

## ANNEX A SALIENT FEATURES

This Annex A is attached to and made part of the Service Agreement (“the Agreement”) between MAXICARE HEALTHCARE CORPORATION (“Maxicare”) and **CBE ESTRADA & AFFILIATES** (“Client”).

It is hereby understood and agreed that Members covered under the above-mentioned Agreement are entitled to the following:

### F. BENEFITS AND COVERAGE

Maxicare undertakes to arrange the following healthcare benefits and coverage for the Members on date of coverage (the “Effective Date”). All procedures, examinations and others are covered up to MBL/ABL whenever Medically Necessary in the medical management of the Member subject to the exclusions, limitations, and conditions specified in this Agreement.

HEALTHCARE BENEFITS		COVERAGE/LIMIT
<b>1. OUT-PATIENT (OP) CARE</b>		
1.	All outpatient consultations and outpatient procedures (as long as it medically necessary).	Subject to Maximum Benefit Limit (MBL)
2.	Eye laser therapy only for retinal tear, retinal hole, retinal detachment and glaucoma prescribed by an Affiliated Physician/Specialist. Eye correction such as Lasik, PRK and the like are not covered.	Up to ₱10,000/eye/member /year
3.	Electrocauterization of skin lesions such as plantar warts, flat warts, periungual warts, filiform warts and molluscum contagiosum, in any part of the body prescribed by an Affiliated Physician/Specialist.	Up to ₱1,000/member/year
4.	Sclerotherapy for varicose veins (except medicines and for cosmetic purposes) as prescribed by an Affiliated Physician, to be availed through affiliated vascular surgeons.	Up to ₱5,000/leg/member/year
5.	Allergy Testing/ allergy screening and other related examinations prescribed by an Affiliated Physician.	Up to ₱2,500/member/year
6.	Speech therapy for stroke patients only.	Covered as charged up to ₱10,000 / member/year on reimbursement basis.  Note: Consultations shall be part of the limit
7.	Tuberculin test	Up to ₱600/member/year

<b>2. IN-PATIENT CARE</b>		
1.	Room and Board Accommodation	Subject to the Member's Room and Board limit
2.	All other items directly related in the medical management of the patient, as deemed medically necessary by the Attending Affiliated Physician and/or Maxicare Coordinator	Subject to MBL
3.	Room upgrade in case of room unavailability (Emergency case leading to confinement)	Up to 24 hours
<b>3. PRE-EXISTING CONDITIONS</b>		
1.	Dreaded Conditions	Covered
2.	Non-dreaded Conditions	Covered

**Notes:**

- a. If a Member is enrolled under an Agreement that does not cover pre-existing conditions, then the Member shall not be covered at all for any pre-existing condition at any time during the Member's coverage under that same Agreement.
- b. If a Member is enrolled under an Agreement that does not cover pre-existing conditions for the first twelve (12) months from the Effective Date of the Member's coverage, then the Member shall not be covered for any pre-existing condition during the first twelve (12) months from the Effective Date of the Member's coverage under that same Agreement; The Member's pre-existing condition shall be covered after the first twelve (12) months from the Effective Date of the Member's coverage under that same Agreement provided that the Member's coverage under that same Agreement is continued after the first 12 months of coverage. There must be no gap on the Member's coverage between the first 12 months of coverage and the Member's coverage after the first 12 months.
- c. If a Member is enrolled under an Agreement that covers pre-existing conditions from the Effective Date of the Member's coverage, then the Member shall be covered for any pre-existing condition from the Effective Date of the Member's coverage under that same Agreement.

