AVEGA
LEADING EDGE HEALTHCARE SOLUTIONS

MEDICAL BENEFIT GUIDEBOOK

UNDERWRITTEN BY:

AIA PHILAM LIFE

Dear Valued Member,

We have prepared this guidebook to provide you with a basic understanding of how your medical benefit works. For your easy reference, we have covered the important items that you need to know such as:

- Plan Coverage
- Procedures for Availment
- General Exclusions

For more detailed information about your AIA Med-Assist Plan, you may refer to your ePolicy contract easily accessible at ePlan (click here).

We are also more than happy to assist you should you have any question regarding your medical benefit or your insurance policy. Please feel free to contact us at the numbers below.

AVEGA 24-HOUR CUSTOMER SERVICE NUMBERS (For Medical Benefit - Related Questions) --

METRO MANILA
(02) 7902.3430 | (02) 8789.4030
(0917) 805.2502 – Globe | (0922) 891.3957 – Sun
For Text/ SMS: (0920) 951.8452 - Smart | For Call: (0920) 970.4724 – Smart

REGIONAL OFFICES/ BRANCH OFFICE
CALAMBA (049) 545.5081 | CEBU (032) 260.9800 / (0920) 907.3708
BACOLOD (034) 488.7080 / (0920) 926.8649 | DAVAO (082) 238.7070 / (0920) 951.9523
CDO (088) 864.8900 / (0917) 592.8346

AIA PHILAM LIFE CUSTOMER SERVICE HOTLINE (For Insurance Policy - Related Questions) --

(02) 8528-2000 | PLDT Provincial/International Toll-Free Number 1-800-10-528-2000
(Available from Monday to Friday, 8 a.m. to 5 p.m. except holidays)

WHAT YOU CAN EXPECT FROM AVEGA --

The AVEGA brand is recognized and accepted by various medical providers across the Philippines.

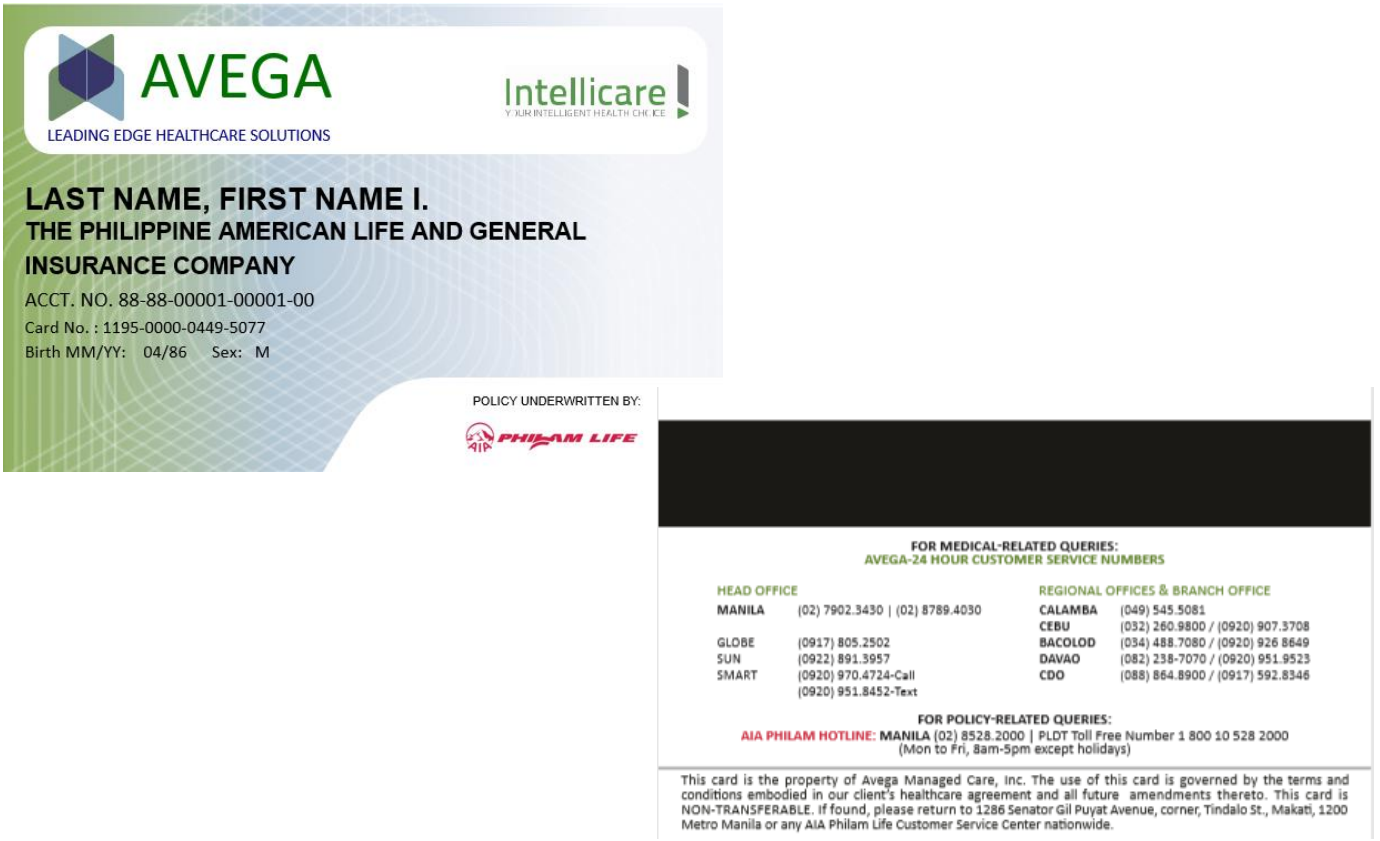
The AVEGA-accredited medical network is supported by 46,400 medical practitioners and is connected to over 2,700 first-class medical facilities.

