

TERMS OF REFERENCE

PROCUREMENT OF HEALTH MAINTENANCE ORGANIZATION (HMO) AND EXECUTIVE CHECKUP FOR THE OFFICE OF THE SOLICITOR GENERAL

APPROVED BUDGET COST – PHP13,550,000.00

I. PROJECT DETAILS/ BACKGROUND

Description

The OFFICE OF THE SOLICITOR GENERAL (OSG) seeks to procure a Health Maintenance Organization (HMO) to cover the hospitalization and medical needs of its 839 regular and co-terminus employees and executive checkup for its 36 Executive Officers.

Background

The Office of the Solicitor General (OSG) is a national government agency that represents the Republic of the Philippines and its officials, in their official capacity, in litigations, proceedings, investigations and other matters requiring the services of a lawyer.

As the “legal office” of the government, it is imperative for the OSG to promote overall well-being and mental wellness and provide an inclusive, conducive, and supportive work environment for its employees. The provision of an office-wide HMO enhances the OSG’s work environment for its employees.

Objective

The Project aims to contract with an HMO that can offer the best premium rates and best quality of service to the OSG employees, with the consideration of catering to major hospitals and medical networks.

II. TERMS OF AGREEMENT

1. *Qualifications.* The HMO shall have ALL the following basic qualifications:
 - a. Meet the standard bidder requirement under the BAC invitation to bid (technical component envelope), such as, valid PhilGEPS Registration Certificate; statement of all ongoing government and private contracts, including contracts awarded but not yet started, if any, whether similar or not similar in nature and complexity to the contract to be bid; Statement of the bidder’s Single Largest Completed Contract (SLCC) similar to the contract to be bid; Bidder’s Net Financial Contracting Capacity (NFCC) or a committed line of credit from a Universal or Commercial Bank in lieu of the NFCC, etc.

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- b. Maintains a good track record in serving other companies or other government agencies which must be supported by at least three (3) Certificate of Satisfactory Performance from any contracted government agencies or private entities.
 - c. Certification of Good Standing from Philippine Insurance Commission (PIC).
2. The HMO services shall be made available to the OSG after the HMO has received a Notice to Proceed from OSG.
3. *Where Services are to be Performed.* The HMO should be available 24/7 via hotline and an HMO desk is available in the major hospitals and medical networks to assist the OSG employees in availing of the HMO services.
4. Provision of Executive Checkup separate from APE to 36 executive employees, namely, the Solicitor General (1), Head Executive Assistant (1), Assistant Solicitors General (30) and Service Directors (4).
5. *Services to be Performed.* The HMO shall provide the following **minimum Technical Specifications** under the BAC invitation to bid, Section VII thereof, copy of which is attached and made an integral part of this Terms of Reference. Important points under Technical Specifications are:

FOR HMO :

- a. Principals are regular and co-terminus employees of the OSG aged 18 years old up to 65 years old.
- b. Dependents can be covered with additional premium to be shouldered by the principal member.
- c. MBL of P100,000 for HMO coverage of 839 employees with an option to upgrade the basic plan;
- d. Private Room (In-Patient)
- e. Affiliated hospitals and medical network should include Asian Hospital and Medical Center, Makati Medical Center, St. Luke's Medical Center QC, St. Luke's Medical Center BGC, The New Medical City, Cardinal Santos Medical Center, Manila Doctor's Hospital, Capitol Medical Center, Healthway Medical Network and/or Hi-Precision Diagnostic Centers.
- f. Pre-existing Illness/conditions of members at the start of membership shall be covered up to MBL, subject to exclusions and limitations.
- g. In patient care, out-patient care therapeutic procedures, common laboratory procedures, special diagnostic procedures, and other special procedures, emergency care, APE, preventive care, financial assistance, dental benefits, and other special benefits, shall be provided, subject to limits and exclusions specified in detail in Section VII. Technical Specifications of the BAC invitation to bid.

