. of Qualified Personnel:	x x x

B. Rate of Medical Allowance:	x x x
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C. Total Amount Paid:	x x x
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II. Form of Medical Allowance☐ **Procurement by Agency**

Name of HMO-Provider:	x x x
Unit Price of HMO-Type Benefit:	x x x
Total No. of Qualified Personnel:	x x x
Civilian personnel:	x x x
Contractual personnel:	x x x
Casual personnel:	x x x

☐ **Procurement by Employees' Organizations/Groups**

Name of HMO-Provider:	x x x
Unit Price of HMO-Type Benefit:	x x x
Total No. of Qualified Personnel:	x x x
Civilian personnel:	x x x
Contractual personnel:	x x x
Casual personnel:	x x x

☐ **In Cash Form**☐ **Availed New HMO-type Benefit**

Total No. of Qualified Personnel:	x x x
Civilian personnel:	x x x
Contractual personnel:	x x x
Casual personnel:	x x x

☐ **Payment of Existing or Renewed HMO-type Benefit**

Total No. of Qualified Personnel:	x x x
Civilian personnel:	x x x
Contractual personnel:	x x x

Casual personnel:

x x x

☐ **Localities Identified as GIDA**

Total No. of Qualified Personnel:

x x x

Civilian personnel:

x x x

Contractual personnel:

x x x

Casual personnel:

x x x

☐ **Localities Which Have No Adequate HMO Branch or Office**

Total No. of Qualified Personnel:

x x x

Civilian personnel:

x x x

Contractual personnel:

x x x

Casual personnel:

x x x

☐ **Application of Personnel Denied by HMO Company**

Total No. of Qualified Personnel:

x x x

Civilian personnel:

x x x

Contractual personnel:

x x x

Casual personnel:

x x x

Submitted by:

Certified Correct:

Head, Finance/Administrative Unit

Agency Head

Illustrative Examples

Example A: Mr. Carlo Centeno was appointed as an Administrative Aide IV/SG-4 position in a national government agency on January 1, 2019. After six (6) years of government service, he tenders his resignation effective May 1, 2025.

Mr. Centeno is no longer entitled to the Medical Allowance as he will not be able to complete the six (6) months of service required for the year.

Example B: Ms. Precious Lazaro assumed her position as Administrative Officer I/SG-10 in Agency A on April 15, 2025.

Pursuant to Section 31, Chapter 8, Book I of Executive Order No. 292 (*Administrative Code of 1987*) on the definition of legal periods⁶, one (1) month equals 30 days, six (6) months equals 180 days, and twelve (12) months equals 360 days.

Assuming Ms. Lazaro will not incur any leave of absence without pay until December 31, 2025, she will have 260 days of actual service. Accordingly, Ms. Lazaro is entitled to the Medical Allowance for FY 2025.

<i>April = 15 days</i>	<i>July = 31 days</i>	<i>October = 31 days</i>
<i>May = 31 days</i>	<i>August = 31 days</i>	<i>November = 30 days</i>
<i>June = 30 days</i>	<i>September = 30 days</i>	<i>December = 31 days</i>

Example C: Mr. Michael Amor will compulsory retire on June 10, 2025 when he reached 65 years old and has rendered at least 29 years of government service.

Mr. Amor may no longer be entitled to the grant of the Medical Allowance as he will not be able to complete the required six (6) months of service for the year.

Example D: Ms. Jennylyn Fuentes was hired on a contractual basis for a period of six (6) months beginning July 1, 2024. Thereafter, she was appointed to a regular position, effective January 1, 2025.

Ms. Fuentes may be entitled to the grant of the Medical Allowance, provided she will render at least six (6) months of service within FY 2025.

⁶ Section 31. Legal Periods. - "Year" shall be understood to be twelve calendar months; "month" of thirty days, unless it refers to a specific calendar month in which case it shall be computed according to the number of days the specific month contains; "day," to a day of twenty-four hours; and "night," from sunset to sunrise."

Example E: Mr. Pol Perocho was appointed to a regular position and assumed his post on January 15, 2025. He eventually resigned after more than five (5) months of service, effective June 20, 2025.

Mr. Perocho may no longer be entitled to the grant of the Medical Allowance as he will not be able to complete the required six (6) months of service for the year.