<b>4. DIAGNOSTIC / THERAPEUTIC PROCEDURES</b>			
		<b>IN PATIENT</b>	<b>OUTPATIENT</b>
1.	All diagnostic / therapeutic procedures medically necessary for treatment	100% of Actual Cost subject to MBL	100% of Actual Cost subject to MBL
2.	Arthrocentesis	Up to MBL	Up to six (6) sessions/member/year subject to MBL
3.	Continuous Positive Airway Pressure (CPAP) titration for sleep study	Up to ₱60,000 (shared limit for OP and IP)	Up to ₱60,000/member/year (shared limit for OP and IP)
4.	Dialysis	Up to MBL	Up to twelve (12) sessions/member/year subject to MBL
5.	Non-oral chemotherapy (for cancer treatment only)	Up to MBL for IP	Up to twelve (12) sessions /member/year subject to MBL
6.	Oral chemotherapy (for cancer treatment only)	Up to ₱60,000/member/year (shared limit for OP and IP)	Up to ₱60,000/member/year (shared limit for OP and IP)

7.	Physical therapy / Occupational therapy excluding subspecialties such as cardiac rehabilitation, pulmonary rehabilitation and the like.	Shared limit up to MBL	Shared limit up to twelve (12) sessions/member/year subject to MBL Note: Therapy of one (1) body area shall be considered as one (1) session.
8.	Therapeutic Radiology:		
	a. Brachytherapy	Up to MBL	Up to twelve (12) sessions /member/year subject to MBL
	b. Cobalt	Up to MBL	Up to twelve (12) sessions /member/year subject to MBL
	c. Linear Accelerator Therapy	Up to MBL	Up to twelve (12) sessions /member/year subject to MBL
	d. Radioactive Cesium	Up to MBL	Up to twelve (12) sessions /member/year subject to MBL
	e. Radioactive Iodine	Up to MBL	Up to twelve (12) sessions /member/year subject to MBL

9.	Transurethral Microwave Therapy of Prostate	Covered up to ₱25,000/member/year (shared limit for IP and OP)	Covered up to ₱25,000/member/year (shared limit for IP and OP)
10.	Stapled Hemorrhoidectomy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
11.	Mammotome	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
12.	4D Ultrasound except for maternityrelated cases	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
13.	Esophageal Manometry	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
14.	Intensified Modulated Radiotherapy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
15.	Botox which is not cosmetic in nature nor for beautification purpose	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
16.	Positron Emission Tomography (PET) Scan	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
17.	CT Pulmonary Angiography	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)

18.	Photodynamic Therapy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
19.	Acoustic Radiation Force	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
20.	Alpha Globin/ Globulin Genotyping	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
21.	Anchored Periplasmic Expression (APEX)-2 Hybrid	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
22.	Antivascular Endothelial Growth Factor (VEGF) drugs (Avastin, Lucentis, Macugen) for Retinopathy, Macular Degeneration and other Optha indications	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
23.	BCR-ABL by Quantitative Real-time Polymerase Chain Reaction (QRT-PCR, RT-PCR)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
24.	Beta Globin/ Globulin Genotyping	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
25.	Capsule Endoscopy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
26.	Coblation Procedures	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
27.	Continuous Renal Replacement Therapy (CRRT)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)

28.	Contrast Enhanced Ultrasound	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
29.	Contrast Enhanced Fluorodeoxyglucose FDG PET Scan	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
30.	Ductoscopy (Breast)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
31.	Duolink In-Situ Fluorescence Hybridization (DISH)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
32.	Endoscopic Ultrasound	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
33.	Endovenous Laser Treatment	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
34.	Endovenous Laser Ablation	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)

35.	Enhanced Fluorescent Protein Voltage Sensor (VPSP2.1)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
36.	Enhanced Luciferase Complementation	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
37.	Enzymed-linked Immunosorbent Spot (ELLISPOT) Assay	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
38.	Epidermal Growth Factor Receptor (EGFR) Mutation Assay / Test	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
39.	ESAT-6 and CFP-10 Antigens	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
40.	Fluorescence In-Situ Hybridization (FISH)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
41.	Gastric Electrical Stimulation Technology	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
42.	Image-guided Surgery / Radiotherapy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
43.	Infrared Coagulation Hemorrhoidectomy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
44.	Infrared Thermography	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
45.	Intravenous Ultrasound	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
46.	JAK-2 Mutation	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
47.	Karyotyping	Covered up to ₱5,000/member/year	Covered up to ₱5,000/member/year
		(shared limit for IP and OP)	(shared limit for IP and OP)
48.	KRAS Testing	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
49.	Magnetic Resonance Spectroscopy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
50.	Mammotome or Vacuum Assisted Breast Biopsy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)

