KAISER SENIOR CARE

You can avail your chosen Kaiser Senior Care. Submit or fax the filled-out portion to Kaiser Office or to any of our accredited brokers and agents.

Makati Office: Ground Floor, Kings Court 1 Bldg.,
2129 Chino Roces Ave., Makati City
Tel. No. 632.892.96.34 to 36
Fax: 632.811.18.78

Cebu Coordinating Office: 16-A Salinas Drive,
Lahug Cebu City.
Tel No:6332. 232-1144
Fax:6332. 233-6570

KAISER INTERNATIONAL
HEALTHGROUP, INC.

The 1st Name in Healthcare
www.kaiserhealthgroup.com

KAISER SENIOR CARE
AGE 61 - 100

Kaiser Senior Care
A Medical Healthcare Plan for Seniors from 61-100.

FEATURES AND BENEFITS:
• Medical insurance plan especially designed for those over 61 and above.
• Reimbursement type based on coverage. Reimbursement may be done mid-way hospitalization provided confinement is coverable and required documents submitted.
• Patient’s choice for doctor, hospital and specialist.
• Comprehensive range of Medical Insurance Benefits with a maximum coverage limit of up to P50,000.00.
• Member to shoulder the 1st P50,000.00 of the hospital bills.
• Another 10% still to be shouldered by the member.
• Remaining balance of 90% to be covered by Kaiser.
• Surgical Cases are based on PhilHealth RUVS to calculate the maximum amount payable to the surgeon for the surgical procedure. This means that the payment received from Kaiser may be less than the professional fee charged by the surgeon.
• Reimbursement of actual hospitalization expenses based on coverage.

ANNUAL PREMIUM

<table>
<thead>
<tr>
<th>AGE</th>
<th>PLAN 250K</th>
<th>PLAN 500K</th>
<th>PLAN 1M</th>
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SEMIA-NNUAL PREMIUM

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BENEFITS PLAN 250K PLAN 500K PLAN 1M

<p>| Maximum Benefit Limit for each disability for the life of the insured (10% Co-Payment) |</p>
<table>
<thead>
<tr>
<th>Plan 250K</th>
<th>Plan 500K</th>
<th>Plan 1M</th>
</tr>
</thead>
<tbody>
<tr>
<td>750</td>
<td>1,000</td>
<td>2,500</td>
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</tbody>
</table>

Miscellaneous Hospital Expenses for required drugs, laboratory and diagnostic procedures
As Charged As Charged As Charged

Physician's Visit (non-surgical)
P500 P750 P1,500

CRITICAL CARE BENEFITS
Intensive Care Unit, Coronary Unit max 10 days per disability per year
As Charged As Charged As Charged

SURGICAL BENEFITS
Operating Theater Fee
As Charged As Charged As Charged

Surgeon’s Fee
Based on Kaiser ruv
P60,000 P90,000 P180,000

Anaesthetist’s Fee
not to exceed 30% of the approved Surgeon’s Fee
P18,000 P30,000 P60,000

Artificial limb
Including rental of mechanical devices excluding implantable devices
As Charged As Charged As Charged

Emergency Out-patient for emergency treatment provided by the out-patient department of a hospital or a licensed doctor in his clinic for a covered disability. Maximum limit per disability per year.
P3,000 P4,000 P5,000

Emergency Dental Services due to covered accident
As Charged As Charged As Charged

Emergency Local Ambulance Service to nearest facility
As Charged As Charged As Charged

Private Duty Nurse when certified necessary by attending physician to a max of 5 days post hospitalization
P600 (per day) P900 (per day) P1,800 (per day)
**MEDICAL REMEDIES**

