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PRIMER

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Outpatient Care



Emergency Care
Benefits



Inpatient Care



Dental Care



Annual Medical
Exam



New Modalities
of Treatment

With option to choose your benefit limit and match it with
your preferred hospital room accommodation



Option 1	Access to all IHC-accredited facilities nationwide, except Healthway and Fortmed
Option 2	All to all IHC-accredited facilities, except Asian Hospital and Medical Center, Cardinal Santos Medical Center, Makati Medical Center, St. Luke's Medical Center (QC and BGC) and The Medical City, Fortmed and Healthway Clinics
Option 3	All IHC-accredited facilities in the Visayas and Mindanao area, except Healthway Clinics
Option 4	All IHC-accredited facilities in Luzon outside NCR, except Healthway Clinics

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MEMBERSHIP FEES FOR MICRO AND SMALL CORPORATE (5-99)

ANNUAL RATES FOR **EMPLOYEES** PER MEMBER PER YEAR

Room	MBL	WITH TOP 6 MAJOR HOSPITALS	WITHOUT TOP 6	VISMIN ONLY	LUZON ONLY (except NCR)
WARD	P50,000	9,490	8,310	7,730	7,680
	P75,000	10,005	8,810	8,230	8,180
	P100,000	10,515	9,310	8,730	8,680
	P150,000	11,540	10,310	9,730	9,680
	P200,000	12,560	11,310	10,730	10,680
SEMI-PRIVATE	P50,000	10,415	9,285	8,410	8,360
	P75,000	10,800	9,670	8,785	8,735
	P100,000	11,440	10,310	9,410	9,360
	P150,000	12,720	11,590	10,660	10,610
	P200,000	14,000	12,870	11,910	11,860
REGULAR PRIVATE	P50,000	16,285	14,345	13,185	13,135
	P75,000	16,670	14,730	13,570	13,520
	P100,000	17,050	15,115	13,955	13,905
	P150,000	17,420	15,865	14,705	14,655
	P200,000	18,120	16,565	15,405	15,355
LARGE PRIVATE	P150,000	19,330	17,395	16,230	16,180
	P200,000	20,610	18,675	17,510	17,460
	P250,000	22,570	20,635	19,470	19,420

ANNUAL RATES FOR DEPENDENTS PER MEMBER PER YEAR (Assuming 75% minimum participation is met)

Room	MBL	WITH TOP 6 MAJOR HOSPITALS	WITHOUT TOP 6	VISMIN ONLY	LUZON ONLY (except NCR)
WARD	P50,000	10,915	9,560	8,890	8,835
	P75,000	11,510	10,135	9,465	9,410
	P100,000	12,095	10,710	10,040	9,985
	P150,000	13,275	11,860	11,190	11,135
	P200,000	14,445	13,010	12,340	12,285
SEMI-PRIVATE	P50,000	12,240	10,910	9,885	9,825
	P75,000	12,690	11,365	10,325	10,265
	P100,000	13,445	12,115	11,060	11,000
	P150,000	14,950	13,620	12,530	12,470
	P200,000	16,450	15,125	13,995	13,940
REGULAR PRIVATE	P50,000	21,610	19,185	17,735	17,670
	P75,000	22,090	19,665	18,215	18,150
	P100,000	22,565	20,145	18,695	18,635
	P150,000	23,085	21,025	19,485	19,420
	P200,000	24,010	21,950	20,415	20,350
LARGE PRIVATE	P150,000	24,165	21,745	20,290	20,225
	P200,000	25,765	23,345	21,890	21,825
	P250,000	27,045	24,545	23,170	23,100

