



Employee Insurance Handbook

S&P Global Philippines Inc

For the Period 01 January 2025 to 31 December 2025

Important Notice

This is only a brief summary of the terms offered by the insurers. It is important that you are fully aware of all the terms, endorsements, exclusions & conditions in the policy. Kindly refer to the insurance policy for the detailed wordings

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Benefits Entitlement

Plan	Benefit Amount (PHP)
Group Yearly Renewable Term Plan	
Eligibility	Employees Only
Benefit Amount	Thirty times (30x) Basic Monthly Salary, maximum of PHP25,000,000.00 on any one life Critical Illness – 100% of life, maximum of PHP1,000,000 (on top of Basic Life coverage for future Critical Illness cases only)
Medical (Group Hospital & Surgical & Outpatient)	
Room & Board	Large Private
Maximum Benefit Level (MBL)	Based on Schedule of Benefits
Pre-Existing Limits (PEC)	
Existing and New Members	For existing and new members (principals and dependents) – up to the maximum card limit

Group Yearly Renewable Term Plan

Eligibility	All full time permanent and probationary employees aged eighteen (18) and not more than sixty-five (65).	
	Classification of Individuals	Eligibility Date
	Any individual whose permanent employment commenced on or prior to the Policy Effective Date of McGraw-Hill International Enterprises, Inc. (Phils.).	1-Jul-99
	Any individual whose permanent employment commenced prior to 01 April 2006	The date of their permanent appointment.
	Any individual whose employment is on or after 01 April 2006	The date they are hired by the Policyholder.
Amount of Insurance	<p>Thirty times (30x) Basic Monthly Salary, maximum of PHP25,000,000.00 on any one life</p> <p>Free Burial Benefit amounting to Php30,000</p>	

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<p>Evidence of Insurability</p> <p>No Evidence Limit</p>	<p>The No Evidence Limit shall be up to 65 years old and/or up to PHP10,500,000.00 coverage. The new NEL age and amount shall be prospective. Hence, all pending medical requirements from any individual shall still be complied with.</p> <p>The following shall be required to submit the evidence of insurability satisfactory to the Company:</p> <ol style="list-style-type: none"> 1. Any individual whose initial and/or additional amount of insurance is in excess of PHP10,500,000.00 and salary increase is 20% and below shall be required to submit a declaration of Good Health (DOGH) form provided that the last medical examination done is not more than 3 years. 2. Any individual whose initial and/or additional amount of insurance is in excess of PHP10,500,000.00 and salary increase is greater than 20% shall be required to undergo medical examination. 3. Any individual whose application for insurance is submitted to and received by the Company after 31 days from his eligibility date shall be required to either submit a Health Statement Form or undergo medical examination depending on the assessment of the Company. The expense for the medical examination shall be personally borne by him. 4. Any individual who availed himself of the conversion privilege hereunder and whose converted policy still remains in force at the time he is re-employed by the Policyholder shall be required to undergo medical examination.
<p>Termination of Insurance</p>	<p>Termination of individual insurance will take effect on:</p> <ol style="list-style-type: none"> 1. 1. The date the Policy terminates . 2. The date he is separated for whatever cause from the Policyholder. 3. The date he enters into any military service either ground, naval, or air service or any non-combatant unit auxiliary to said military service of any country at war whether or not such war is declared. 4. The date he ceases active work. However, payment of the required premiums will continue his insurance in force: <ol style="list-style-type: none"> a. During the continuance of disability, if he ceases active work on account of disability or b. For 3 months, if he ceased active work on account of temporary layoff or leave of absence 5. The date he reaches normal retirement age or the date he attains his 65th birth anniversary, whoever comes first.

<p>Death Benefit</p>	<p>The Company will pay the amount of insurance of an individual, in the event of his death from any cause, to his designated beneficiary or beneficiaries.</p>
<p>Conversion of Privilege</p>	<p>Each individual has the privilege to convert his insurance hereunder into an ordinary individual life insurance policy without showing evidence of insurability. However, he may only exercise this privilege if:</p> <ol style="list-style-type: none"> 1. He shall apply for conversion and pay the Company the first ordinary policy premium within 31 days after such separation 2. The ordinary Policy shall, at its option be on any one of the forms of life insurance but without any disability rider, and except term insurance or preferred risks policy 3. The ordinary policy shall be for an amount equal to or less than his amount of insurance hereunder which has been discontinued because of such separation; subject, however, to the standard minimum requirements on annual premium and face amount under such ordinary policy at the time of conversion 4. The premium on the ordinary policy shall be at the Company's then customary rate applicable to the form and amount of ordinary policy applied for, to the class risk to which he then belongs, and to his attained age on the date of issue of the ordinary policy 5. A conversion fee of PHP65.00 per PHP1,000.00 of insurance for coverage in excess of PHP50,000.00 shall be charged the individual exercising this conversion privilege.

Settlement of Insurance Proceeds

Lump Sum

Upon receipt of the Company of the proof/s that an individual died while insured hereunder or suffered a loss as provided by the disability rider, if any, for which benefits are payable, the Company will pay the insured individual or his designated beneficiary, as the case may be, the corresponding amount of insurance.

If any designated beneficiary should predecease the insured individual, or should be disqualified under the law, his interest as such shall be thereupon automatically terminated. However, if two or more beneficiaries have been designated, the interest in the share proceeds of any one who may predecease the insured individual or who may be disqualified under the law shall accrue to the surviving beneficiary or beneficiaries, equally, unless the insured individual, in the exercise of his right or revocation, should designate new beneficiary or beneficiaries.

Should the beneficiary designate a minor and irrevocably designated, a judicial guardian for such minor need not be appointed if the amount of insurance does not exceed PHP500,000.00.

If there are no beneficiaries designated by the insured or if there are no designated beneficiary surviving at the death of the insured, the following classes of individuals, on this order of preference, shall be deemed named by the insures as his contingent beneficiary or beneficiaries:

1. widow or widower
2. surviving, legitimate, legitimated, legally adopted and recognized natural children
3. surviving illegitimate children without distinction
4. surviving parents
5. surviving brothers and sisters of the full blood
6. surviving brother and sisters of the half blood
7. executors, administrators, or assigns

If there are two or more beneficiaries in the classes entitled to the proceeds of the insurance, they shall share equally. Any minor's share shall be paid to him in the manner provided for by law.

Designated Beneficiaries

Designated beneficiaries may be changed whenever there are any life event changes such as marriage and new family additions.

If change is needed, please fill out this [Insular Individual Application Form](#) and soft copy to [People Services](#). This will be kept in employee's file and will be given to Insular in the event of claim.

Beneficiary designation of domestic and same sex partners is not restricted. Insurance company will not decline and automatically accept domestic and same sex partners. Consideration is evaluated on a case-to-case basis to establish insurable interest. The burden of proof shall be with the insured.

Group Accidental Death and Disability benefit (AD&D) Rider

If the insured suffers, directly or independently of all other causes, any accidental bodily injury which result in any of the specified losses described below within 180 days after the date of the accident causing the loss, the Company shall pay the indemnities set below, provided that the date of accident occurred during the continuance of this Rider before the 66th birth anniversary of the insured. The Sum Insured shall be equal to the insured's amount of insurance appearing on the Policy to which this Rider is attached.

Schedule of Indemnities:

Loss	Indemnity
Life	The Sum Insured
Both Hands	The Sum Insured
Both Feet	The Sum Insured
Sight of Both Eyes	The Sum Insured
One Hand and One Foot	The Sum Insured
Sight of One Eye and One Foot or Sight of One Eye and One Hand	The Sum Insured
One Hand or One Foot or Sight of One Eye	The Sum Insured

Loss of hand means severance at or above the wrist. Loss of foot means severance at or above the ankle joint. Total loss of the use of one hand or foot, if not severed, shall be presumed to be permanent if it had continued uninterruptedly for a period of at least 6 months. Such period of total loss shall be considered as loss of said hand or foot. Loss of sight means total and irrevocable loss of sight.

If one or more than one loss in this schedule are sustained as a result of one accident, payment shall only be made for the loss for which the largest benefit is payable. Losses sustained as a result of any subsequent accident shall be considered for payment separately from and independently of other losses sustained in a previous accident.

The Company reserves the right to examine the body of insured and make an autopsy thereof in case of death unless forbidden by law before making any payment under this rider.

