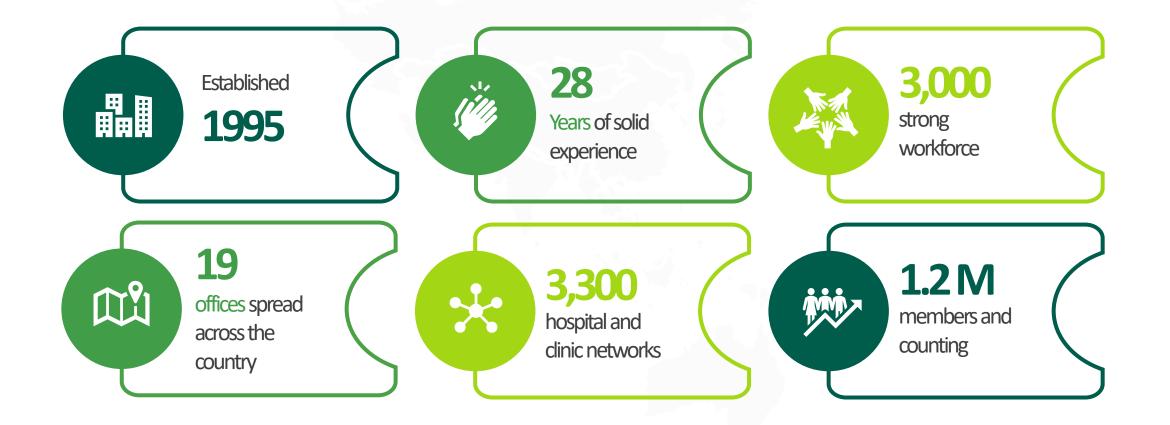


S&P GLOBAL PHILIPPINES INC. and its Affiliates

Period of Coverage

January 01, 2024 to December 31, 2024















PRINCIPALS

Not over 65 years old

DEPENDENTS

Eligible dependents of Employees Hierarchy (order of enrollment) must be followed







SINGLE PRINCIPAL

1. Parents

Not over 75 years old

2. Siblings (Eldest to Youngest)

30 days old – 25 years old Unmarried & Unemployed

NOTE:

Minor 24 to 25 years old (employee-paid dependents)

Adult dependents 66 to 75 (employee-paid dependents)



https://www.aventusmedical.com/clinics

OUR CLINICS Alabang Ayala North Exchange Bacolod BGC Calamba Cebu Cybergate Cebu IT Park Clark Cubao Dasmariñas Eastwood Makati Filomena Manila North Edsa Ortigas Pasay Santa Rosa St. Francis Square





SINGLE PARENT - PRINCIPAL

1. Children (Eldest to Youngest)

Biological Date of birth – 25 years old Unmarried & Unemployed

2. Parents

Not over 75 years old

3. Siblings (Eldest to Youngest)

30 days old – 25 years old Unmarried & Unemployed

NOTE:

Minor 24 to 25 years old (employee-paid dependents)

Adult dependents 66 to 75 (employee-paid dependents)





MARRIED - PRINCIPAL

1. Legal Spouse

Not over 75 years old

2. Children (Eldest to Youngest)

Biological / Legitimate/ Legally Adopted Date of birth – 25 years old Unmarried & Unemployed

3. Parents (Extended - Employee Paid)

Not over 75 years old

4. Siblings (Eldest to Youngest) (Extended - Employee Paid)

30 days old – 25 years old Unmarried & Unemployed

NOTE:

Minor 24 to 25 years old (employee-paid dependents)

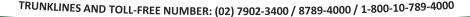
Adult dependents 66 to 75 (employee-paid dependents)



https://www.aventusmedical.com/clinics

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WIDOW/WIDOWER - PRINCIPAL

1. Children (Eldest to Youngest)

Biological Date of birth – 25 years old Unmarried & Unemployed

NOTE:

Minor 24 to 25 years old (employee-paid dependents)

Adult dependents 66 to 75 (employee-paid dependents)





UNMARRIED - PRINCIPAL

1. Children (Eldest to Youngest)

Biological / Legitimate/ Legally Adopted Date of birth – 25 years old Unmarried & Unemployed

2. Domestic / Common Law / Same Gender Partner

Not over 65 years old

3. Parents (Extended)

Not over 75 years old

4. Siblings (Eldest to Youngest) (Extended)

30 days old – 25 years old Unmarried & Unemployed

NOTE:

Minor 24 to 25 years old (employee-paid dependents)
 Adult dependents 66 to 75 (employee-paid dependents)



https://www.aventusmedical.com/clinics

OUR CLINICS Alabang Ayala North Exchange Bacolod BGC Calamba Cebu Cybergate Cebu IT Park Clark Cubao Dasmariñas Eastwood Makati Filomena Manila North Edsa Ortigas Pasav Santa Rosa St. Francis Square

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TRUNKLINES AND TOLL-FREE NUMBER: (02) 7902-3400 / 8789-4000 / 1-800-10-789-4000

ENROLMENT POINTERS

Window Period

Dependents shall be enrolled within **30 days** from the effectivity of coverage

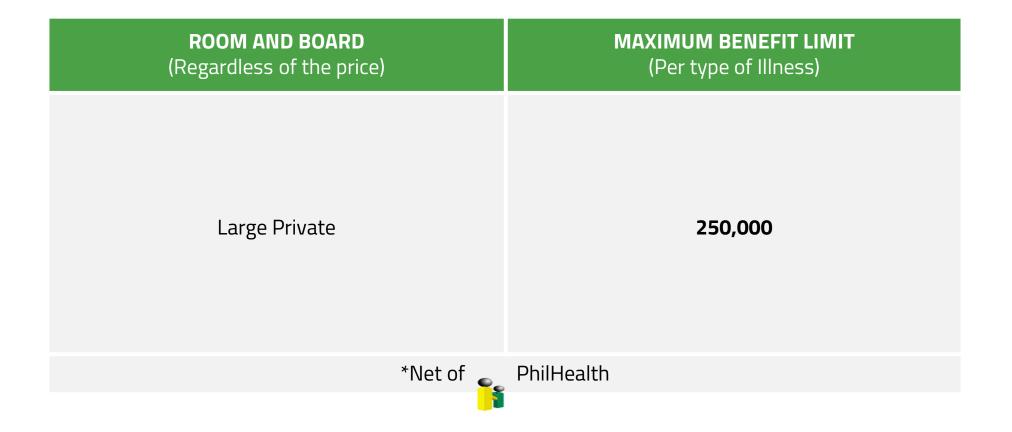
No additional enrollments except for:

New born baby: 30 days from date of eligibility Spouse of a newly wed employee: 30 days from date of marriage Dependent of a new employee: 30 days from effective date of Principal member





PLAN LIMITS FOR ALL MEMBERS



NOTE:

With access to Healthway Medical Clinics (except for APE).





PRE-EXISTING CONDITION (PEC)

Existing Principals	New Principals	Existing Dependents	New Dependents
Up to MBL	Up to MBL	Up to MBL	Up to MBL

What are PRE-EXISTING CONDITIONS (PEC)?

Conditions / Illnesses existing and evident to the member prior to effective date of coverage. Nature can be clinically determined to have started whether the member is aware or not. E.g. Hypertension, goiter, asthma, TB, gall or kidney stones, diabetes, tumors, myoma, arthritis, hernia, prostate disorders, etc.





ANNUAL PHYSICAL EXAMINATION

- **Basic 5**: Physical Examination, Chest X-Ray, CBC, Urinalysis and Stool Exam
- For 35 years old and above: **Pap smear** and **ECG**
- Eye refraction
- FBS & Cholesterol
- To be scheduled by your HR in coordination with Intellicare
- Routine Immunization except cost of vaccines



https://www.aventusmedical.com/clinics

OUR CLINICS Alabang Ayala North Exchange Bacolod BGC Calamba Cebu Cybergate Cebu IT Park Clark Cubao Dasmariñas Eastwood Makati Filomena Manila North Edsa Ortigas Pasay Santa Rosa St. Francis Square



OUTPATIENT

- Medical consultations
- Treatment of minor injuries such as lacerations, mild burns and minor surgery
- Diagnostic procedures
- Pre & Post Natal consultations up to **16 consultations / year**
- Speech Therapy (for stroke patients) up to **14 sessions / year**
- Physical Therapy up to **14 sessions / year**

NOTE:

With access to Healthway Medical Clinics (except for APE) *All availment must be thru Intellicare affiliated doctors*







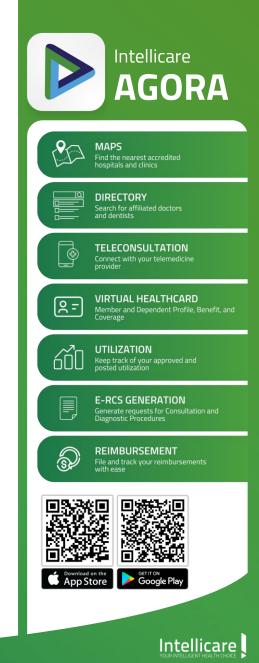
Proceed to any Intellicare Accredited Facility (subject to plan's limits).

Present your Intellicare Membership Card with two (2) valid IDs at the facility's reception area or HMO / Industrial office for membership status validation.

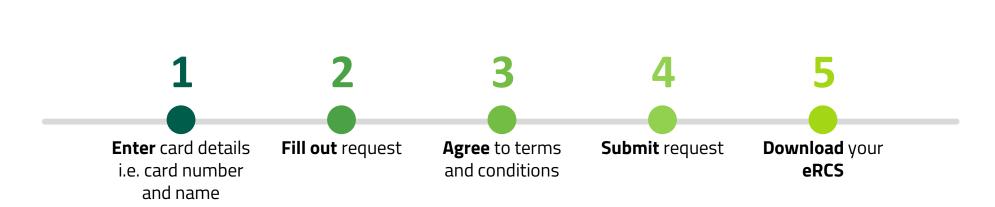
If **APPROVED**, the Referral Control Sheet (**RCS**) will be issued. If **DECLINED**, the attending staff will call the Intellicare's Customer Service Hotline for assistance.

Accomplish the Referral Control Sheet (RCS 1 / RCS 2) then proceed with availment.

NOTE: Certain out-patient procedures will require filing of PhilHealth.







Get your electronic **Referral Control Sheet** (**eRCS**) now with a few easy steps on the mobile or desktop.



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TRUNKLINES AND TOLL-FREE NUMBER: (02) 7902-3400 / 8789-4000 / 1-800-10-789-4000

AVENTUS



PAMPANGA

AVENTUS CLARK GROUND FLOOR TECH HUB BPO BLDG. 5 SM CLARK, MA. ROXAS HIGHWAY, BRGY. MALABANIAS, ANGELES CITY, PAMPANGA

METRO MANILA

AVENTUS AYALA NORTH EXCHANGE 3rd FLOOR, RETAIL 61 AND 62, AYALA NORTH EXCHANGE, AMORSOLO STREET, AYALA AVENUE, MAKATI CITY 1203

C

AVENTUS U.N. AVE MANILA STH FLOOR, TIMES PLAZA BUILDING, U.N. AVENUE COR. TAFT AVENUE, MANILA

AVENTUS MANDALUYONG LOWER 2/F ST. FRANCIS SQUARE BUILDING JULIA VARGAS AVE, CORNER BANK DRIVE, ORTIGAS CENTER, MANDALUYONG C

AVENTUS NORTH EDSA 2/F PHILIPPINE COLLEGE OF SURGEONS, EDSA, QUEZON CITY (BESIDE SM NORTH ANNEX)