KAISER INTERNATIONAL
HEALTH GROUP, INC.
The 1st name in Healthcare

NATIONAL HEALTHCARE SHIELD

WHO ARE ELIGIBLE?

Government personnel in the National Government Agencies (NGAs), including SUCs, and GOCCs regardless of appointment status whether regular, casual, or contractual; appointive or elective, and on full-time or part-time basis.

- Must have an authorized or designated signatory of a government agency.
- No minimum number of members required provided the entire agency/department will enroll.
- All government institutions must enroll to avoid anti-selection.
- All government members will be subject to Underwriting Guidelines and approval.

**In compliance with the budget circular #2024-6 issued
December 12, 2024 by the Department of Budget and Management**

contact Person: M' Christina Chan 0917 823 0519



**NATIONAL
HEALTHCARE
SHIELD**



FIVE POINT HEALTHCARD BENEFITS

ELIGIBILITY

Principal enrollees at least 18 to 65 years old.

1. PREVENTIVE HEALTHCARE

Annual Physical Examination (APE) at Kaiser designated clinics

- a. Complete Blood Count
- b. Urinalysis
- c. Fecalalysis
- d. Chest X-ray
- e. Electrocardiogram (adults age 40 and above, or if prescribed)
- f. Pap Smear (women age 40 and above, or if prescribed)

2. IN-PATIENT CARE

- a. Semi-Private Room up to Health 800
- b. Operating room and Recovery room up to Maximum Benefit Limit
- c. Administered medicines up to Maximum Benefit Limit
- d. ICU confinements up to Maximum Benefit Limit
- e. X-ray and laboratory examinations

3. OUT-PATIENT CARE

- b. Regular consultations and treatment (except prescribed medicines)
- c. Laboratory and X-ray examinations
- d. Treatment of minor injuries and surgery not requiring confinement
- e. Eye, ear nose and throat treatment

4. EMERGENCY CARE

- a. Physician's services
- b. Medicines utilized during treatment or for immediate relief
- c. Casts, dressings and sutures
- d. Oxygen and intravenous
- e. X-ray, laboratory and other diagnostic examinations directly related to the emergency management of the patient

5. DENTAL CARE

- a. Consultation and Dental Examinations
- b. Dental Nutrition and Dietary Counselling
- c. Dental Health Education
- d. Restorative and Prosthodontic planning
- e. Simple tooth extractions
- f. Temporary filling-unlimited (as needed)
- g. Annual prophylaxis (mild cases only)
- h. Simple tooth Adjustment of Dentures
- i. Recementation of loose crowns, in-lays and on-lays
- j. Permanent filling up to 2 surfaces only

FINANCIAL CARE ASSISTANCE

COVERAGE	CATEGORY
10,000.00	Natural Death
20,000.00	Accidental Death
10,000.00	Loss of Both Hands
10,000.00	Loss of Both Feet
10,000.00	Loss of Both Sight
10,000.00	Loss of One Hand and One Foot
10,000.00	Loss of One Hand and One Sight
10,000.00	Loss of One Foot and One Sight
5,000.00	Loss of One Hand or One Foot
5,000.00	Loss of Sight of One Eye

PRE-EXISTING CONDITIONS

All PRE-EXISTING CONDITIONS shall be deemed covered by KAISER.

SEMI-PRIVATE ROOM UP TO HEALTH 800	7,000.00	75,000.00 MAXIMUM BENEFIT LIMIT PER ILLNESS
WITH ACCESS TO MAJOR HOSPITALS		

MAJOR HOSPITALS	
MMC Makati Medical Center	CSMC Cardinal Santos Medical Center
SLMC Saint Luke Medical Center	AHMC Asian Hospital Medical Center
TMC The Medical City	Cebu Doctors Hospital
Chong Hua Hospital	UC Medical Hospital



ims wellth care inc.



RMC2 CONSULTANCY
CORPORATION

SCHOOLS DIVISION OFFICE
DEPED VIGAN CITY

09 JUL 2025

RECEIVED
BY: E49

June 11, 2025

DR. VILMA D. EDA, CESO V
Schools Division Superintendent
DepEd- Vigan City Division
Mena Crisologo St. cor. Rivero St. Barangay 9,
Vigan City, Ilocos Sur

Dear Dr. Eda,

Greetings of good health!

