



**HOUSE OF
REPRESENTATIVES**

MEMBERS GUIDEBOOK



**8/F Feliza Building, 108 V.A. Rufino Street
Legaspi Village, Makati City**

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INTRODUCTION

Welcome to **COCOLIFE HEALTHCARE**, a comprehensive healthcare delivery system designed for your continued good health!

You now have your COCOLIFE Health Access Swipe Card, which will provide you specific benefits in the availment of medical care from over 14,000 hospitals, clinics, and specialists nationwide.

COCOLIFE HEALTHCARE Swipe Card



Please bring with you your **COCOLIFE HEALTHCARE** Card at all times. You will need to present it every time you avail of medical services. Please also keep this guidebook handy at all times for your reference. We encourage you to read through this and be familiarized with the simple procedures.

Good health is a shared responsibility between you and us, your **COCOLIFE HEALTHCARE** program, and quality healthcare is **COCOLIFE HEALTHCARE**'s commitment to you as our valued member. Please help us meet this commitment by familiarizing yourself with your healthcare program benefits and procedure. Should you have any query or difficulty in the availment of your medical benefits, please do not hesitate to contact us through:

COCOLIFE HEALTHCARE 24-Hour Members Assistance Hotline

Landline	(02) 8396-9000 (02) 8812-9090 (02) 8856-1705
Globe	(0917) 536-0962
Sun	(0922) 892-8828
Smart	(0908) 894-7763
Text messaging /SMS	(0917) 622-2626

You may also visit our website at www.cocolifehealthcare.com.ph for more updates.

Again, welcome to **COCOLIFE HEALTHCARE** — for your continued good health!



I. WHO ARE COVERED

The following shall be eligible for enrollment under the Program as Regular Members, **regardless of their age**:

Regular Members
House Members
Secretariat Officials
Secretariat Rank and File Employees
Congressional Staff
Contractual Personnel
Secretariat Compulsory Retirees
Secretariat Optional Retirees with 30 years of service at the HRep
Former Speakers
Former Secretaries General
Former Sergeants-At-Arms

The following shall be eligible for enrollment under the Program as Special Members, **regardless of their age**:

Special Members
Dependents of a House Member, Secretariat Official, Secretariat rank and file employee, Congressional Staff, covered contractual personnel, former Speaker, former Secretary General, former Sgt-At-Arms, Secretariat compulsory retiree and Secretariat Optional Retirees with 30 years of service at the HRep.
Former House Members of the 15 th , 16 th , 17 th and 18 th Congresses, Secretariat mandatory Retirees whose five year coverage of the Healthcare Program of the HRep 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.

II. OUT-PATIENT CARE SERVICES

1. PREVENTIVE HEALTH CARE SERVICES

CHARGEABLE TO ABL

- 1.1. Unlimited consultation and advice on diet, exercise, and other good health habits
- 1.2. Well Baby Care inclusive of Newborn Screening and up to the first 90 days of age of member's new born, which means that routine check-ups of the



new born shall be covered *exclusive of vaccines, medicines and coverage of sickness.*

- 1.3. Monitoring of health problems
- 1.4. Pre and Post Natal Care, including but not limited to routine procedures, such as CBC, Blood Typing, HBsAg, Urinalysis, OGTT, and Ultrasound when medically indicated
- 1.5. Unlimited number of General or Specialist Medical Consultations
- 1.6. Coverage of medically indicated routine and special laboratory or diagnostic procedures to include RT-PCR COVID19, as prescribed by the COCOLIFE-accredited physician or Medical Director of HRep or his/her designated representative/s.
- 1.7. Real time Polymerase Chain Reaction (RT-PCR for COVID19) for regular members
- 1.8. Treatment of minor injuries and first aid as needed
- 1.9. Ambulatory minor surgeries, including professional fees and medical supplies.
- 1.10. Psychiatric and psychological treatments limited for acute cases only.
- 1.11. Follow-up consultations.

NOT CHARGEABLE TO ABL

- 1.12. Annual Physical Examination (APE), to include the interpretation of laboratory results
 - a. At the HRep Complex for first 1,000 regular members only (must be conducted on or before 31 May 2021)
 - i. Medical History taking and Physical Examination
 - ii. Chest X-ray
 - iii. Urinalysis
 - iv. Complete Blood Count (CBC) with Blood Typing
 - v. ECG
 - vi. Fecalalysis (stool examination)
 - vii. Visual Acuity (eye refraction)
 - viii. PAP Smear for females 40 years old and above
 - ix. PSA determination for male above 40 years old
 - x. Basic Blood Chemistry for members 35 years old and above
 - FBS