AVENTUS PARAÑAQUE UNIT 9 GROUND FLOOR ASEANA ONE BUILDING, BRADCO AVENUE, ASEANA CITY, PARAÑAQUE CITY

AVENTUS EASTWOOD 6114 FLR. VIIIT 2A EASTWOOD CYBER ONE BLDG EASTWOOD CITY CYBERPARK, 188 E. RODRIGUEZ R. AVENUE, BRGY BAGUMBAYAN, QUEZON CITY

AVENTUS ALABANG 2ND FLOOR SYCAMORE ARC 1 BLDG, BUENCAMINO ST., ALABANG, MUNTINLUPA CITY

AVENTUS ORTIGAS UNIT 16, 18-20, GROUND FLOOR, AIC GRANDE TOWER, SAPPHIRE ST., ORTIGAS BUSINESS CENTER, PASIG CITY

AVENTUS MAKATI 6TH FLOOR FILOMENA BLDG. 104 AMORSOLO STREET, LEGAZPI VILLAGE, MAKATI CITY

AVENTUS CUBAO G/F UNIT 17-18 MANHATTAN PARKIEW TOWER ONE, GENERAL ROMULO AVENUE, BARANGAY SOCORRO, ARANETA GTV, UBAO, QUEZON GTV

AVENTUS PASAY SCAPE BLDG, MACAPAGALAVE, COR, PEARL DRIVE CBP, SAN RAFAEL, BRGY. 76, PASAY CITY

AVENTUS BGC GROUND FLOOR, UNIT 1 CITIBANK PLAZA, 34TH ST. CORNER LANE D, BONIFACIO GLOBAL CITY, TAGUIG

LAGUNA

AVENTUS SANTA ROSA 2ND FLOOR CARVAJAL BLDG. 2, NATIONAL HIGHWAY, BALIBAGO CITY, STA ROSA, LAGUNA

AVENTUS CALAMBA GROUND FLOOR, MARCHI SQUARE, NATIONAL HIGHWAY PACIANO, RIZAL, CALAMBA, LAGUNA



AVENTUS DASMARIÑAS COMMERCIAL SPACE 1-2 G/F, ANTLERS SQUARE II, PASONG LAWIN, BUROL, DASMARIÑAS CITY, CAVITE

> BACOLOD AVENTUS BACOLOD RLJOCSON BUILDING 21ST ST. BS AQUINO DRIVE, BACOLOD CTY



AVENTUS TGU UNIT 203 2/F TGU TOWER LT. PARK ASIATOLON, APAS, CEBU CITY



AVENTUS

METRO MANILA

MAKATI – AYALA NORTH EXCHANGE

3/F Ayala North Exchange, Ayala Ave. cor. Salcedo St., Legaspi Village, Makati City **2**: (02) 8425-1607 / (02) 8425-1624 Clinic Schedule: Mon – Sat. / 7AM – 5PM

MAKATI – FILOMENA BLDG.

6/F Filomena Bldg., 104 Amorsolo St., Legaspi Village, Makati City **2**: (02) 8519-6787 / (02) 8817-2715 Clinic Schedule: Mon – Sat. / 7AM – 5PM

BGC

G/F Unit 1 Citibank Plaza, 34th St. cor. Lane D., Bonifacio Global City, Taguig City **2**: (02) 8352-8335 / (02) 8362-0042 Clinic Schedule: Mon – Sat. / 7AM – 5PM

MANDALUYONG

Lower 2/F St. Francis Square, Doña Julia Vargas Ave. cor. Bank Drive, Ortigas Center, Mandaluyong City 2: (02) 8542-6578 / (02) 7255-8974 Clinic Schedule: Mon – Sat. / 7AM – 5PM

ORTIGAS

G/F AIC Grande Tower, Sapphire Road. cor. Garnet St., Ortigas Center, Pasig City **2**: (02) 8584-2430 / (02) 8570-9967 Clinic Schedule: Mon – Sat. / 7AM – 5PM

MANILA

5/F Times Plaza Bldg., U.N. Ave. cor. Taft Ave., Ermita, Manila City 2: (02) 8353-6807 / (02) 8353-6808 Clinic Schedule: Mon – Sat. / 7AM – 5PM

PASAY

Unit 109 & 110 Scape Bldg., Disosdado Macapagal Avenue, cor. Pearl Drive, Central Business Park 1, San Rafael, Brgy. 76, Pasay City 2: (02) 8541-5645 / (02) 8838-0627 Clinic Schedule: Mon – Sat. / 7AM – 5PM

EASTWOOD

6/F Unit 2-A CyberOne Bldg., 11 East Avenue, Bagumbayan, Quezon City **2**: (02) 8775-6132 / (02) 8475-4405 Clinic Schedule: Mon – Sat. / 7AM – 5PM

NORTH EDSA

G/F & 2/F Philippine College of Surgeons Bldg., 992 North Edsa, Quezon City 2: (02) 8352-4675 Clinic Schedule: Mon – Sat. / 7AM – 5PM

ALABANG

2/F Sycamore ARCS 1 Building, Buencamino St. cor. Alabang-Zapote Road, Alabang, Muntinlupa City ☎: (02) 8556-3592 / (02) 8556-3596 Clinic Schedule: Mon – Sat. / 7AM – 5PM



AVENTUS

REGIONAL

DASMARIÑAS

Commercial Space 1-2 G/F, Antlers Square II, Pasong Lawin, Burol, Dasmariñas City, Cavite 2: (0917) 837 4728 / (046) 894-8325 Clinic Schedule: Mon – Sat. / 7AM – 5PM

CALAMBA

G/F Marchi Square, National Highway Paciano Rizal, Calamba City, Laguna : (049) 508-1806 / (049) 306-0397 Clinic Schedule: Mon – Sat. / 7AM – 5PM