To assist you with your medical benefit needs, AVEGA provides Coordinators and/ or Patient Relations Officers (PRO) in each of the facilities it is present in.

TO ENSURE A HASSLE-FREE EXPERIENCE --

- Read this guidebook to familiarize yourself with your in-patient hospitalization benefits.
- Have your AVEGA membership card ready at all times.

You may send us an e-Mail at ***info@AVEGA.com.ph*** to report any concern.



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1 - Features of the Plan

The AIA Med-Assist Plan aims to provide its plan-holders with in-patient services and facilities through AVEGA's network of accredited hospitals.

THE ROLE OF EACH PARTY INVOLVED

- **AIA PHILAM LIFE** is the insurer of the medical plan and is responsible for internal coordination with AVEGA to facilitate the in-patient hospitalization benefit and resolution of concerns on behalf of the Insured.

- **AVEGA** is primarily responsible for the administration of your medical benefit by providing the insured members access to its affiliated medical service providers, 24-hour customer service, and claims support.

- **YOU,** as the Insured, are expected to know the features of the medical benefit, to know and comply with the proper procedures of availment, and to give feedback on experiences during medical availment.

DEFINITION OF TERMS

- **Coordinator/ Assistant Coordinator** – Doctors or medical practitioners who provide primary consultation and issue a referral slip to other accredited physicians/ specialists for consultation/ treatment for prescribed outpatient diagnostic evaluations and hospital confinement.

- **Patient Relations Officer (PRO)** – Employees of AVEGA who assist members specifically for In-patient/ hospital confinement.

- **Outpatient Case** – Any condition which does not require hospital confinement.

- **Inpatient Case** – The continuous confinement in a hospital for at least twelve (12) hours, except in an emergency case.

- **Elective Case** – A non-emergency case that does not need urgent treatment and may be deferred without endangering the member's life.

- **Emergency Case** - A condition that manifests itself by acute signs and symptoms of sufficient severity that a trained medical professional could reasonably expect that the insured member's life or health would be put at serious risk if no immediate attention is provided. Some examples include – heart attack, stroke, poisoning, loss of consciousness, convulsion, severe dehydration, etc.

- **Relative Value Scale (RVS)** – The schedule of charges as agreed between the Association of Health Maintenance Organizations in the Philippines, Inc. (AHMOPI) and various Medical Societies using the Philippine College of Surgeons book.

- **Benefit Limit (BL)** – This is the amount payable for covered medical benefits:
    - **Lifetime Limit** – The maximum benefit for the lifetime of the insured member. Once this limit is reached, the medical plan will no longer pay for covered services.
    - **Aggregate Maximum Limit per year** – The maximum amount payable for all covered medical benefits within a one-year term. The benefit is replenished upon receipt of renewal premium payment during the policy anniversary provided the policy's Lifetime Limit is not yet exhausted.

