



MediCard Kabayan

Contact Argel Tiburcio
rmtiburcio@medicardphils.com
Agent Code: AIA007462616





Specifically designed
for overseas
Filipinos,
MediCard Kabayan
provides flexibility
because it allows the
sponsor to enroll
practically everyone
in the Philippines -
not just immediate
family members.

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MediCard Kabayan

- Offers hospitalization, outpatient, preventive healthcare, emergency and dental services
- Covers pre-existing conditions up to a certain limit
- Enroll practically anyone – not just immediate family members

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BENEFITS

Inpatient Care

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BENEFITS: Inpatient Care

The following hospitalization services shall apply when MediCard physicians prescribe the hospitalization of members in any MediCard-Accredited Hospital:

1. No deposit upon admission
2. Room & Board according to type of enrollment
3. Use of operating theatre and Recovery Room
4. Services of MediCard specialist like anesthesiologists, internists, surgeons, etc.
5. Services and medications for general/spinal anesthesia or other forms of anesthesia deemed necessary for a surgical procedure
6. Fresh whole blood transfusions and intravenous fluids
7. X-ray and laboratory examinations

Subject to limits

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BENEFITS: Inpatient Care

8. Administered medicines
9. Dressings, plaster casts, sutures and other items directly related to the medical management of the patient
10. ICU confinements, Chemotherapy and Radiotherapy
11. Human blood products (e.g. platelets, packed RBC) and its processing/screening except gamma globulin
12. CT Scan, MRI and Ultrasound
13. New modalities and/or diagnostic and treatment procedures for conditions with established etiologies and its use is only an alternative to the conventional methods
14. Laboratory/ancillary services for conditions whose pathogenesis or subsequent clinical improvement is not yet fully established in Medical Science

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BENEFITS: Inpatient Care

15. The following complex diagnostic examinations:

- a. Angiography (e.g. coronary, cerebral, retinal, fluorescein pulmonary, GI, etc.)
- b. Serum chemistry panels (e.g. Chem 23, Spec M, etc.)
- c. Pulmonary perfusion scan
- d. Tests involving use of Nuclear Technologies (e.g. Radionuclide Ventriculography/Thallium stress testing/Radionuclide (Isotope) Scanning, Pyrophosphate Scintigraphy, etc.)
- e. Electromyography, Nerve Conduction Velocity Studies
- f. 24-Hour Holter Monitoring, 2-D Echo and Doppler
- g. Treadmill Stress Test
- h. Myelogram
- i. Diagnostic Endoscopy including one of video
- j. Diagnostic Arthroscopy
- k. Diagnostic Hysteroscopy
- l. Adrenocortical Function, Plasma/Urinary Cortisol, Plasma Aldosterone, etc.
- m. Mammogram and Sonomammogram
- n. Bone densitometry scan (Dexascan)
- o. Immunologic Studies
- p. Genetic Studies

Subject to limits



BENEFITS: Inpatient Care

- 16. Professional fee of the assisting physician in surgical procedures
- 17. Assistance in administrative requirements through the liaison officer
- 18. All other items related to the management of the case

Subject to limits

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BENEFITS

Outpatient Care

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BENEFITS: Outpatient Care

1. Referral to specialists
2. Regular Consultations and treatment (except prescribed medicines)
3. Eye, Ear, Nose and Throat treatment
4. Treatment of minor injuries and surgery not requiring confinement
5. X-ray and laboratory examinations prescribed by MediCard physician

Subject to limits

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BENEFITS

Preventive Care

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BENEFITS: Preventive Care

1. Annual Physical Examination (APE) shall be conducted once a year at designated MediCard Clinics. APE shall include the following:
 - a. Complete Blood Count
 - b. Urinalysis (urine examination)
 - c. Fecalalysis (stool examination)
 - d. Chest X-ray
 - e. Electrocardiogram (for Member 40 years old and above, or if prescribed)
 - f. Pap smear (for women 40 years old and above, or if prescribed)
2. Management of Health Problems
3. Routine Immunization (except cost of vaccines)
4. Counselling on health habits, diets and Family Planning
5. Record Keeping of Medical History

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BENEFITS

Emergency Care

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BENEFITS: Emergency Care

1. Emergency Care in Medicaard-Accredited Hospitals/Clinics

- a. Doctor's services
- b. Medicines used during treatment or for immediate relief
- c. Oxygen and intravenous fluids
- d. Dressings, plaster casts, and sutures
- e. Laboratory, x-ray and other diagnostic examinations directly related to the emergency management of the patient

Subject to limits

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BENEFITS: Emergency Care

- 2. Emergency Care in Non-Medicard Accredited Hospitals: MediCard agrees to reimburse 80% of the approved total hospital bills and of professional fees, based on MediCard relative value for accredited hospitals, but not to exceed the amount of P_____.**
- a. When a member is in immediate danger of losing a limb, eye or other parts of the body or is in severe pain that requires immediate relief and enters a non-MediCard accredited hospital for treatment.
 - a. MediCard shall pay the said amount when it is verified that MediCard facilities were not used because to have done so would entail a delay resulting in death, serious disability or significant jeopardy to the member's condition or the choice of hospital was beyond the control of the member or the member's family. Other expenses not covered in using non-MediCard Accredited Hospitals for emergency care is follow up care.