Summary of Benefits

SCHEDULE OF BENEFITS

A ANNUAL PHYSICAL EXAMINATION (BASIC 5)		
1	Taking of Medical History/ Physical Examination	Covered
2	Chest X-ray	Covered
3	Routine Urinalysis	Covered
4	Routine Fecalysis	Covered
5	Complete Blood Count (CBC)	Covered
B. PREVENTIVE HEALTH CARE		
1	Health Education Counselling on Diet or exercise	Covered
2	Periodic Monitoring of Health Problems	Covered
3	Family Planning Counselling	Covered
4	Passive and active vaccines for treatment of tetanus and animal bites-except human immunoglobulin (ER and Non-ER provided 1st treatment/dose is availed in IHC network)	Covered for the 1 st dose up to P20,000
5	Initial treatment of Animal bites	Covered up to P5,000 per year, except cost of vaccines
6	Covid-19 Vaccines	Not Covered
7	Wellness Program	Covered (maximum of 2 per year)
C OUT-PATIENT CARE		
1	Consultations during regular clinic hours, except prescribed medicines	Covered
3	Eye, ear, nose and throat (EENT) treatment prescribed by an affiliated physician/specialist	Covered
4	Treatment for minor injuries such as lacerations, mild burns, sprains and the like	Covered
5	Dressings, conventional casts (plaster of Paris) and Sutures.	Covered
6	X-Ray, laboratory examinations, routine, and diagnostic procedures prescribed by an affiliated physician/specialist, provided however that the cost of diagnostic procedures covered shall be limited to a specific amount.	Covered
7	Eye laser therapy for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an affiliated physician/specialist, excluding eye correction such as Lasik, PRK and the like	Subject to PEC limit
8	Blood products transfusions and intravenous fluids, including blood screening and cross matching.	Covered (blood screening of donor's blood is excluded)
Laboratory, X-ray and other diagnostic examinations prescribed by physician on duty are covered up to applicable MBL		
D ROUTINE PROCEDURES		
1	Blood Chemistries	Covered
2	Chest X-ray	Covered
3	Complete Blood Count	Covered
4	Fecalysis	Covered
5	Urinalysis	Covered
E DIAGNOSTIC PROCEDURES		
1	24 Hour EEG Monitoring	Covered, if medically necessary
2	Esophageal Manometry	Covered, if medically necessary
3	Positron Emission Tomography (PET scan)	Covered, if medically necessary

4	Throat Swab	Covered, if medically necessary
5	24-hour Holter Monitoring/ Ambulatory Cardiac Monitoring	Covered, if medically necessary
6	Adrenocortical Function	Covered, if medically necessary
7	Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	Covered, if medically necessary
8	Arterial Blood Gas	Covered, if medically necessary
9	Audiograms and Tympanograms	Covered, if medically necessary
10	Bone Density Test (Dex Scan / Bone Mineral Density Studies) without nuclear or radio isotope	Covered, if medically necessary
11	Computed Tomography Scans (CT scan)	Covered, if medically necessary
12	Diagnostic Radiographs:	
	a. Biliary tract: Cholecystogram and Cholangiogram	Covered, if medically necessary
	b. Chest, ribs, sternum and clavicle	Covered, if medically necessary
	c. Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series, Small Bowel series	Covered, if medically necessary
	d. Face (including sinuses), Head and Neck	Covered, if medically necessary
	e. Urinary: KUB, Pyelograms and Cystograms	Covered, if medically necessary
	f. X-ray of the extremities and pelvis	Covered, if medically necessary
	g. X-ray of the spine (cervical, thoracic, lumbo-sacral)	Covered, if medically necessary
13	Diagnostic Ultrasounds:	
	a. 2D-Echo with Doppler	Covered, if medically necessary
	b. Abdomen	Covered, if medically necessary
	c. Duplex Scan	Covered, if medically necessary
	d. Digestive and Urinary Systems	Covered, if medically necessary
	e. Ultrasound of the Lungs and Chest including the Thyroid	Covered, if medically necessary
	f. 4D Ultrasound except for maternity-related cases	Covered, if medically necessary
14	Electroencephalogram	Covered, if medically necessary
15	Electro myelography and Nerve Conduction Studies	Covered, if medically necessary
16	Endoscopic Procedures (including video gastroscopy & colonoscopy)	Covered, if medically necessary
17	Impedance Plethysmography	Covered, if medically necessary
18	Lead Electrocardiogram	Covered, if medically necessary
19	Mammography and Sonomammogram	Covered, if medically necessary
20	Myelogram	Covered, if medically necessary
21	Pap's Smear	Covered, if medically necessary
22	Perfusion Scan	Covered, if medically necessary
23	Plasma/Urinary Cortisol, Plasma Aldosterone	Covered, if medically necessary
24	Pulmonary Function Tests / Lung Function Studies	Covered, if medically necessary
25	Radionuclide Ventriculography	Covered, if medically necessary
26	Surface Electromyography (SEMG)	Covered, if medically necessary
27	TMST-Treadmill Stress Test (except Nuclear TMST)	Covered, if medically necessary
28	Genetic/Immunologic Studies	Covered, if medically necessary
29	Stress Testing (all types except Cardiac and Treadmill Stress Tests)	Covered, if medically necessary
30	Electrophoresis	Covered, if medically necessary
31	Inhalation therapy	Covered, if medically necessary
32	Laryngeal Stroboscopy	Covered, if medically necessary
33	Arthroscopic diagnostic procedures	Covered, if medically necessary
34	M-Mode Echocardiography	Covered, if medically necessary
35	Brain Stem Auditory Evoked Response	Covered, if medically necessary