- **Pre-Existing Condition (PEC) -** Any illness or condition occurring before the Supplementary Contract Effective Date or the approval date of the latest Reinstatement, if any, which satisfy the following conditions: (a) any professional advice or treatment was given for such illness or condition; (b) such illness or condition was in any way evident to the Insured which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or (c) the pathogenesis of such illness has started whether or not the Insured is aware of such illness or condition. Such pre-existing conditions will also be subject to medical underwriting and if not disclosed, they will not be covered.

  The list of Pre-Existing Conditions (PEC) includes but is not limited to the following:
    - Hypertension
    - Thyroid Disease, Goiter
    - Cataracts / Glaucoma / Pterygium
    - Ear, Nose, and/or Throat conditions requiring surgery
    - Asthma
    - Tuberculosis
    - Chronic Cholecystitis / Cholelithiasis and other forms of calcification
    - Hernia
    - Prostate Disorders
    - Hemorrhoids and Anal Fistula
    - Tumors
    - Uterine Myoma, Ovarian Cyst, Endometriosis
    - Buerger's Disease
    - Varicose Veins
    - Scoliosis
    - Arthritis
    - Chronic allergies
    - Gastric and Duodenal Ulcers

- **PhilHealth / Employees' Compensation Commission Provision -** AVEGA covers the availment of medical benefits net of PhilHealth/ Employees' Compensation Commission (ECC) deduction; subject to benefits and limitations of the program. AVEGA will not pay nor advance the costs of PhilHealth or ECC benefits nor will AVEGA be responsible for filing any claims under PhilHealth or ECC.
    - PhilHealth members must file all required PhilHealth forms and documents (e.g. Member's Data Record (MDR)) prior to hospital discharge and for PhilHealth - required Out-patient procedures. Non-filing or late filing would mean payment of the PhilHealth portion by the member.
    - Non-PhilHealth members must pay the PhilHealth portion.

2 - Plan Benefits

IN-PATIENT / HOSPITALIZATION BENEFITS

1. Room and Board accommodation within the limits of your plan
2. Use of the operating room and recovery room facilities
3. Professional fees of attending AVEGA-affiliated physicians
4. Anesthesia and its administration
5. Transfusion of blood (including whole blood products) and intravenous fluids
6. Laboratory tests, x-rays, and other diagnostic procedures referred by the attending AVEGA-affiliated physicians/ specialists
7. Administered medicines either orally or intravenously
8. Admission kit, including ice cap/wee bag
9. Dressings, plaster casts, sutures, and other items directly related to the medical management of the patient
10. Use of Intensive Care Unit (ICU), Coronary Care Unit (CCU), Telemetry, High Dependency Unit (HDU)
11. Ambulance service to be covered through reimbursement
12. Assistance in administrative requirements through AVEGA Patient Relations Officer (PRO)
13. All other hospital charges deemed necessary by the AVEGA-accredited physician in the treatment of the member

3 - Steps in Availing a Medical Procedure

IN-PATIENT (ELECTIVE)

1. If you are recommended for admission after undergoing a medical consultation or diagnostic examination, please secure an admitting order from an AVEGA-affiliated doctor in an AVEGA-accredited hospital where you will be admitted. ***Important Note!*** If you had your consultation or diagnostic examination in another clinic or hospital, please present the results and recommendation of the AVEGA-affiliated doctor to the AVEGA Coordinator for you to be assigned to an AVEGA-affiliated doctor in the AVEGA-accredited hospital where you will be referred for admission.

2. Proceed to the admitting section and present your admitting order, AVEGA card, and one (1) valid ID. The medical staff will swipe your card for validation of membership eligibility.
   - If APPROVED, an In-Patient Letter of Eligibility (LOE) will be printed. Sign the LOE.
   - If DECLINED, the hospital staff will call AVEGA's Customer Service hotline for assistance. ***Important Note!*** You will have to pay for the full hospitalization expense if the diagnosed condition or illness is part of the plan's general exclusions and limitations.

3. Occupy the allowed room closest to the amount of your plan benefit.
   Important Note! Please double check your plan limits to avoid paying high incremental charges.

4. The Patient Relations Officer (PRO) will issue an AVEGA Referral Control Sheet (RCS) 3 for confinement and discuss the plan benefits. Sign the RCS 3.

