

KAISER SENIOR CARE AGE 61 - 100

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 Senior Care

A Medical Healthcare Plan for Seniors from 61-100.

FEATURES AND BENEFITS:

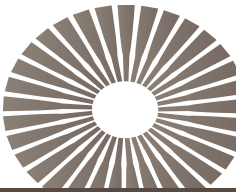
- Medical insurance plan especially designed for those over 61 and above.
- Reimbursement type based on coverage. Reimbursement may be done mid-way hospitalization provided confinement is coverable and required documents submitted.
- Patient's choice for doctor, hospital and specialist.
- Comprehensive range of Medical Insurance Benefits with a maximum coverage limit of up to Php 1,000,000.
- Member to shoulder the 1st Php 10,000.00 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

AGE	PLAN 250K	PLAN 500K	PLAN 1M
61-70	P23,000.00	P36,000.00	P62,000.00
71-75	P28,000.00	P43,000.00	P73,000.00
76-80	P39,000.00	P62,000.00	P103,000.00
81-85	P70,000.00	P112,000.00	P187,000.00
86-90	P118,000.00	P191,000.00	P320,000.00
91-100	P148,000.00	P254,000.00	P535,000.00

SEMI-ANNUAL PREMIUM

AGE	PLAN 250K	PLAN 500K	PLAN 1M
61-70	P13,110.00	P20,520.00	P35,340.00
71-75	P28,000.00	P24,510.00	P41,610.00
76-80	P22,230.00	P35,340.00	P58,710.00
81-85	P39,900.00	P63,840.00	P106,590.00
86-90	P67,260.00	P108,870.00	P182,400.00
91-100	P84,360.00	P144,780.00	P304,950.00



BENEFITS	PLAN 250K	PLAN 500K	PLAN 1M
Maximum Benefit Limit for each disability for the life of the insured (10% CO-PAYMENT)	P 250,000	P 500,000	P 1,000,000
BASIC HOSPITAL BENEFITS Room and Board max 45 days per disability, per year	750	1,000	2,500
Miscellaneous Hospital Expenses for required drugs, laboratory and diagnostic procedures	As Charged	As Charged	As Charged
Physician's Visit (non-surgical) daily visit fee to a limit of 45 days per disability, per year	P 550	P 750	P 1,500

No pre-existing coverage 1st year maybe subject to underwriting or health declaration

Specialist's Fee for 10 days for each disability per year to a daily limit of	P 600	P 900	P 1,800
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	P 60,000	P 90,000	P 180,000
Anaesthetist's Fee not to exceed 30% of the approved Surgeon's Fee	P 18,000	P 30,000	P 60,000
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.	P 3,000	P 4,000	P 5,000
Emergency Dental Services due to a 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	P 600 (per day)	P 900 (per day)	P 1,800 (per day)

MEDICAL REFERENCES

Please provide information or explanatory notes for every question with a **YES** answer.

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, emphysema, 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 ☐

g. Sugar, albumin, blood or pus in urin, venereal disease, stone or other disorder of kidney, bladder, prostate or reproductive organs? NO ☐ YES ☐

h. Neuritis, sciatica, rheumatism, arthritis, gout, or disorder of the muscles or bones, such as spine, back or joints? NO ☐ YES ☐

i. Deformity, 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 ☐

2. Are you now under observation or taking treatment? NO ☐ YES ☐

3. Do you smoke? NO ☐ YES ☐

4. Other than above, have you:
a. Had any phsical disorder or any known indication thereof? NO ☐ YES ☐

b. Had any medical examination, consultations, illness, injury, surgery? NO ☐ YES ☐

c. Been a patiant in a hospital, clinic, sanitarium, or any other medical facility? NO ☐ YES ☐

d. Had electrocardiogram, x-ray, other diagnostic test? NO ☐ YES ☐

5. Have you ever had military service deferment, rejection or discharge because of physical or mental condition? NO ☐ YES ☐

6. Have you ever applied for or receive a pension, payment or benefit due to injury, sickness or disability? NO ☐ YES ☐

7. 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 ☐

8. Have you ever been rejected or terminated for medical Insurance including KAISER program, or have been offered insurance at a higher (rated-up) premium? NO ☐ YES ☐

EXCLUSIONS AND LIMITATIONS
COVERAGE WITH WAIVER

(a) KAISER 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 pre-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 KAISER 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 KAISER will not be liable within the first twelve (12) months from the effectivity 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 (Hypo/Hyperthyroidism)
6. Benign Tumors
7. Cataracts/Glaucoma
8. Uterine Myoma, Ovarian cysts, Endometriosis
9. ENT conditions requiring surgery
10. Buerger’s Disease
11. Bronchial Asthma
12. Varicose Veins
13. Tuberculosis
14. Acquired Hernias
15. Gastric/duodenal or peptic ulcers
16. Chronic Cholecystitis/Cholelithiasis (gall bladder stones)
17. Migraine headache
18. Arthritis