51.	Monoclonal Antibody Therapy for Autoimmune conditions and Rheumatological Diseases (Note: Certain Monoclonal Antibodies have immunosuppressive properties and this led to their therapeutic application (monoclonal antibody therapy) in autoimmune conditions and rheumatologic diseases, such as SLE, ankylosing spondylosis, rheumatoid arthritis, etc.)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
52.	Multiphoton imaging	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
53.	Multislice / multidetector/ spiral / multirow CT	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
54.	Neutral Comet Assay	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
55.	Optical Glutamate Sensor	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
56.	Parkinson's Profile	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
57.	Percutaneous Discectomy CT Guided Intradiscal Electrothermal Ablation Technic (IDET)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
58.	Peritoneal Dialysis Adequacy Test	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
59.	Peritoneal Equilibrium Test	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
60.	phaA and phaB genes test	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
61.	Pharmacoscintigraphy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
62.	Philadelphia chromosome	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
63.	Photodynamic Glutamate Sensor	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
64.	Platelet Aggregation Test	Covered up to ₱5,000/member/year	Covered up to ₱5,000/member/year
		(shared limit for IP and OP)	(shared limit for IP and OP)
65.	Polymerase Chain Reaction (PCR) for katG and rpoB	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)

66.	Polymerase Chain Reaction Single Strand Confirmation Polymorphism (PCR-SCCP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
67.	QuantiFERON Tuberculosis (QFTB)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
68.	Radiofrequency Ablation (RFA) and other RF procedures	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
69.	Renal Denervation	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
70.	Reverse Transcription Polymerase Chain Reaction (RT-PCR)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
71.	Robotic Surgery / Robotically assisted Surgery	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
72.	Single Incision Laparoscopy Surgery (SILS)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
73.	Spinal Angiogram	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
74.	Stereotactic Breast Biopsy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
75.	Stereotactic Radiation Therapy/ Stereotactic Radiosurgery	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
76.	Supramagnetic Ion Oxide (SPIO)-enhanced MRI	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
77.	Transarterial Hemorrhoidal Dearterialization (THD)	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
78.	Terahertz Imaging	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
79.	Three-Dimensional Radiotherapy (3DCRT) Conformal	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
80.	Thyroplasty	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
81.	Tomotherapy	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
82.	Tractography	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)
83.	Ultrafast Electron Beam Computed Tomography	Covered up to ₱5,000/member/year (shared limit for IP and OP)	Covered up to ₱5,000/member/year (shared limit for IP and OP)

