MEMORANDUM

FOR : ALL CONCERNED

SUBJECT : HREP HEALTHCARE PROVIDER FOR CY 2021

DATE : 16 December 2020

Please be informed that the healthcare service provider of the House of Representatives for the period 01 January 2021 to 31 December 2021 is the United Coconut Planters Life Assurance Corporation (COCOLIFE) with office address at COCOLIFE Bldg., 6807 Ayala Avenue, Makati City.

Should the need arises, enrolled members may proceed to accredited hospitals and present their COCOLIFE Membership Cards with one (1) government-issued ID. Enrolled members without COCOLIFE cards may present their HRep ID together with one (1) government-issued ID and a certificate of coverage issued by COCOLIFE.

For inquiries, please contact Dr. Serafin Vincent S. Valencia, OIC-Director II, Medical and Dental Service at telephone numbers 8931-6588 or 8931-5001 local 7086 or the following COCOLIFE contact details:

<table>
<thead>
<tr>
<th>24/7 HELPLINE</th>
<th>HEALTH HUBS</th>
<th>CONTACT PERSONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0917-536-0962 (Globe) 0908-894-7763 (Smart) 0922-892-8828 (Sun)</td>
<td>St. Luke’s Medical Center-Quezon City</td>
<td>Ms. Camila Xeresa M. Amaya Customer Care Representative Thru 24/7 Helpline numbers <a href="mailto:cmamaya@cocolife.com">cmamaya@cocolife.com</a></td>
</tr>
<tr>
<td>Email: <a href="mailto:helpline@cocolife.com">helpline@cocolife.com</a></td>
<td>0917-812-5250 0926-508-5952 0995-026-5328</td>
<td></td>
</tr>
<tr>
<td>Landline: (02) 8-396-9000 (02) 8-812-9090</td>
<td><a href="mailto:slmcqc.healthhub@cocolife.com">slmcqc.healthhub@cocolife.com</a> cc to: <a href="mailto:slmcquezoncity@gmail.com">slmcquezoncity@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td>Text messaging/SMS: 0917-622-COCO (2626)</td>
<td></td>
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<tr>
<td>24/7 HELPLINE</td>
<td>HEALTH HUBS</td>
<td>CONTACT PERSONS</td>
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</tbody>
</table>
| (provides contactless LOA issuance) | • The Medical City  
0977-347-6889  
0917-560-6432  
0927-617-0566  
tmc.healthhub@cocoflife.com  
cc to:  
tmchealthhub@gmail.com  
• Makati Medical Center  
0917-805-1739  
0965-491-7573  
0975-963-1136  
mmc.healthhub@cocoflife.com  
cc to:  
mmc.healthhub@gmail.com | • Ms. Tricia Patiag  
Customer Care Representative assigned at the HRep Clinic  
0935-802-5784  
hor.ccr2020@gmail.com |

Further, please be guided that the maximum room rate is P4,500.00 per day, while the room category is PRIVATE. It is therefore advised that in case of hospitalization, covered members avail of a private room only. Upgrading of room from Private to Suite, even if the rate is within or below the allowable daily room rate, shall be subject to rate difference on operating rooms, professional fees, diagnostic procedures, laboratory examinations, food and other ancillary charges set by the hospital. Said rate difference will be charged to the personal account of the covered member.

In addition, the following may be eligible for enrollment under the program as special members, regardless of their age:

a. Dependents of a House Member, Secretariat Official/employee, Congressional Staff, former Speaker, former Secretary General, former Sergeant-at-Arms, Secretariat compulsory retiree or Secretariat optional retirees with 30 years of service at the HRep;

b. Former House Members of the 15th, 16th 17th and 18th Congress, Secretariat mandatory retirees whose five year HMO coverage have already expired and Secretariat optional retirees 60 years old but below 65 years old, with at least 10 years but less than 30 years of HRep service, and Secretariat mandatory retirees with less than 10 years of HRep service.

Dependents shall, however, be limited to (a) the legal spouse and children, whether legitimate or illegitimate, of a married regular member and (b) the father, mother, legitimate brothers/sisters and illegitimate children, if any, of an unmarried regular member.

Moreover, the Personnel Development and Welfare Group (PDWG), Human Resource Management Service (HRMS) is now accepting application for enrollment of special members (Enrollment Form attached as Annex A) and may be submitted in advance to date up to March 31, 2021, subject to evaluation and approval of the HMO provider. Coverage of qualified special members shall be January 1, 2021 to December 31, 2021.
All enrolled special members shall be provided the same medical services and benefits that are being enjoyed by Secretariat employees, subject to the following limitations:

<table>
<thead>
<tr>
<th>Medical Service/Benefit</th>
<th>Limitation</th>
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<tbody>
<tr>
<td>Anti-Rabies</td>
<td>For the first 15 special members at accredited animal bite centers only</td>
</tr>
<tr>
<td>Annual Physical Examination (APE)</td>
<td>Clinic Based Basic Blood Chemistry <em>(FBS, Creatine, Uric Acid, Total Cholesterol, HDL/LDL, Triglycerides, SGPT)</em>. <em>Pap Smear for females above 40 years old and PSA for males above 40 years old</em></td>
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<tr>
<td>Physical Therapy</td>
<td><em>500 sessions of rehabilitative physical therapy with a maximum of 10 sessions per special member</em></td>
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The benefits and coverage of the enrolled dependent of a regular member who is already deleted from the Program Membership shall continue until the end of the contract of the said special member.

In addition, all regular and special members are covered with a Life Insurance Benefit.

Please be guided accordingly.

MARK LLANDRO “BONG” L. MENDOZA
Secretary General
ENROLLMENT FORM FOR SPECIAL MEMBERS
UNDER THE CY 2021 HEALTHCARE PROGRAM

Please accomplish the form COMpletely and in CAPITAL LETTERS.

1. Name of Special Member
   1.1 Permanent Address
   1.2 Telephone Number
   1.3 Mobile Number
   1.4 Email Address

2. Gender 3. Date of Birth

4. Description (Please check (√) the corresponding special member category)
   4.1 Dependent of a:
       4.2 Former House Members
       ___ House Member
       ___ Secretariat Official
       ___ Secretariat Employee
       ___ Congressional Staff
       ___ Former Speaker
       ___ Former Secretary General
       ___ Former Sgt-At-Arms
       ___ Compulsory Secretariat Retiree
       ___ Secretariat Optional Retiree

   4.3 Secretariat mandatory retiree whose 5 year
coverage have already expired
   4.4 Secretariat optional retiree 60 years old but
but below 65 years old with at least 10
years but less than 30 years of HRep service
   4.5 Secretariat mandatory retiree with less than
10 years of HRep Service
   4.6 Secretariat mandatory retiree with 30 years of service of HRep service

5. If Dependent, provide the following:
   5.1 Name of Principal Member
   5.2 Relation to Principal

Additional Details of the Principal Member
   5.3 Office
   5.4 Employment Status
   5.5 Address
   5.6 Telephone Number
   5.7 Mobile Number
   5.8 Email Address

NAME & SIGNATURE OF SPECIAL MEMBER
(If dependent, the principal may sign)

Date Signed