5. File the PhilHealth-required documents on the day of discharge. PhilHealth forms can be secured from the PhilHealth help desks of the hospital where you are confined. You can also download the forms from the PhilHealth website (click here)**.**

6. Please validate if all charges are correct. Settle the co-paying cost (10% of the total hospitalization expense after PhilHealth deduction) and any excess or miscellaneous fees (if applicable) directly to the hospital upon discharge.

EMERGENCY

FOR AN EMERGENCY IN AN ACCREDITED HOSPITAL –

1. Go to the Emergency Room (ER) of an accredited hospital. Click here to view the complete list of AVEGA accredited hospitals.

2. Present your AVEGA card and one (1) valid ID to the Emergency Room (ER) staff for validation of your membership status.
   - If APPROVED, an In-Patient Letter of Eligibility (LOE) will be printed. Sign the LOE.
   - If DECLINED, the hospital staff will call AVEGA's Customer Service hotline for assistance. ***Important Note!*** You will have to pay for the full hospitalization expense if the diagnosed condition or illness is part of the plan's general exclusions and limitations.

3. Undergo the medical treatment.

4. If declared as an out-patient case, please settle the hospital charges upon discharge.

5. If for admission, notify AVEGA's Customer Service within 24 hours. Occupy the allowed room closest to the amount of your plan benefit.
   Important Note! Please double check your plan limits to avoid paying high incremental charges.

6. The Patient Relations Officer (PRO) will issue an AVEGA Referral Control Sheet (RCS) 3 for confinement and discuss the benefit plan. Sign the RCS 3.

7. File the PhilHealth-required documents on the day of discharge. PhilHealth forms can be secured from the PhilHealth help desks of the hospital where you are confined. You can also download the forms from the PhilHealth website (click here).

8. Please validate if all charges are correct. Settle the co-paying cost (10% of the total hospitalization expense after PhilHealth deduction) and any excess or miscellaneous fees (if applicable) directly to the hospital upon discharge.

FOR AN EMERGENCY IN A NON-ACCREDITED HOSPITAL –

1. Go to the Emergency Room (ER) of the hospital.

2. If for admission, you may opt to transfer to an accredited hospital to minimize your expenses.

3. If you decide to stay in the non-accredited hospital, pay all the hospital bills upon discharge and then file a claim for reimbursement.

4. You may call the customer service hotline of AVEGA or AIA Philam Life (contact numbers are indicated on the first page of this medical benefit guidebook) for the reimbursement process and/ or follow the steps indicated below.

REIMBURSEMENT

1. Secure / download the AVEGA Reimbursement Form from either the AVEGA website/ member portal (click here), or from the AIA Philam Life website (click here).

2. The details of the required documents are indicated in the reimbursement form. Complete all the required documents and attach them together with the reimbursement form.

3. Submit the reimbursement form and required documents through the AVEGA member portal (click here) not more than thirty (30) days from the last day of treatment.

4. Upon receipt of complete documents, AVEGA will process the request and reimburse within twenty (20) working days. The following may be reimbursed in accordance to the policy provision:
   - Hospitalization in non-accredited hospital on emergency case,
   - Ambulance service,
   - Hospice care,
   - Private nurse, and

- Medical equipment
- Out-Patient Surgery

Important Note! For approved claims, the reimbursement pay-out will be credited to the bank account you nominated during policy application. If the "Pick-up from Branch" option was selected, you will receive an SMS/ e-Mail regarding the details of your check availability. AVEGA will also send an e-mail requesting for the necessary documents for claims that are lacking requirements and/ or are disapproved.

SOME IMPORTANT REMINDERS:

1. Always bring and present your AVEGA medical benefit card when availing your in-patient hospitalization benefits. To replace a lost card, please fill out the form which you can download here and pay the replacement fee at any AIA Philam Life Branch office. To find the branch nearest you, please click here.

2. For the complete list of accredited and affiliated medical providers, you may refer to the AVEGA website (click here) or call AVEGA's Customer Service hotline (contact numbers are indicated on the first page of this medical benefit guidebook) for assistance.

3. For concerns or queries regarding your PhilHealth benefits and coverage, eligibility, payments, and requirements, please visit their website (click here).

4. For accredited hospitals or clinics without Point of Sale (POS) terminals, please proceed to the AVEGA Hospital Coordinator or call AVEGA's Customer Service hotline (contact numbers are indicated on the first page of this medical benefit guidebook) for assistance.