1. Have you ever been treated for or ever had a known indication of:
   a. Disorder of eyes, ears, nose, or throat? NO   YES
   b. Dizziness, fainting, convulsions, headache, speech defect, paralysis or stroke, mental or nervous disorder? NO   YES
   c. Shortness of breath, persistent hoarseness or cough, blood spitting, bronchitis, pleurisy, asthma, epymesthesia, tuberculosis or chronic respiratory disorder? NO   YES
   d. Diabetes thyroid or other endocrine disorder? NO   YES
   e. Chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack or any other disorder of the heart or blood vessels? NO   YES
2. Are you now under observation or taking treatment? NO   YES
   a. Oral surgery for purposes of beautification, temporomandibular joint arthroplasty or replacement, or anastomosis. NO   YES
   b. Unusual circumstances such as complete or partial destruction of facilities, war, riots, disability of a significant number of KASER personnel or similar events which result in delay to provide services. NO   YES
   c. Participation in act of crime, violation of a law or ordinance, unnecessary exposure to imminent danger or hazard to health, and hazardous spots or conditions. NO   YES
   d. Treatment of self-inflicted injuries or injuries attributable to the MEMBER or his guardian fails or refuses to execute the deed of donation. NO   YES
   e. Uncomplicated injuries. NO   YES
   f. Corrective eye surgery for error of refraction including laser for correction of myopia and myoplasia. NO   YES
   g. Cholesterol, amputated parts. NO   YES
   h. Common cold, influenza, acute tonsillitis, laryngitis. NO   YES
   i. Pregnancy complications. NO   YES
   j. Allergic reaction to drugs. NO   YES
   k. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   l. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   m. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   n. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   o. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   p. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   q. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   r. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   s. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   t. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   u. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   v. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   w. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   x. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   y. Corrective appliances and artificial aids and prosthetic devices. NO   YES
   z. Corrective appliances and artificial aids and prosthetic devices. NO   YES

3. Do you smoke? NO   YES
4. Other than above, have you:
   a. Had any physical disorder or any known indication thereof? NO   YES
   b. Had any medical examination, consultations, illness, injury, surgery? NO   YES
   c. Been a patient in a hospital, clinic, sanitarium, or any other medical facility? NO   YES
   d. Had electrocardiogram, x-ray, other diagnostic test? NO   YES
   e. Have you ever had military service deferment, rejection or discharge because of physical or mental condition? NO   YES
   f. Have you ever applied for or receive a pension, payment or benefit due to injury, sickness or disability? NO   YES
   g. Have you a parent, brother, sister who died of or had high blood pressure, tuberculosis, diabetes, cancer, heart or kidney disease or mental illness? NO   YES
   h. Have you ever been rejected or terminated for medical Insurance including KASER program, or have been offered insurance at a higher (rated-up) premium? NO   YES
   i. Have you ever been treated for or ever had a known indication of:
      a. Disorder of eyes, ears, nose, or throat? NO   YES
      b. Dizziness, fainting, convulsions, headache, speech defect, paralysis or stroke, mental or nervous disorder? NO   YES
      c. Shortness of breath, persistent hoarseness or cough, blood spitting, bronchitis, pleurisy, asthma, epymesthesia, tuberculosis or chronic respiratory disorder? NO   YES
      d. Diabetes thyroid or other endocrine disorder? NO   YES
      e. Chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack or any other disorder of the heart or blood vessels? NO   YES
      f. Are you now under observation or taking treatment? NO   YES
         i. Deformity, lameness or amputation? NO   YES
         ii. Previous fractures, broken bones, or injuries? NO   YES
      g. Sugar, albumin, blood or pus in urine, venereal disease, stone or other disorder of kidney, bladder, prostate or reproductive organs? NO   YES
      h. Neuritis, scatica, rheumatism, arthritus, gout, or disorder of the muscles or bones, such as spine, back or joints? NO   YES
      i. Deforty, lameness or amputation? NO   YES
      j. Disorder of skin, lymph glands, cysts, tumor or cancer? NO   YES
      k. Allergies, anemia or other disorder of the blood? NO   YES
      l. Excessive use of alcohol, tobacco or any habit-forming drug? NO   YES
      m. Are you now under observation or taking treatment? NO   YES
   j. Do you own other health insurance: yes/no:_________________
   k. Do you own other health insurance: yes/no:_________________
   l. Do you own other health insurance: yes/no:_________________
   m. Do you own other health insurance: yes/no:_________________
   n. Do you own other health insurance: yes/no:_________________
   o. Do you own other health insurance: yes/no:_________________
   p. Do you own other health insurance: yes/no:_________________
   q. Do you own other health insurance: yes/no:_________________
   r. Do you own other health insurance: yes/no:_________________
   s. Do you own other health insurance: yes/no:_________________
   t. Do you own other health insurance: yes/no:_________________
   u. Do you own other health insurance: yes/no:_________________
   v. Do you own other health insurance: yes/no:_________________
   w. Do you own other health insurance: yes/no:_________________
   x. Do you own other health insurance: yes/no:_________________
   y. Do you own other health insurance: yes/no:_________________
   z. Do you own other health insurance: yes/no:_________________

