

Details of the Group Hospitalization Plus Plan of Ayala Life

What is Group Hospitalization Plus?

- ✚ In-patient benefit which allows no cash out, if within the limits of the plan and if confined in an accredited hospital of ALAI.
- ✚ Allows a choice of doctor in an accredited hospital
- ✚ Benefits is on top of Philhealth benefits
- ✚ Limits on per illness/per confinement basis
- ✚ Intervening period of 45 days

Who are eligible to enroll?

- ✚ Dependents of employees of University of Asia and the Pacific.
 - Married employees : Spouse to age 65; and children 14 days old up to 21 years old, unmarried and unemployed; and
 - Single employees : parents up to age 65; and all siblings 14 days old up to 21 years old, unmarried and unemployed

When will my dependent's coverage be terminated / discontinued?


- ✚ Coverage will automatically be discontinued in the event of:
 - if this supplementary agreement has been terminated;
 - any premium on the supplementary agreement is not paid when due;
 - the 22nd birth anniversary of an insured child is reached; or
 - the 66th birth anniversary of the insured spouse or parent is reached.

What are the basic benefits under the GH Plus Program?


- ✚ In-patient
 - ROOM & BOARD -Pays for the daily room charges, up to a maximum of 31 days per confinement
 - SPECIAL HOSPITAL SERVICES
 - Medicines
 - Laboratory & x-ray exams
 - Operating Room charges
 - Central Supplies
 - SURGICAL BENEFIT - During confinements requiring surgery, this benefit covers the surgeon's fee. Limits are subject to the Relative Unit Value (RUV) Table.
 - ANESTHESIOLOGIST'S FEE - During confinements requiring surgery, this benefit covers the anesthesiologist's fee which is 30% of the total surgeon's fee benefit.
 - DOCTOR'S CALL - Benefit which covers daily visit charges of the attending physician
- ✚ Out-patient
 - CONSULTATION - **B**enefit which covers the consultation charges of the Medical Doctor to an eligible dependent subject to the maximum limit. Includes the pre and post natal examinations of the dependent – spouse who are legally married

- PRESCRIBED LABORATORIES - Examinations required by the Medical Doctor except for exams related to pregnancy

What is the coverage per benefit?

 In-patient:






Benefit	Option 1	Option 2
Room & Board (maximum of 31 days)	1,200	1,500
Special Hospital Services	12,000	18,000
Surgical Fee	30,000	40,000
Anesthesiologist Fee	9,000	12,000
Doctor's Call (maximum of 31 days)	1,200	1,500

 Out-patient:

Benefit	Option 1	Option 2
Consultation	500/day	
Annual Limit (Consultation only)	4,000	6,000
Prescribed laboratories	6,000	9,000
Maximum Annual Limit	10,000	15,000

- Note:**
- 1.) UA&P has to make a collective decision on which coverage option will it take. The two options can be availed only if there will be a different set of benefits for rank and file employees and officers (i.e. option 1 – all rank and file employees, option 2 – all officers).
 - 2.) Group may opt not to take the out-patient, but in-patient benefit is a requirement if the out-patient benefit will be availed.
 - 3.) The Group Term Life Insurance needs to be renewed so UA&P can avail of the GH Plus program, as this is only a rider to the GT policy.

What are the limitations of the GH Plus program?

-  Confinement and the charges and operation, if any upon which a claim based on the continuation of such confinement during the entire period thereof not recommended and/or not approved by a legally qualified physician or surgeon.
-  Charges for nursing or any other charges, fees or expenses not mentioned in the Schedule of Benefits and the other provisions of the agreement.
-  Charges for room and board, and general nursing care, hospital services which are not related to the diagnosis and treatment of the condition for which hospital confinement is required by the attending physician or surgeon.
-  For surgical cases, any doctor's fee except fees of the surgeon performing any operation mentioned in the provisions of this agreement.
-  Charges for the use or acquisition of prosthetics.