Exceptions

No benefit shall be payable under this Rider of the insured individual's death or disability shall result from any one of the following causes:

1. Self-destruction or self-inflicted injuries whether the insured individual be sane or insane at the time of commission
2. Bodily or mental infirmity or disease of any kind
3. Poisoning or infection other than infections occurring simultaneously with and in consequence of a cut or wound sustained in an accident.
4. Any injury suffered while on police duty in any military, naval, or police organization; b.) in any riot, civil commotion, insurrection or war or any act incident hereto; c.) while traveling as a passenger or otherwise in any form of air or submarine transportation, or while engaging in aeronautics or an aircraft operated by a passenger airline on a scheduled passenger trip over its established passenger route; d.) in any violation of the law by the insured or assault provide by the insured.
5. Atomic fissions or radioactive gas

Note: The rider terminates once the insured attains his 66th birthday.

Group Total and Permanent Disability Benefit (TPD) Rider

The amount of insurance shall be payable under this Rider in the event he becomes totally and permanently disabled, subject to the following conditions:

1. The insured individual is totally and permanently disable before reaching his 66th birthday and prior to the date his insurance terminates in accordance with the termination of individual insurance provisions of the policy
2. The insured individual's disability has continued uninterruptedly for at least 6 months
3. The insured individual has been terminated from employment because of his total and permanent disability
4. Proof of disability of the insured individual is received and approved by the Company
5. The insured individual has not yet converted his group insurance under any conversion option of the Policy to which the rider is attached

Note: Total and Permanent Disability is a disability resulting from bodily injury due to accident or disease which wholly prevents the insurance individual from engaging in any business or occupation or performing any work, physical or mental, for compensation, profit, or gain.

The rider terminates on the date of the 66th birth anniversary of the insured individual.

Group Critical Illness Benefit (GCIR) Rider

The amount of insurance shall be payable under this Rider upon receipt of satisfactory proof that the Insured Individual was diagnosed by a physician as having a critical illness as defined under this Rider.

The covered illnesses shall be limited to the following illnesses, as herein defined:

1. **Chronic Renal Failure** - The end state renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is instituted.
2. **Coronary Artery Bypass Surgery** - The actual undergoing of open chest surgery for the correction of two or more coronary arteries, which are narrowed or blocked by coronary artery bypass graft (CABG), causing inadequate myocardial blood supply. The surgery must have been proven by means of the coronary angiography. Laser therapy angioplasty and/or any other intra-arterial procedures are excluded from this definition.
3. **Myocardial Infarction** - The death of a portion of the heart muscle as a result of inadequate blood supply. Diagnosis must be based on:
 1. Electrocardiographic changes; and
 2. Higher level of cardiac enzymes above standard laboratory level of normal
4. **Major Organ Transplant Surgery** - The human to human organ transplant from a donor to the insured individual, as done, of one or more of the following organs – kidney, heart, lung, liver, pancreas, or the transplantation of bone marrow. The transplantation of any other organ, only part of an organ or any other tissue transplant are excluded from this definition.
5. **Malignant Cancer** - The presence of one or more malignant tumors, including malignant lymphoma, Hodgkin's disease, leukemia and malignant bone marrow disorders, and is characterized by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:
 1. Tumors which are histologically described as pre-malignant or showing the malignant changes of "carcinoma in situ" and not requiring radical surgery;
 2. Skin cancers and melanomas except where a malignant melanoma is equal to or greater than Clark level 3 or 1.5mm depth of invasion; or
 3. Prostatic cancers which are histologically describes as TNM Classification T1 or are of another equivalent or lesser classification.
6. **Stroke** - Any cerebrovascular accident or incident producing neurological sequelae lasting more than twenty-four (24) hours. This includes infarction of brain tissue, intracranial or subarachnoid hemorrhage, embolization from an extracranial source. Transient ischaemic attacks, cerebral symptoms due to migraine and vascular disease affecting the eye or optic nerve are excluded.

Risk Not Covered:

1. The relevant Critical Illness condition was caused directly or indirectly by:
 - a. Addiction to alcohol/drugs
 - b. Diseases in the presence of an HIV infection
 - c. Attempted suicide or intentional self-inflicted injury by the insured individual

2. Advice or treatment of the Critical Illness was sought or obtained from a medical practitioner, chiropractor, naturopath or any other practitioner of a similar kind within (12) months immediately prior to the effective date of coverage of the insured member.
3. If death occurs within 30 calendar days from occurrence or diagnosis of Critical Illness.

Guidelines on Filing a Claim

1. Insured/Beneficiaries accomplishes all disability/death claim requirements in hard copy. (requirements below)
2. Insured/Beneficiaries emails soft copies to Aon Claims team (jobelle.villanueva@aon.com and flor.dekit@aon.com) for their review to check validity of claim prior to submitting the hard copies.
3. Aon emails the soft copies of claim documents to Insular Life for final validation and checking the completeness of claim documents. If the document is complete claim will be processed and insured / beneficiaries will be instructed to submit hard copies to Insular Life.
4. Insured/Beneficiaries submits all disability / death claim requirements in **hard copies** to Insular Life at insured or beneficiaries own expense. Contact details below:

Rommel Marqueses
 Insular Life
 Corporate Accounts Department
 4/F Insular Healthcare Building
 167 Dela Rosa corner Legaspi Sts.,
 Legaspi Village, Makati City

5. If documents are complete and claim is valid, Insular Life processes claim and pays out the insurance benefits to the insured/beneficiaries' bank account through wire transfer.
6. Insular Life sends the proof of settlement and quit claim to Aon.
7. Aon sends the proof of settlement and quit claim to Insured / Beneficiaries for sign off. The signed quit claim should be returned to Aon.

Death Claim Requirements

Must be accomplished and submitted in hard copies with wet signatures

1. [Claimant statement/s](#) to be accomplished by the beneficiary/ies. Must be notarized.
2. [Attending Physician's Statement](#). Must be notarized.
3. Original Death Certificate with Local Civil Registry (LCR) No./issued by Philippine Statistics Authority (PSA)
4. Original Marriage Contract with LCR No./ issued by PSA
5. Certificate of No Marriage / CENOMAR (If insured is single) / Advisory on Marriages (if married) issued by Philippine Statistics Authority (PSA)
6. Original Birth Certificate/s of beneficiaries & insured with LCR No. issued by Philippine Statistics Authority (PSA)

7. Employer's certification stating, among other things, the deceased's date of employment, status of employment at the time of death, last day of actual work, leave of absence from _____ (if any). Request this certification from [People Services](#) / peopleservices@spglobal.com.
8. Daily time record at least one month prior to date of death. Request this certification from [People Services](#) / peopleservices@spglobal.com.

Disability Claim Requirements

Must be accomplished and submitted in hard copies with wet signatures

1. Insured's [Statement of disability claim form \(IL Form\)](#)
2. [Attending Physician's statement and disability claim form \(IL Form\)](#)
3. Original/PSA Certified true copy of Birth Certificate of insured
4. Employer's certification stating, among other things, the insured's date of employment, status of employment at the time of disability, last day of actual work, leave of absence prior to disability (if any). Request this certification from [People Services](#) / peopleservices@spglobal.com.
5. Employee's Daily Time Record. Request this certification from [People Services](#) / peopleservices@spglobal.com.
6. Complete medical records related to the disability

Additional Requirements for Minor Beneficiaries (Parent is the Guardian)

- Share of the minor is less than or equal to Php500,000.00
 1. Notarized [Affidavit of Parental Authority](#)
 2. Proof of relationship of minor and guardian such as PSA Copy of Birth certificate
- Share of the minor is more than Php500,000.00
 1. Petition for Approval of Guardian's bond
 2. Decision Granting the Approval of the Guardian's bond
 3. Guardian's Bond duly filed in court with copies of Official Receipt
 4. Letters of Guardianship issued by the court
 5. Oath of Office of Guardian

Additional Requirements for Minor Beneficiaries (Guardian is not the Parent)

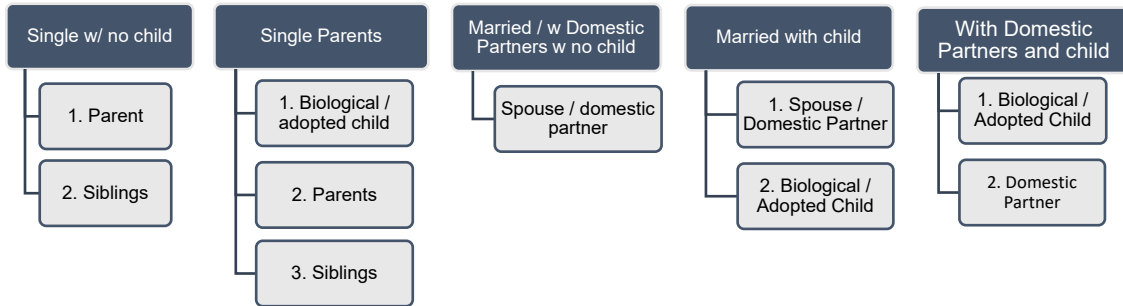
- Share of the minor is less than or equal to Php500,000.00
 1. Notarized [Affidavit of Substitute Parental Authority](#)
 2. Proof of relationship of minor and guardian
 3. Proof of Death/Incapacity of both parents
 4. Any document to show that guardian has actual care and custody of the minor
- Share of the minor is more than Php500,000.00
 1. Petition for Approval of Guardian's bond
 2. Decision Granting the Approval of the Guardian's bond