**EXCLUSIONS AND LIMITATIONS COVERAGE WITH WAIVER**

(a) KASER reserves the absolute right to disapprove all applications for membership on grounds including but not limited to adverse medical conditions other than those indicated in the provisions for “exclusions and limitations” and “existing conditions”. In cases of a disapproved application or membership renewal due to an adverse medical condition, an applicant or member could still avail of the KASER program benefits by executing a waiver. Such WAIVER in effect is an intentional relinquishment of medical coverage for the medical condition.

**PRE-EXISTING CONDITIONS**

(a) All pre-existing illnesses or diseases are not covered and KASER will not be liable within the first twelve (12) months from the effectiveness of this policy or from the date of the latest reissuance or reinstatement thereof.

1. Prostate disorders
2. Schistosomiasis
3. Hypertension
4. Hemorrhoids and Anal Fistulae
5. Goiter (Hyper/Hypothyroidism)
6. Benign Tumors
7. Cataracts/Glauciona
8. Ulceria Myoma, Ovarian cysts, Endometriosis
9. ENT conditions requiring surgery
10. Buergers Disease
11. Malaria
12. Varicose Vein
13. Tuberculosis
14. Acquired Heriliniz
15. Gastric/duodenal or peptic ulcers
16. Chronic Cholecystitis/Coleolithesis (gall bladder stones)
17. Cerebrovascular accident
18. Arthritis

(b) Dreaded diseases shall be covered after 24 months of membership.

**DREADED DISEASES**

(a) DREADED DISEASES are potential or life threatening conditions or illness which may require intensive care management or prolonged or repetitive hospitalization.sepsis due to pneumonia, typhoid ileitis, cerebral malaria, etc.)

1. Cardiovascular accident (stroke)
2. Cardiovascular Disease/Coronary/Valvular/Hypertensive Heart Disease/Cardiomyopathy
3. Central nervous system lesions (poliomyelitis/Meningitis/Encephalitis/Neurosurgical conditions)
4. Liver Parenchyma Disease/Cirrhosis, Hepatitis (except type A, New Growth)
5. Chronic Obstructive Pulmonary Disease (Chronic Bronchitis/Emphysema)
7. Chronic Kidney/Urinary disease (Urithrosis, Obstructive Urethopalls, etc.)
8. Chronic Gastrointestinal Tract Disease requiring bowel resection and/or anastomosis.
9. Malignancies and Blood Dyscrasias (Cancer, Leukemia, Idiopathic Thrombocytopenic Purpura)
10. Single or multiple organ dysfunction and failure (MADS and MOF)
11. Conditions that may require dialysis
12. Chronic pain syndrome (greater than six weeks)

**HOSPITALIZATION**

(a) Hospitalization and treatment outside the Philippines is not covered.

**LIMITATIONS:**

KASER is not responsible for the following:

(a) Delay or failure to render services due to major disasters, brownouts or epidemics affecting facilities or personnel.
(b) Sudden change of hospital policies.
(c) Conditions for which a member has refused recommended treatment for personal reasons, for which KASER physicians believe no professionally acceptable alternative treatment exists.
(d) Unusual circumstances such as complete or partial destruction of facilities, war, riots, disability of a significant number of KASER personnel or similar events which result in delay to provide services.

**ADDITIONAL INFORMATION**

1. Premiums are inclusive of all applicable taxes.
2. Premiums may change subject to the results of medical evaluation of application form.

**KASER SENIOR CARE APPLICATION FORM**

*please complete information for processing*

**Name:**
1. Last
2. First
3. Middle

**Birthdate:**

- Mm/ dd / yyyy

**Address:**
- Home Address:
- Preferred Billing Address:
- HomePhone No.:______________ Mobile No.:______________

**Email Address:**

**KASER INTERNATIONAL HEALTH GROUP, INC.**

*The 1st Name in Healthcare*