- BUN
 - Creatinine
 - Uric Acid
 - Total Cholesterol
 - HDL/LDL
 - Triglyceride
 - SGPT
 - SGOT
- b. At the COCOLIFE Clinics for first 100 regular members only (must be conducted on or before 31 December 2021)
- i. Same APE package made available to regular members at the House Complex
 - ii. Mammogram for females 40 years old and above

1.13. Immunization, including the cost of vaccines

- a. Anti-Rabies active and passive vaccination *for the first 60 regular members only who are victims of animal bites, if medically indicated (must be availed on or before 31 December 2021)*
- b. Administration of annual Quadrivalent flu vaccine *for the first 1,500 regular members only on a first-come, first-serve basis, to be administered in the second quarter of CY 2021 at the House Medical Dental Service and is non-transferable (must be conducted on or before 31 December 2021).*
- c. Provision of 1,500 doses each of *Pneumococcal Conjugate Vaccine (PCV) & Pneumococcal Polysaccharide Vaccine (PPSV)* is recommended to be prioritized for high-risk individuals according to the following schedule of vaccination on a first-come, first-served basis, unless there are absolute contradictions to the vaccination (must be conducted on or before 31 December 2021):
- c.1. For vaccine naïve individuals, it is recommended that the PCV shall be administered first followed by the PPSV after at least three months. This will ensure better protection due to higher development of immunogenicity.
 - c.2. For those who have already received PCV in the past, PPSV may be given after at least 3 months from the date of vaccination with PCV.
 - c.3. For those who have already received PPSV in the past, PCV may be given after at least 1 year from the date of vaccination



with PPSV.

c.4. For those who have already received both PCV & PPSV in the past, a 2nd dose of PPSV may be given again; provided that the previous dose of PPSV was given 5 years ago.

- 1.14. Drug Test for five (5) substances such as Methamphetamine, Marijuana, Heroin, Cocaine and Party Drugs *for 200 regular members only* (must be conducted on or before 15 July 2021).
- 1.15. Rehabilitative Physical Therapy (PT) *for 2,500 sessions only, with a maximum of 12 pre-operative and another 12 post-operative sessions per regular member* (must be availed on or before 31 December 2021)
- 1.16. Orthopedic implants and hardware used in nailing and pinning, including services related to their application *for the first 3 regular members only who have sustained accidental and work-related injuries* (must be availed on or before 31 December 2021)

2. DENTAL BENEFITS

CHARGEABLE TO ABL

2.1. The following dental benefits *for the first 250 regular members up to a maximum of 10 dental procedures per member only* shall be provided indicated as follows:

- a. Oral prophylaxis (twice a year)
- b. Dental extraction
- c. Temporary and permanent tooth filling, including light cure
- d. Re-cementation of jacket crown inlays and onlays
- e. Treatment of minor mouth lesions wounds and burns
- f. Routine gum treatment
- g. Emergency care treatment following accidental injury to the teeth not caused by provoked assault, drunken driving, brawls and the like
- h. Periapical X-ray only

2.2. There shall be no limitation as to the number of dental consultations.

3. Immunological and Other Laboratory Examinations

CHARGEABLE TO ABL

3.1 Complete Hepatitis Profile, e.g. HBeAg, HBsAg, Anti HBc



- (IgM), Anti- HAV (IgM), Hep C.
- 3.2 ANA Profile, e.g. Anti-Nuclear Antibody, Anti-Native DNA, Anti-SM, Anti-SSA, Beta HCG, AMA
- 3.3 Thyroid Profile, e.g. T3T4, FT3 UPTAKE, FT4, FTA-ABS, TSH
- 3.4 Torch Profile, e.g. Anti-Toxoplasma Gondii (IgM)
- 3.5 SLE Test, FAT, WIDAL'S Test, ASO Titer, Serum IgG, ALPHA FETO- PROTEIN, CEA
- 3.6 Urine/Blood/Sputum CS/GS Culture and Sensitivity Test
- 3.7 PSA (Prostate Specific Antigen)
- 3.8 Rapid Dengue Test
- 3.9 Typhidot
- 3.10 Micral Test
- 3.11 Viral studies/culture including PCR
- 3.12 Glycomark
- 3.13 Gene expert
- 3.14 Tumor Markers
- 3.15 Cardiac Work-up
 - 2D echo with Doppler
 - Stress Test
 - 24 hours Holter monitoring
 - 24 hours Ambulatory BP monitoring

III. IN-PATIENT CARE SERVICES (Charge to ABL)

Coverage of your hospitalization will be shouldered by **COCOLIFE HEALTHCARE** in the event that your physician determines that you need to be confined for proper management of your medical condition. However, please also take note that:

1. Before or during your confinement, you will need to secure a PhilHealth form from your employer. Complete the required information and forward the form to the hospital's billing section. Otherwise, you will be required by the hospital to pay the PhilHealth portion of your hospital bills before you are cleared for discharge.
2. Your attending physician will authorize your discharge from the hospital on a specific day once he or she determines that you have already sufficiently recovered from your illness.
3. If you incurred additional expenses that are not covered by your COCOLIFE HEALTHCARE program, you will have to settle these directly with the hospital before you are discharged. These may include:
 - Room rate differential if you decided to upgrade your room accommodation than what is specified in your **COCOLIFE HEALTHCARE** plan.
 - Incremental charges of at least 20% of the total hospital bills if you were confined in a room with higher classification than what is specified in your **COCOLIFE HEALTHCARE** plan.
 - Charges for non-essential items such as extra tray, extra bed, and the likes.
 - Charges for additional stay in the hospital after you



have been cleared for discharge by your attending physician.

Hospitalization services will apply when the Cocolife Physician prescribes the hospitalization of members and/or their dependents in any of the Cocolife accredited hospitals and Medical Centers provided that the diagnosis is covered under the benefit provisions. Benefits include:

1. Room and board accommodation, in accordance with the following limitation:

Regular Members	Category	Individual Annual Benefit Limit (ABL)	Room and Board Accommodation Limit
House Members, Former Speakers, Secretary General	A	525,000.00	PRIVATE ROOM up to PhP4,500.00/day
Secretariat Officials, Former Secretary General, Former Sergeant-At-Arms	B	450,000.00	
Secretariat Rank and File Employees, Congressional Staff, Contractual Personnel, Secretariat Compulsory Retirees, Secretariat Optional Retirees with 30 years of service at the HRep	C	412,000.00	

Special Members	Category	Individual Annual Benefit Limit (ABL)	Room and Board Accommodation Limit
Dependents of a House Member, Secretariat Official, Secretariat rank and file employee, Congressional Staff, covered contractual personnel, former Speaker, former Secretary General, former			



<p>Sgt-At-Arms, Secretariat compulsory retiree and Secretariat Optional Retirees with 30 years of service at the HRep.</p>			
<p>Former House Members of the 15th, 16th, 17th and 18th Congresses, Secretariat mandatory Retirees whose five year coverage of the Healthcare Program of the HRep 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.</p>	C	412,000.00	<p>PRIVATE ROOM up to PhP4,500.00/day</p>

2. The professional fees for services rendered by a COCOLIFE affiliated physician or specialist called upon by the primary attending physician, surgeon or doctor shall be paid using the Relative Values Scale (RVS) adopted from the Philippine College of Surgeon's Suggested Payment Rates.
3. All drugs and medications needed while confined in the hospital
4. Transfusion of blood and other blood elements, including laboratory screening of all blood products as well as blood products from other sources
5. Intravenous fluids, including hyperalimentation
6. Use of operating recovery room
7. Special laboratory or diagnostic procedures as requested by the affiliated or designated physician/surgeon
8. Oxygen and its administration
9. Dressing, plaster casts, sutures and other



- miscellaneous supplies directly used in the treatment
10. Indicated use of ICU, CCU and other special units
 11. X-Rays and other laboratory or diagnostic procedures
 12. General and nursing care
 13. Special therapeutic procedure such as hemo or peritoneal dialysis, chemotherapy, immunotherapy, irradiation as requested by the HSP-accredited, affiliated, or designated physician.
 14. Treatment for injuries or illnesses incurred during riots or demonstrations while in the line of duty *for the first 30 regular members only.*

IV. EMERGENCY CARE (Charge to ABL)

“Emergency” is defined as “a sudden and unexpected onset of an illness or injury that at the time of occurrence reasonably appears to have the potential to cause immediate permanent disability or death, or that requires the immediate relief of severe pain and discomfort.” Examples of these are: (a) immediate treatment of wounds or fractures sustained from an accident; (b) massive bleeding; (c) acute appendicitis; (d) acute myocardial infarction; (e) hypertensive cases, and (f) incessant and severe pain.

Given the urgency of the situation, you may seek treatment at a hospital or clinic that may or may not be accredited COCOLIFE HEALTHCARE providers. In accredited hospitals, you only need to follow the availment process.