STA. ROSA

2/F Carvajal Building 2, National Highway, Balibago City, Sta. Rosa, Laguna (049) 302-5046 / (049) 530-0484 Clinic Schedule: Mon – Sat. / 7AM – 5PM

CLARK

G/F BPO Building 5, SM City Clark, M.A. Roxas Highway, Brgy. Malabanias, Angeles City, Pampanga 2: (045) 499-8419 / (045) 499-8420 Clinic Schedule: Mon – Sat. / 7AM – 5PM

BACOLOD

G/F RL Jocson Building, B.S. Aquino Drive, Barangay 5, Bacolod City **2**: (034) 213-0766 / (034) 213-0762 Clinic Schedule: Mon – Sat. / 7AM – 5PM

CEBU IT PARK

Unit 203 2/F TGU Tower, Phase 1, Asiatown IT Park, Apas, Cebu City 268-8072 / (032) 268-8902 Clinic Schedule: Mon – Sat. / 7AM – 5PM

CEBU CYBERGATE

Unit 302 & 309 L/3 Robinsons Cybergate, Don G. Garcia & J. Llorente Sts., Capitol Site, Cebu City 2: (032) 236-9028 / (032) 238-3922 / (032) 238-7672 Clinic Schedule: Mon – Sat. / 7AM – 5PM



01

02

medgate_

03

04



Before calling, member must prepare their Intellicare card number for member verification.

Member will call us through any of the touchpoints to set an appointment for teleconsultation.



Our nurses will perform triaging and conduct basic profiling. Triaging is a process to identify whether the condition is emergency or non-emergency.

If a condition is a **non-emergency**, member will be scheduled for an appointment for teleconsultation.

If a condition is an *emergency*, member will be advised to go to a medical facility.

On the day of appointment, the doctor will call the member for teleconsultation. Once member is verified and is still assessed as a non-emergecy, member will now proceed to teleconsultation.

• E-treatment 🖗

After the teleconsultation, member will receive E-treatments such as a prescription and Certificate of Medical Teleconsultation. These documents will be sent via email.

Touchpoir	Touchpoints	
Landline	Mobile	
Manila	Globe	
02 8424 1737	0917 536 2156	
Cebu	0917 536 2715 0917 546 7673	
032 265 5111	0917 829 9996	
Davao	Smart	

082 285 5111 0919 058 0500

Dumaguete 035 522 5111

Medgate Philippines







Message us on our Facebook Page at TelAventusMD or e-mail us at TelAventusMD@aventusmedical.com.ph to set an appointment schedule.

NOTE: Should you have further questions, please feel free to call our Central Business Office at 8840.3043 or email us at inquiry@aventusmedical.com.





INPATIENT

- Room & Board accommodation within the limits of the plan
- Diagnostic procedures
- Standard nursing care services, admission kit & other items directly related to the medical management of the patient
- Ambulance Service (hospital to hospital) to be covered thru reimbursement up to Php3,000/conduction/year







Secure an admitting order from an Intellicare-affiliated physician.

Present the admitting order, your Intellicare Membership Card & two (2) valid IDs at the admitting section of the hospital for membership status validation and scheduling of confinement.

On the schedule of confinement, **occupy** the entitled room according to plan benefit.

Sign the Referral Control Sheet (**RCS 3**) issued by the visiting Intellicare Patient Relations Officer.

NOTE: File for PhilHealth upon discharge.



TRUNKLINES AND TOLL-FREE NUMBER: (02) 7902-3400 / 8789-4000 / 1-800-10-789-4000

If the entitled room is not available, member may *occupy* (1) One category higher up to 48 hours (except suite room) without incremental charges.

After 48 hours, whether the entitled room becomes available or not, incremental charges will be billed to the member.

If within confinement the entitled room becomes available, member should transfer automatically to their allowed room category. Otherwise, member will pay all incremental charges.





The member will be charged for the **excess over their entitlement and should pay the excess upon discharge** (approximately 30% of the total hospital bill, excess room & board and doctor's fee).

Keep in mind that staying in a more expensive room also makes the other services (i.e., medicines, professional fee, etc.) more expensive.







	ACCREDITED HOSPITAL	NON-ACCREDITED	FOREIGN TERRITORIES (LEADING TO CONFINEMENT)
MAXIMUM COVERAGE	Up to MBL	Up to MBL thru reimbursement	Up to MBL thru reimbursement
HOSPITAL BILLS	100%	100%	100%
PROFESSIONAL BILLS	100% * <i>RVS</i>	100% * <i>RVS</i>	100% * <i>RVS</i>
	*Relative Value Scale (RVS) – HMO Rates		

SERVICE 24/7 CALL SUPPORT MOBILE HOTLINE NUMBERS (0920) 970 – 4724 (Smart) (0917) 840 – 4894 (Globe) (0922) 891 – 3957 (Sun)

CUSTOMER

24/7 TEXT SUPPORT MOBILE HOTLINE NUMBERS (0920) 951 – 8452 (Smart) (0917) 805 – 2502 (Globe) (0922) 891 – 3925 (Sun)





1. Secure and fill out the *Intellicare* Reimbursement Form.

2. Submit the Reimbursement Form with the following documents:

REQUIRED DOCUMENTS

- Original Official Receipt (with TIN)
- Detailed Statement of Account from the Hospital/Charge Slip
- Medical Certificate with final diagnosis
- Laboratory results (if with diagnostic procedure)
- Operative record with histopath (if with operation)
- Police report & Medico-legal Report (if required)

NOTE:

Submit to Intellicare not more than 60 calendar days from expiration of treatment. Processing of the request is within 20 working days upon receipt of complete documents.