3. Guardian's Bond duly filed in court with copies of Official Receipt
4. Letters of Guardianship issued by the court
5. Oath of Office of Guardian

Medical

Eligibility, Dependent Enrollments and Hierarchy

<p>Eligibility</p>	<p>All full time permanent and probationary employees aged eighteen (18) and not more than sixty-five (65).</p> <p>All eligible dependents of permanent and probationary employees, provided <u>hierarchy is followed.</u></p>
<p>Dependent Enrollment (applicable to all types)</p>	<ul style="list-style-type: none"> • New Hires: Must enroll within 30 calendar days from hire date or effective date of permanent employment • Life Events: Must enroll within 60 calendar days from date of legal marriage, new born/legal adoption. • There will be no exemptions beyond the prescribed period, otherwise employee will have to wait open enrollment period during contract renewal • Note: change of marital status in Workday will automatically be transmitted to Intellicare's system <ul style="list-style-type: none"> • Expect current company paid dependents' coverage (i.e. parents/siblings) to be cancelled unless employee agrees to pay premiums (pro-rated on conversion to voluntary dependent date) via salary deduction. • Request to cancel dependents at the middle of the contract year is not allowed except for conversion to voluntary dependents due to change of marital status, cessation of employment or death
<p>Hierarchy of Dependents – follows marital status of employee</p>	
<p>Company-Paid Dependents</p>	<p>Company-paid dependents covered by the Company as defined below. Can enroll up to 4 qualified dependents and hierarchy below must be followed.</p> <p>See hierarchy below:</p>



- Parents and spouse/domestic partner– should not be more than 65 years old
- Siblings – should be 30 days old to 23 years old; eldest to youngest; fully dependent financially to the you
- Children – biological / legally adopted child from 0 to 23 years old; eldest to youngest; fully dependent financially to you
- Note: Widow / Widower marital status is also same as married

Employee-Paid Dependents

Those who are not eligible as company-paid dependents; their premium will be subject to salary deductions.

See hierarchy below:

Overaged Dependents (single / married / w domestic partners)	Married / with Domestic Partner	Qualified 5th dependent (or more) Single	Qualified 5th dependent (or more) Married / w Domestic Partner
• Spouses • Parents	• Parents • Siblings	• Parent • Siblings / Children	• Children

- Spouses/domestic partners and parents – 66 to 75 years old
- Siblings / children – 24 to 25 years old and are financially dependent to you
- 5th or more dependents
 - Children up to 23 years old
 - Parent up to 65 years old
- Note: Widow / Widower marital status is also same as married

Coverage

Refer to Schedule of Benefits for the policy details.

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Schedule of Benefits

Key Features		
Member Type	Room & Board	Maximum Benefit Limit (MBL)
Per Principal/ Per Immediate Dependent	Large Private	250,000
Per Over-aged Immediate Dependent (Child/ Sibling 24-25 years old)	Large Private	250,000
Per Over-aged Immediate Dependent (Spouse/ Parent 66-70 years old)	Large Private	250,000
Per Extended Dependent (Parent up to 65 years old; Sibling up to 23 years old)	Large Private	250,000
Per over-aged Extended Dependent of Married Employee (Parent 66-70 years old/ Sibling 24-25 years old)	Large Private	250,000
Per Over-aged Extended Dependent of Married Employee (Parent 71-75 years old)	Large Private	250,000
<ul style="list-style-type: none"> Pre-existing Limits (PEC): For existing and new members (principals and dependents) – up to the maximum card limit 		
a) Annual Physical Examination		
<ul style="list-style-type: none"> Complete blood count Physical examination Urinalysis Fecalalysis Chest X-ray Fasting Blood Sugar Cholesterol Eye Refraction Electrocardiogram (For members age thirty-five (35) years and above, or if indicated) Pap smear (For female members age thirty-five (35) years and above, or if prescribed) Evaluative doctor's consultation <p><i>NOTE: Any diagnostic tests outside the standard APE package will be considered Outpatient and will be deducted from Maximum Benefit Limits. If you would like to avail additional procedures, a doctor's request and standard Outpatient process (RCS / LOA referral request) will be followed.</i></p> <p>For employees – This is pre-determined activity and will be given a time period to complete. Employees should take their APE at Aventus Makati, Aventus Ortigas or onsite (S&P Global offices). There will be an email announcement regarding this.</p>		

For dependents – Dependents should take their APE at any Aventus Branch. Results should be claimed by the patient themselves. If dependent is outside Metro Manila and there are no available Aventus branches in the province, you may get the latest list of Intellicare accredited APE clinics from Aon Service Team.

[Click here for Aventus branches](#)

How to book:

1. [Aventus APE Online Booking System](#) – preferably use Google Chrome
2. If non-Aventus: accomplish this [non-Aventus Branch template](#) and email accomplished template (password protected) to Aon Service Team.

b) Preventive Care

- Periodic medical check-up
- Management of health problems
- Counseling on health habits, diet and family planning
- Record keeping of medical history
- Routine Immunization (except cost of vaccines)

c) Outpatient Care

- Medical consultation during regular clinic hours, excluding prescribed medicines;
- Referral to accredited specialist/s;
- Eye, Ear, Nose, and Throat consultations;
- Treatment of minor injuries and/or illnesses (including ATS and Toxoid vaccines if indicated, except anti-rabies)
- Laboratory tests, x-rays, and other diagnostic exams prescribed by the Intellicare physician;
- Minor surgery not requiring confinement;
- Speech therapy is covered up to fourteen (14) sessions per year respectively
- Physical therapy is covered up to fourteen (14) sessions per year
- Pre-natal and post-natal consultations are covered up to sixteen (16) consultations per year
- Allergy testing is covered up to PHP2,500 per year if prescribed by an accredited physician
- Cryosurgery is covered up to PHP1,000 per area per member per year

Note: Effective January 1, 2025, a co-payment scheme will be applied to all enrolled dependents that will undergo Out-Patient treatments in the 6 major hospitals (Makati Medical Center, St. Luke's Global & Quezon City, Asian Hospital Alabang, Medical City Hospital Pasig and Cardinal Santos Medical Center). This will be applicable for online (non-Telaventus / non-Medgate teleconsult) or Face-to-Face consultation, laboratory examination, diagnostic procedure and other Out-Patient medical treatments (i.e. Physical Therapy, Speech Therapy, Chemotherapy, etc.).

The dependent member shall co-pay five hundred pesos (Php500.00) per LOA and the amount shall be paid directly to attending accredited Physician/ Doctor and Hospital. Out-Patient avilment can only proceed once co-payment amount is settled.

Co-pay will kick-in once deductible/s have been applied. Sample deductibles are as follows:

- Senior Citizen and/or PWD discount
- Philhealth for certain Out-Patient procedures (hemodialysis, endoscopic exam, chemo-radio therapy, etc.)

d) Inpatient Care (Non-Emergency)

- Room and Board benefits specified in Schedule per category;
- Use of operating room and recovery room facilities;
- Professional services of all attending accredited specialists
- Anesthesia and medications;
- Blood transfusions and intravenous fluids;
- Transfusion of fresh whole blood including human blood products (except Gamma Globulin)
- Laboratory tests, x-rays, and other diagnostic examinations;
- Administered medicines;
- Admission kit including ice cap/ wee bag
- Dressings, plaster casts, sutures and other items directly related to the medical management of the patient;
- ICU confinement is covered up to the PEC limit
- Ambulance service (hospital to hospital) to be covered thru reimbursement up to Php3,000 per conduction.
- Assistance in administrative requirement through the liaison officer
- All other hospital charges deemed necessary by the Intellicare Accredited Physician in the treatment of the patient

Note: Effective January 1, 2025, a co-payment scheme will be applied to all enrolled dependents that will undergo In-Patient treatments in the 6 major hospitals (Makati Medical Center, St. Luke's Global & Quezon City, Asian Hospital Alabang, Medical City Hospital Pasig and Cardinal Santos Medical Center).

The dependent member shall co-pay five thousand pesos (Php5,000.00) from the total coverable In-Patient charges. Intellicare shall cover the total coverable hospital bills and professional fees less of the five thousand pesos (Php5,000.00) member share per confinement. In-Patient availment can only proceed once co-payment amount is settled.