- ✚ Any dental treatment or surgery except dental operation resulting from an injury sustained in a accident.
- ✚ Any accidental bodily injury, disease or sickness arising out of an in the course of employment and for which the insured is entitled to the benefits under the employees compensation and state insurance fund or similar laws, except philhealth.
- ✚ Treatment of any mental and nervous disease or disorder.
- ✚ Any treatment which is purely for physical therapy or for recuperative purposes or confinement in a hospital or sanitarium or convalescent home fore rest cure.
- ✚ Any treatment or surgical operations for congenital deformities or defect such as harelip, clubfoot, hernia, heart defect, birth mark, abnormal bone or muscular growth, cerebral palsy, etc.
- ✚ Any cosmetic surgery except for treatment of injury sustained in an accident while insured.
- ✚ Sterilization of either sex, such as castration, vasectomy, tubectomy, and tubal ligation and sex transplants.
- ✚ Any process in determining the refractive errors of the eyes and their correction.
- ✚ Any treatment arising from alcoholic or drug additions and illness ot injury attributable to the insured's own misconduct, gross negligence, intemperate use of drugs or alcoholic liquor, vicious or immoral habits, participation in the commission of a crime, violation of law or ordinance and unnecessary exposure such as bone or flesh transplanting.
- ✚ Any plasctic surgery for any condition present on the effective date of the individual's insurance, such as bone or flesh transplanting.
- ✚ Any treatment arising from AIDS or AIDS related diseases.
- ✚ Resulting from any services or supplies for which no reimbursement or payment is required on account of the insured.
- ✚ Hospital confinement, services, supplies, treatment or any care which are furnished or for which benefits are payable under any in force policy or plan, or under any extension of benefits provision of any other such policy or plan, which has been cancelled provided however, that if the benefits payable under such other policy or plan are less than the total expenses incurred by the insured,, ALAI shall reimburse in an amount equal to the benefits provided under this agreement. In no instance however, shall the total payments from this agreement and such other policy or plan exceed the total incurred expenses.
- ✚ Drugs/ medicines purchased used during confinement which are not necessary and/or not related to the management of the disease or illness for which he is confined and drugs/medicines purchased for the use during period of recovery.
- ✚ Hospital confinement or for charges or surgical fees incurred which result from:
 - Bodily injury sustained while in or on or about any airplane or aerial device except while traveling as a fare-paying passenger in a passenger airplane which is operated by a regular passenger airline, operated by a duly licensed pilot, and traveling on a scheduled passenger trip over an established passenger route.
 - Any form of disability, injury or sickness, sustained or contracted in riot, civil commotion, insurrection or war or any act of war, or service in any military, naval or air force of any country while such country is engaged in war or police duty as a member of any military, naval or air organization.
 - Any bodily injury self-inflicted whether the insured is sane or insane.

How much is the premium cost?

✚ Semi-annual premium payment mode

Premium Rates	Option 1	Option 2
In-patient Rates		
Married Family Unit	3,009	3,852
<i>annual (Married Family Unit)</i>	<i>6,018</i>	<i>7,704</i>
Single Family Unit	2,562	3,315
<i>annual (Single Family Unit)</i>	<i>5,124</i>	<i>6,630</i>
Out Patient Rates		
Married Family Unit	3,012	4,518
<i>annual (Married Family Unit)</i>	<i>6,024</i>	<i>9,036</i>
Single Family Unit	3,012	4,518
<i>annual (Single Family Unit)</i>	<i>6,024</i>	<i>9,036</i>
Combined in-patient & out-patient rates		
Married Family Unit	6,021	8,370
<i>annual (Married Family Unit)</i>	<i>12,042</i>	<i>16,740</i>
Single Family Unit	5,574	7,833
<i>annual (Single Family Unit)</i>	<i>11,148</i>	<i>15,666</i>

How can I avail of the program?

1. Fill-up the Ayala Life GT/GH Application Form – this should be filled-up as soon as dependent becomes eligible for enrollment under the plan to avoid any problems in the event of a claim.
2. Settle premium due as charged be ALAI.

Upon hospitalization of a dependent:

3. Choose an ALAI accredited hospital
4. Secure ALAI's Statement of Claim Form and Philhealth forms from HRD Office
5. Present to the Admitting Section of the hospital the GHPlus Card
6. Call ALAI Hotline Number to notify confinement
7. Prior to discharge, ask the Attending Physician to fill out the following:
 - (a) Philhealth Form
 - (b) ALAI's Statement of Claim Form (2ndpage Part IV Clinical Diagnosis Portion)
7. Submit "(a)" & "(b)" to the Billing or Credit & Collection Department of the hospital
8. Pay hospital bills in excess of the Maximum Credit Limit in the LOA, prior to discharge
9. Coordinate with UA&P HR for the hospital bills in excess of the inner limits and/or not covered under the plan (Accounts receivable billed by ALAI)

What do I do in the event of a reimbursement claim (for confinements done with a non-accredited hospital)?

- ✚*** Submit the following documents to ALAI for reimbursement processing:
- Statement of Claim Form fully accomplished
 - Statement of Account (SOA) from hospital
 - Charge Slips to support items in the SOA

- Official Receipt/s of Hospital bill (with TIN # & BIR #)
- Official Receipts of Professional Fee (with TIN # & BIR #)
- Doctor's Prescription
- for medicines bought outside the hospital
- Clinical Summary

WRITTEN NOTICE SHOULD BE SUBMITTED TO ALAI WITHIN 30 DAYS FROM THE DATE OF CONFINEMENT - Failure to give notice within the prescribed time period shall not invalidate the claim if it can be shown not to have been reasonably possible to give such notice and that notice was given as soon as it was reasonably possible.

How can a get in-touch with Ayala Life for my concerns and hospitalization requests?

- ✚ For the following concerns:
 - For request of Letter of Authority issuance.
 - List of Accredited hospitals
 - Inquiry on employee's Maximum Benefit Limit
 - Inquiry on covered illnesses

Call our 24/7 hotline no. 0917 - 899 4248

- ✚ For the following concerns:
 - Status of reimbursement
 - Benefit computation
 - Computation of Surgical Benefit / applicable RUV
 - List of covered employees & dependents
 - Other requests (e.g. waiver of philhealth notice)

Call our Customer Service Dept. 888-LIFE (Mondays-Fridays, 8:00 am – 4:00 pm)