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 resigned or otherwise terminated employees for newly hired employees, subject to the schedule of premium payments of the provider and availability of funds.	
	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. Subject to budget availability, the OSG reserves the right to increase the number of employees covered under the contract in cases of newly hired employees, with an additional payment of premium at the same or lower price, provided, the additional coverage does not exceed 25% of the original contract, and should be requested within 6 months from issuance of notice to proceed.	
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	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	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 (66) years old, if the employee is single or a widow/er with no children	
	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 cost of their dependent's coverage.	
F. Maximum Benefit Limit/Maximum Coverage Benefit for Principal Members	1. ₱100,000 per illness per member per year.	
G. Membership Plan/Package	1. Minimum of Regular Private Room (In-Patient)	
H. Upgrade of Membership Plan/Package	1. Principal members may opt to upgrade his/her 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 his/her dependents.	
I. Philhealth Coverage	The plan pays benefits up to its limits after	

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	Philhealth Benefits have been exhausted.	
J. Provider Access	1. In good standing with affiliated hospitals and must include 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	
	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, and/or New World Diagnostics, and/or Singapore Diagnostics.	
K. **Pre-Existing Conditions**	1. Pre-existing illness/conditions of members at the start of membership shall be covered up to Maximum Benefit Limit.	
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	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	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	
	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 ₱2,500.00	
	8. Allergy Testing/ allergy screening and other related examinations covered for at least ₱1,200.00	
	9. Tuberculin test covered for at least ₱600	
	10. Sclerotherapy for varicose veins covered for at least ₱5,000 per leg	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	11. Online Consult / Teleconsultation covered through reimbursement only up to HMO RUV Rates	
	12. Mental, nervous or other functional disorders of the mind; congenital anomalies and conditions arising therefrom, up to Php20,000.00.	
	13. 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:	
	10.1) Brachytherapy	
	10.2) Cobalt	
	10.3) Linear-accelerator therapy	
	10.4) Radioactive cesium	
	10.5) Radioactive iodine	
	11. Thermal Ablation	

Item	Specification	Statement of Compliance (Comply/Not Comply)
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)	
	7. Bone Mineral Density Studies	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	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. Electromyelography 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 ₱10,000.00	
	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	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	26.6) Parathyroid Bone, Pulmonary (Perfusion/Ventilation Lung Scans)	
	27. Thallium Scintigraphy	
	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 up to MBL	
	3. Angioplasty covered up to MBL	
	4. Coronary Artery Bypass Graft covered up to MBL	
	5. Open Heart Surgery covered up to MBL	
	6. Cryosurgery covered up to MBL	
	7. Endoscopic procedures	
	8. Flourescein Angiogram covered up to MBL	
	9. Gamma Knife Surgery (based on cobalt/radiotherapy)	
	10. Hemorrhoidectomy (Conventional)	
	11. Hemorrhoidectomy (Scalpel)	
	12. Hemorrhoidectomy (Stapled) covered up to MBL	
	13. Herniorrhaphy (except cost of mesh) excluding congenital hernia	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	14. Hysteroscopic Myoma Resection covered up to MBL	
	15. Hysterospically-guided D&C	
	16. Laparoscopic Procedures covered up to MBL	
	17. Laparoscopic Cholecystectomy covered up to MBL	
	18. Lithotripsy covered up to MBL	
	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 ₱20,000.00 when there are comparable, conventional or traditional counterparts	
	20. Organ Transplant (except cost of organs & procedure for donor	
	21. Percutaneous Ultrasonic Adrenalectomy covered up to MBL	
	22. Percutaneous Ultrasonic Nephrolithomy covered up to MBL	
	23. Stereotactic Brain Biopsy covered up to MBL	
	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 up to MBL	
	26. Video Gastroscopy	
	27. CT Pulmonary Angiography	
	28. Photodynamic therapy	
R. Annual Physical Examination (Basic)	1. Physical Examination and History Taking	
	2. Complete Blood Court	
	3. Urinalysis	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	4. Fecalysis	
	5. Chest X-ray	
	6. Electrocardiogram (ECG) covered for 35 years old and above	
	7. Pap Smear covered for 35 years old and above	
	8. Lipid profile, FBS, HBA1c, SGPT, SGOT, Creatinine test	
	9. Blood Urea Nitrogen (BUN) test and Blood Uric Acid (BUA) test	
	10. HPV-DNA Test (for female 30-65 years old, every five years only)	
	11. Eye Exam	
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 ₱30,000.00 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	
	2. Anti tetanus, Rabies, Venom covered up to ₱25,000.00	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	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 – at least ₱10,000.00	
	2. Accidental Death – at least ₱20,000.00	
	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 – ₱10,000.00	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	3.19) Loss of One Hand and One Sight – ₱10,000.00	
	3.20) Loss of One Foot and One Sight – ₱10,000.00	
	3.21) Loss of One Hand or One Foot – ₱10,000.00	
	3.22) Loss of Sight of One Eye – ₱10,000.00	
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 ₱5,000.00 per conduction	
	2. Ambulance Service (if hospital has own ambulance facilities)	
	3. Benign Prostatic Hypertrophy	
	4. Congenital Conditions covered for at least ₱30,000	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	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	
	8.3) Unprovoked Assault	
	9. Scoliosis, whether congenital, pre-existing, developmental or acquired	
	10. Slipped Disc, Spondylosis and Spinal Stenosis	
	11. Sports Related Injuries	
	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 ₱200.00.	
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.	

Item	Specification	Statement of Compliance (Comply/Not Comply)
Z. General Exclusions	1. Intentionally self-inflicted injury, suicide, death, self-destruction or any attempt thereat 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 competitions, parachuting, polo, pot-holing, power boating, racing, show jumping, skydiving, use of wood-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	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	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. 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.	
	9. Any treatment in connection to pregnancy or resulting childbirth or miscarriage or complications therefrom (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);	
	10. 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.	
	11. Any treatment which are not recommended and performed by a Physician as being medically necessary including any	

Item	Specification	Statement of Compliance (Comply/Not Comply)
	charges for non-medical services such as telephone, radio, television, extra bed, extra food, toilet articles and the like, private duty nurse or physician.	
	12. 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.	
	13. 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.	
	2. OSG reserves the right to substitute 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, provided the executive check-up slot for the resigned/terminated employee is unused.	
	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	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	program and shall be allowed to use the Executive Checkup benefit until expiry of contract.	
	4. Subject to budget availability, in instances when the Executive Employee has retired/resigned/terminated and the ECU allotment has been used, the newly appointed employee to the position will be entitled to the same benefit, with an additional payment of premium at the same or lower price, provided, the additional allotment does not exceed 25% of the original contract, and should be requested within 6 months from issuance of notice to proceed.	
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	Any of the following Package Inclusions, up to the maximum amount of Php66,000.00, subject to upgrade under Item AD:	
	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	

Item	Specification	Statement of Compliance (Comply / Not Comply)
	8. Sodium	
	9. Potassium	
	10. Total Cholesterol	
	11. Triglyceride	
	12. Good Cholesterol (HDL)	
	13. Bad Cholesterol (LDL)	
	14. Very Low Density Lipoprotein (VLDL)	
	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	

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