36	HEPATITIS PROFILE - e.g. HBeAg, HBS Ag, Anti HBc (IgM), Anti-HAV (IgM)	Covered, if medically necessary
37	ANA Profile e.g. Anti-Nuclear-Antibody, Anti Native- DNA, Anti-SM, Anti-SSA, Beta HCG, ANA	Covered, if medically necessary
38	Thyroid Profile e.g. T3, T4, TSH, FTA-ABS	Covered, if medically necessary
38	TORCH Profile e.g. Anti-Toxoplasma Gondii (IgM), Anti-Rubella, Anti-Cytomegalo - Virus (Total Ig)	Covered, if medically necessary
39	SLE test, FAT Widal Test, ASO Titer, Serum Ig-Ci, Alpha-Feto Protein, ESR	Covered, if medically necessary
40	Urine/Blood culture and sensitivity test	Covered, if medically necessary
41	24-hour protein determination	Covered, if medically necessary
42	Troponin	Covered, if medically necessary
43	Glycosylated Hemoglobin	Covered, if medically necessary
44	Prostate Specific Antigen (PSA)	Covered, if medically necessary
45	APAS Testing (Antiphospholipid Antibody Syndrome)	Covered, if medically necessary
46	Microscopic Examination	Covered, if medically necessary
47	Allergy Testing / Desensitization (cost of allergens NOT covered)	Covered, except cost of allergens
F	IN-PATIENT SERVICES	
1	Room and Board according to the Member's Room & Board Accommodation under which the Member is enrolled	Covered
2	Use of operating room, Intensive Care Unit (ICU), isolation room (if prescribed by attending Physician) and recovery room	Covered
3	Professional fees in accordance with IHC Schedule of Rates	Covered
	<i>a. Attending Physicians</i>	
	<i>b. Surgeons</i>	
	<i>c. Anesthesiologists</i>	
	<i>d. Cardio-pulmonary clearance before surgery and cardiac monitoring during surgery.</i>	
4	Standard Nursing Services	Covered
5	Medicines for in-patient use	Covered
6	Blood products transfusions and intravenous fluids, including blood screening and cross matching.	Covered
7	Laboratory examinations, diagnostic tests and therapeutic procedures incidental to confinement	Covered
8	Dressings, conventional casts and sutures	Covered
9	Anesthesia and its administration	Covered
10	Oxygen and its administration	Covered
11	Standard Admission kit	Covered
12	All other items directly related in the medical management of the patient, as deemed medically necessary by the attending affiliated physician	Covered
13	Assistance in administrative requirements through a Medical Liaison Officer	Covered
G	EMERGENCY CARE	
1	In Affiliated Hospitals	Covered up to MBL
	<i>a. Doctor's services</i>	
	<i>b. Emergency Room Fees</i>	
	<i>c. Medicines used for immediate relief during treatment</i>	
	<i>d. Oxygen, Intravenous fluids and blood products.</i>	
	<i>e. Dressings, conventional casts (plaster of Paris) and sutures.</i>	