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FOR Executive Checkup:

- h. Benefit only for the Solicitor General, Head Executive Assistant, Assistant Solicitors General and Service Directors, for a total of 36 executive employees aged 18 years old up to and including 70 years old.
 - i. OSG reserves the right to substitute retired, resigned or otherwise terminated employees for newly appointed employees to the position without additional payment of premium, administrative fees, or any other fees for the duration of the remaining period of the contract.
 - j. All Executive employees mentioned (not otherwise terminated) who will be disqualified due to age eligibility within the contract period will not be removed from the program and shall be allowed to use the Executive Checkup benefit until expiry of contract.
 - k. Coverage amount is Php48,000.00 per person.
 - l. In-Patient Package with a Private Room.
 - m. Executive employee may opt to upgrade his/her executive check-up package. Any additional cost for the upgrade shall be the sole responsibility of the executive employee
 - n. Executive Checkup should be available in the following hospitals: Asian Hospital and Medical Center, Makati Medical Center, St. Luke's Medical Center QC, St. Luke's Medical Center BGC, The New Medical City, Cardinal Santos Medical Center, Manila Doctor's Hospital, and Capitol Medical Center.
 - o. Package includes as a minimum:
 - CBC, Urinalysis, Stool Exam with Occult Blood, Fasting Blood Sugar, Blood Urea Nitrogen, Creatinine, Serum Uric Acid, Sodium, Potassium, Total Cholesterol, Triglyceride, HDL, LDL, VLDL, ALT, TSH. Hepatitis Screening, Testosterone (male), Prostate Specific Antigen Test (male), 12-L EKG, Treadmill Stress Test, 2D Echo with Doppler Adult, Chest X-ray, Whole Abdominal Ultrasound, Mammography (female), Breast Ultrasound (female), Bone Mineral Density Test, Pap smear (female), Transvaginal Ultrasound (female), Visual Acuity Check, Nutrition Counseling, Body Composition Analysis, Physical Health Assessment, Skin Analysis, Pure Tone and Speech Audiometry with Tympanometry, Mental Health Screening, Complete History and Physical Examination, Interpretation of Results, Bioelectrical impedance analysis, and light and healthy meal with the In-Patient Package.
6. *Nature of Relationship.* Nothing herein shall be construed to create an employer-employee relationship between the CLIENT and the HMO.
7. *Warranties of HMO.* The HMO warrants that they shall:

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- a. conform strictly with all the conditions set forth in this Terms of Reference and Technical Specifications;
 - b. secure and maintain, at their own expense, all registration, licenses and/or permits required by law;
 - c. comply with legal requirements; as well as rules, regulations and directives of regulatory authorities; and
 - d. coordinate only with authorized or designated personnel in the performance of their duties.
8. *Confidentiality.* The HMO shall not use (except for the OSG's benefit) or divulge to anyone – either during the term of this Agreement or thereafter – any of the OSG Employees' and their dependents' personal information or other proprietary data or information of any kind whatsoever acquired by the HMO in carrying out the terms of this agreement. In this regard, the HMO shall:
- a. be required to sign a non-disclosure agreement;
 - b. warrant, represent and undertake reliability of the services required;
 - c. agree to hold the proprietary information in strict confidence;
 - d. agree not to reproduce, transcribe or disclose the proprietary information to third parties without prior written approval from the OSG; and,
 - e. uphold strict confidentiality of any and all information that will come to HMO Provider's knowledge.
9. *Termination.* Either party may terminate this Agreement in the case of material default hereunder by the other party which remains uncured after 15 days prior notice. Any termination shall be effective in the manner and upon the date specified in the said notice and shall be without prejudice to any claims that either party may have against the other. The OSG's sole obligation in the event of such termination shall be to reimburse the HMO for services actually performed up to the effective date of termination. Premium paid beyond the period terminated shall be reimbursed by the HMO.
10. *Liquidated Damages for Delay.* If the HMO fails to deliver any or all of the services within the period(s) specified by this agreement, the OSG shall, without prejudice to its other remedies under the Contract and under the applicable law, deduct from the payment, 1/10 of 1% of the unperformed portion for every day of delay, but not exceeding 10% of the contract price per lot.
11. *Schedule of Payments.* The HMO shall be paid within fifteen (15) days from sending its full billing for the payment of the total premium for the basic plan for OSG employees as principals. Billing and payment for upgraded plans and dependents shall be made thirty (30) days from sending the full billing for the same.
12. *Contract Duration.* The duration of the Contract shall be for one-year, unless earlier terminated by either party due to the aforementioned reasons.