5. A member may be billed of the charges if the AVEGA medical benefit card is not swiped or if no Letter of Eligibility (LOE) is issued. Possible reasons for the non-issuance of the Letter of Eligibility (LOE) include: Excluded facility or clinic, Membership status is not active, or the Consultation/ procedure is not covered by the medical benefit.

4 - General Exclusions & Limitations

AVEGA will not pay for any costs or losses arising directly or indirectly from:

1. Services rendered by non-AVEGA doctors, except during emergency cases,

2. Routine health checks, Health/ Annual/ Pre-employment check-ups for companies, government requirements, insurance purposes, or travel abroad; any investigations not related to admission, diagnosis, illness or injury, or any treatment or investigation which is not medically necessary; or convalescence, custodial or rest care,

3. Recuperation such as confinement in a sanitarium or convalescent home, rehabilitation medicines (including work-ups), custodial, domiciliary care, government-imposed quarantines,

4. Medical certificates,

5. Professional fees in medico-legal cases,

6. Refusal to undergo recommended treatment or demanding treatment for which AVEGA accredited doctors believe a professionally alternative exists,

7. Blood screening,

8. Vaccines for immunizations,

9. Cost of acquisition of an organ,

10. While the insured was committing or attempting to commit an act or omission which is in violation of any prevailing law or ordinance of the Philippines or of any country in which the act or omission was committed or attempted; while resisting lawful arrest; murder, frustrated murder or any attempt thereat; homicide, frustrated homicide or any attempt thereof, or physical injuries, occasioned by the provocation of the insured,

11. Intentionally self-inflicted injury, suicide or any attempt thereat, while sane or insane,

12. Any hospitalization, treatment or surgery which commenced within one (1) year from the effective date or reinstatement date due to any pre-existing condition that existed, happened or occurred within the last two (2) years from the effective date or reinstatement date, if such condition was disclosed at the time of application,

13. Any pre-existing conditions that are not disclosed upon submission of application form for policy issuance or reinstatement.

TREATMENT / PROCEDURES

1. Circumcision; diagnosis and treatment of infertility or fertility and virility/potency (erectile dysfunction), artificial insemination, sex transformation; diagnosis and treatment of congenital deformities and defects,

2. Laser eye surgery for myopia or error or refraction,

3. Acupuncture, chiropractic treatment, iridology, chelation cell implant therapy,

4. Reconstructive surgery except to treat a functional defect of warts, milia, syringoma, facial moles, aesthetic, cosmetic or beautification alterations, sclerotherapy,

5. Cosmetic or plastic surgery, except as a result of injury,

6. Out-patient consultation; out-patient medicines, and medical supplies except in emergency cases that lead to confinement,

7. Dental care or surgery except to natural teeth as occasioned by injury.

EXTERNAL FORCES / ACTIVITIES

1. Hostilities, war or war-like or combat operations, mutiny riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law or state of siege, or any events or causes which determine the proclamation of martial law or state of siege, seizure, quarantine, or nationalization by or under the order of any government or public or local authority; Government-declared acts of rebellion, active participation in riots, demonstrations, strikes or labor disputes, terrorism-provoked criminal acts, violation of a law or ordinance, commission of a crime whether consummated or not, serving in military, naval, or air forces of any country or international authority, unnecessary exposure to imminent danger or hazard, active participation in setting off and/ or handling pyrotechnic materials,

2. Any weapon or instrument employing atomic fission, thermonuclear fusion or any form of radiation, whether in time of peace or war,

3. Poison, gas or fumes voluntarily or involuntarily taken,

4. Participation in hazardous activities such as skydiving, motor sports, judo, karate, taekwondo, boxing, wrestling, bungee jumping, scuba diving, snorkeling, horseback riding, polo, hunting, mountain climbing, hang gliding, spelunking, ballooning, gymnastics, or partaking as a paid professional or semi-professional in any sport,

5. Aviation or aeronautics or sea travel other than as a fare-paying passenger on a licensed aircraft/vessel operated by a recognized airline/operator while entering, leaving, servicing, or being in, on, or about any aerial or submarine device or conveyance.