In line with Section 7 of Executive Order No. 64, s. 2024, which grants a P7,000 annual Medical Allowance to eligible government employees for HMO benefits, IMS Wellth Care, Inc. is pleased to offer our comprehensive HMO services. Ultimately, our goal is to support your organization by providing accessible, cost-effective healthcare solutions that prioritize preventive care and overall well-being

Enclosed with this letter is a detailed outline of the services we offer, along with a proposed plan to deliver exceptional medical care. We believe our HMO plan will align with your goals of promoting the health of your employees while effectively managing healthcare costs.

We are confident that our solutions will not only meet your requirements but also exceed your expectations. We would welcome the opportunity to discuss the details of this proposal further and explore how we can work together to support your health management needs.


I am an Ilocano raised and resides at the City of San Fernando, La Union ready to personally assist you anytime. You may contact me, **Marjorie D. Aduan** at (+63) 991-699-1780 to schedule a meeting at your convenience.

The Department of Budget and Management (DBM) Region I, TESDA Region I, TESDA CAR, DENR-EMB Region I, City Government of San Fernando, La Union, Municipality of Bauang, La Union, Benguet State University are among my government clients.

Thank you for considering IMS Wellth Care, Inc. as a partner in managing the health of your organization's employees.

Thank you for considering IMS Wellth Care, Inc. as a partner in managing the health of your organization's employees. We look forward to the opportunity to serve you.

Your Kailyan,


MARJORIE DOMINGO ADUAN
Officer incharge for Region 1 and Cordillera Administrative Region
RMC2 CONSULTANCY CORP
Broker/Agency



ims wellth care inc.



RMC2 CONSULTANCY
CORPORATION

COMPANY BACKGROUND

IMS Wellth Care, Inc. (IWC), is an HMO company established in September 2002. It is one of the pioneers of the Daily Hospitalization Benefit Program (DHBP), which is the most viable health care delivery method catered towards market segments not particularly attended to by the big players in the industry. This product design enables IWC to lower the healthcare cost that ultimately redounds to the benefit of the working class, the low-income groups, and the self-employed or entrepreneurs who also need healthcare protection coverage. Today, changing demands have caused the company to venture into more traditional HMO plans giving a wider choice of healthcare programs to its clientele.

Customizing product mix for particular clientele is an attribute IWC has made for itself that distinguishes it from the rest, whether this be for national or local government personnel, deployed manpower, corporate accounts, OFW dependents, and many more.

THE IWC ADVANTAGE

Nationwide hospital and clinic accreditation network

Standing out amongst most HMOs today, IWC prides itself in sustaining the accreditation of more than 900 hospitals and clinics nationwide. Supporting this network are some 5,800 highly trained and experienced medical specialists in the various specialization fields.

Top of the line customer service

We believe that key to enduring a strong business relationship is reliable communication connectivity on all matters from claims and settlements to client benefit entitlements and coverage. IWC's Customer Service Department is available 24/7 across various channels to ensure client needs are attended to regardless of the time of day.

Automated Members' Availment Portal (AMAP)

AMAP provides for a faster and easier way for cardholders to avail of their benefits. Through the use of QR code technology, IWC members can say goodbye to long wait times in hospitals and clinics and get time back in their days.

IWC Mobile Clinic

Customer convenience is one of our top priorities. With our mobile clinic, we provide on-site medical services such as annual physical examinations (APEs) to most areas in the NCR, CALABARZON, and Region III.

Telephone Nos.:(02)8528-0480; (02)8525-3129; (02)8525-5366; (02)8536-3726 | contact@iwc.com.ph
www.iwc.com.ph | www.facebook.com/imswellthcareph

PROPOSED SCHEDULE OF BENEFITS - WITHOUT APE

ANNUAL PREMIUM : PHP 7,000.00 (VAT Exclusive)	
On top of Philhealth	
1. IN-PATIENT HOSPITALIZATION (On top of Philhealth) 1.1 Annual Benefit Limit (ABL) 1.2 Maximum Benefit Limit (MBL) Per illness per year 1.3 Room Type	Php 360,000.00 Php 90,000.00 SEMI-PRIVATE (with the option to elect Ward room accommodation)
2. OUT-PATIENT BENEFITS Affiliated Hospitals/Clinics	Php 4,500.00 per quarter
3. REIMBURSEMENTS 3.1. Reimbursement for emergency treatment of illness and/or injury in non-affiliated hospitals/clinics 3.2 Reimbursement for emergency treatment of illness and/or injury in affiliated hospitals/clinics 3.3 Reimbursement for emergency treatment of illness and/or injury in areas without affiliated hospitals/clinics within a 15km radius	80% 100% 100% <i>*not to exceed the plan's existing/remaining coverage</i>
4. SPECIAL BENEFIT PROVISION Immediate Coverage of Pre-Existing Condition	

NOTE: Expenses incurred in securing fit to work certificates are not included in the coverage of benefits as enumerated above.