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TECHNICAL WORKING GROUP FOR HMO PROCUREMENT:


ELLAINÉ ROSE A. SANCHEZ-CORRO
Assistant Solicitor General
Chairperson

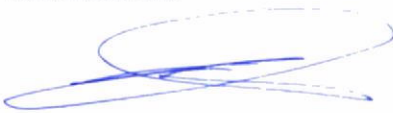

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State Solicitor II

Gregorio Araneta Division



FRANCESCO BENZON P. ANBOCHI


State Solicitor I

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EDITHA R. BUENDIA

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RICARDO G. LOPEZ
Chief Administrative Officer
FMS, Budget Division

ARTEMIO A. ESTOQUE, JR.

Chief Administrative Officer

DMS, Docket Management Division

Section VII. Technical Specifications

HEALTH MAINTENANCE ORGANIZATION (HMO)

Item	Specification	Statement of Compliance (Comply / Not Comply)
A. Membership Eligibility for Principals	1. All regular and co-terminus OSG employees. Married couples who are both employees of OSG shall each be considered as principal members.	
	2. OSG reserves the right to substitute retired, resigned or otherwise terminated employees for newly hired employees without additional payment of premium, administrative fees, or any other fees for the duration of the remaining period of the contract.	
	3. All principal members (not otherwise terminated) who will be disqualified due to age eligibility within the contract period will not be removed from the program and shall be allowed to use card and avail its benefits until expiry of contract.	
	4. OSG reserves the right to add newly hired regular and co-terminus OSG employees to the HMO Program within the two months period from the inception date, subject to the payment of additional pro-rated premium.	
B. Age Eligibility for Principals	1. 18 years old up to and including 65 years of age subject to Specification A.3. Employees holding co-terminus positions are eligible regardless of age.	
C. Membership Eligibility for Dependents	1. The lawful spouse	
	2. All eligible (legitimate, illegitimate or adopted) children and stepchildren of the principal, from fifteen (15) days old to twenty-one (21) years old if employed, or up to twenty-five (25) years old if unemployed	
	3. Both parents below (65) years old, if the employee is single or a widow/er with no children	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	4. All siblings from fifteen (15) days old to twenty one (21) years old, if the employee is single or a widow/er with no children	
D. Number of Dependents	1. The number of dependents shall in no way depend on the number of principal members.	
E. Responsibility for dependent's coverage	1. Each principal member is solely responsible for the costs of their dependent's coverage.	
F. Maximum Benefit Limit/Maximum Coverage Benefit for Principal Members	1. P100,000.00 per illness per member per year.	
G. Membership Plan/Package	1. Minimum of Private Room (In-Patient)	
H. Upgrade of Membership Plan/Package	1. Principal members may opt to upgrade their membership plan/package (G.1) and maximum benefit limit (F.1). Any additional cost for the upgrade shall be the sole responsibility of the principal member.	
	2. Principal members may opt to enroll and upgrade the membership plan/package (G.1) and maximum benefit limit (F.1) for each of their dependents.	
	3. Principal members may opt to upgrade the membership plan/package and/or maximum benefit limit of their dependents	
I. Philhealth Coverage	The plan pays benefits up to its limits after Philhealth Benefits have been exhausted	
J. Provider Access	1. In good standing with affiliated hospitals and with the following hospitals, medical networks, clinics:	
	1.1) Asian Hospital and Medical Center	
	1.2) Makati Medical Center	
	1.3) St. Luke's Medical Center QC	
	1.4) St. Luke's Medical Center BGC	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	1.5) The New Medical City	
	1.6) Cardinal Santos Medical Center	
	1.7) Manila Doctor's Hospital	
	1.8) Capitol Medical Center	
	1.9) Healthway Medical Network and/or Hi-Precision Diagnostics Centers	