Co-pay will kick-in once deductible/s have been applied. Sample deductibles are as follows:

- Senior Citizen and/or PWD discount
- Philhealth (required to be filed for all In-Patient cases)

Note: Other modalities of treatment and/ or diagnosis requiring sophisticated equipment and performed by highly skilled technicians or specially trained doctors for which there are no comparable conventional or traditional equivalents or counterparts will have a maximum limit of PHP5,000.00. Non-emergency confinement or surgery shall be subject to prior review and approval by the Intellicare review board. Intellicare reserves the right to direct the member to other physicians or specialists for further opinion as needed so as to protect the interest of both the member and Intellicare.

General Limitations for Inpatient and Outpatient Cases

Diagnostic Procedures	
Procedures	Benefits
Open Heart Surgery/ Angiography/ Angiogram	Up to PEC Limit
Transurethral Microwave Therapy of Prostate	Up to PEC Limit
Percutaneous Ultrasonic Nephrolithotomy	Up to PEC Limit
Lithotripsy	Up to PEC Limit
Laparoscopic Procedure	Up to PEC Limit
Arthroscopic Procedure (Orthopedic Arthroscopy)	Up to PEC Limit
Hysteroscopic Procedures	Up to PEC Limit
Dialysis	Up to PEC Limit
Chemotherapy/ Radiotherapy	Up to PEC Limit
Gamma Knife Surgery (based on cobalt/radiotherapy)	Up to PEC Limit
CT Scan	Up to PEC Limit
Ultrasound (except for maternity cases)	Up to PEC Limit
Thallium Scintigraphy	Up to PEC Limit
Benign Prostatic Hypertrophy	Up to PEC Limit
2D-Echo with Doppler	Up to PEC Limit
24-Hour Holter Monitoring	Up to PEC Limit
Herniorraphy	Up to PEC Limit
Electromyography	Up to PEC Limit
Treadmill Stress Test	Up to PEC Limit
Myelogram	Up to PEC Limit
Video Gastroscopy	Up to PEC Limit
Mammography/ Sonomammogram	Up to PEC Limit
Bone Densitometry Scan (Dexascan)	Up to PEC Limit
MRI (Magnetic Resonance Imaging)	Up to PEC Limit
NRIS (Nuclear Radioactive Isotope Scan)	Up to PEC Limit
Neuroscan	Up to PEC Limit
Perfusion Scan	Up to PEC Limit

Note: All procedures/ diagnostic exams, if deemed required for any pre-existing conditions/ dreaded diseases, shall be subject to the Dreaded Diseases/ Pre-existing clause under the agreement

e) Dental

- Dental Examination;
- Twice (2x) a year oral prophylaxis
- Oral health education through chairside instruction;
- Orthodontic consultation (braces and malposition of teeth);
- Pre-natal check of teeth and gums;
- Temporo Mandibular Joint (TMJ) consultation (clicking of jaws);
- Conduct activities on dental health education (e.g. regarding AIDS);
- Emergency dental treatment for the relief of pain;
- Gum treatment for cases like inflammation or bleeding;
- Temporary fillings;
- Simple extraction of unsavable tooth;
- Recementation of fixed bridges, crowns, jackets, inlays/outlays.
- Four (4) teeth light cure fillings per year
- Desensitization of hypersensitive teeth up to two (2) teeth
- Surgical molar extraction for **one (1) impacted tooth** per member per year

f) Emergency Care

In accredited hospitals:

- Doctor's services
- Medicines used
- Oxygen and intravenous fluids
- Dressings, casts and sutures
- Laboratory, x-ray and other diagnostic examinations directly related to the emergency management of the patient

In non-accredited hospitals:

- Intellicare agrees to reimburse one hundred percent (100%) of the total hospital bills inclusive of professional fees based on relative value scale (RVS) using Intellicare accredited hospitals, but not to exceed the Maximum Benefit Limit.

In foreign countries:

- Confinement while in a foreign territory under circumstance considered as emergency cases shall be treated as if the member had been confined in a non-accredited hospital facility using HMO Relative Values Scale (RVS) but not to exceed the Maximum Benefit Limit.

g) Room & Board Accommodation

Procedures

Benefits

Voluntary Room Upgrading	Member will be charged with the room & board difference including the incremental cost if he chooses and occupies a room one category higher than what they are entitled to.
Involuntary Room Upgrading	In case of confinement and room is not available, the Member is allowed to upgrade to the next higher priced room category (except suite room) without any incremental charges for forty-eight (48) hours (2 days) from day one of confinement. On the forty-ninth (49th) hour, whether a room becomes available or not, incremental costs shall be charged to the member. From the time of confinement, the member is obligated to transfer should a room of his category becomes available, otherwise, incremental costs will be charged.

h) Financial Assistance including Death Benefit and Disability Benefit (For principals only)

Cause of death or Disability	Benefit Amount (PHP)
Natural death	25,000
Accidental death	25,000
Loss of both hands	10,000
Loss of both feet	10,000
Loss of sight of both eyes	10,000
Loss of one hand and one foot	10,000
Loss of one hand and sight of one eye	10,000
Loss of one foot and sight of one eye	10,000
Loss of one hand or one foot	5,000
Loss of sight of one eye	5,000

i) Additional Benefits/ Endorsements

- Anti-rabies, anti-tetanus and anti-venom shall be covered up to PHP30,000 per year
- Sclerotherapy shall be covered up to PHP30,000 per year
- Cauterization of warts (from face down except genital warts) is covered up to PHP2,000 per year; should not be cosmetic/aesthetic purposes
- Work-related illness or injury shall be covered subject to the exclusions and limitations of the contract
- Vehicular accidents shall be covered by Intellicare up to the PEC limit per year subject to the exclusion and limitations of the contract
- Congenital illnesses/disease (present from birth) shall be covered up to PHP100,000 per year subject to the PEC limit.
- Intellicare shall provide one Doctor to visit twice a month at four hours per day (2 shifts per day; 2 hours per shift)
- Brachytherapy is covered up to PEC limit
- Genetic Studies is covered up to PEC limit
- Photodynamic Therapy is covered up to PEC limit subject to the exclusions and limitations of the contract

- Intensified Modulated Therapy (IMRT) shall be covered up to PEC limit
- Continuous Positive Airway Pressure (CPAP) Titration for Sleep Study is covered up to PEC limit
- Tuberculin Test (except screening) is covered up to PHP600 per year if the member shows symptoms of Tuberculosis and if prescribed by accredited physician
- Slipped disc, spondylosis and spinal stenosis is covered up to Pre-Existing Condition Limit per member per year.
- Scoliosis is covered up to Pre-Existing Condition Limit per year
- HIV/AIDS shall be covered up to 100% of the Maximum Benefit Limit per member per year. HIV Screening and Out-Patient Medicines are not covered.
- Internal prosthetic device (steel implants) shall be covered up to One Hundred Thousand Pesos (Php100,000) per member per year.
- Chiropractic procedure shall be covered through reimbursement worth up to Thirty Thousand Pesos (Php30,000) per member per year, not to exceed One Million Pesos (Php1,000,000) for the whole group.
- Therapy and treatment for neuro-developmental disorders up to the maximum benefit limit per member per year, not to exceed Two Million Pesos (Php2,000,000) for the whole group.
- With access to Healthway Medical Clinics (except for APE).
- Intellicare agrees to extend coverage of the enrolled dependents of the deceased employee of the company until contract expiry.

j) **Maternity Benefits**

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) subject to the following limits:

- Caesarian Section – Php50,000.00
- Normal Delivery – Php30,000.00
- Miscarriage/Abortion – Php15,000.00

Note: Intellicare shall cover RT-PCR testing up to **two thousand five hundred pesos (Php2,500.00)** per member per year if required prior maternity delivery, to be deducted to the maternity delivery limit.

Reimbursement Requirements (both soft copy and originals are required to be submitted)

- Official Receipt with TIN (**payable to Asalus Corporation**)
- Certified True Copy of child's birth certificate
- Medical Certificate (stating nature of delivery i.e. Normal, Caesarian)
- Statement of Account (with itemized hospital bills)

NOTE: Intellicare will only process maternity reimbursement if all originals of the following documents are submitted to Intellicare. **Claim should be submitted within 60 calendar days from date of delivery**, following the reimbursement procedure and guidelines. Please make sure to read the Intellicare process and guidelines thoroughly.