	f. Laboratory and diagnostic examinations and other medical services related to the emergency treatment of the patient			
	g. Room Upgrade (Emergency Case) – Except Suite Room Accommodation	Member shall shoulder excess charges and incremental cost		
2	In Non-affiliated Hospitals	REIMBURSEABLE up to 100% of hospital & professional fees based on IHC rates up to P30,000 per case per member		
3	Outside the Philippines	REIMBURSEABLE up to 100% of hospital & professional fees based on IHC rates up to P30,000 per case per member		
4	Areas without affiliated Hospital	REIMBURSEABLE up to 100% of hospital & professional fees based on IHC rates up to 50% of the MBL		
5	Ambulance Service (affiliated to affiliated)	Covered subject to 50% of MBL		
6	Ambulance Service (Affiliated/Non-Affiliated to Affiliated); if in Provincial areas - Hospital to Hospital	Reimbursable up to P2,500 per conduction		
H OTHER BENEFITS/SPECIAL SERVICES				
1	Motor Vehicular Accidents	If in an IHC accredited provider: up to P10,000 per incident but not to exceed 50% of MBL. If in non-IHC accredited provider, 100% of hospital bills and professional fees up to P10,000 per case on reimbursement basis		
2	Unprovoked Assault, including domestic violence, whether initiated by the Member or by a known or unknown third party			
3	Covid-19 Cases are covered up to applicable limits per year	Ward Plan- Up to P50,000 per year		
		Semi-private Plan- Up to P75,000 per year or MBL, whichever is less		
		Private Plans- Up to P100,000 per year or MBL, whichever is les		
4	Covid-19 Testing	Covered up to P2,500 if SYMPTOMATIC; otherwise not covered		
I PRE-EXISTING CONDITIONS				
	FOR PRINCIPAL MEMBER	Pre-existing conditions are covered up to MBL		
	FOR DEPENDENTS	Pre-existing conditions are covered once 75% minimum participation is met; otherwise, will undergo 1-year contestability		
J MEMBERSHIP GUIDELINES				
1	Age Eligibility	18 to 65 years old, as of last birthday		
		for 66 - 70 years old principal members, x __ the standard rates		
		for 71 - 75 years old principal members, x __ the standard rates		
2	Dependents’ participation requirements	Participation [P] %	Applicable Rate	PEC Provision
		75% and up	Standard Rate	PEC covered
		50% to less than 75%	Standard Rate	PEC not covered.
		25% to less than 50%	+ 20% to Standard Rate	PEC not covered.
		Less than 25%	Dependents’ coverage not allowed	
3	PhilHealth Amount (Non-PhilHealth)	Additional P3,500 per non-PhilHealth enrollees, inclusive of VAT		

4	Effective date provision	<p>Not waived.</p> <p>Under the Effective Date Provision, if the enrolled person, on account of injury or illness, is not actively working in full time employment on the date his coverage would otherwise have become effective as provided above, the coverage shall not become effective until the date such person returns to full time active work.</p> <p>If the enrolled dependent, on account of injury or illness, is confined in a hospital on the date his coverage would otherwise have become effective as provided above, the coverage shall not become effective until the date such dependent is discharged from the hospital.</p>
K	DENTAL CARE	Reliant Health Med Alliance Corp
1	PREVENTIVE SERVICES	
	Unlimited Consultations	Covered
	Oral Hygiene Instruction	Covered
	Oral Prophylaxis (mild to moderate)	Covered (Once per year)
	Annual Dental Examination	Covered
2	RESTORATIONS	
	Unlimited Temporary fillings	Covered
	Permanent Fillings	Three (3) surfaces Amalgam OR Two (2) surfaces Light cure
	Unlimited recementation of jacket crown inlays and onlays	Covered
	Unlimited Simple Tooth extraction except surgery for impaction	Covered
3	DENTURES & ORTHODONTICS	
	Adjustment of Dentures - limited to adjustment of clasp	Covered
	Orthodontic Consultation	Covered
	Aesthetic Dental Consultation	Covered
	Dental education and counselling	Covered
4	TREATMENTS	
	Treatment for lesions, wounds and burns	
	Treatment of Dental related pain excluding cost of prescribed medicines	Covered
	Relief and/or prescription for acute dental pain	Covered
	Emergency desensitization of hypersensitive teeth	Covered
	Gum Treatment (except gum surgery) excluding cost of prescribed medicines. This shall include the management of other dental problems excluding surgeries.	Covered
L	GROUP LIFE WITH ACCIDENTAL DEATH & DISABLEMENT (AD&D) BENEFITS	
1	Life	10,000
2	AD&D Coverage	
	<i>a. life</i>	<i>100% of amount of insurance</i>
	<i>b. entire sight of both eyes</i>	<i>100% of amount of insurance</i>
	<i>c. both hands or both feet</i>	<i>100% of amount of insurance</i>
	<i>d. one hand and one foot</i>	<i>100% of amount of insurance</i>
	<i>e. either hand or foot and sight of one eye</i>	<i>100% of amount of insurance</i>
	<i>f. Arm at or above elbow</i>	<i>70% of amount of insurance</i>
	<i>g. Leg at or above knee</i>	<i>60% of amount of insurance</i>
	<i>h. One hand at or above wrist</i>	<i>50% of amount of insurance</i>
	<i>i. One foot at or above the ankle</i>	<i>50% of amount of insurance</i>

	<i>j. Hearing of both ears</i>	<i>50% of amount of insurance</i>
	<i>k. Sight of one eye</i>	<i>50% of amount of insurance</i>
	<i>l. Four fingers and thumb of one hand</i>	<i>50% of amount of insurance</i>
3	Eligible Members	18 to 65 years old, as of last birthday
		Overage principal members may be accepted subject to substandard rating of x2.5 (for ages 66 - 70) and x3.5 (for ages 71 - 75).