K. Pre-Existing Conditions	1. Pre-existing illness/conditions of members at the start of membership shall be covered up to Maximum Benefit Limit, subject to exclusions and limitations.	
L. In-Patient Care	1. Professional Fees of attending doctors, anesthesiologists, surgeons, specialists, when necessary	
	2. Room and Board	
	3. X-ray, laboratory tests and other diagnostic procedures	
	4. Anesthesia and its administration	
	5. Whole blood/human blood products and intravenous fluids	
	6. Oxygen and its administration	
	7. Drugs and medicines for use in the hospital	
	8. Dressings, conventional casts (plaster of Paris) and sutures	
	9. Use of operating and recovery rooms	
	10. Use of the Intensive Care Unit (ICU)	
	11. Standard Nursing Services	
	12. Standard Admission kit (including ice cap, wee bag, name tag)	
	13. Reimbursement of professional fees of non-accredited doctors of any specialization (for emergency cases only)	
	14. All other items or procedures directly related in the medical management of the patient, as deemed medically necessary by the attending physician	
M. Out-Patient Care	1. Medically necessary consultations during regular clinic hours	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	2. Pre and Post Natal consultations (once a month) excluding lab & diagnostics	
	3. Treatment for minor injuries such as lacerations, mild burns & sprains	
	4. Eye, ear, nose and throat (EENT) treatment	
	5. X-Ray, lab examinations, routine, diagnostic and therapeutic procedures	
	6. Minor surgery not requiring confinement	
	7. Wart Cauterization except genital warts & condyloma acuminata covered for at least P2,500.00	
	8. Allergy Testing/ allergy screening and other related examinations covered for at least P1,200.00	
	9. Tuberculin test covered for at least P600	
	10. Sclerotherapy for varicose veins covered for at least P5,000 per leg	
	11. Online Consult / Teleconsultation covered through reimbursement only up to HMO RUV Rates	
	12. Any limitations made under Items M, N, O, P, and Q only refer to out-patient care and is not applied to In-Patient Care.	
N. Out-patient care: Therapeutic Procedures	1. Eye Laser Therapy for retinal hole, retinal detachment and glaucoma, prescribed by an Affiliated Physician/Specialist. Eye correction such as Lasik, PRK and the like are not covered.	
	2. Speech therapy covered for at least 12 sessions and subject to MBL.	
	3. Physiotherapy (Physical Therapy/Occupational Therapy) covered for at least 12 sessions and subject to MBL.	
	4. Chemotherapy	
	5. Oral chemotherapy	
	6. Dialysis	
	7. Radiotherapy	
	8. Phlebotomy	
	9. Thoracentesis	
	10. Therapeutic Radiology:	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	10.1) Brachytherapy	
	10.2) Cobalt	
	10.3) Linear-accelerator therapy	
	10.4) Radioactive cesium	
	10.5) Radioactive iodine	
O. Outpatient Care: Common Laboratory Procedures	1. Blood Chemistries	
	2. Complete Blood Count (CBC)	
	3. Diagnostic Radiographs	
	3.1) Face (including sinuses), Head and Neck	
	3.2) X-ray of the spine (cervical, thoracic, lumbo-sacral)	
	3.3) Chest, ribs, sternum and clavicle	
	3.4) Biliary tract: Cholecystogram and Cholangiograms	
	3.5) Digestive: Plain film of the abdomen, Barium Enema, Upper GI Series, Lower GI Series	
	3.6) Urinary: KUB Pyelograms and cystograms	
	3.7) X-ray of the extremities and pelvis	
	4. Electroencephalogram	
	5. 12 Lead Electrocardiogram	
	6. TMST-Treadmill Stress Test	
	7. Pap smear	
	8. Urinalysis	
P. Outpatient Care: Special Diagnostic Procedures	1. Adrenocortical Function	
	2. Ambulatory Cardiac Monitoring (Holter)	
	3. Anti-Nuclear Antibody, C-Reactive Protein, Lupus Cell Exam	
	4. Arterial Blood Gas	
	5. Audiograms and Tympanograms	
	6. Bone Densitometry Scan (Dexascan)	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	7. Bone Mineral Density Studies	
	8. Cardiac Stress Tests (Thallium and Dipyridamole Stress Tests)	
	9. Computed Tomography Scans	
	10. Diagnostic Ultrasounds: 2D-Echo, Doppler, Ultrasound (except for maternity cases), Digestive and Urinary Systems, Abdomen, and Deep Vein Thrombosis ultrasonic scanning	