84.	Ultroid Hemorrhoid Management	Covered up to <u>₱5,000/member/year</u> (shared limit for IP and OP)	Covered up to <u>₱5,000/member/year</u> (shared limit for IP and OP)
85.	Vulcan EAS (Electro Thermal Arthroscopy System)	Covered up to <u>₱5,000/member/year</u> (shared limit for IP and OP)	Covered up to <u>₱5,000/member/year</u> (shared limit for IP and OP)
<b>5. EMERGENCY CARE</b>			
1.	Doctor services, X-Rays, laboratory and diagnostic examinations, and other medical services related to the emergency treatment of the patient	Subject to MBL	
2.	In Non-Affiliated Hospitals	Reimbursable up to 80% of hospital bills & professional fees based on Maxicare rates incurred during the first 24hrs. of treatment up to <u>₱30,000/avaiement/member/year</u>	
3.	Outside the Philippines	Reimbursable up to 100% of actual cost up to <u>₱30,000/avaiement/member/year</u>	
4.	Areas without Affiliated Hospital	Subject to MBL	
5.	Ambulance Service (Affiliated Hospital/Clinic to Affiliated Hospital/Clinic).	Subject to MBL	
6.	Ambulance Service (Non-Affiliated Hospital/Clinic to Affiliated Hospital/Clinic).	Reimbursable up to <u>₱2,500</u> per conduction	
	Note: The ambulance service provided herein shall be available regardless of the location within the Philippines.		
<b>6. CONDITIONS WITH SPECIFIC LIMITATIONS</b>			
1.	Initial Treatment within 24 hours from time of bite of Animal bites (under ER and OP only)	Not covered	Subject to MBL (except cost of vaccines)
2.	Succeeding treatment after 24 hours from time of bite of Animal bites	Not covered	Subject to MBL (except cost of vaccines)
3.	Vaccines for treatment of tetanus and animal bites (including administration fee but excluding ER Fees)	Covered up to <u>₱18,000/member/year</u> (shared for IP and OP)	Covered up to <u>₱18,000/member/year</u> (shared for IP and OP)
4.	Scoliosis including necessary procedures, except physical therapy sessions, whether congenital, preexisting, developmental or acquired	Up to <u>₱20,000/member/year</u> (shared limit for IP and OP) Note: Physical Therapy sessions shall form part of the Physical therapy/ Occupational therapy limits	Up to <u>₱20,000/member/year</u> (shared limit for IP and OP) Note: Physical Therapy sessions shall form part of the Physical therapy/ Occupational therapy limits



5.	Congenital Conditions except physical therapy sessions and developmental disorders.	Up to ₱20,000/member/year (shared limit for IP and OP) Note: Physical Therapy sessions shall form part of the Physical therapy/ Occupational therapy limits.	Up to ₱20,000/member/year (shared limit for IP and OP) Note: Physical Therapy sessions shall form part of the Physical therapy/ Occupational therapy limits.
6.	Chronic Dermatoses	Not Covered	Consultations only
7.	Hepatitis B except vaccines and screening	Subject to MBL if acquired	Subject to MBL if acquired
8.	Wellness Program	Not Covered	
<b>7. ANNUAL CHECK-UP (ACU) – COVERED</b>			
The following Routine ACU program shall be conducted at a designated Maxicare Affiliated Mobile Clinic (except Healthway Medical Clinic) once a year for Principal and Dependents			
1.	Physical Examination	Covered	
2.	Complete Blood Count	Covered	
3.	Urinalysis	Covered	
4.	Fecalysis	Covered	
5.	Chest X-Ray	Covered	
6.	Electrocardiogram (ECG)	(Optional) For members 35 years old and above	
7.	Pap's Smear	(Optional) For female members 35 years old and above	
<b>8. PRE-EMPLOYMENT MEDICAL EXAMINATION (PEME)</b>			
1.	Pre-employment Medical Examination	Under Fee for Service with Claims Handling Fee (CHF) of 12.05%, claims and CHF are subject to 12% VAT	
<b>9. DENTAL CARE</b>		<b>Covered under Separate Fee</b>	
<b>12.1</b>	Dental Provider	Maxicare Dental Hub	
<b>12.2</b>	Package	Standard	
	Procedures		
	1. Oral Consultation / Examination	Covered.	
	2. Gum Treatment For Cases Like Inflammation Or Bleeding	Covered.	
	3. Emergency Dental Treatment	Covered.	
	4. Oral Incision and drainage	Covered.	
	5. Oral Prophylaxis	One (1) Session per year	
	6. Simple Tooth Extraction	Covered.	
	7. Temporary Filling	Covered.	
	8. Simple Repair And Adjustment Of Dentures	Covered.	
	9. Recementation Of Jacket Crowns, Bridges, Inlay And Onlay	Covered.	
	10. Palliative Treatment Of Simple Mouth Sores And Blisters	Covered.	
	11. Desensitization Of Hypersensitive Teeth	Up to two (2) Teeth per year	
	12. Permanent Filling	Up to two (2) Teeth per year	
<b>12.3</b>	Other Procedures	Not Covered	