1. Valid Official Receipts / Sales Invoices shall be issued in favor of the company details as follows:

OFFICE	NAME	ADDRESS	TIN	BUSINESS STYLE
МАКАТІ (НО)	ASALUS CORPORATION	7th Floor, Feliza Building, 108 V.A. Rufino St., Legaspi Village, Makati City	004-666-055-000	
CALAMBA		3rd Floor Marchi Square, Barangay Paciano Rizal, Calamba City, Laguna	004-666-055-007	
CEBU		10th Floor One Montage, Archbishop Reyes, Barangay Camputhaw, Cebu City	004-666-055-001	
BACOLOD		Door 3-4 & 3/F RL Jocson Bldg., B.S. Aquino Drive cor. 21st St., Brgy. 5 (Pob), Bacolod City	004-666-055-004	INTELLICARE
DAVAO		B205-206 & B303-304 Plaza De Luisa Bldg., R. Magsaysay, Brgy. 30-C Pob. Dist.,Davao City	004-666-055-005	
CDO		Rooftop, Cebu CFI Community Cooperative Bldg. Tiano Brothers corner A. Mabini St., Barangay 11, Cagayan de Oro	004-666-055-003	



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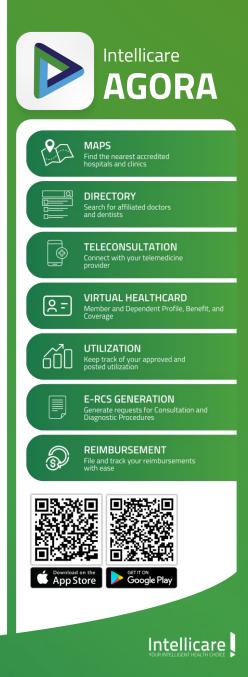
2. Processing of filed reimbursement claims either in soft or hard copy will start the following day from receipt of all requirements, which includes principal member bank details and Official Receipt. Please be guided that you need to submit the hard copies of the Official Receipts to Intellicare as mandated for proper compliance with BIR guidelines.

3. Reimbursement may be done in two (2) ways:

A. Thru On-line Bank Crediting:

B. To Pick-up checks at Intellicare office located at Ground Floor, Feliza Building V.A. Rufino Street Legaspi Village Makati City

4. Bank information indicated by the member in the recent claims will supersede previous bank details, however if no bank details will be provided, we will automatically use previous bank details. In the same manner online bank credit payment option will automatically apply if the member fails to put or tick details on payment option in the Reimbursement Form.



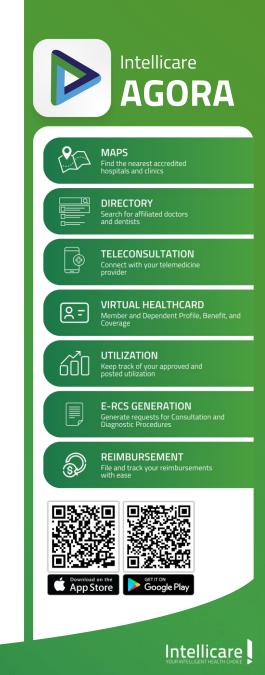
5. For those claims that could not be processed due to lacking details/information indicated in the Reimbursement Request Form including basic requirements. Lacking Advice notice and a Denied Letter of Advice for non-coverable cases, shall be emailed to the member within 3 to 5 working days.

6. Turnaround time (TAT) will reset upon receipt of compliance on lacking information or requirements.

7. We also recommend filing via **autoserv.claims.ri@intellicare.ph**. This accept documents sent on softcopies however reimbursement form must be in excel format (downloadable in Intellicare website).

8. You may send the original copy to your HR or directly to Intellicare:3/F Philippine AXA Life Centre, Senator Gil Puyat Ave. cor. Tindalo St., Makati City

Attention: Kenneth Ke / Venus Gutierrez





For our Regional Office transactions, to properly manage and monitor filed reimbursement claims in soft copy, members should send it thru below details with email subject "Filed Reimbursement-Name of Member or Patient-Name of Company" (i.e. Filed Reimbursement-Juan Dela Cruz-ABC Company). And you may send the original copy to your HR or directly to Intellicare Regional Offices:

REGION	CONTACT PERSON	EMAIL	MAILING ADDRESS
CALAMBA	Ruth Reforma	reimbursement.calamba@intellicare.net.ph ruth.reforma@intellicare.com.ph	3rd Floor Marchi Bldg. Lot 12A Brgy. Paciano, Calamba City Laguna 4027
CEBU	Marisa Baz	marissa.baz@intellicare.com.ph	10th Floor One Montage, Archbishop Reyes, Barangay Camputhaw, Cebu City
BACOLOD	Rochen Tormon	reimbursement.bacolod@intellicare.net.ph rochen.tormon@intellicare.com.ph	Door 3 R.L.Jocson Bldg.,B.S.Aquino Drive, Bacolod City
DAVAO	Ivy Rabanos	reimbursement.davao@intellicare.net.ph ivy.rabanos@intellicare.com.ph	Room B304-305 Plaza De Luisa Bldg. Ramon Magsaysay ave., Davao City 8000
CDO	Marilyn Lawague	reimbursement.cdo@intellicare.net.ph marilyn.lawague@intellicare.com.ph	Rooftop Cebu CFI Community Cooperative Bldg Tiano-Mabini Sts, Cagayan De Oro City



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REIMBURSEMENT

9. e-Filing of claims is also available via Agora app.

- Click the Reimbursement Icon.
- Fill out form with correct details.
- Upload necessary files.
- Agree to the Member / Patient Undertaking and Consent Form and click Submit.
- Track the Status of your Reimbursement.

*Hard copy of the Original Receipt still needs to be submitted to Intellicare (through your HR/Account Officer – for proper monitoring purposes).

Reimbursements filed in the App can be processed in ten (10) working days from the receipt of complete requirements, including the original/hard copy of OR with TIN.