[Refer to Intellicare reimbursement process and guidelines here.](#)

k) **Pandemic Coverage**

In the event of a WHO declared pandemic, a government declaration of an epidemic, or a national health emergency, Intellicare shall cover such cases under the following conditions:

- 100% company paid.
- Coverage shall be provided to all principal & dependent members.
- Amount of coverage shall be up to the card limit member per year (aggregate limit for all Pandemic/Epidemic Illnesses), not to exceed Five Million Pesos (Php5,000,000.00) for the whole company
- Coverage shall be strictly within Intellicare network of providers only.
- Screening Tests are not covered.
- In case of availments in a non-accredited facility, NO reimbursements shall be allowed for non-emergency cases (i.e. OP, IP, Screening).
- 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

l) **Mental Health Coverage**

Intellicare shall cover twelve (12) consultations worth up to two thousand five hundred pesos (Php2,500.00) each consultation through Intellicare reimbursement per member per year for cases of Mental Health, not to exceed Three Million Pesos (Php3,000,000.00) for the whole company).

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)

NOTE: Intellicare will only process mental health consultation reimbursement if all originals of the following documents are submitted to Intellicare. **Claim should be submitted within 60 calendar days from availment** following the reimbursement procedure and guidelines. Please make sure to read the Intellicare process and guidelines thoroughly.

[Refer to Reimbursement Guidelines and Procedures here](#)

m) **Immunization Vaccines**

Intellicare shall cover immunization vaccines (except Covid-19 Vaccines) **through Aventus Clinics or outside of Aventus Clinics** 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

Availment Procedures:

A. Aventus Clinics:

1. Member completes the [Appointment template](#)
2. Member emails the completed template (password protected) direct to the following recipients (subject to vaccine availability):

to: Aventus (adriannecarla.garcia@aventusmedical.com.ph, Aventus.AS@aventusmedical.com.ph and bernalyn.angeles@aventusmedical.com.ph)

cc: Aon (carol.delos.reyes@aon.com and poliyana.clemena@aon.com)

3. Aventus confirms vaccine availability or vaccination appointment.

B. Non-Aventus clinics

1. Contact the Intellicare-Accredited facility
 - Check vaccine availability and set an appointment (if possible)
2. Request for Intellicare's pre-approval by emailing the following information to css.info@intellicare.com.ph at least 2 working days prior to availment date
 - Name of Member
 - Account number: 80-00-xxxxx-xxxxx-xx
 - Company: S&P Global Philippines Inc.
 - Availment: Immunization Vaccine
 - Name of Doctor (if known)
 - Name of Accredited Facility
 - Member contact number
 - Date of availment
 - Member date of birth
 - Soft copy of Intellicare card and 1 valid government ID
3. Visit the Intellicare-Accredited facility on the date of confirmed availment and present the pre-approval request, Intellicare ID and 1 valid government ID

n) Fertility Treatment (for principals only)

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:

- Blood test
- Sperm Analysis
- Transvaginal Ultrasound
- Sonohysterogram

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.

NOTE: Intellicare will only process fertility treatment reimbursements if all originals of the following documents are submitted to Intellicare. **Claim should be submitted within 60 calendar days from availment** following the reimbursement procedure and guidelines. Please make sure to read the Intellicare process and guidelines thoroughly.

[Refer to Reimbursement Guidelines and Procedures here](#)

o) Gender-Affirming / Sex Reassignment Procedures (principals only)

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 card limit.

- Members must secure the following to be eligible for coverage:
 - Psychiatric clearances from three (3) different Psychiatrists
 - Cardio Pulmonary Clearance
- Psychological/Psychiatric clearance as gender dysphoric and Cardio Pulmonary clearances prior any procedure/treatment shall be deducted from the members' maximum benefit limit

Please reach out to [Aon Service Team](#) prior to availing the service. Once confirmed, reimbursement can be submitted.

NOTE: Intellicare will only process reimbursements if all originals of the following documents are submitted to Intellicare. **Claim should be submitted within 60 calendar days from availment** following the reimbursement procedure and guidelines. Please make sure to read the Intellicare process and guidelines thoroughly.

[Refer to Reimbursement Guidelines and Procedures here](#)

p) Exclusions

1. Services rendered by non-accredited doctors, except with the prior written authorization of Coordinator, or in Emergency cases
2. Hospital charges for special or private nursing services, supplemental foods and medicines like vitamins and minerals (unless prescribed), extra accommodation and non-medical personal appliances such as radio, television, telephone, computer
3. Health/Annual/Pre-employment check-ups for other companies, government requirements, insurance purposes or travel abroad
4. Recuperation such as confinement in a sanitarium or convalescent home, rehabilitation medicines (including work-ups), custodial, domiciliary care, government imposed quarantines
5. Medical Certificates
6. Professional fees in medico-legal cases
7. Refusal to undergo recommended treatment or demanding treatment for which Intellicare doctors believe a professionally acceptable alternative exists
8. Blood Screening
9. Vaccines for immunization, anti-rabies, anti-venom, steroid injections
10. Organ transplants or acquisition of an organ
11. Procurement or use of eyeglasses, special braces, steel implants, buckles for retinal detachment, wheelchairs or prosthetic appliances including but not limited to items such as artificial limbs,

- hearing aids, crutches, intra-ocular lens, contact lenses, artificial hips or joints, pacemakers, mesh (for hernia), stents and ventilating tubes
12. Determining / Ruling out PEC during the first 12 months of membership if result is positive
 13. Determining / ruling out of hepatitis or tuberculosis if result is negative
 14. Circumcision, infertility or fertility and virility/potency (erectile dysfunctions), artificial insemination, sex change
 15. Laser eye surgery for myopia or error of refraction
 16. Acupuncture, chiropractic treatment, iridology, chelation, cell implant therapy
 17. Speech or physical therapy in excess of 14 sessions
 18. Sleep study, unless directly related to an organic illness covered up to PHP5,000
 19. Reconstructive surgery except to treat a functional defect directly caused by accident or illness covered herein, cautery of warts, milia, xyringoma, facial moles, and aesthetic, cosmetic or beautification alterations.
 20. Outpatient medicines and medical supplies except in emergency cases
 21. All other treatments, laboratory examinations, diagnostic procedures and surgical procedures not specially defined in this Agreement are considered not covered (Example but not limited to the following: Dental Surgery, Dental X-Ray etc.)
 22. War-like or combat operations, government declared acts of rebellion, active participation in riots or demonstrations, strikes or labor disputes, terrorism, provoked criminal acts, violation of a law or ordinance, commission of a crime whether consummated or not, serving in the military, naval or air forces of any country or international authority, unnecessary exposure to imminent danger of hazard, active participation in setting of and/or handling pyrotechnic materials, attempted suicide, self-inflicted injuries
 23. Participation in hazardous activities such as skydiving, motor sports, judo, karate, taekwondo, boxing, wrestling, bungee jumping, scuba diving, snorkeling, horseback riding, polo, hunting, mountain climbing, rock climbing, hang gliding, spelunking, ballooning, gymnastics or partaking as a paid professional or semi-professional in any sport
 24. Government declared epidemics, complete or partial destruction of hospital by fire, flood, or other perils, earthquake, tsunami, volcanic eruption, acts or order of Government, brownouts
 25. Aviation or aeronautics use or sea travel other than as a fare-paying passenger on a licensed aircraft/vessel operated by a recognized airline/operator
 26. Computer hardware or software affected by date/ time based functionality or the use of any date format
 27. Congenital abnormalities such as neonatal hernia, indirect hernia, hemangioma, phimosis, harelip, clubfoot, cerebral palsy, renal diseases such as medullary sponge kidney, pediatric cardiovascular work-up and the like
 28. Developmental delay
 29. Sexually-transmitted diseases, AIDS and AIDS-related complex or condition
 30. Substance addiction or reaction to use of prohibited drugs, alcoholism, alcohol intake, anxiety reaction, psychiatric and psychological illnesses, neurotic and psychiatric behavior disorders, or accidents arising from these conditions
 31. Guillaine-Barre syndrome
 32. PEC during the first 12 months of cover
 33. Hypersensitivity tests to check for allergies and desensitization
 34. Any disability which may have affected a dependent prior to the 30th day after birth

35. Pregnancy, complication due to abnormal pregnancies such as but not limited to ectopic pregnancy, tube pregnancy, h-mole, abruption placenta, placenta previa etc., childbirth, miscarriage, abortion, pre-natal and post-natal consultations

q) Dreaded Diseases

The list of dreaded diseases are:

1. Cerebrovascular accident (Stroke) Paralysis, Epilepsy;
2. Central nervous system lesions (Poliomyelitis, Meningitis/ Encephalitis/Neurosurgical conditions)
3. Cardiovascular diseases (Coronary/Valvular/Hypertensive Heart Diseases)
4. Chronic obstructive pulmonary diseases (Asthma / Bronchitis / Emphysema)
5. Liver parenchymal diseases (Cirrhosis, Hepatitis, Newgrowth)
6. Chronic kidney / Urological diseases (Urolithiasis, Obstructive Uropathies, etc.)
7. Chronic gastrointestinal tract diseases
8. Collagen diseases (Rheumatoid arthritis, Systemic lupus erythematosus)
9. Diabetes
10. Malignancies and blood dyscrasias (Cancers, Leukemia, Idiopathic Thrombocytopenic Purpura)
11. Burns (if occurring prior to enrollment)
12. Single or multiple organ failure requiring dialysis and
13. Any illness other than the above, which would require intensive care unit confinement

r) Pre-Existing Conditions

1. Hypertension
2. Thyroid Disease, Goiter
3. Cataracts/ Glaucoma/ Pterigium
4. Ear, nose and/ or throat conditions requiring surgery
5. Asthma
6. Tuberculosis
7. Chronic cholecystitis/ choletithiasis and other forms of calcification
8. Hernia
9. Prostate disorders
10. Hemorrhoids and fistulae
11. Tumors
12. Uterine myoma, ovarian cyst
13. Buerger's disease
14. Varicose veins
15. Scoliosis
16. Arthritis
17. Chronic allergies
18. Gastric and duodenal ulcers
19. Dreaded diseases

Note: Any illness or injury shall be considered as Pre-Existing if:

- a) any professional advice or treatment has been obtained for such illness or injury
- b) such illness or injury was evident upon medical examination

c) *the natural history*

Company Medical Claims

The [Company Medical Claims Benefit](#) amounting to PHP 10,000 per year (non-taxable) will now be processed and paid directly to the nominated bank account via the Intellicare Agora Mobile or Web App. For further information on the company-provided de-minimis / non-taxable benefit, please refer to the [guidelines](#).

Procedure:

- 1) Register via [Intellicare Agora App](#). You may also register via [Intellicare Agora web](#).
 - Alternatively, you may also submit using other methods such as Intellicare RIA BOT or manually via Aon. Full details can be found at the Insurance Handbook (pages 31-32).
- 2) Once logged in, visit the Reimbursement section to submit claims.
- 3) Type the details of the claim
- 4) Please ensure that your nominated bank account name is the same as your name in Intellicare to avoid delays.
- 5) Itemized invoice should have the same name as indicated in your Intellicare card. If invoice does not show the same name as shown on the team member's Intellicare card, it will automatically be declined.
- 6) Please only select **HEAD OFFICE** as location.
- 7) Under Reimbursement details, select **OPD MEDS** as type of claim. Do not select a different type, otherwise, it will not be subject to the guidelines of the [S&P Global Company Medical Claims](#).

Reimbursement Details

* Type of Claim

OPD MEDS ▼

- 8) Upload soft copy of the itemized invoice. If the app / site is asking you for a prescription, just upload the same invoice.
- 9) Click submit. Intellicare will review and pay the claim directly to your nominated bank account within 15 – 20 business days after submitting the complete requirements.
- 10) Once claim is paid, submit the hard copy / physical copy of the invoice to S&P Global finance controller in Silvercity, Pasig office (Rommel Rilloraza).
- 11) If you are having issues accessing the Intellicare Agora App / Web via S&P Global devices and network or personal electronic devices, you may submit your claim manually by contacting Aon claims team: jobelle.villanueva@aon.com.
 - Email subject: S&P Global Company Medical Claims_employee surname, first name.
 - Download the Intellicare Reimbursement Form at www.intellicare.com.ph
 - Accomplish the Intellicare Reimbursement Form, select OPD Medicines as type of claim. Reason for reimbursement: select Others then specify “S&P Global Company Medical Claims”.
 - Attach the accomplished Intellicare Reimbursement and invoice on your email to Aon.
 - Once claim is paid, submit the hard copy of the receipt to S&P Global finance controller in Silvercity Pasig (Rommel Rilloraza)

Availment Procedures


Please refer to www.intellicare.com.ph or Agora app for the updated List of Providers.



INPATIENT AVAILMENT PROCESS

- 1 **Secure** an admitting order from an *Intellicare*-affiliated physician.
- 2 **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.
- 3 On the schedule of confinement, **occupy** the entitled room according to plan benefit.
- 4 **Sign** the Referral Control Sheet (RCS 3) issued by the visiting *Intellicare* Patient Relations Officer.

NOTE: File for Philhealth upon discharge.



OUTPATIENT AVAILMENT PROCESS

- 1 **Proceed** to any *Intellicare* Accredited Facility (subject to plan's limits).
- 2 **Present** your *Intellicare* Membership Card with two (2) valid IDs at the facility's reception area or HMO / Industrial office for membership status validation.
- 3 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.
- 4 **Accomplish** the Referral Control Sheet (RCS 1 / RCS 2) then **proceed** with availment.

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

DENTAL

AVAILMENT PROCESS



- 1 Set an appointment with an *Intellicare*-affiliated dentist.
- 2 Proceed to the dental clinic on your scheduled date and **present** your *Intellicare* Membership Card with two (2) valid IDs for membership status validation.
- 3 Avail the entitled benefit and **sign** the Dental Form (RCS 5).

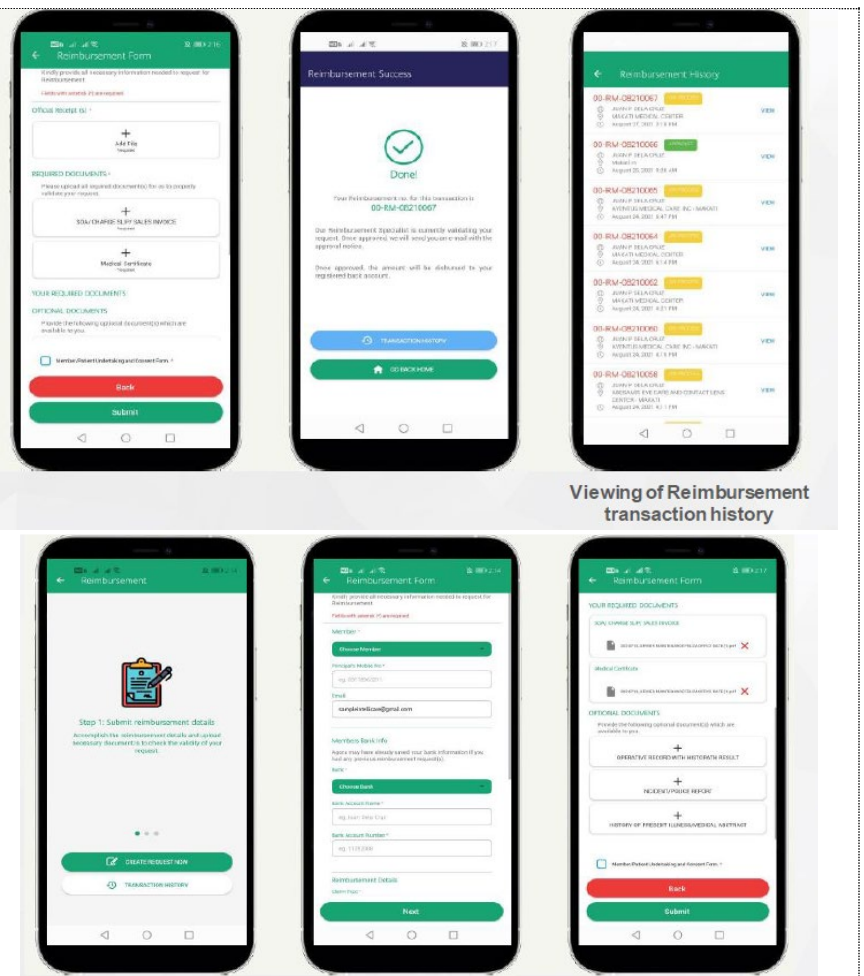
Intellicare Reimbursement Process and Guidelines

There are three (3) ways to submit Intellicare claims. **Please note that all required documents MUST be filed to the Intellicare platforms / manual processes stated below and submitted in hard copies / originals directly to Intellicare within 60 days from date of outpatient service or hospital discharge (inpatient) receipt.**

If claims are due to member not presenting the card at the Point of Service within an Intellicare facility, availing services in a non-accredited facility (except for emergency cases), failure to get an Intellicare referral (RCS) or LOA prior to availing services, please expect that approved claim might not be same as cost paid at the facility. Claim amount may be subject to the Relative Value Scale / RVS (industry cost standard). All claims are subject to Intellicare's approval.