**Note:**

1.	Services obtained for non-emergency conditions from Physicians and Hospitals in any of the following circumstances: a. Non-Affiliated Physicians in non-Affiliated Hospitals	Not covered.
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	b. Non-Affiliated Physicians in Affiliated Hospitals	
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The coverage for the Special Diagnostic Procedures is subject to the recommendation of the Affiliated Physician if medically necessary and the provisions of the dreaded and non-dreaded pre-existing conditions.

**G. EXCLUSIONS AND LIMITATIONS**

Notwithstanding any provisions to the contrary, the following shall not be covered:

	c. Affiliated Physicians in non-Affiliated Hospitals or other nonAffiliated healthcare facility.	
2.	<p>Additional hospital charges and physician’s professional fees resulting from:</p> <ul style="list-style-type: none"> <li>a. Room-upgrading beyond Member’s allowable time during emergency care</li> <li>b. Extension of hospital stay despite release of discharge order from Member’s attending physician</li> <li>c. Fees of the assistant surgeons / resident doctors who assisted the Attending Physician in the process of rendering the medical services shall not be chargeable to the Member and/or Maxicare except for hospitals that do not have resident physicians to assist during surgeries subject to the prior approval of Maxicare</li> <li>d. Use of extra bed, TV, electric fan, DVD/ VCD, and other similar items unless such appliances and items are necessarily and ordinarily included in the Member’s Room &amp; Board Accommodation</li> <li>e. Extra food</li> <li>f. Toilet articles like face towel, soap, toothbrush and the like</li> <li>g. Difference in room and board, the incremental rate differences for professional fees, diagnostic and laboratory examinations, and other ancillary medical services brought about by obtaining a room accommodation higher than the Member’s Room and Board Accommodation limit</li> <li>h. Services of a private or a special nurse</li> <li>i. All other items not medically necessary in the medical management of the patient.</li> </ul>	Not covered.
3.	Custodial, domiciliary, convalescent and intermediate care.	Not covered.
4.	Long-term rehabilitation and psychiatric care and/or psychological illnesses and conditions including neurotic and psychotic behavior disorders; anxiety disorders.	Not covered.
5.	Treatment for injury and its complications resulting from self-inflicted injuries including infections as a result of tattoos, piercing of the ear or in any body part, whether self-inflicted or done by a third party or attempted suicide or self-destruction, whether sane or insane.	Not covered.
6.	Developmental disorders including functional disorders of the mind, such as but not limited to Attention-Deficit Disorder (ADD)/AttentionDeficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders, Central Auditory Processing Disorder (CAPD), and Mental Retardation	Not covered.

7.	<p>Treatment of any injury received when there is:</p> <ul style="list-style-type: none"> <li>a. Negligence</li> <li>b. Unauthorized use of prohibited drugs or regulated drugs</li> <li>c. Alcoholic liquor intake</li> <li>d. Direct or indirect participation in the commission of a crime whether consummated or not</li> <li>e. Violation of a law or ordinance</li> <li>f. Unnecessary exposure to imminent danger, knowingly or unknowingly or hazard to health, by the member</li> </ul>	Not covered.
<p>Note: Maxicare shall be given a copy of the police or doctor's report (the "Report"), if any. To determine whether or not such treatment is an exclusion under this paragraph, Maxicare may rely on the Report, as well as on the evaluation of its own medical resource group provided, however, that if Maxicare has yet to receive the Report or the evaluation of its medical resource group, the Member shall shoulder the expenses for medical treatment subject to Maxicare's reimbursement should it be found, after submission of pertinent documentary evidence, that the treatment is not an exclusion under this paragraph. Reimbursement will be based on Maxicare standard rates and will be based on the terms and conditions of Annex B.</p>		