Subject to limits



BENEFITS: Emergency Care

3. In cases of non-availability of room according to plan during emergency case, MEMBER may avail of the next higher room available except suite room within the first twenty four (24) hours of confinement upon admission. All incremental costs incurred after the first twenty four (24) hours shall be for the personal account of the MEMBER, except when the Accredited Hospital issues a certification of non-availability of the MEMBER's room and board accommodation.

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A woman with dark hair is reclined in a dental chair, smiling broadly. A dentist's hands are visible in the background, working on her teeth. The image is overlaid with a diagonal orange and white graphic.

BENEFITS

Dental Care

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BENEFITS: Dental Care

1. Once a year oral prophylaxis (after having paid at least the six (6) months membership fees)
2. Consultations and oral examinations
3. Simple tooth extractions, except surgery for impacted or ankylosed tooth, etc.
4. Temporary fillings
5. Gum treatment and adjustment of dentures
6. Recementation of loose jackets, crowns, in-lays and on-lays
7. Treatment of mouth lesions, wounds and burns

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ADDITIONAL Benefits

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OPTIONAL BENEFIT: Telephone Consultation

The member can avail of the diagnostic consultations by telephone, video call or messaging application upon payment of corresponding subscription fee.

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PRE-EXISTING Coverage

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PRE-EXISTING CONDITIONS COVERAGE

White Plan

YEAR OF MEMBERSHIP	AMOUNT OF COVERAGE
1st year	Up to P5,000 aggregate limit per beneficiary, per year
2nd year of continuous membership onwards	Up to 50% of the annual benefit limit per beneficiary, per year

Blue Plan

YEAR OF MEMBERSHIP	AMOUNT OF COVERAGE
1st year	Up to P10,000 aggregate limit per beneficiary, per year
2nd year of continuous membership onwards	Up to 50% of the annual benefit limit per beneficiary, per year

Purple Plan

YEAR OF MEMBERSHIP	AMOUNT OF COVERAGE
1st year	Up to P15,000 aggregate limit per beneficiary, per year
2nd year of continuous membership onwards	Up to 50% of the annual benefit limit per beneficiary, per year



A smiling woman with long dark hair, wearing a pink shirt, is sitting on the grass and blowing bubbles. A young girl with long dark hair, also wearing a pink shirt, is sitting next to her, holding a yellow bubble wand and blowing a bubble. The background is a blurred green park with trees. The image is overlaid with a large, semi-transparent orange and white diagonal graphic on the left side.

MEMBERSHIP

Eligibility

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MEMBERSHIP ELIGIBILITY

Sponsor

Any person at least 18 years old

Beneficiary

Any person nominated by the sponsor, 30 days up to 70 years old

Family Unit Beneficiary

A group of related beneficiaries who are enrolled at the same time

For Married First Nominated Member	Legal spouses and/or their unmarried children, 30 days old and up to 60 years of age
For Single First Nominated Member	Unmarried siblings and/or their parents, 30 days old and up to 60 years of age
For Single Parent First Nominated Member	His/her children, 30 days old and up to 60 years of age

A separate fee will apply to those who are outside the grouping.

Note: Family Unit Members should be enrolled at the same time. Otherwise, separate membership fee will apply.





PRICE LIST

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PRICE LIST

	WHITE PLAN	BLUE PLAN	PURPLE PLAN
	Without MMC, TMC, AHMC, CSMC, SLMC-QC & BGC	Without MMC, TMC, AHMC, CSMC, SLMC-QC & BGC	With MMC, TMC, AHMC, CSMC, SLMC-QC & BGC
ROOM TYPE	PLAN 700	PLAN 1500	PLAN 3000
Annual Benefit Limit (all availed services per individual)	PHP 60,000.00 per beneficiary	PHP 100,000 per beneficiary	PHP 150,000 per beneficiary
	ANNUAL FEES		
Beneficiary 30 days old-60 years old	PHP 16,524.00	PHP 24,948.00	PHP 38,610.00
Family unit of 2	PHP 28,296.00	PHP 35,640.00	PHP 60,264.00
Family unit of 3	PHP 37,368.00	PHP 40,932.00	PHP 73,602.00
Family unit of 4	PHP 42,012.00	PHP 46,278.00	PHP 86,886.00
in excess of 4 (per head)	PHP 4,590.00	PHP 5,292.00	PHP 13,338.00
61-65 years old	PHP 22,356.00	PHP 32,508.00	PHP 50,166.00
66-70 years old	PHP 30,672.00	PHP 42,533.56	PHP 61,776.00

Above rates are for new members. Renewals are subject to actuarial computation.

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