Reimbursement	Reimbursement Form	Kindly provide all necessary information needed to request for Reimbursement.
	Head Office	Fields with auterisk (*) are required.
	MEMBER -	Where will you submit the original documents?*
0	Choose Member	Head Office
Cir)	Principal's Mobile No +	MEMBER +
	×	Choose Member 🔹
	· · · · · · · · · · · · · · · · · · ·	Principal's Mobile No *
tep 2: Check email notification for the approval	HEAD OFFICE	eg. 09178963211
alidation and approval may take time. You	CALAMBA CITY	Email
may check or view the status and details of your request in the Reimbursement	CEBU CITY	sampleintellicare@gmail.com
Transaction History.	BACOLOD CITY	MEMBER'S BANK INFO
	B CAGAYAN DE ORO CITY	Agora may have already saved your bank information if you had any previous reimbursement request(s).
	DAVAO CITY	Please use principal bank account details only.
	DAME OF T	Bank *
+ • •	- vg. Josef Dela Crist	Choose Bank
	Bank Account Number -	Bank Account Name *
CREATE REQUEST NOW	- eg. 11292008	eg. Juan Dela Cruz
TRANSACTION HISTORY		Bank Account Number *
•	(+).	eg. 11292008
-	Next	



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- Dental examination & oral health education
- Twice a year oral prophylaxis
- Simple tooth extraction
- Temporary fillings
- Permanent fillings four (4) teeth per year, Amalgam OR Light Cure;
- Desensitization of hypersensitive teeth up to two (2) teeth per member per year
- Surgical molar extraction for one (1) impacted tooth per member per year
- Recementation of jackets, crown, inlays / onlays
- Treatment of minor gum problems, mouth lesions, wounds & burns
- Orthodontic consultation (braces and malposition of teeth)
- Temporo mandibular joint consultation (clicking of jaws)
- Pre-natal check of teeth and gums
- Emergency dental treatment for the relief of pain







Set an appointment with an Intellicare-affiliated dentist.

Proceed to the dental clinic on your scheduled date and present your Intellicare Membership Card with two (2) valid IDs for membership status validation.

Avail the entitled benefit and sign the Dental Form (RCS 5).





ADDITIONAL BENEFITS

- Anti-rabies, anti-tetanus and anti-venom vaccines shall be covered up to thirty thousand pesos (Php30,000.00) per year.
- **Sclerotherapy** shall be covered up to thirty thousand pesos (Php30,000.00) per year provided that it is medically necessary and recommended by an affiliated vascular surgeon (not for cosmetic/aesthetic purposes).
- **Cauterization of warts** (from face down except genital warts) is covered up to two thousand pesos (Php2,000.00) per member/year provided that an accredited physician recommends it and only for cases that affect the physiological functions of the member (not for cosmetic/aesthetic purposes). Apart from the existing Php2,000.00 warts removal coverage (face down), Intellicare shall send a physician to perform cautery of warts at the company site once every six (6) months



ADDITIONAL BENEFITS

🙈 FULLERTON

- Congenital illnesses/ diseases shall be covered up to one hundred thousand pesos (Php100,000.00) per year subject to pre-existing condition limit, whichever is lesser.
- Work-related cases shall be covered up to the pre-existing condition limit per year subject to the exclusions and limitations of the contract.
- Vehicular accidents shall be covered up to pre-existing condition limit per year subject to the exclusions and limitations of the contract and a Police report MUST be submitted to Intellicare for evaluation.
- Eye laser treatment for glaucoma and retinal detachment except for cases of myopia or correction of error of refraction (such as lasik, PRK and the likes) shall be covered up to pre-existing condition limit per year.



- Allergy testing shall be covered up to two thousand five hundred pesos (Php2,500.00) per year if prescribed by Accredited Physician.
- **Unprovoked assault** shall be covered up to the maximum benefit limit per year subject to the exclusions and limitations of the contract and a police report must be submitted to Intellicare for evaluation (existing benefit).
- **Tuberculin Test (except screening)** shall be covered up to six hundred pesos (Php600.00) per year if the member shows symptoms of Tuberculosis and if prescribed by accredited physician.
- **Slipped disc, spondylosis and Spinal Stenosis** shall be covered up to pre-existing condition limit per year.
- Scoliosis shall be covered up to pre-existing condition limit per year.



- **Photodynamic Therapy** shall be covered up to pre-existing condition limit per year subject to the exclusions and limitations of the contract.
- Continuous Positive Airway Pressure (CPAP) Titration for Sleep Study shall be covered up to pre-existing condition limit per year.
- HIV/AIDS shall be covered up to the maximum benefit limit per member per year.
 HIV Screening and out-patient medicines are not covered.





 Point of Service (POS) for all members: Members are allowed to avail of services from non-accredited doctors and non-accredited hospitals for in-patient and outpatient cases which shall be covered through reimbursement provided originals of all pertinent documents are submitted to Intellicare. Reimbursement shall be up to eighty percent (80%) of hospital bills and eighty percent (80%) of professional fees based on Intellicare relative value scale (RVS).

The Point of Service (POS) shall not apply to the following services/facilities:

- Dental services;

- Accredited hospitals or facilities that are specifically excluded in the group corporate agreement





- In the event of a World Health Organization (WHO) declared pandemic, a government declaration of an epidemic, or a national health emergency, Intellicare shall cover such cases under the following conditions.
- One Hundred percent (100%) company paid.
- Eighty percent (80%) of the total number of members must be maintained
- Coverage shall be provided to all members showing signs/symptoms of the declared pandemic/epidemic illness.
- Amount of coverage shall be up to the card limit (aggregate limit for all pandemic/epidemic illnesses) per member per year, not to exceed Five Million Pesos (Php5,000,000.00) for the whole company.
- Coverage shall be strictly within Intellicare network of providers only.
- Personal Protective Equipment (PPE) shall be covered for In-Patient & Emergency cases up to six thousand pesos (Php6,000.00) per day (not to exceed Maximum Benefit Limit)
- Screening Tests; vaccines; and out-patient medicines (such as but not limited to maintenance medicines, vitamins & supplements) are not covered.
- Intellicare shall cease coverage upon the member's transfer to any of the following:
- > An accredited government facility where patients are admitted in a charity ward
- > A non-accredited government facility
- ► A non-accredited hospital

• In case of availments in a non-accredited facility, NO reimbursements shall be allowed for nonemergency cases(i.e. OP, IP, Screening)





• Intellicare shall cover gender re-assignment surgery (must be performed by Urologist Plastic Surgeon) up to two (2) principal members per year up to the maximum benefit limit.