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

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

1. Cerebro-vascular 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), Restrictive lung disease.
6. Chronic Kidney/Urological disease (Urolithiasis, Obstructive Uropathies, etc.)
- 7 Chronic Gastrointestinal Tract Disease requiring bowel resection and/or anastomosis.
8. Malignancies and Blood Dyscrasias (Cancer, Leukemia, Idiopathic Thrombocytopenic Purpura)
9. Single or multiple organ dysfunction and failure (MODS and MOF)
10. Conditions that may require dialysis
11. Chronic pain syndrome (greater than six weeks)

HOSPITALIZATION

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

EXCLUSIONS

- (a) Hereditary and/or congenital defects of whatever form
- (b) Dermatological care for aesthetic purposes such as electrocautery or chemical treatment for skin tags, xanthelasma, milia, keloids, scars, etc. on any exposed areas of the body
- (c) Psoriasis, vitiligo
- (d) Sensori-neural hearing impairments except those acquired during time of membership
- (e) Guillain-Barre syndrome, multiple sclerosis, demyelinating disease, Parkinson’s disease, Alzheimer’s disease, Myasthenia Gravis, epilepsy, seizure disorder, and other autoimmune neurological disease.
- (f) Corrective eye surgery for error of refraction including laser for correction of myopia and hypermyopia
- (g) Slipped disc, herniated disc, scoliosis, spinal stenosis, and spondylosis
- (h) Rehabilitation treatment, physical, speech, occupational and hormonal therapies
- (i) AV malformation and aneurysms are considered congenital except only those unequivocally proven to be acquired secondarily proven.
- (j) Diagnostics for hypersensitivity and desensitization treatment
- (k) Services to diagnose and for reverse infertility or fertility and virility/ potency (erectile dysfunction)
- (l) Open heart surgeries, angioplasties, valvulaplasties, permanent pacemaker insertion, intra coronary thrombolysis, balloon valvulaplasties, transvenous endocryocardial biopsy, percutaneous intraaortic, balloon pump insertion, balloon atrial septostomy, previous craniotomy sequelae, organ transplantation and complication and other surgeries related to the heart
- (m) Corrective appliances and artificial aids and prosthetic devices
- (n) Purchase or lease of durable medical equipment, oxygen dispensing equipment and oxygen except during hospital confinement under the Hospital Confinement Benefit.
- (o) Hazardous job-related illnesses and/ or injuries
- (p) Psychiatric and psychological illnesses including neurotic and psychotic behavior disorders.
- (q) Development disorders, metabolic diseases, sleep and eating disorders
- (r) Treatment for alcoholic intoxication and drug addiction or overdose reaction to use of prohibited drugs including illnesses directly related to it and other injuries attributed as a result of it.
- (s) Plastic and reconstructive surgery for cosmetic purposes and for physical congenital deformities and abnormalities
- (t) Human blood products like platelets, packed RBC, plasma, gamma globulin, etc. and its processing
- (u) Sexually transmitted diseases such as AIDS, Hepatitis B, condyloma, gonorrhea, syphilis, herpes etc. and their attendant complications
- (v) Experimental medical procedures, acupuncture, acupressure, reflexology, and chiropractics
- (w) Physical examinations required for obtaining or continuing employment, insurance or government licensing
- (x) Injuries or illnesses resulting from participation in war-like or combat operations, riots, insurrection, rebellion, strikes and other civil disturbances
- (y) Treatment of self-inflicted injuries or injuries attributable to the MEMBER’S own misconduct, gross negligence, use of alcohol and/or drugs, vicious or immoral habits.
- Participation in act of crime, violation of a law or ordinance, unnecessary exposure to imminent danger or hazard to health, and hazardous spots related injuries
- (z) Custodial, domiciliary care, convalescent, and intermediate care.
- (aa) Professional fees of medico-legal officers
- (bb) Oral surgery for purposes of beautification, temporomandibular joint disease (TMJ) surgery done by dental practitioner.
- (cc) Treatment of injuries sustained in a motor vehicle accident if the member or his guardian fails or refuses to execute the deed of Subrogation specified in provision VII hereof
- (dd) Diagnosis of unknown etiology or the absence of any organic dysfunction
- (ee) Laboratory examinations for screening sexually related illnesses and injuries
- (ff) Cost of vaccines for active and passive immunization
- (gg) Any condition or illness waived upon membership except as otherwise provided for in this agreement

LIMITATIONS:

- KAISER 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 KAISER 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 KAISER 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.

KAISER SENIOR CARE APPLICATION FORM

*please complete information for processing

Name:_____

LastFirstMiddle

Do you own other health insurance: yes/no:_____

Specify other health insurance coverage:_____

Birthdate:_____Citizenship: _____

Mm/ dd / yyyy

Home Address:_____

Preferred Billing Address:_____

HomePhone No.:_____Mobile No.:_____

Email Address:_____

☐PLAN 1M

☐PLAN 500K

☐PLAN 250K

Agent’s Name:_____

Agent’s Name:_____

SIGNATURE OF APPLICANT