1) Reimbursement via Agora App

- 1) Click the Reimbursement Icon to get started
- 2) Fill out form by providing the correct details
 - Please make sure to select the correct claim type:
 - i. Inpatient – hospitalization
 - ii. Outpatient - Outpatient Laboratory, consultations
 - iii. Maternity – maternity benefit
 - iv. Dental – dental consultations, services
 - v. Optical – for ophthalmologist services / consultation
 - vi. OPD Meds – only for S&P Global Company Medical Claims
- 3) Upload necessary files for reimbursement
 - Refer to basic requirements stated on the app or RiaBot on page 31. Please note that Intellicare may request for further documents when necessary.
- 4) Click the Member/Patient Undertaking and Consent Form and click Submit



Viewing of Reimbursement transaction history


- 5) Track status on the app
- 6) When ready for payment crediting, member will submit original / hard copies to Intellicare office at their own expense.
- 7) The format of original receipt, refer to the manual process below
- 8) Payment will be wire transferred through nominated bank account within 20 working days after Intellicare receives complete hard copies of the supporting documents and complete bank details.

2) Reimbursement via Ria Bot

MEMBER eSSENTIALS

eReimbursement


Filing through automated email service:
autoserv.claims.ri@intellicare.ph
 (Reimbursement Assistant Bot Enabled)



- 1** Download and complete the Reimbursement Form found on the website: intellicare.com.ph
- 2** Prepare supporting documents:
 - Basic Requirements:
 - a. Duly filled up Reimbursement Form
 - b. Detailed Statement of Account from the hospital.
 - c. Itemized Original Official Receipt (w/ TIN)
 - d. Medical Certificate
 - Additional Requirements:

Out-patient / In-Patient Emergency	OPD Medicines / Optical / Dental	Maternity Assistance
1. Operative Record w/ histiopath result (if with operation) 2. Laboratory Result (if w/ diagnostic procedure) 3. Emergency Room Report/ Clinical Resume 4. Incident/Police Report (for cases due to minor injuries / vehicular accidents and assaults) 5. History of Present Illness / Medical Abstract	1. Doctor's Prescription (for out-patient meds) 2. Optical Prescription (for optical availment) 3. Dental Certificate (for dental cases)	1. Photocopy of Birth Certificate 2. Marriage Certificate 3. Delivery Room Record/Opera
- 3** Email completed Reimbursement Form (in excel file format) and supporting documents to autoserv.claims.ri@intellicare.ph
- 4** Our Reimbursement Assistant Bot and Claims Team will review your Claim, and keep you posted on any further updates during the adjudication process.
- 5** eReimbursement filed through this platform can be processed in twenty (20) working days from the receipt of scanned copies of supporting documents and duly completed Reimbursement Form.
- 6** Do ensure to have physical hard copies of Official Receipts or documents sent over to our office:

Name:	Claims Department - Reimbursement Section
Address:	3rd Floor Philippine Axa Life Bldg Senator Gil Puyat Avenue corner Tindalo St, Makati City



Additional Notes when submitting via RIA BOT:

- If submitting for the purpose of claiming against S&P Global Company Medical Claims, please make sure to select “OPD MEDS” under type of claim, Reason of Reimbursement “Others” and then specify “S&P Global Company Medical Claims”
- Official receipt/Invoice with TIN should be payable to below except when claiming S&P Global Company Medical Claims:

Name	Asalus Corporation
Address	7/F Feliza Bldg. 108 V.A. Rufino St. Legazpi Village, Makati City
TIN	004-666-055-000
Business Style	Intellicare

- Receipts/Invoices intended for the S&P Global Company Medical claims should be payable to the employee’s full name (legal name as per Intellicare card)
- You should expect an automated response when emailing RIA Bot. If you did not receive a response, please reach out to Aon: Jobelle.Villanueva@aon.com.

3) Manual submission via Aon

1. Download Intellicare Reimbursement Form from www.intellicare.com.ph; accomplish form completely.
2. Prepare the following documents (soft copy and originals) and attach to the Reimbursement Form:
 - Original Official Receipt/Invoice (with TIN). Should be payable to:

Name	Asalus Corporation
Address	7/F Feliza Bldg. 108 V.A. Rufino St. Legazpi Village, Makati City
TIN	004-666-055-000
Business Style	Intellicare

- Itemized statement of account from the hospital
 - Medical Certificate
 - Laboratory results (if with diagnostic procedure)
 - Operative record with histopath (if with operation)
 - Police report & Medico-legal report (if required)
3. Email the soft copies together with the requirements above to Aon: Jobelle Villanueva (jobelle.villanueva@aon.com) to check completion prior to sending hard copies to Intellicare.
 4. After Aon reviews requirements, member will be instructed to submit all the hard copies to Intellicare office:

Address & Recipient	INTELLICARE REIMBURSEMENT SECTION <i>Address: 3F Philippine Axa Life Centre Sen Gil Puyat cor Tindalo St. Makati City</i> <i>Contact Details: 09989624175</i> <i>Point of Contact: Ava Astred Demafeliz/Shirley Navarro</i> <i>Email Address: reimbursement@intellicare.ph</i>
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5. Payment will be wire transferred through nominated bank account within 20 working days after Intellicare receives the complete hard copies.

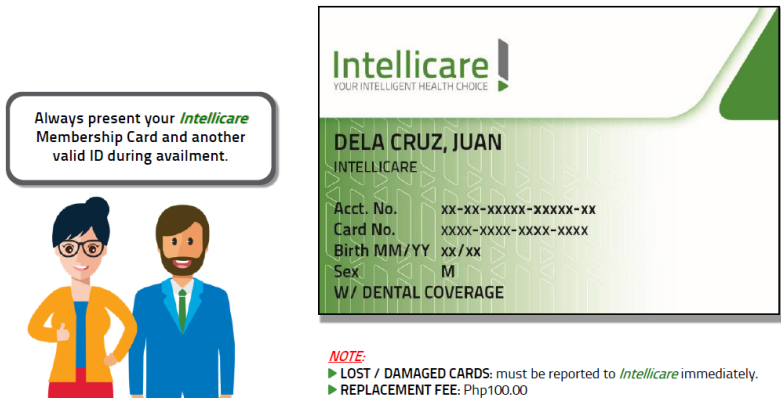
Claims Disbursement

- Intellicare may credit all approved reimbursement applications through **Metrobank, BPI, BDO and Security Bank.**
- Members may only share one (1) bank account among the aforementioned banking partners but the **bank account name should be the same name as reflected in Intellicare card.**

Membership Cards

Intellicare accredited facilities are required to ask the member's proof of membership as part of their standard security procedure. Depending on the facility, these may be used shown as proof of membership:

- **Physical card**
 - For lost or damaged cards, please request replacement cards through [People Services](#).
 - Replacement fee: PHP 100, via salary deduction
- **Agora App E-Card**



Special Notes:

- Intellicare card name **MUST match Philhealth and bank account records** to avoid delay or hassle during availment or reimbursement.
- Agora app can be used as an alternative in lieu of the physical card (depends on the facility)

Intellicare Hotlines:

CONNECT WITH US



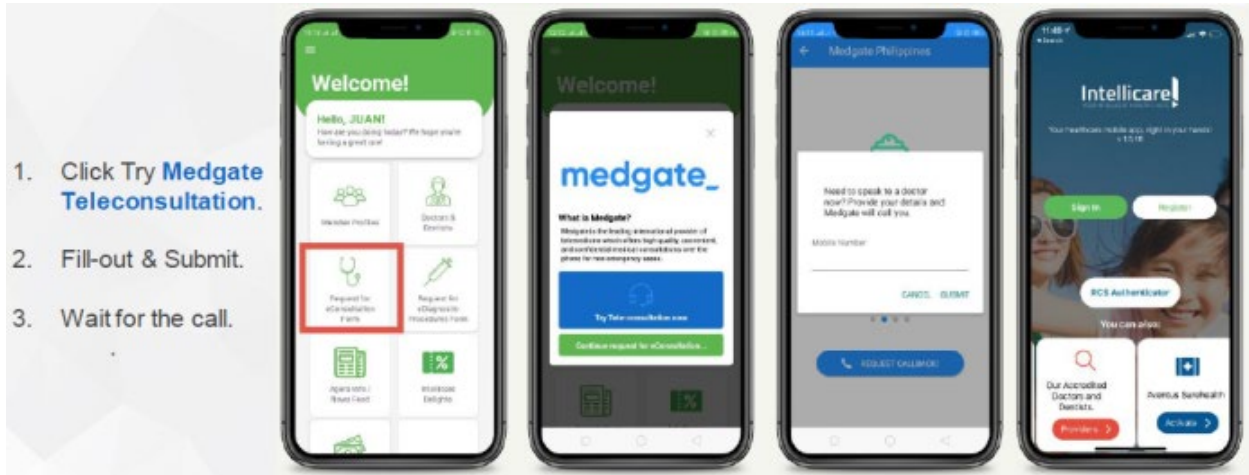
Trunk Lines:
(02) 7902-3400 / 8789-4000

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

24/7 CALL SUPPORT MOBILE HOTLINE NUMBERS	24/7 TEXT SUPPORT MOBILE HOTLINE NUMBERS
(0920) 970 – 4724 (Smart)	(0920) 951 – 8452 (Smart)
(0917) 840 – 4894 (Globe)	(0917) 805 – 2502 (Globe)
(0922) 891 – 3957 (Sun)	(0922) 891 – 3925 (Sun)


intellicare.com.ph   Intellicare   IntellicarePH  intellicare-PH

Tele-Consult Facilities (Medgate)



1. Click Try **Medgate Teleconsultation**.
2. Fill-out & Submit.
3. Wait for the call.

Tele-Consult Facilities (TelAventus)




AVENTUS MEDICAL CARE INC.