1. **Out-Patient or In-Patient EMERGENCY SERVICES shall be provided free of charge when a member is brought to the Emergency Room of any hospital for:**
 - a. Any injury, incurred by accident, requiring hospital emergency room care;
 - b. Serious illness requiring immediate care to preserve the member’s life or prevent impairment or loss of bodily functions. Such immediate care denotes that treatment must be obtained within 24 hours from the time the accident or injury was sustained or within 12 hours from the onset of symptoms for any serious illness.
2. **EMERGENCY CARE IN ACCREDITED HOSPITAL shall be provided to all members at any COCOLIFE accredited hospital**
 - a. For emergency care attended by a non-affiliated physician, the member shall be reimbursed 80% of the professional fee.
 - b. In case where no COCOLIFE-accredited specialist is available to handle the treatment and the patient initially shoulders the expenses, the COCOLIFE shall reimburse 100% of the RVS rate of professional fee.
 - c. The provision of such emergency care from a



non-affiliated physician shall not invalidate or diminish any claim for reimbursement if it shall be shown to have been reasonably impossible to obtain such emergency care from an affiliated physician.

- d. In all emergency cases in accredited or non-accredited hospitals, the patient or his representative should notify within seventy-two (72) hours the hospital and the COCOLIFE about the confinement. The reimbursement of the same shall be permitted by the COCOLIFE based on the RVS of the physicians' professional fee and hospital expenses but not to exceed the individual ABL.

3. **EMERGENCY CARE IN NON- ACCREDITED HOSPITAL obliges the COCOLIFE to reimburse the total hospitalization cost including the professional fees based on the RVS to all members brought to such hospitals.**

- a. The above coverage applies to emergency room treatment and hospital confinement within the Philippine territory.
- b. However, if the emergency confinement occurred in a foreign country, the **COCOLIFE** shall reimburse or pay one hundred percent (100%) of the approved rates under Philippine standard covered charges for hospitalization costs and professional fees but not to exceed the individual ABL, payable in pesos at prevailing currency exchange rate at the time of availment in the foreign country where the member was confined. Provided that the employee concerned is on official travel.
- c. The **COCOLIFE** reserves the right to transfer the member, when medically safe, to an accredited hospital upon the recommendation of the attending doctor, as approved by the **COCOLIFE** Medical Director and upon prior coordination with the HRep Medical Director.
- d. Should the member fail or refuse to comply, the **COCOLIFE** shall not be responsible for any additional charges for hospital services rendered after the day on which transfer has been recommended.
- e. Expenses for subsequent follow up care of cases initially treated in non-accredited hospitals shall not be shouldered by the **COCOLIFE**.

This benefit includes the ambulance conduction from a non-accredited facility/hospital to the nearest accredited facility/hospital by the ambulance of the affiliated facility/ hospital subject to the following conditions:

- The use of the ambulance service must be



approved by the **COCOLIFE** Medical Director with prior coordination with the House Medical Director;

- The condition of the patient requires the use of the ambulance;
- The cost shall exclude airplane fare; and
- The patient shall not be required to advance the cost for the use of the ambulance and the **COCOLIFE** shall bear the actual cost for the use of the ambulance.

V. EXECUTIVE CHECK-UP ENTITLEMENT (NOT CHARGEABLE TO ABL)

1. The **COCOLIFE** shall shoulder the amount of up to PhP 60,000.00 for the executive check-up of House Members (for the first 70 House Members only).
2. The **COCOLIFE** shall shoulder the amount of up to PhP 40,000.00 for the executive check-up of Secretariat Officials (for the first 15 Secretariat Officials only).

VI. MATERNITY BENEFITS

CHARGEABLE TO ABL

1. All pre-natal consultation and maternity-related laboratories are covered.

NOT CHARGEABLE TO ABL

2. The **COCOLIFE** shall provide maternity subsidy (for the first 40 female members only) for a maximum of PhP 25,000.00 for actual operative delivery and PhP 15,000.00 for actual non-operative delivery, if confined at **COCOLIFE**- accredited/affiliated hospitals and attended by **COCOLIFE** -accredited/affiliated doctors.
3. The subsidy shall also include completion of incomplete spontaneous abortion and other similar cases of abortion to save the life of the mother who is in a critical condition.

VII. DIAGNOSTIC MODALITIES AND THERAPEUTIC PROCEDURES (Charge to ABL)

All diagnostic modalities and therapeutic procedures shall be covered by the **COCOLIFE**: Provided That, these are medically indicated and duly requested by the accredited attending physician or his designate.



VIII. BENEFITS AND COVERAGES OF SPECIAL MEMBERS

Special members who may be enrolled in the Program shall be provided the same medical services and benefits that are being enjoyed by Secretariat employees, subject to the following limitations:

Medical Service/Benefit	Limitation
Anti-Rabies	For the first 15 special members at accredited animal bite centers only
Annual Physical Examination (APE)	Clinic Based Basic Blood Chemistry (<i>FBS, Creatine, Uric Acid, Total Cholesterol, HDL/LDL, Triglycerides, SGPT</i>). <i>Pap Smear for females above 40 years old and PSA for males above 40 years old</i>
Physical Therapy	<i>500 sessions of rehabilitative physical therapy with a maximum of 10 sessions per special member</i>

The benefits and coverage of enrolled dependent of regular member who is already deleted from the Program Membership shall continue until the end of the contract of the said special member.