ILLNESSES / CONDITIONS

1. Congenital abnormalities such as neonatal hernia, indirect hernia, hemangioma, phimosis, harelip, clubfoot, cerebral palsy, renal diseases such as medullary sponge kidney, pediatric cardiovascular work-up and the like; developmental delay,

2. Neuro-developmental disorders such as ADHD-attention deficit hyperactive disorder, autism, genetic disorder which may result to mental retardation (e.g. down syndrome) and other condition which may require speech/physical and other related therapies,

3. Psychosis, mental or nervous disorders, sleep disturbance disorders, childhood and adolescent behavioral disorders, attempted suicide, self-inflicted injuries or any attempt thereat, while sane or insane,
4. Substance addiction or reaction to use of prohibited drugs, alcoholism, alcohol intake, anxiety reaction,

psychiatric and psychological illnesses, neurotic and psychiatric behavior disorders, or accidents arising from these conditions,

5. Hernia, ptomaines or other bacterial infections which are not pyogenic infections occurring at the same time with or because of any accidental cut or wound,

6. Pregnancy and resulting childbirth, miscarriage, abortion,

7. Any pre-existing conditions that are not disclosed upon submission of application form for policy issuance or reinstatement.

5 - Frequently Asked Questions

1. **When can I start using my medical benefits?**
   You can start using your medical benefits after thirty (30) days from the effective date of your AIA Med-Assist Plan. You will receive SMS and e-mail notifications that your medical benefit card is ready for use.

2. **Until when can I avail my medical benefits?**
   You may avail your eligible medical benefits for as long as –
   - the AIA Med-Assist Plan is not terminated,
   - the Medical Benefit Rider and the Hospital Income Benefit Rider attached to the AIA Med-Assist Plan are not terminated (refer to the Termination Provision found in your Policy Contract),
   - the AIA Med-Assist Plan has not lapsed and your Medical Benefit card is not suspended due to non-payment of premiums,
   - you have not reached the age of sixty-five (65) years old prior to the plan anniversary, or
   - you have not reached the annual maximum limit or the lifetime maximum limit of the Medical Benefit Rider.

3. **Where can I get a copy of the list of affiliated AVEGA Medical Providers?**
   AVEGA constantly updates its list of affiliated doctors and medical providers. You may refer to the list from the AVEGA member portal (click here) or from the AVEGA Facebook Page (click here).

4. **Are there AVEGA Coordinators available in hospitals who could assist me? What should I do if they are unavailable?**
   AVEGA may have an assigned coordinator(s) per hospital who will accommodate members for their in-patient requirements during their specified clinic hours. The AVEGA Referral Forms are also available in the HMO or Industrial Office of hospitals that do not have coordinators. You may call AVEGA directly for assistance in case the hospital has no coordinator(s).

   For medical emergencies, you may proceed directly to the Emergency Room (ER) of the hospital for immediate treatment. However, assessment of whether the case is an emergency or not will depend on the attending Emergency Room (ER) physician.

5. **If I am in an accredited hospital and I want to use the services of my personal doctor who is not accredited under AVEGA, can I have the medical services reimbursed?**
   Consultation, treatment and referral for diagnostic procedures and/or confinement coming from a non-accredited doctor is non-reimbursable. To enjoy the benefits of your health plan, you must avail of your benefits in an AVEGA-accredited hospital and have your case managed by an AVEGA-affiliated doctor (except during emergency cases).

6. **During confinement, if I want to occupy a room category higher than what is stated in my plan, may I do so?**
   Yes, you may occupy a room category higher than what is entitled to you. However, during voluntary upgrading (when you choose to occupy a higher room category even if you're allowed room is available), you will pay all incremental charges. Due to socialized pricing implemented in hospitals, occupying a room that has a higher rate per day also has a corresponding increase in the cost

of services. This includes room rate, professional fees, medicines, medical supplies, hospital procedures among others. The same charges may also apply if you are admitted in a hospital that does not provide or does not allow confinement of non-private patients in the room category corresponding to your plan. Your AVEGA Patient Relations Officer (PRO) shall explain and remind you to pay these charges prior to hospital discharge

7. **What if my illness/ condition developed certain complications, will these illnesses have a separate Benefit Limit?**
   No, any and all illnesses proven to be related to or is a complication of a certain illness shall share the same Benefit Limit.