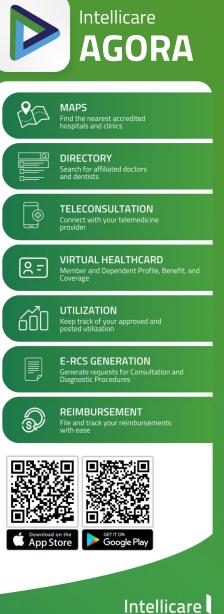
Note: (i) Principal members must secure the following to be eligible for coverage: o Psychiatric clearances from three (3) different Psychiatrists o Cardio Pulmonary Clearance

(ii) Psychological/Pscyhiatric clearance as gender dysphoric and Cardio Pulmonary clearances prior any procedure/treatment shall be deducted from the members' maximum benefit limit.

- Intellicare shall cover prescribed infertility work-up (prescribed laboratory, imaging and diagnostic tests only) for principal members, such as but not limited to the following. Coverage shall be up to one hundred thousand pesos each, not to exceed Seven Hundred Fifty Thousand Pesos (Php750,000.00) for the whole company.
 - Blood test

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- Sperm Analysis
- Transvaginal Ultrasound
- Sonohysterogram



- Internal prosthetic device (steel implants) shall be covered up to one hundred thousand pesos (Php100,000.00) per member per year, subject to pre-existing condition limit (whichever is lesser).
- **Chiropractic procedure** shall be covered through reimbursement worth up to thirty thousand pesos (Php30,000.00) per member per year, not to exceed One Million Pesos (Php1,000,000.00) for the whole group.
- Intellicare shall cover consultation, therapy and treatment for neurodevelopmental disorders through reimbursement up to the maximum benefit limit per member per year, not to exceed Two Million Pesos (Php2,000,000.00) for the whole group.
- Members diagnosed with Covid-19 symptoms shall be allowed to avail Aventus Clinics' Home Service Program for a maximum of fifty (50) members subject to the guidelines of Intellicare and Aventus Clinics. Mobilization fees for home services shall be paid in cash by the member





- Intellicare shall cover twelve (12) consultations worth up to two thousand five hundred pesos (Php2,500.00) each consultation through reimbursement per member per year for cases of Mental Health.
- Coverage shall be limited to the following:
 - Depression
 - Bipolar Disorder
 - Anxiety Disorder
 - Psychotic Disorders (such as schizophrenia)
 - Trauma-related Disorders (such as post-traumatic disorder)





- **Maternity Assistance**: A maternity program will be made available to all enrolled female employees, legal spouse of male employees and female domestic partner of single male employees of the company once per contract term through reimbursement. Maternity assistance shall be up to the following limits.
 - Caesarian Delivery Php50,000.00
 - Normal Delivery Php30,000.00
 - Miscarriage / Abortion Php15,000.00

Intellicare will only process maternity reimbursement if all originals of the following pertinent documents are submitted to Intellicare:

- Official Receipt

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- Certified True Copy of Birth Certificate
- Medical Certificate (stating nature of delivery: i.e., Normal, Caesarian)
- Statement of Account (with itemized hospital bills)



- Intellicare shall cover immunization vaccines (except Covid-19 Vaccines) through Aventus Clinics or outside of Aventus Clinics worth up to three thousand pesos (Php3,000.00) per member per year.
- Coverage shall be limited to the following vaccines:
 - Influenza Trivalent
 - Influenza Quadrivalent
 - Pneumonia Polysaccharide
 - Pneumonia Conjugate



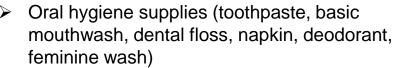
Intellicare



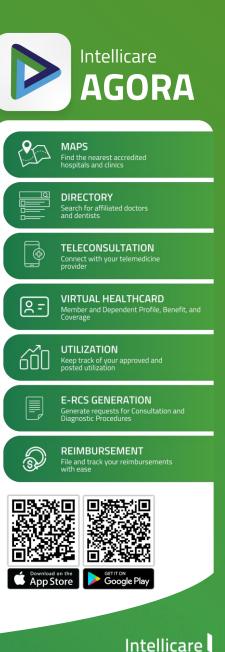
- Intellicare shall reimburse worth up to ten thousand pesos (Php10,000.00) per principal member per year the following benefits based on below guidelines:
 - No limit on the number of items per claim
 - No maximum amount per claim; can claim up to max amount in one go
 - Not allowed:
- > Herbal or slimming teas / coffees
- Prescribed and over the counter medicines, equipment or procedures that are for cosmetic or aesthetic purposes
- Essential oils, massage oils/rubs, massagers
- Humidifiers, air purifiers
- Diet / weight loss / gain pills, muscle building powder / liquid supplements
- Organic food, diet program meal plans

Reimbursable items (examples) but not limited to:

- Prescribed or over the counter medicines
- Vitamins and supplements Any kind as long as it's not for cosmetic or weight loss/gain purposes



- Identifiable children's and animal medicines and procedures (Tiki-tiki, Tempra for Kids, Kennel cough medicines/vaccines)
- Identifiable medicines or procedures that are specific to one's biological sex (i.e. receipt is showing pregnancy test kit but employee is male, sperm count test but employee is female)





Intellicare shall reimburse worth up to ten thousand pesos (Php10,000.00) per principal member per year the following benefits based on below guidelines:

Receipts / Sales Invoice

- Should be under employee's name
- Soft copy of receipt should be sufficient to approve & credit the claims
- Can be tape receipt (thermal) or official receipt; showing merchant's name and business TIN. Hard copies must be submitted by employees at the S&P Offices addressed to S&P Global PH finance (Rommel Rilloraza).
- Purchases via online stores such as Shopee, Lazada, Watsons are acceptable as long as the name of the employee is reflected
- Receipts should be dated before December 01 of the contract year.
- Should be filed through Agora App/Web and choose OPD MEDS as Claim Type to properly tag under this benefit.
 Claims will be processed within 20 working days from receipt of the complete documents.