	11. Electromyography and Nerve Conduction Studies	
	12. Fluorescein Angiography	
	13. Impedance Plethysmography	
	14. Lung Function Studies	
	15. Magnetic Resonance Imaging	
	16. Magnetic Resonance Angiography	
	17. Mammography and Sonomammogram	
	18. Microscopic Examinations	
	19. Myelogram	
	20. Neuroscan (professional fee on reimbursement basis)	
	21. Nuclear Radioactive Isotope Scan	
	22. Perfusion Scan	
	23. Plasma Urinary Cortisol, Plasma Aldosterone	
	24. Polysomnograms (Sleep Study/Recording) covered for at least P10,000.00	
	25. Radionuclide Ventriculography	
	26. Radio-isotope Scans and Function Studies	
	26.1) Thyroid Scans	
	26.2) Liver	
	26.3) Renal	
	26.4) GI - Gastro Intestinal	
	26.5) Cardiac	
	26.6) Parathyroid Bone, Pulmonary (Perfusion/Ventilation Lung Scans)	
	27. Thallium Scintigraphy	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	28. Continuous Positive Airway Pressure (CPAP) titration for sleep study	
	29. 4D Ultrasound except for maternity-related cases	
	30. Esophageal manometry	
	31. Intensified modulated radiotherapy	
	32. Botox except for cosmetic or beautification purposes	
	33. Position Emission Tomography (PET) Scan	
Q. Outpatient Care: Other Special Procedures	1. Arthroscopic Procedures	
	2. Coronary Angiogram covered for at least P30,000.00	
	3. Angioplasty covered for at least P30,000.00	
	4. Coronary Artery Bypass Graft covered for at least P30,000.00	
	5. Open Heart Surgery covered for at least P30,000.00	
	6. Cryosurgery covered for at least P50,000.00	
	7. Endoscopic procedures	
	8. Flourescein Angiogram covered for at least P30,000.00	
	9. Gamma Knife Surgery (based on cobalt/radiotherapy)	
	10. Hemorrhoidectomy (Conventional)	
	11. Hemorrhoidectomy (Scalpel)	
	12. Hemorrhoidectomy (Stapled) covered for at least P10,000.00	
	13. Herniorrhaphy (except cost of mesh) excluding congenital hernia	
	14. Hysteroscopic Myoma Resection covered for at least P50,000.00	
	15. Hysteroscally-guided D&C	
	16. Laparoscopic Procedures covered for at least P50,000.00	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	17. Laparoscopic Cholecystectomy covered for at least ₱50,000.00	
	18. Lithotripsy covered for at least ₱50,000.00	
	19. New/Special modalities not mentioned for which there are no comparable, conventional or traditional counterparts are covered up to MBL and for at least ₱10,000.00 when there are comparable, conventional or traditional counterparts	
	20. Organ Transplant (except cost of organs & procedure for donor	
	21. Percutaneous Ultrasonic Adrenalectomy covered for at least ₱50,000.00	
	22. Percutaneous Ultrasonic Nephrolithomy covered for at least ₱50,000.00	
	23. Stereotactic Brain Biopsy covered for at least ₱50,000.00	
	24. Testing involving Nuclear Technologies (Thallium Stress Testing, Radionuclide, Thyroid Scan, Pyrosphosphate Scintigraphy, Positron Emission Tomography, Radio Isotope Scanning)	
	25. Transurethral Microwave Therapy of Prostate covered for at least ₱50,000.00	
	26. Video Gastroscopy	
	27. CT Pulmonary Angiography	
	28. Photodynamic therapy	
R. Annual Examination	Physical	
	1. Routine Check Up	
	2. Physical Examination and History Taking	
	3. Complete Blood Count	
	4. Urinalysis	
	5. Fecalalysis	
	6. Chest X-ray	
	7. Electrocardiogram (ECG) covered for 35 years old and above	
	8. Pap Smear covered for 35 years old and above	
	9. Eye examination/eye refraction test	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	10. Prostate Cancer screening (Prostate Specific Antigen) covered for male members 50 years old and above or if indicated by physician	
	11. Mammography covered for female members	
	12. Fasting blood sugar (FBS)	
	13. Lipid profile (HDL, LDL, VLDL) if indicated by a physician	
	14. Cholesterol	
	15. Triglycerides	
	16. Serum Glutamic-Oxaloacetic Transaminase (SGOT)	
	17. Serum Glutamic Pyruvic Transaminase (SGPT)	
	18. Blood Urea Nitrogen (BUN)	
	19. CREA	
	20. Uric Acid	
	21. Thyroid Tests including Total/Free Thyroxine (TSH,T3, FT4)	