IX. PRE-EXISTING/CONGENITAL CONDITIONS (Chargeable to ABL)

***The COCOLIFE shall cover all pre-existing or congenital conditions of members enrolled in the Program.**

Pre-existing medical conditions are conditions that existed prior to the inception of your coverage with **COCOLIFE HEALTHCARE**. A disease is considered pre-existing if:

- The illness or injury was in any way evident before the effective date of your coverage; or
- You had sought professional advice or treatment prior to the inception date of your coverage; or
- Such illness or injury can be clinically determined to have started prior to the inception date of your coverage; or
- Such medical conditions are disclosed in your application form.



All “pre-existing” shall be deemed covered by Cocolife immediately upon effective date up to the annual benefit limit per year including its complications.

The following are considered pre-existing conditions:

- a. Hypertension
- b. Goiter (Hypo / Hyperthyroidism)
- c. Cataracts / Glaucoma
- d. ENT conditions requiring surgery
- e. Bronchial Asthma
- f. Tuberculosis
- g. Chronic Cholecystitis / Cholelithiasis (gall bladder stones)
- h. Acquired Hernias
- i. Prostate Disorders
- j. Hemorrhoids and Anal Fistulae
- k. Benign Tumors
- l. Uterine Myoma, Ovarian Cysts, Endometriosis
- m. Buergher’s Disease
- n. Varicose Veins
- o. Arthritis
- p. Migraine Headache
- q. Gastritis / duodenal or gastric ulcers

Dreaded Diseases:

- a. Cerebrovascular Accident (stroke)
- b. Central Nervous System lesions (Poliomyelitis / Meningitis / Encephalitis / Neurosurgical conditions)
- c. Cardiovascular Disease (Coronary / Valvular / Hypertensive Heart / Cardiomyopathy)
- d. Chronic Obstructive Pulmonary Disease (Chronic Bronchitis / Emphysema), Restrictive Lung Disease
- e. Chronic Kidney / Urological disease (Urolithiasis, Obstructive uropathies, etc.)
- f. Chronic Gastrointestinal Tract Disease requiring bowel resection and / or anastomosis
- g. Diabetes Mellitus and its complications
- h. Malignancies and Blood discrasias (Cancer, Leukemia, Idiopathic Thrombocytopenic Purpura)
- i. Injuries from accidents or assaults, frustrated homicide or frustrated murder
- j. Any illness other than the above which would require intensive care unit confinement
- k. Complications of an apparent ordinary illness (e.g. Sepsis due to Pneumonia, Typhoid ileitis, Cerebral Malaria and the like)
- l. Single or multiple organ failure of any cause
- m. Conditions that may require dialysis

X. CLAIMS FOR REIMBURSEMENT

A member may file a claim for reimbursement of expenses for covered emergency treatment or hospitalization in a non-accredited hospital or any such instance where the



member concerned paid the charges incurred, in accordance with the following procedures:

- a. The reimbursement claim must show affirmative proof of the emergency hospital confinement on which the claim is based and must be filed within sixty (60) calendar days from the date of discharge from the hospital. The documents include among others:
 1. Clinical abstract or discharge summary signed by the attending physician;
 2. Operative records including histo- pathological record if surgical procedure was performed;
 3. Original hospital receipts and invoices;
 4. Police report for accidental injuries and medico-legal cases, in which Third Party Liability applies, including Agreement to Subrogate; and
 5. Additional requirement in case of reimbursement claim for emergency hospitalization expenses in foreign country such as certifications from Philippine Consulate in the said area as to the genuineness of the supporting documents to be submitted.

Submit the documents above with your request for reimbursement within sixty (60) calendar days from the date of discharge from the hospital.

Company Address : COCOLIFE HealthCare Division,
8th Floor Feliza Building, 108 V.A. Rufino Street
Legaspi Village, Makati City

Or thru Cocolife in-house coordinator assigned at
HRep Medical and Dental Service Department.

Email Address: hor.ccr2020@gmail.com and copy
furnished mcpajenago@cocolife.com,
sam.cueto@yahoo.com and
hmrswelfare2020@gmail.com

Note: Soft copies of documents can be submitted to the above-mentioned email addresses, however, original copies are still required to be submitted.

Additional medical information necessary for the proper evaluation of your claim may be required. We shall advise you accordingly.

Reminder: Please call: 8856-1705 / 8396-9000 / 8912-9090 or 0917-5360962 / 0922-8928828 / 0908-8947763 to advise us of your confinement.

- b. The COCOLIFE shall immediately process a claim for reimbursement and release the payment for the same within sixty (60) calendar days from the date of submission of all required documents to support such claim.