LIFE INSURANCE

FWD INSURANCE

Sum Assured: Php 10,000.00

Group Life Insurance (GLI) Family Assistance Benefit (advanced from GLI) Terminal Illness Benefit (advanced from GLI) Accidental Death, Dismemberment and Disability Benefit (ADDD) *Double Indemnity shall apply if the cause of death is due to accident

NOTE:

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Group Life Insurance shall be provided for members up to sixty-five (65) years old.



Php 25,000.00

- Php 2500.00
- Php 25,000.00
 - Php 25,000.00



TRUNKLINES AND TOLL-FREE NUMBER: (02) 7902-3400 / 8789-4000 / 1-800-10-789-4000

FWD INSURANCE FOR PRINCIPAL MEMBERS ONLY



SCHEDULE OF INJURIES	PERCENTAGE	SCHEDULE OF INJURIES	PERCENTAGE
Both hands or feet	100%		F 0%
One hand and one foot	100%	One ear Thumb (both phalanges)	50% 25%
Either one hand or one foot and sight of one	100%	Thumb (one phalanx)	10%
eye		Fractured leg or patella with	10%
Arm at above elbow	70%	established non-union	
Leg at or above knee	70%	Shortening of leg by at least 5cm	7.5%
Arm between elbow & wrist	60%	Great toe	5%
Leg between knee & foot	60%	Finger(s) (per phalanx)	3.5%
Loss of Speech	50%	First or second Metacarpals	3%
Loss of Hearing	50%	Toe, other than Great toe (one phalanx)	1%
Either one hand or one foot or one eye	50%	Third, fourth, or fifth Metacarpals	1%





- Out-of-network service
- Miscellaneous hospital charges
- Special confinements (sanitarium, convalescent home, domiciliary care, etc.)
- Health check ups (pre-employment, government requirements, insurance)
- Medical certificates
- Professional fees in medico-legal cases
- Refusal to undergo recommended treatment or demanding treatment aside from that which the Intellicare doctors have recommended
- Blood screening
- Vaccines for immunization, anti-rabies, anti-venom, steroid injections
- Organ transplants or acquisition of an organ
- Procurement of orthotics, prosthetics, take-home medical appliances and other durable medical equipment (DME)



- Determining / ruling out PEC during the first 12 months of membership if result is positive
- Reproductive disorders, artificial insemination, circumcision, sex change
- Laser eye surgery for myopia or error of refraction
- Alternative medical treatment / procedures
- Sleep study not due to an organic illness
- Cosmetic alterations for aesthetic purposes
- Out-patient medicines and medical supplies
- Dental surgery, dental x-ray, impacted tooth / wisdom tooth
- Hypersensitivity tests to check for allergies and desensitization
- Any disability which may have affected a dependent prior to the 30th day after birth
- Pregnancy and pregnancy-related conditions



External Forces / Activities

- Exposure to imminent danger or health hazards
- Violation of a law or ordinance
- Extreme / hazardous sports-related injuries
- Fortuitous events / disasters
- Air or sea travel other than as a fare-paying passenger on a licensed aircraft / vessel

Illnesses / Conditions

- Congenital abnormalities
- Neuro-developmental & genetic disorders (which may result to mental retardation)
- Developmental delay
- Sexually transmitted diseases
- Psychiatric and psychological illnesses





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NOTE:

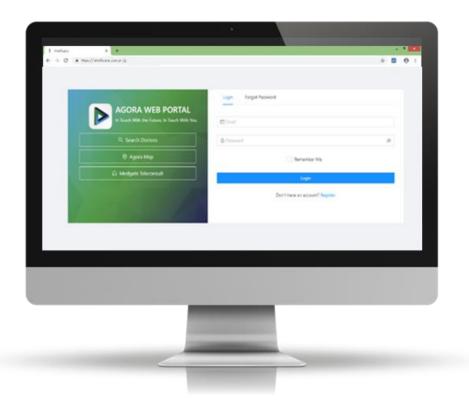
Always present your Intellicare Membership Card and Valid ID during availment. **LOST / DAMAGED CARDS**: must be reported to Intellicare immediately. **REPLACEMENT FEE**: Php100.00

Intellicare

R FULLERTON

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- **AGORA App** on your Internet Browser.
- Existing User Credentials on the Intellicare AGORA App can be used to access Intellicare AGORA Web.
- Active Principal and Dependent Members 18 years old and above can now register directly.
- Various benefits and features are available such as Digi-ID, e-Reimbursement Filing, eRCS1 and eRCS2 Generation, and many more!







TRUNK LINES (02) 7902-3400 / 8789-4000

TOLL – FREE NUMBER OUTSIDE METRO MANILA 1-800-10-789-4000



24/7 CALL SUPPORT MOBILE HOTLINE NUMBERS

(0920) 970 – 4724 (Smart) (0917) 840 – 4894 (Globe) (0922) 891 – 3957 (Sun)



24/7 TEXT SUPPORT MOBILE HOTLINE NUMBERS

(0920) 951 – 8452 (Smart) (0917) 805 – 2502 (Globe) (0922) 891 – 3925 (Sun)





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The **Client Orientation Team** would like to seek an honest **evaluation** about the **Trainer's performance** during the **HMO orientation**. The data that will be gathered will be our reference to improve the quality of the sessions we provide for our members.

Thank you for your participation!

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