Health. Work. Life.


TelAventusMD


Your clinic in the cloud.

STEP 01: Contact Us



LANDLINE
 (02) 8425-8652
 (02) 8425-8704



MOBILE
 (0917)-823-3851
 (0917)-821-4035
 (0919)-075-7812
 (0919)-075-7813


FACEBOOK
 Search for
 AventusTeleconsult,
 then click on
 "Send Message"



WEBSITE
 Go to
 aventusmedical.com,
 then click on
 Services->Teleconsult

STEP 02: HMO Approval


 Send a picture of your
 HMO Card



 Send a picture of your
 Government ID

STEP 03: Triage




Triage staff assist patients with information entry, payment, and referral to the appropriate doctor.


STEP 04: Consult




The doctor interviews the patient then gives instructions, referrals, prescriptions, and the teleconsult certificate.




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Online LOA/RCS Issuance via Agora App

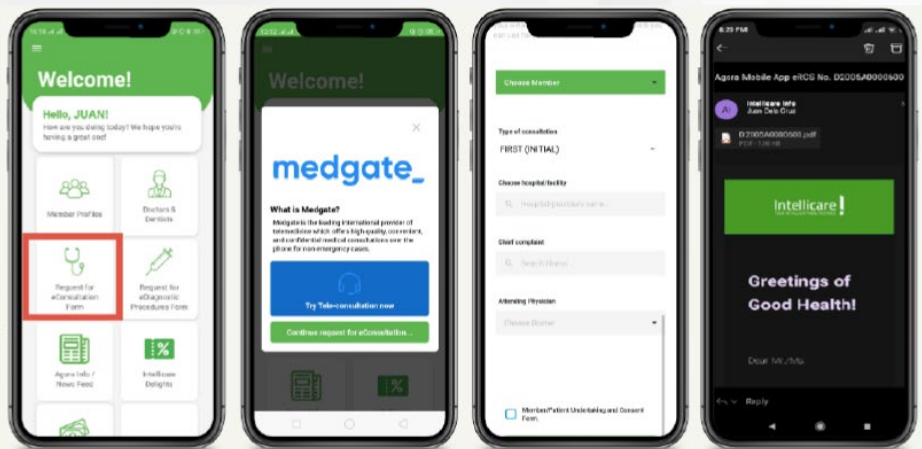
This is applicable for issuance of LOA or Referral Control Sheet (RCS 1) for consultations and (RCS 2) for diagnostic procedures. Only principals can request LOA/RCS on behalf of the dependent.

Some facilities may print LOA / RCS on your behalf. Please confirm with the facility otherwise, you may need to bring a printed copy yourself.

Generate eRCS1

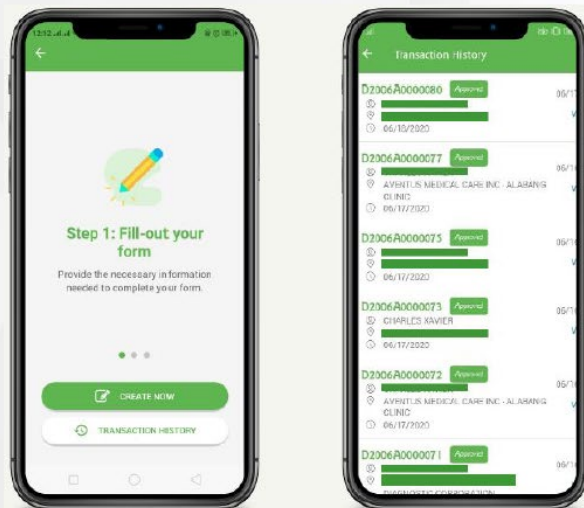
1. Click Continue Request.
2. Fill-out & Submit.
3. Receive eRCS1 thru email.

**Kindly print two (2) copies of your eRCS, have it signed and present to respective doctor's clinic or department.*



Generate eRCS1

4. Click Transaction History.
5. See details.

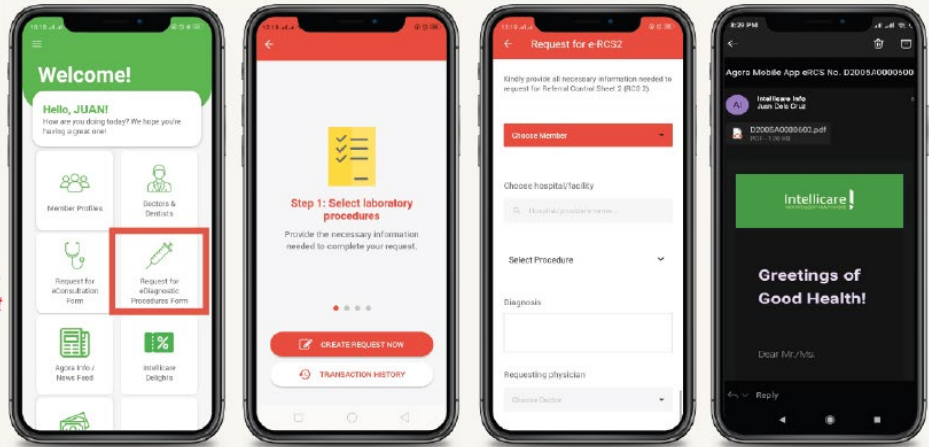


Generate eRCS2

1. Click Continue Request.
2. Fill-out & Submit.
3. Receive eRCS2 thru email.

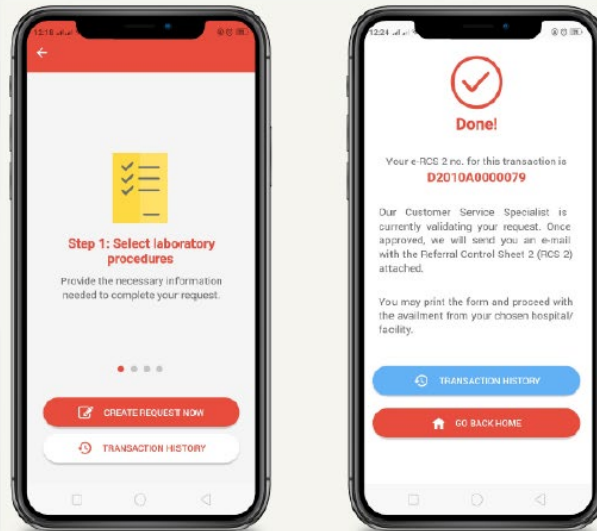
**Kindly print two (2) copies of your eRCS , have it signed and present to respective doctor's clinic or department.*

**Don't forget to attach copy of doctor's request.*



Generate eRCS2

4. Click Transaction History.
5. See details.




Special Notes:

- Member may also utilize Agora Web instead of Agora App.
- Agora App/Web may not be able to issue RCS (LOA) once the maximum benefit limit of the member is about to be exceeded (i.e. 80% of maximum benefit limit).

e-RCS (LOA) Request

1. Member may send e-mail requests to autoserv.csd@intellicare.ph as an alternative method to get e-RCS (LOA) for consultations, laboratory or diagnostic procedures. You can find the [guide / instructions here](#) and [template here](#).
2. eRCS Express is also an alternative way to get the RCS or LOA in case Agora App is unavailable.



eRCS Express
Your Gateway to Consultations and Diagnostics

1. Enter card details i.e. card number and name
2. Fill out request
3. Agree to terms and conditions
4. Submit request
5. Download your eRCS

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

The image shows a computer monitor displaying the eRCS Express website. The website has a green header with the title 'eRCS Express' and the subtitle 'Your Gateway to Consultations and Diagnostics'. Below the header, there is a QR code and a list of general reminders. The monitor is on a white stand, and the background is a light gray with a geometric pattern.

AON Service Team

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