S. Emergency Care	1. In Accredited Hospitals	
	1.1) Doctor's services	
	1.2) Emergency Room Fees	
	1.3) Medicines used for immediate relief during treatment	
	1.4) Whole blood/human blood products	
	1.5) Oxygen and IV fluids	
	1.6) X-ray, laboratory tests and other diagnostic procedures	
	2. In Non-Accredited Hospitals within and outside the Philippines covered through reimbursement only up to P30,000.00 subject to HMO RUV rates	
	3. Room Upgrading Provision in case of unavailability of entitled room (emergency cases only) covered up to 48 hours excluding Suite room	
T. Preventive Care	1. Health habits and Family Planning counseling	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	2. Anti tetanus, Rabies, Venom covered up to P18,000.00	
	3. Periodic monitoring of health problems	
	4. Wellness programs/lectures covered for at least two (2) sessions	
	5. Immunization, excluding the cost of vaccines	
U. Financial Assistance	1. Natural Death - least P10,000.00	
	2. Accidental Death - least P20,000.00	
	3. Accidental Death and Dismemberment (percentage of principal sum)	
	3.1) Loss of life, or two limbs – 100%	
	3.2) Loss of both hands, or all fingers and both thumbs – 100%	
	3.3) Total loss of sight of both eyes – 100%	
	3.4) Loss of arm at or above elbow – 70%	
	3.5) Loss of arm between elbow and wrist, or leg or above knee – 60%	
	3.6) Loss of a hand, a foot, a leg below the knee, or sight of eye – 50%	
	3.7) Loss of four fingers – 35%	
	3.8) Loss of thumb – 15%	
	3.9) Loss of index finger – 10%	
	3.10) Loss of middle finger – 6%	
	3.11) Loss of ring finger, or big toe – 5%	
	3.12) Loss of little finger – 4%	
	3.13) Loss of metacarpals - first or second (additional) – 3%	
	3.14) Loss of metacarpals - third or fifth (additional) – 2%	
	3.15) Loss of toes all of one foot – 25%	
	3.16) Loss of any toe other than the big toe, each – 1%	
	3.17) Loss of hearing of each ear – 25%	
	3.18) Loss of Both Feet – P10,000.00	
	3.19) Loss of One Hand and One Sight – P10,000.00	
	3.20) Loss of One Foot and One Sight – P10,000.00	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	3.21) Loss of One Hand or One Foot – P10,000.00	
	3.22) Loss of Sight of One Eye – P10,000.00	
V. Dental Benefits	1. Dental consultation (Dental Exam, TMJ, Ortho, Aesthetic)	
	2. Routine Oral Prophylaxis (Simple Scaling) covered for at least twice a year	
	3. Simple Tooth Extraction	
	4. Temporary Fillings	
	5. Treatment of Lesion, Wounds and Burns	
	6. Adjustment of dentures	
	7. Recementation of Jacket Crowns, Inlays and Onlays	
	8. Emergency Desensitization of hypersensitive teeth	
	9. Relief of acute dental pain (Except Prescribed Medicines)	
	10. Pre-natal Check of Teeth and Gums	
	11. Other Dental Services (Outside the Dental Benefit) discounted at 25%	
	12. Permanent filling covered for at least 2 teeth	
W. Other Special Benefits	1. Ambulance Service (hospital transfer) covered through reimbursement for at least P5,000.00 per conduction	
	2. Ambulance Service (if hospital has own ambulance facilities)	
	3. Benign Prostatic Hypertrophy	
	4. Congenital Conditions covered for at least P25,000	
	5. Cataract Extraction (except cost of lens)	
	6. Hernia (Acquired)	
	7. Medicines covered only for in-patient and ER cases	
	8. Medico Legal Cases without violation subject to exclusion conditions and submission of police report	
	8.1) Motor Vehicular Accidents	
	8.2) Motorcycle Accident	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	8.3) Unprovoked Assault	
	9. Scoliosis, whether congenital, pre existing, developmental or acquired	
	10. Slipped Disc, Spondylosis and Spinal Stenosis	
	11. Sports Related Injuries covered professional and extreme sports	
	12. Work Related Conditions based on conditions covered by ECC	
	13. Covid-19	
X. Membership Card	1. ID Processing and Enrollment Fee is waived	
	2. Card Replacement Fee for corrections is waived	
	3. Card Replacement Fee for lost cards is charged to Member in the amount of at least P200.00.	
Y. Orientation	1. HMO shall provide an orientation on coverage, exclusions and procedure for availment.	