Status of affiliated hospitals / clinics is constantly updated and may change without prior notice.

For current updates, please call our 24/7 customer service hotline @ domestic toll free 1-800-10-5280480; (02) 8528-0480; 8536-4728; 8526-6940; 8525-5366; 8525-3129; 0922-822-1033 up to 35 for Sun Cellular, 0917-851-8645 for Globe Telecom and 0998-586-9439 for Smart or visit our website at www.iwc.com.ph

PROPOSED SCHEDULE OF BENEFITS - WITH APE & DENTAL

ANNUAL PREMIUM : PHP 7,000.00 (VAT Exclusive)	
On top of Philhealth	
1. IN-PATIENT HOSPITALIZATION (On top of Philhealth) 1.1 Annual Benefit Limit (ABL) 1.2 Maximum Benefit Limit (MBL) Per illness per year 1.3 Room Type	Php 260,000.00 Php 65,000.00 SEMI-PRIVATE (with the option to elect Ward room accommodation)
2. OUT-PATIENT BENEFITS Affiliated Hospitals/Clinics	Php 3,500.00 per quarter
3. REIMBURSEMENTS 3.1 Reimbursement for emergency treatment of illness and/or injury in non-affiliated hospitals/clinics 3.2 Reimbursement for emergency treatment of illness and/or injury in affiliated hospitals/clinics 3.3 Reimbursement for emergency treatment of illness and/or injury in areas without affiliated hospitals/clinics within a 15km radius	80% 100% 100% <i>*not to exceed the plan's existing/remaining coverage</i>
4. DENTAL CARE BENEFITS a. Free & unlimited consultation & dental examinations b. Simple tooth extraction, except surgery for impaction (unlimited/maximum of 3 teeth per day) c. Temporary fillings (up to 3 times a year) d. Twice a year oral prophylaxis (mild to moderate) which can be availed of after three (3) months of membership (premium paid)/ succeeding may be availed of six (6) months thereafter e. Adjustment of dentures f. Recementation of jacket crown inlays and onlays g. Treatment of dental related pain excluding cost of prescribed medicines h. Emergency desensitization of hypersensitive teeth i. Annual dental examination (within the dentist's dental clinic only) j. Orthodontic and aesthetic dental consultation Up to 30% discount on other dental services (beyond member's coverage)	Covered
5. ANNUAL PHYSICAL EXAMINATION (APE) Procedures: a. Physical Check Up/Consultation b. Chest X-ray c. Urinalysis d. Fecalalysis e. Complete Blood Count (CBC)	FREE if procedure are done in owned, affiliated or Partnered Clinic; otherwise up to Php 500.00 APE assistance.
6. SPECIAL BENEFIT PROVISION Immediate Coverage of Pre-Existing Condition	

NOTE: Expenses incurred in securing fit to work certificates are not included in the coverage of benefits as enumerated above.

Status of affiliated hospitals / clinics is constantly updated and may change without prior notice.

For current updates, please call our 24/7 customer service hotline @ domestic toll free 1-800-10-5280480; (02) 8528-0480; 8536-4728; 8526-6940; 8525-5366; 8525-3129; 0922-822-1033 up to 35 for Sun Cellular; 0917-851-8645 for Globe Telecom and 0998-586-9439 for Smart or visit our website at www.iwc.com.ph