8. **Who is responsible for the filing of my PhilHealth forms with the hospital? What happens if I fail to file?**
   It is the insured member's responsibility to file the PhilHealth forms. If you fail to file upon hospital discharge, you will pay the amount corresponding to your PhilHealth benefit and apply for reimbursement directly from the PhilHealth Office afterwards. AVEGA Patient Relation Officers (PROs) will remind you to submit the said forms. However, they will not be directly responsible for the actual filing. ***Important Note!*** Non-PhilHealth members must pay the PhilHealth portion of the hospital bill prior to hospital discharge.

9. **Do I get 90% reimbursement for my emergency confinement in a non-accredited hospital?**
   If you were treated in a non-accredited hospital for a medical emergency, AVEGA will reimburse your medical expenses based on the Relative Value Scale (RVS), subject to your co-pay of 10%.

10. **When should I submit my reimbursement and what is the turn-around time for processing it?**
    Submission of the duly accomplished AVEGA Reimbursement form and the required attachments should be done within thirty (30) days from the date of hospital discharge or treatment. AVEGA will process the request within twenty (20) working days upon receipt of the complete documents.

11. **What should I do if I am asked to pay for medical services which I know are covered?**
    Please call AVEGA's Trunk line through any of the 24-hour customer service number listed below for assistance and verification of the medical service being charged –

    METRO MANILA
    (02) 7902.3430 | (02) 8789.4030
    (0917) 805.2502 – Globe | (0922) 891.3957 – Sun
    For Text/ SMS: (0920) 951.8452 - Smart | For Call: (0920) 970.4724 – Smart

    REGIONAL OFFICES
    CALAMBA (049) 545.5081 | CEBU (032) 260.9800 / (0920) 907.3708
    BACOLOD (034) 488.7080 / (0920) 926.8649 | DAVAO (082) 238.7070 / (0920) 951.9523

    BRANCH OFFICE
    CDO (088) 864-8900 / (0917) 592-8346

12. **What if the hospital has a cash basis policy for some of the procedures even if they are recommended or performed by an AVEGA-affiliated physician?**
    You may pay for the cost of the procedure first then file for its reimbursement later. Reimbursement

shall be based on the Relative Value Scale (RVS) or pre-agreed rates for laboratory and diagnostic examinations (i.e. CT scan, MRI, etc.). If you do not want to pay the amount being asked for, you may transfer to another AVEGA-accredited facility that has a no "cash basis only" policy. You may also call AVEGA's customer service number for assistance.

13. **Why do I need to pay for the professional fees of accredited Neurologists?**
    The professional fees of Neurologists are on a "cash basis" policy for all members. This policy is in accordance with the guidelines set by the Society of Neurologists of the Philippines. You may pay for the cost of professional fees first then file for its reimbursement based on AVEGA's Relative Value Scale (RVS). For any recommended procedures, AVEGA will cover the member immediately according to the plan benefit.

14. **What if there is no AVEGA doctor available in any accredited hospital for the field of specialization I need, or I am referred to?**
    AVEGA will exert all its effort to negotiate for the AVEGA rate to be charged once the member is referred to a non-affiliated specialist. If the physician does not agree to the rate, you will be asked to pay the cost of their professional fee first then file for reimbursement based on AVEGA's Relative Value Scale (RVS).

15. **If I have an HMO plan or another medical insurance plan can I use it together with my AIA Med-Assist Plan in a single confinement?**
    It is advisable to use your HMO plan as the primary plan to cover for your hospitalization expenses since you will not have to shoulder the 10% co-paying cost of your bill. However, if you have reached the maximum limit of your HMO plan, you may use the medical benefits of your AIA Med-Assist Plan to cover for the balance hospitalization expense. Inform both your HMO provider and the hospital admission staff that you will use both your HMO plan and your AIA Med-Assist plan to properly update the cut-off of the billing charges for each of the plans. On the day that you want to use your AIA Med-Assist Plan, please secure the In-patient Letter of Eligibility (LOE) and RCS 3 form from AVEGA. ***Important Note!*** AIA Philam Life will only cover the eligible medical expenses not covered by the primary HMO/ medical insurance plan used.

16. **What if I get into a vehicular accident – will AVEGA cover the cost of my medical expenses?**
    AVEGA will cover for the cost of your medical expenses if they are not under the general exclusions and limitations clause indicated in Section 4 of this document. Please submit a police report and other pertinent documents for any injuries sustained during the vehicular accident and other medico-legal related cases (i.e. shooting, stabbing, mauling, etc.) for AVEGA's evaluation. If you cannot submit the required documents immediately, AVEGA will still reimburse the cost of your medical expenses, subject to their evaluation of your submitted documents for reimbursement. Please refer to Section 3 of this guidebook for the reimbursement process.