XI. LIFE INSURANCE BENEFIT

1. Life Insurance Coverage for all regular members shall be granted, as follows:
 - a. Natural Death = P 75,000.00
 - b. Accidental Death = P150,000.00
 - c. Dismemberment = P 50,000.00

XII. PHILHEALTH PROVISIONS

The Cocolife coverage under the Program is integrated with PhilHealth. As such, the mandated benefits provided by PhilHealth shall be deducted first in the total hospital bills and the remaining balance shall be paid by Cocolife. As such, only the said remaining balance shall be deductible in the computation of the individual Annual Benefit Limit (ABL)



XIII. FREQUENTLY ASKED QUESTIONS

1. If I avail at a non-accredited hospital for an elective confinement or out-patient consultation, can I reimburse?

No. Reimbursement is only possible during emergency case / avilment.

2. What is a Pre-existing Condition?

It is an illness or injury that is considered to have been in existence prior to and within the first twelve months of the effective date of membership. All “pre-existing conditions” shall be deemed covered by Cocolife benefits up to the maximum benefit limit per illness including its complications per year.

3. What happens when I occupy a room which costs higher than what I am entitled to?

Voluntary Room Upgrade - If a member chooses and occupies a room one category higher than what he is entitled to, the member will shoulder the incremental cost for hospital expenses as follows:

- a. For covered hospital charges or ancillaries, the member shall pay the amount equivalent to thirty percent (30%) of such charges.
- b. For Professional Fees, the member shall pay the difference between the allowable Professional fees (PF) based on Cocolife Rates of the upgraded room and the Member's room entitlement.
- c. For Room and Board charges, the Member shall pay the difference between the actual rate of the room occupied and the allowable room rate.
- d. Philhealth portion for which the Member is eligible shall be applied to or deducted from allowable charges.

4. What happens if I lost my Cocolife ID Card?

You have to notify your HR Dept. together with P100 as payment for the lost ID card. Your new ID card will be issued within 7 business days from date the necessary documents were forwarded to Cocolife Head Office, provided that all requirements are complete. If you wish to avail of Cocolife's services while your card has not arrived, call the Cocolife Customer Care Hotline 841-8080 first before seeking consultation.



5. Who is Cocolife Medical Coordinator/Primary Physician?

The Cocolife Medical Coordinator/Primary Physician is accountable for health services of members seeking care in the affiliated hospital he is in charge of. He arranges referrals and supervises other care, such as specialist services and hospitalization.

6. Who is Cocolife Liaison Officer?

The Cocolife Liaison Officer (LO) is the one who assists you during confinement and before discharge from our accredited hospitals.

7. What is Cocolife Rates?

Cocolife Rates is the standard schedule of professional fee rates that Cocolife pays the accredited doctors depending on the type of procedure done.

8. What if I failed to get my Cocolife ID and get hospitalized? What should I do?

You may present any valid ID to the hospital and you may contact the Cocolife hotline for assistance. They are open 24 hours, seven days a week. Cocolife hotline is 8856-1705.

9. Will my declared dependents get a card as well?

Yes, they will be provided with separate cards. The Cocolife ID cards are not transferable.

10. Is it true that EENT, Neurologists and Urologists issued a memorandum to all HSPs stating that they will charge extra professional fees?

Yes. In order to avoid this, you may coordinate with Cocolife's Customer Care Department prior to each ailment so they can make arrangements with doctors who do not charge extra fees.

11. Are your hotlines available even during midnight?

Our Call Center operates 24/7 and is manned by our Call Center Specialists who are highly trained to assist you in any of your medical concerns.

12. Are you open on weekends?

Our Primary Care Centers and Cocolife Coordinators' clinics are open from Monday to Saturday. Our coordinators' contact details and clinic schedules are listed in the website's Accredited Providers page (www.cocolifehealthcare.com.ph).



XIV. WHAT YOUR HEALTH CARE PLAN DOES NOT COVER

EXCLUSIONS AND LIMITATIONS

A. MEDICAL

1. Plastic or reconstructive surgery for cosmetic purposes;
2. Experimental medical procedures, acupuncture and speech therapy;
3. Service to diagnose and reverse fertility or infertility.
4. Rest care, custodial, domiciliary, convalescent and intermediate care;
5. Treatment of sexually transmitted disease for gonorrhea, syphilis and herpes genitalis;
6. Confinement which is for purely diagnostic purposes except as prescribed by House physicians or when covered under a special provision;
7. Treatment for alcoholism, drug addiction or abuse;
8. Treatment of injuries or illnesses which are attributable to the members' own misconduct, negligence, and use of drugs or excessive intake of alcohol, vicious or immoral habits, participation in the commission of a crime whether consummated or not, violation of law or ordinance, and unnecessary exposure to imminent danger or hazard to life or health and life; and
9. Adverse medical conditions, arising from treatments by non-affiliated physicians.