Above are inclusive of the following.

1. Rates are inclusive of 12% VAT
2. Dental Coverage
3. LGTI & AD&D (P 10,000)
4. Annual Physical Exam (Basic 5)
5. Telemedicine
6. Access to Corporate HR Web Portal &
7. InLife Health Care Mobile App.
8. Covid Coverage (see Summary of benefits)

Standard Exclusions to Health Coverage

1. Care by non-accredited Physician and/or in a non-preferred/non-accredited hospital or clinic, except in emergencies wherein the Emergency Provision of the Agreement shall apply.
2. All Pregnancy-related conditions requiring medical/surgical care and screening tests related thereto.
3. All dental related services not expressly stipulated in the Dental Rider Endorsement.
4. Sterilization of either sex or reversal of such, artificial insemination, sex transformations, or diagnosis and treatment of infertility, and circumcision (except treatment of urological conditions).
5. Rest cures, custodial, domiciliary, or convalescent care.
6. Cosmetic surgery, dental/oral surgery, and dermatological procedures for the purpose of beautification except reconstructive surgery to treat a dysfunctional defect due to a disease or accident.
7. Psychiatric disorders, psychosomatic illnesses, hyperventilation syndrome, stress related conditions, adjustment disorders, alcoholism and its complications or conditions related to substance or drug abuse, addiction and intoxication.
8. Sexually transmitted diseases/ infections.
9. Medical and/or surgical procedures which are not generally accepted as standard medical treatment by the medical profession like acupuncture.
10. Procurement or use of corrective appliances, artificial aids and durable equipment, and orthopedic prosthesis and implants.
11. Surcharges resulting from additional personal (luxuries/accommodation) request or service including special nursing services.
12. Physical examination required for obtaining employment, certification for whatever legal purpose it may serve, insurance, or a governmental license.
13. Injuries or illness due to military, paramilitary, police service, high risk activities, or those suffered under conditions of war.
14. Reimbursement of procedures obtained through government programs.
15. Injuries or illnesses which are self-inflicted, caused by attempt at suicide or incurred as a result of or while participating in a crime or any acts in violation of law, administrative order or ordinance.
16. Outpatient/take home medicines.
17. Valvular Heart Disease and/or Rheumatic Heart Disease.
18. Medico-legal consultations and confinements.
19. All hospital expenses and professional fees incurred by a Member when discharged against medical advise and those subsequent expenses incurred by the said Member for the same condition and its complication after such discharge during the contract period.

20. Organ or blood donor screening and other screening procedures that are purely diagnostic or for screening purposes including among others. Purified Protein Derivative (PPD), and procedures conducted prior to hormonal replacement therapy.
21. Organ Donor Services “for organ transplants and/or open-heart surgery and all services related thereto”.
22. All hospital charges and professional fees after the day and time hospital discharge have been duly authorized.
23. Professional fees of assistant surgeons.
24. Conditions excluded by medical underwriting.
25. Concealment cases.
26. Use of emergency room facilities on non- emergency cases or by reason of conditions/ injuries not falling under the term “Emergency” as defined under this Agreement.
27. Diseases declared by the Department of Health as epidemic.
28. Miscellaneous Fees not related in the diagnosis and treatment of a member's condition such as, but not limited to, “nursing fee”, waste/biologic hazard disposal fee, management fee, local taxes, and other analogous fees.

Ineligible Groups / Industries for InHealth Biz:

1. Government Institutions (subject for approval)
2. Members of the Philippine Medical Associations / Hospital & Clinic staff
3. Drug abuse Rehabilitation Centers
4. Bars and the like
5. Manufacturer of explosives / fireworks / ammunitions
6. Chemical / Nuclear / Electrical Plants
7. Policemen / Firemen / Military / Security Guards
8. Religious or Political Groups (except full-time staff)
9. Underground and land mine workers
10. Construction workers



Your journey to *Wellness for a lifetime* starts here!



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