PROPOSED SCHEDULE OF BENEFITS

ANNUAL PREMIUM : PHP 7,000.00 (VAT Exclusive)	
On top of Philhealth	
2. IN-PATIENT HOSPITALIZATION (On top of Philhealth) 2.1 Annual Benefit Limit (ABL) 2.2 Maximum Benefit Limit (MBL) Per illness per year 2.3 Room Type	Php 200,000.00 Php 50,000.00 WARD
2. OUT-PATIENT BENEFITS Affiliated Hospitals/Clinics	Php 3,000.00 per quarter
4. REIMBURSEMENTS 4.1 Reimbursement for emergency treatment of illness and/or injury in non-affiliated hospitals/clinics 4.2 Reimbursement for emergency treatment of illness and/or injury in affiliated hospitals/clinics 4.3 Reimbursement for emergency treatment of illness and/or injury in areas without affiliated hospitals/clinics within a 15km radius	80% 100% 100% <i>*not to exceed the plan's existing/remaining coverage</i>
5. DENTAL CARE BENEFITS a. Free & unlimited consultation & dental examinations b. Simple tooth extraction, except surgery for impaction (unlimited/maximum of 3 teeth per day) c. Temporary fillings (up to 3 times a year) d. Twice a year oral prophylaxis (mild to moderate) which can be availed of after three (3) months of membership (premium paid)/ succeeding may be availed of six (6) months thereafter e. Adjustment of dentures f. Recementation of jacket crown inlays and onlays g. Treatment of dental related pain excluding cost of prescribed medicines h. Emergency desensitization of hypersensitive teeth i. Annual dental examination (within the dentist's dental clinic only) j. Orthodontic and aesthetic dental consultation Up to 30% discount on other dental services (beyond member's coverage)	Covered
6. ANNUAL PHYSICAL EXAMINATION (APE) Procedures: a. Physical Check Up/Consultation b. Chest X-ray c. Urinalysis d. Fecalalysis e. Complete Blood Count (CBC)	FREE if procedure are done in owned, affiliated or Partnered Clinic; otherwise up to Php 500.00 APE assistance.
6. SPECIAL BENEFIT PROVISION Immediate Coverage of Pre-Existing Condition	

PROPOSED SCHEDULE OF BENEFITS -DEPENDENTS-

ANNUAL PREMIUM : PHP 4,250.00 (VAT Exclusive)	
On top of Philhealth	
1. IN-PATIENT HOSPITALIZATION (On top of Philhealth)	
1.1 Annual Benefit Limit (ABL)	Php 120,000.00
1.2 Maximum Benefit Limit (MBL) Per illness per year	Php 30,000.00
1.3 Room Type	WARD
2. OUT-PATIENT BENEFITS	
Affiliated Hospitals/Clinics	Php 2,500.00 per quarter
3 REIMBURSEMENTS	
3.1 Reimbursement for emergency treatment of illness and/or injury in non-affiliated hospitals/clinics	80%
3.2 Reimbursement for emergency treatment of illness and/or injury in affiliated hospitals/clinics	100%
3.3 Reimbursement for emergency treatment of illness and/or injury in areas without affiliated hospitals/clinics within a 15km radius	100%
	<i>*not to exceed the plan's existing/remaining coverage</i>
4 DENTAL CARE BENEFITS	
<ul style="list-style-type: none"> ✓ Free & Unlimited Consultation & Dental Examinations; ✓ Simple Tooth Extraction, except surgery for impaction and 1st up to 3rd molars. ✓ Once a year Oral Prophylaxis (mild to moderate); ✓ Lightcure / permanent filling 1st availment (one surface only) upon first payment, 2nd availment (one surface again) after six months from the last availed. Maximum of two (2) surfaces per year. ✓ Medication and/or prescription for dental pain; ✓ Treatment of dental related pain excluding cost of prescribed medicines; ✓ Emergency desensitization of hypersensitive teeth; ✓ Annual dental examination (within the dentist / Dental Clinic only); ✓ Orthodontic and Aesthetic and dental consultation; ✓ Up to to 30% discount on other dental services beyond member's coverage (Dentist discretion); <ul style="list-style-type: none"> 1. Braces 2. Dentures/Jacket 3. Root Canal 4. and Others 	COVERED
5 ANNUAL PHYSICAL EXAMINATION (APE)	
Procedures:	
a. Physical Check Up/Consultation	
b. Chest X-ray	
c. Urinalysis	
d. Fecalalysis	
e. Complete Blood Count (CBC)	
	FREE if procedure are done in owned, affiliated or Partnered Clinic; otherwise up to Php 300.00 APE assistance.
6 SPECIAL BENEFIT PROVISION	
Pre-existing Conditions (PECs) will be covered after 1 year of continuous membership	

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