	2. HMO shall provide written materials on coverage, exclusions and procedure for availment.	
Z. General Exclusions	1. Intentionally self-inflicted injury, suicide, death, self-destruction or any attempt thereof while sane or insane.	
	2. Illness, injury or death attributable to the member's own misconduct, gross negligence, intemperate or under the influence of drugs or alcohol, vicious or immoral habits; participation in the commission of a crime, violation of law or ordinance.	
	3. Unnecessary exposure to needless perils including firecracker injuries, hazardous sports and activities (such as aqualung diving, boxing, climbing, flying except air travel, football, hang-gliding, hunting, hurling, ice hockey, motor competitions, motorcycling in any form, parachuting, polo, pot-holing, power boating, racing, show jumping, skydiving, use of wood-	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	working machinery, water ski-jumps and tricks, winter sports, wrestling, and yachting beyond 5 kilometers of a coastline).	
	4. War, invasion, act of foreign enemy, hostilities or warlike operations (whether declared or undeclared), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege, seizure, quarantine or customs regulations; or nationalization by or under the order of any government or public or local authority; or any weapon or instrument employing atomic fission or radioactive force whether in time of peace or war.	
	5. Services in the Armed Forces of any country or international authority, whether in peace or war; participating in any political, police, investigative, firefighting, military or para-military activity; or any bodily injury or sickness contracted while in the military, naval, or air service.	
	6. Murder or assault, homicide or any attempt thereof; or physical injuries, occasioned by provocation of the member.	
	7. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.	
	8. Mental, nervous or other functional disorders of the mind; congenital anomalies and conditions arising therefrom.	
	9. Any dental work (except if dental benefits are covered in this Policy as indicated in the Schedule of Benefits), treatment or surgery; oral surgery, procedure for treatment of error of refraction, fitting of eye glasses or hearing aids; cosmetic including treatment for warts, plastic or reconstructive surgery, except to the extent that any of them are necessary for the repair and alleviation of damage to the member caused solely by accidental bodily injury covered under this Policy.	
	10. Any treatment in connection to pregnancy or resulting childbirth or miscarriage or complications therefrom	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	(except if maternity benefits are covered in this Policy as indicated in the Schedule of Benefits); sterilization of either sex or reversal of such, artificial insemination, sex transformation or care for infertility; treatment of venereal diseases and other sexually transmitted diseases and Acquired Immune Deficiency Syndrome (AIDS);	
	11. Any charges where expenses are provided or covered by law or government including PhilHealth or treatment where charges are provided free of charge by any local or national government or treatment for any communicable disease declared by any government agency or entity as causing a state of emergency in an area.	
	12. Any treatment which are not recommended and performed by a Physician as being medically necessary including any charges for non-medical services such as telephone, radio, television, extra bed, extra food, toilet articles and the like, private duty nurse or physician.	
	13. Purchase or use of durable medical equipment, oxygen dispensing unit except rental for use only while confined; expenses for corrective/prosthetic appliances, artificial aids, surgically implanted external devices and orthopedic hardware.	
	14. Any ambiguity shall be interpreted in favor of the inclusion of the unclear illness, procedure or treatment to the program coverage.	