B. NON-MEDICAL

1. Treatment for injuries or illnesses resulting from war whether declared or undeclared, riots, demonstrations or while in a military, police or paramilitary service, except those stated under benefits and coverages of regular members (no. 14, page 9 of this handbook);
2. Corrective lenses, artificial hearing aids, prosthetic devices, orthopedic hardware used in nailing, pinning, bracing, and services related to their application, except those stated under Preventive Health Care Service (no. 1.16, page 5 of this handbook);
3. Purchase or lease of durable medical oxygen, except what is actually used during covered in-patient care;
4. Medical examinations required for obtaining or continuing employment, insurance or government licensing;
5. Financial responsibility for medical services covered under the PhilHealth and Employees Compensation Act, benefits enjoyed by reason of compulsory coverage thereof, and all other contributory health care entitlements as provided by law;
6. Hospital expenses in excess of members' program limits in room rates, including the resulting rate



differences for operating room fees, professional fees, diagnostic procedures, laboratory examinations and all other ancillary surcharges set by the hospital and extra hospital goods and services, such as, but not limited to:

- a. Services of a private nurse;
 - b. Use of extra bed, television, electric fan, VCD, DVD and other amenities;
 - c. Toilet articles;
 - d. Extra food trays; and
 - e. Discharge or take-home medications except for the first three (3) days following discharge date.
7. Medical hospitalization expense of members incurred outside of the Philippines, except as provided for under Emergency Care Benefits; and
 8. Other items not directly related to medical management.



AVAILMENT PROCESS

CONSULTATIONS or REFERRALS TO SPECIALIST/S



Present your COCOLIFE Health Access Card and a valid ID to the receptionist or plan coordinator's secretary.

without swipe card terminal*



The receptionist or secretary will contact the **COCOLIFE HEALTHCARE** 24-Hour Members Assistance Hotline and furnish an authorization form

with swipe card terminal*



The receptionist or secretary will swipe the **veridata Networks** card terminal which will then generate a print-out strip.



Present your COCOLIFE Health Access Card and the authorization/ print-out strip at the specialist's clinic



Consultation and Treatment

* Please refer to the attached list of hospitals with **Veridata Networks** swipe card terminals or log on to www.cocolifehealthcare.com.ph



AVAILMENT PROCESS

DIAGNOSTIC PROCEDURE



Present your COCOLIFE Health Access Card and a valid ID to the receptionist or plan coordinator's secretary.

without swipe card terminal*



The receptionist or secretary will contact the **COCOLIFE HEALTHCARE** 24-Hour Members Assistance Hotline and furnish an authorization form

with swipe card terminal*



The receptionist or secretary will swipe the **Veridata Networks** card terminal which will then generate a print-out strip. You will then be given a Diagnostic Request Form (DRF)



Present your COCOLIFE Health Access Card, the Diagnostic Request Form, and the print-out strip at the laboratory.



Diagnostic procedure

* Please refer to the attached list of hospitals with **Veridata Networks** swipe card terminals or log on to www.cocolifehealthcare.com.ph



AVAILMENT PROCESS

EMERGENCY AVAILMENT



Present your COCOLIFE Health Access Card and a valid ID at the emergency room.



without swipe card terminal*

with swipe card terminal*



The **COCOLIFE HEALTHCARE** 24-Hour Members Assistance Hotline will be notified about your availment.



The **COCOLIFE HEALTHCARE** Swipe Card will be swiped in the **Veridata Networks** terminal.



You will be informed about the approval of your availment.



Treatment and/or admission

* Please refer to the attached list of hospitals with **Veridata Networks** swipe card terminals or log on to www.cocolifehealthcare.com.ph



AVAILMENT PROCESS

IN-PATIENT



Present your COCOLIFE Health Access Card, a valid ID, and the doctor's admission orders to the hospital's admitting section



The admitting staff will notify the **COCOLIFE HEALTHCARE** 24-Hour Members Assistance Hotline about your admission



Choose room according to benefit



Confinement



PhilHealth
Your Partner in Health

Pay all expenses that are not covered at the hospital's billing section



Discharge



NOTES

- Valid IDs may be in the form of the patient's company or school IDs or any IDs issued by the government. This may include driver's license, passport, PRC ID, NBI clearance, SSS/GSIS card, BIR card, postal ID, seaman's book, or voter's ID.
- The approved print-outs are only valid on the date that they are issued. Print-outs for future availments will not be issued even if you have already been scheduled for follow up by your physician.
- For some procedures and diagnostic examinations, the hospital or clinic that you are seeking treatment at may still have to call the **COCOLIFE HEALTHCARE** Hotline for approval.
- Reasons for non-approval may include but not be limited to lapsed membership, exceeded maximum limits, assessment by your physician that your condition does not require hospital confinement, or your condition is part of the exclusions included in the **COCOLIFE HEALTHCARE** Guidebook issued to you.