8.	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.	Not covered.
9.	<p>Oral surgery following accidental injury to teeth for purposes of beautification.</p> <p>Dental examinations, extractions, fillings, other dental treatment and their complications except to the extent that are medically necessary for repair or alleviation of damage to the Member caused solely by an accident.</p> <p>Medical care resulting from any dental related conditions.</p>	Not covered.
10.	Maternity care and all other conditions (except pre and post-natal consultations) related to and/or resulting from pregnancy and/or delivery which affect the conditions of the Member and the unborn child.	Not covered.
11.	Circumcision (except for treatment of urological conditions), sex transformation, diagnosis, treatment and procedures related to fertility or infertility, artificial insemination, sterilization or reversal of such and their complications.	Not covered.
12.	Experimental medical procedures and its complications.	Not covered.
13.	Acupuncture, chirotherapy and other forms of therapies and its complications.	Not covered.
14.	All expenses incurred in the process of organ donation and transplantation if the Member is the donor of such donation or transplantation, and its complications.	Not covered.
15.	Routine physical examinations required for obtaining or continuing employment, requirement in school, insurance/travel or government licensing, health permit and other similar purposes	Not covered.
16.	Purchase or lease of any medical equipment, oxygen dispensing equipment, and oxygen except during covered in-patient care	Not covered.

17.	Corrective appliances, prosthetics and orthotics such as but not limited to eye glasses and contact lenses, hearing aids, pacemaker, artificial limbs, valves, knee-tibial insert for total knee arthroplasty, vascular grafts, titanium thread, myringotomy tube, intravascular catheters, vascular stents, bone screws/plates, pins, wires, balloons, orthopedic internal fixator/fixation systems, orthopedic external fixator or fixation systems, intraocular lens, braces, crutches	Not covered.
18.	Take-home medicine and out-patient medicine except <ul style="list-style-type: none"> <li>• Chemotherapy medicine (except for cancer treatment)</li> <li>• Medicine administered during an emergency treatment.</li> </ul>	Not covered.
19.	Congenital, genetic and hereditary diseases and their complications (except for hernias) affecting functions of individuals.	Not covered.
20.	All physical deformities prior to enrollment	Not covered.
21.	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, 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.	Not covered.
22.	Injuries resulting from direct participation in riots, strikes, and other civil disturbances.	Not covered.
23.	Treatment of injuries or illnesses resulting from war or any combat-related activities while in military service.	Not covered.
24.	Sexually transmitted diseases, genital warts, AIDS and AIDS related diseases	Not covered.
25.	Pre-existing Conditions	

	<ul style="list-style-type: none"> <li>• Dreaded</li> <li>• Non-Dreaded</li> </ul>	<i>Modified: Refer to Benefits and Coverage if Pre-existing Conditions are covered.</i>
26.	Treatment for chronic dermatoses (except consultations)	Not covered.
27.	Infectious diseases (i.e. Avian Flu, Meningococemia, etc.) that are declared epidemic or pandemic by the Department of Health, World Health Organization or any recognized health authority.	Not covered.
28.	Pre-existing Hepatitis B and screening and vaccines for all types of Hepatitis.	Not covered.
29.	Benefits covered by PhilHealth and all other government funded healthcare entitlements as provided for by law.	Not covered.
30.	Speech therapy for developmental and congenital diseases	Not covered.
31.	Weight reduction programs, surgical operation or procedure for treatment of obesity, including gastric stapling or balloon procedures and liposuction.	Not covered.
32.	Cost of vaccines for immunization including its administration.	Not covered.
33.	Cost of medico-legal cases	Not covered.
34.	Routine medical examination or checkup or medical examination for employment or medical examination for travel	Not covered.
35.	Intravenous Immunoglobulin (IVIG).	Not covered.
36.	Treatment of work-related injuries of high-risk occupations such as but not limited to construction workers, miners, loggers and drillers.	Not covered.
37.	Cost of the medical services and professional fees in excess of the MBL	Not covered.