EXECUTIVE CHECKUP

Item	Specification	Statement of Compliance (Comply / Not Comply)
AA. Eligibility	1. BENEFIT ONLY FOR SOLICITOR GENERAL, HEAD EXECUTIVE ASSISTANT, ASSISTANT SOLICITORS GENERAL (30), SERVICE HEADS (4), A TOTAL OF 36 EXECUTIVE EMPLOYEES.	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	2. OSG reserves the right to substitute retired, resigned or otherwise terminated employees for newly appointed employees to the position without additional payment of premium, administrative fees, or any other fees for the duration of the remaining period of the contract.	
	3. All executive employees mentioned (not otherwise terminated) who will be disqualified due to age eligibility within the contract period will not be removed from the program and shall be allowed to use the Executive Checkup benefit until expiry of contract.	
BB. Age Eligibility for Principals	18 years old up to and including 70 years of age.	
CC. Package Type	In-Patient Package (minimum of private room)	
DD. Upgrade of Package	Executive employee may opt to upgrade his/her executive check-up package. Any additional cost for the upgrade shall be the sole responsibility of the executive employee.	
EE. Package Inclusions	1. Complete Blood Count	
	2. Urinalysis	
	3. Stool Exam with Occult Blood	
	4. Fasting Blood Sugar	
	5. Blood Urea Nitrogen	
	6. Creatinine	
	7. Serum Uric Acid	
	8. Sodium	
	9. Potassium	
	10. Total Cholesterol	
	11. Triglyceride	
	12. Good Cholesterol (HDL)	
	13. Bad Cholesterol (LDL)	
	14. Very Low Density Lipoprotein (VLDL)	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	15. Liver Enzyme (ALT)	
	16. Thyroid Stimulating Hormone	
	17. Hepatitis Screening	
	18. Testosterone (male)	
	19. Prostate Specific Antigen Test (male)	
	20. 12-L EKG	
	21. Treadmill Stress Test	
	22. 2D Echo with Doppler Adult	
	23. Chest X-ray	
	24. Whole Abdominal Ultrasound	
	25. Mammography (female)	
	26. Breast Ultrasound (female)	
	27. Bone Mineral Density Test	
	28. Pap smear (female)	
	29. Transvaginal Ultrasound (female)	
	30. Visual Acuity Check	
	31. Nutrition Counseling	
	32. Body Composition Analysis	
	33. Physical Health Assessment	
	34. Skin Analysis	
	35. Pure Tone and Speech Audiometry with Tympanometry	
	36. Mental Health Screening	
	37. Complete History and Physical Examination	
	38. Interpretation of Results	
	39. Bioelectrical impedance analysis	
	40. With Light and Healthy Meal with the In-Patient Package	
FF. Provider Access	1. Executive Checkup package can be availed in the following hospitals:	
	1.1) Asian Hospital and Medical Center	
	1.2) Makati Medical Center	
	1.3) St. Luke's Medical Center QC	
	1.4) St. Luke's Medical Center BGC	
	1.5) The New Medical City	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	1.6) Cardinal Santos Medical Center	
	1.7) Manila Doctor's Hospital	
	1.8) Capitol Medical Center	