COMPUTATION OF INCREMENTAL COSTS

If you stay within your benefit's Room category and limit during your confinement, your **COCOLIFE HEALTHCARE** plan will provide coverage up to the maximum benefit limit. However, if you occupy a Room more than what is allowed by your plan, you will be required to shoulder the room difference and incremental costs and directly settle the amount with the hospital before you are discharged. The incremental costs are computed as follows:

A. Room Accommodation	The amount difference between your COCOLIFE HEALTHCARE plan's limit and your actual room rate.		
Example:	Room Benefit	Php 1,000.00 per day	
	Room Occupied	Php 2,000.00 per day	
	Difference	Php 1,000.00 per day	
	No. of Days Confined	Four (4) days	
	You Pay (4 x 1,000.00)	Php 4,000.00	
B. Hospital Charges	If you occupied a room with higher category from what is provided by your COCOLIFE HEALTHCARE plan, you shoulder at least 20% of the actual hospital charges per higher room category.		
Example:	Room Benefit	Semi-Private room	
	Room Occupied	Regular Private room	
	Total Hospitalization Charges	Php 6,000.00	
	You Pay: 20% Incremental	Php 1,200.00	
	You Pay (4 x 1,200.00)	Php 4,800.00	
	Note: Percentage may vary depending on the room occupied:		
	Incremental Charge:		
	Ward to:	Semi-Private: Private: Suite:	20% 40% 50%
	Semi-Private to:	Private: Suite:	20% 40%
	Private to:	Suite:	25%
C. Doctor's Fee	Same as hospital charges		

Reminder: We encourage you to stay within or below your **COCOLIFE HEALTHCARE** plan's Room Limit so that you will not incur incremental costs.



MEDICALLY NECESSARY

Medically Necessary means medical services that are:

- Consistent with the diagnosis and customary medical treatment of a condition;
- In accordance with the standards of good medical practice;
- Not solely done for the convenience of the patient or physician;
- Performed in the least costly manner required by the medical condition;
- Generally accepted by the medical professional and not experimental in nature such as (but not limited to): chelation therapy, iridology, acupuncture, reflexology, herbal medications, holistic approach, cell implant therapy, and ultraviolet and other modes of radiation.



LIMITATIONS

- Hospital services are subject to all its rules, regulations, and discretions. These include admissions, discharges, availability of facilities and personnel, accreditation with the Company, and acknowledgement of validity of identification and coverage of an individual. **COCOLIFE HEALTHCARE** shall not be liable for any delay or failure of the hospital to provide services in view of these.
- If a patient refuses to follow the treatment or procedure recommended by the **COCOLIFE HEALTHCARE** Plan Coordinator for personal reasons or religious beliefs, COCOLIFE HEALTHCARE shall no longer be responsible to provide care for the condition under treatment.

REMINDERS

- Bring with you at all times your COCOLIFE Health Access Card
- File PhilHealth on or before discharge for in-patient confinement and also during outpatient procedures/surgeries
- Stay within your room limit or downgrade to a lower room rate for non-availability of assigned room plan so as not to incur excess charges
- In case of emergency, proceed to the Emergency Room for immediate treatment. A police report is required for cases of accidents.



We Encourage You To Go Over The Actual **COCOLIFE HEALTHCARE** Policy Issued To The Policyholder.

This Guidebook Is Intended Only To Provide You A Basic Understanding Of A Standard **COCOLIFE HEALTHCARE** Plan And General Procedures In The Availment Of Services Covered By The Plan.

This Guidebook Explains The General Purpose Of The Insurance Described But In No Way Changes Or Affects Any Such Policy As Actually Issued.

In the event of any discrepancy between the above exclusion and those stipulated in the Master Policy, the latter shall prevail.

IMPORTANT NOTICE

The Insurance Commission of the Philippines with offices in Manila, Cebu, and Davao, is the government office in charge of the enforcement of all the laws relating to insurance companies operating in the Philippines. It is ready at all times to render assistance in settling any controversy between an insurance company and a policyholder relating to insurance matters.



MEMBER ASSISTANCE HOTLINES

(02) 8856-1705  **PLDT**

(02) 8396-9000

(02) 8812-9090

0917-886-4799  **Globe**

0922-892-8828 

0908-894-7763 

24-Hour Assistance

Mondays to Sundays including Holidays