

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Intramuros, Manila

TERMS OF REFERENCE

**COMPREHENSIVE HEALTH CARE AND MEDICAL SERVICE PLAN
OF THE OVERSEAS PERSONNEL ASSIGNED IN THE
PHILIPPINE OVERSEAS LABOR OFFICES**

I. Membership Eligibility

- A. All permanent employees of the Department of Labor and Employment (DOLE) and Overseas Workers' Welfare Administration (OWWA) who are assigned and/or deployed in the Philippine Overseas Labor Offices (PO-LOs)/Foreign Posts as Labor Attaches, Welfare Officers and Administrative Staff.
- B. Dependents of the Labor Attaches, Welfare Officers and Administrative Staff joining the latter in their posts of assignment, to wit:
 - 1. Lawful spouse not more than 65 years old;
 - 2. Children (legitimate, illegitimate, or adopted), stepchildren of the principal up to 18 years of age;
 - 3. Children over 18 years of age provided they are mentally, physically, or developmentally incapacitated and primarily dependent on the principal for support;
 - 4. Dependent parent/s who are members of the household of single/unmarried abovementioned overseas personnel maybe covered on personal account of the principal.
- C. Inclusion and Exclusion/Deletion of Members
 - 1. The payment for the quarterly medical premium of the covered personnel shall be based on the actual number of enrollees in the medical service Plan/Policy subject to the inclusion of those officers and staff who are subsequently deployed or deletion/exclusion of enrollees whose tours of duty have ended and those who have been recalled to the Home Office.
- D. Effectivity of the Health Care and Medical Service Plan (PLAN)
 - 1.1 Inclusion in the coverage of the PLAN shall commence on the first (1st) day of the month of deployment;
 - 1.2 Deletion/exclusion from the coverage of the PLAN shall take effect at the end of the month of the principal officer and/or staff end tour of duty or recall.
 - 1.3 The medical insurance coverage of legal dependent shall be co-terminus with the principal officer and/or staff coverage in the PLAN.

The DOLE, through ILAB shall expressly advise the health care and medical service provider of the particulars of officer/staff to be included and/or deleted from the coverage of the PLAN, which shall also include the following information: (a) Date of Inclusion or Deletion, (b) Age, (c) Date of Birth and the principal officers' dependent/s who will be enrolled in the medical insurance policy.

In case of inclusion, DOLE, through ILAB, shall immediately notify the health care and medical service provider of the name/s of the officer/staff eligible for coverage. DOLE shall pay the health care and medical service provider the corresponding premium for such coverage of the additional member.

In the event that the officer/staff is recalled to the home office, or terminated, separated, resigned or retired from the service or when he/she ceases to become eligible for coverage, the DOLE, through ILAB shall notify the health care and medical service provider of such incident.

DOLE shall also notify the health care and medical service provider of the name/s and particulars of the legal dependents to be covered in the PLAN.

The health care and medical service provider shall credit to or debit from the account of DOLE the medical premium in respect of such addition or deletion or enrolees.

II. Pre-Existing Illness

The health care and medical service provider shall cover all pre-existing illnesses or conditions of the covered members, and its complications, up to 100% of the maximum PLAN limits.

III. Health Care and Medical Service (PLAN) Coverage:

The health care and medical package shall cover the following benefits, subject to the following terms and conditions:

1. Mode of Payment	Quarterly
2. Effectivity/Duration of Coverage	One Year
3. Premium Rates	
<ul style="list-style-type: none"> • Deployed Overseas Personnel (Labor Attaches, Welfare Officers and Administrative Staff) • Legal Dependent/s (Lawful spouse and maximum of 3 children) 	<p>US\$4,146/annum</p> <p>US\$3,969/annum (family unit)</p>
4. Territorial Coverage	Worldwide
5. Room and Board Accommodation:	
<ul style="list-style-type: none"> • Within the Philippines 	Open Private

<ul style="list-style-type: none"> ➤ Officers/ Administrative Staff and Dependents • Outside the Philippines <ul style="list-style-type: none"> ➤ Officers and Administrative Staff ➤ Dependents 	(Suite if Open Private is not available – for Officers and Staff) US\$600.00/day US\$300.00/day
6. Maximum Annual Aggregate Limit <ul style="list-style-type: none"> ➤ Officers/Administrative Staff ➤ Dependents 	US\$1,000,000 US\$50,000
7. Limit for Maternity Benefits	Maximum Limit
8. Limit for Dental Benefits	Maximum Limit
9. Limit for Vision Benefits	Maximum Limit
10. Limit for Out-patient Mental Illness/Substance Abuse	Maximum Limit
11. Limit for In-patient Mental Illness/Substance Abuse	Maximum Limit
12. Deductibles	None
13. Maximum Out of the Pocket	None
14. Co-Insurance Rate (In and Out-patient)	None
15. Covered expenses incurred in the Philippines	100% shouldered by Provider
16. Covered expenses incurred outside the Philippines	100% shouldered by Provider

A. Hospitalization Benefits

In case a member requires hospitalization, he/she shall be entitled to avail up to the maximum annual aggregate limit, subject to inner limit for each benefit where applicable.

Charges made by a hospital for room and board, professional services, other miscellaneous services and supplies for medical treatment of a member shall be covered by the health service provider insofar as these are recommended by the attending physician.

These charges shall include, among others:

1. Professional Fees up to 45 days per disability per year with As Charged limit for member, subject to maximum annual aggregate limit;
2. Miscellaneous In-Patient Charges, with As Charged limit for member, subject to maximum annual aggregate limit;