17. **What should I do if I lost my AVEGA medical benefit card?**
    Please notify AVEGA through its 24-hour customer service number within twenty-four (24) hours upon discovery of the loss. You need to submit a Card Replacement Request Form to any AIA Philam Life Customer Service Center and pay for the card replacement and delivery fees. You can download the form here or you can get a copy from the branch. To find the branch nearest you, click here. If you need medical care while your new card is still being processed, you may contact AVEGA's 24-hour customer service number for endorsement to the medical facility where the procedure/ treatment or admission

will be conducted.

18. **Is the renewal of my AIA Med-Assist Plan, guaranteed, regardless of my health condition?**
    We will continue to provide you with insurance coverage even if you are diagnosed with a chronic or critical medical condition. For as long as your premium payments are up-to-date, your coverage will continue until you reach the maximum age limit or the lifetime benefit limit of your plan, whichever comes first.

19. **Will I be allowed to upgrade or downgrade my medical coverage during policy renewal?**
    No, you are not allowed to upgrade or downgrade your medical coverage at any point in time.

20. **What is an 'Aggregate Limit'?**
    Aggregate limit is the maximum liability that AIA Philam Life shall assume for all covered benefits rendered to you within the one (1) year term of your insurance policy. The aggregate limit is renewed every policy anniversary.

21. **What is a 'Lifetime Limit'?**
    This is the maximum amount of the medical benefit available to you during your lifetime. Once you reached this limit, you can no longer avail of the medical benefits.

22. **How can I monitor my medical benefit limits?**
    You can monitor your medical benefit limits, both annual and lifetime limits, through your AVEGA Member Portal (click here).

23. **The plan I have is a variable unit-linked policy, does this affect the amount of my medical benefit limits?**
    While the investment returns of your policy plan may vary depending on the rise and fall of the equity market where the policy premium is invested in, this does not affect the medical benefits that come with it. Your medical benefit limits will remain the same throughout the lifetime of your policy.

24. **What does 'co-paying' mean?**
    Your medical benefit is co-paying which means only the remaining 10% of the hospitalization expense will be shouldered by you (subject to the plan limits). For example, if your total hospital bill after PhilHealth deduction amounts to Php 100,000, you only need to pay Php 10,000. This applies to all types of medical reimbursements and availments. Please refer to the Coordination Benefits provision in your policy contract.

25. **What does 'Waiver of Premium' do and how does it affect my medical benefits?**
    This is applicable only if your policy has a Waiver of Premium Rider. Your medical benefits will be terminated if you experience total and permanent disability. However, you will no longer have to pay for any premium to enjoy continued insurance coverage.

26. **What happens when I fail to pay for my policy premium dues?**
    It is important that your premiums are paid on time. If you are unable to pay, the unpaid premium will be deducted from your policy's account value (if it is sufficient to pay for the premium charges). You

can check your remaining account value in your AIA Philam Life customer portal, ePlan (click here). ***Important Note!*** An account value is the return on investment from where a portion of your premium is invested in various funds. The return is not guaranteed because this may vary depending on the rise and fall of the equity market where your premium is currently invested. As such, it is important to pay your premium on time not only to keep your medical benefits and insurance policy active but also to keep your investment intact.

27. **What happens when I have my AIA Med-Assist Plan Reinstated?**
    When a policy is terminated, you can opt to have it reactivated by paying the back premiums and the cost of reinstating the insurance plan (provided that the Cash Value of your Hospital Income Benefit Rider and your remaining Account Value, if any, have not yet been paid out). To reinstate your policy and reactivate your medical benefits, please print and fill out the Health Statement Form found here and submit this together with your payment for the reinstatement cost to any AIA Philam Life Customer Service Center. To find the branch nearest you, click here.

28. **How can I give feedback or report any concern?**
    You may create an incident report by sending an e-Mail to AVEGA at ***info@AVEGA.com.ph***. For urgent matters, you may also call AVEGA's 24-hour customer service number for immediate assistance. Please provide all relevant information for AVEGA to be able to address the concern/s as quickly as possible.