

# THE NHIP BENEFIT PACKAGE

**BENEPISYONG  
PHILHEALTH  
para sa  
LAHAT**



# **PHILHEALTH BENEFITS IN A NUTSHELL**

- **Inpatient Care (All Case Rates)**
- **Outpatient Care (Ambulatory or Day Surgeries)**
- **Z Benefit Package**
- **Primary Care Benefit Package (Tsekap)**
- **Millenium Development Goals (MDG) related benefits**

- **Inpatient: ALL CASE RATE:**

a payment method, that reimburses health care institutions a pre - determined fixed rate for each treated case or disease.

*(Includes room and board; services of health care professionals; diagnostic, laboratory & other medical exam services; use of surgical/medical equipment; prescription drugs and biologicals & health education)*

# Example of Case Rates

Since September 1, 2011, the following medical cases and surgical procedures are being paid through case rate:

## Medical Cases

1. Dengue I (Dengue fever, DHF grades I&II)	P10,000.00
2. Dengue II (DHF grades III & IV)	P16,000.00
3. Pneumonia I ( moderate risk)	P15,000.00
4. Pneumonia II (high risk)	P32,000.00
5. Essential Hypertension	P9,000.00
6. Cerebral Infarction (CVA-I)	P28,000.00
7. Cerebral Hemorrhage (CVA-II)	P38,000.00
8. Acute Gastroenteritis (AGE)	P6,000.00
9. Asthma	P9,000.00
10. Typhoid Fever	P10,000.00

## CASE RATE: Surgical Cases

1. Radiotherapy	P3,000.00
2. Hemodialysis	P2,600.00
3. Maternity Care Package (hospitals)	P6,500.00
4. Maternity Care Package (Infirmaries, Dispensaries Birthing Homes, Maternity Clinics)	P8,000.00
5. NSD Package in Hospitals	P5,000.00
6. NSD Package (Infirmaries, Dispensaries Birthing Homes, Maternity Clinics)	P6,500.00
7. Caesarean Section	P19,000.00
8. Appendectomy	P24,000.00
9. Cholecystectomy	P31,000.00
10. Dilatation and Curettage (D & C)	P11,000.00
11. Thyroidectomy	P31,000.00
12. Herniorrhaphy	P21, 000.00
13. Mastectomy	P22,000.00
14. Hysterectomy	P30,000.00
15. Cataract Surgery (per eye)	P16,000.00

- **OUTPATIENT CARE**

Day surgeries (*ambulatory or outpatient surgeries*) are services that include elective (*non-emergency*) surgical procedures ranging from minor to major operations, where patients are safely sent home within the same day for post-operative care

# MDG & OTHER SPECIAL PACKAGES

Newborn Care Package	P 1,750
Maternity Care Package	P 8,000
HIV/AIDS Treatment Package	P30,000
Anti-Tuberculosis/DOTS Benefit Package	P 4,000
Animal Bite Package	P 3,000
Pneumococcal Vaccine	60% Off
SARS, Avian ,AH1N1, MERS-COV Packages	P50,000-Members P100,000-Health Workers
Leptospirosis Package	P11,000
Malaria Package	P 600
Voluntary Surgical Contraception (BTL/Vasectomy)	P 4,000
Ebola Virus Disease	From P110,000 to P222,000

# WHAT IS CASE TYPE Z?

PhilHealth shoulders cases from **A** to **Z**

- A perception among patients and their families that cancer and other catastrophic disease is the end for them
- a condition or disease state that can lead to death or disability
- medically and economically catastrophic

## Support Value:

**100%** for indigent/sponsored and kasambahay

**50% (up to 75%)** for other membership categories



# CASE TYPE Z

Standard Risk Childhood Leukemia	P 210,000
Early Stage Breast Cancer	P 100,000
Prostate Cancer (Low to Intermediate Risk)	P 100,000
Kidney Transplantation	P 600,000
Coronary Artery Bypass Graft Surgery (Standard Risk)	P 550,000
Total Correction of Tetralogy of Fallot	P 320,000
Patch Closure of Ventricular Septal Defect	P 250,000
Cervical Cancer (low dose) (high dose)	P 120,000 P 175,000
Mobility, Orthosis, Rehabilitation Prosthesis Help (Z MORPH)	P 15,000/ lower limb
Z benefit packages for selected Orthopedic Implants (on hip arthroplasty, hip fixation, petrochanteric fracture, Femoral Shaft Fracture)	Refer to PC No. 012 s-2014 for details

# Reference hospitals for Z-benefits



Philippine Children's Medical Center	Acute Lymphoblastic Leukemia
Jose Reyes Memorial Medical Center	Breast cancer
National Kidney & Transplant Institute	Prostate Cancer and Kidney transplant
UERM,PGH, National Orthopedic Center	Z MORPH

# Reference Hospitals



Ventricular Septal Defect Tetralogy of Fallot	Philippine Heart Center
Coronary Artery Bypass Graft	Philippine Heart Center
Cervical Cancer	Jose Reyes Medical Center

# CONTRACTED HOSPITALS

**Ventricular Septal Defect  
Tetralogy of Fallot**

**Philippine Heart Center  
Philippine General Hospital**

**Coronary Artery Bypass Graft**

**Philippine Heart Center  
Philippine General Hospital  
Vicente Sotto Medical Center  
Southern Philippines Med. Center**

**Cervical Cancer**

**Jose Reyes Medical Center  
Philippine General Hospital  
Vicente Sotto Medical Center  
Davao Regional Hospital**



# Who are eligible to avail of the Case Type Z Benefits

- ✓ **Eligible** Principal member and their qualified dependents
- ✓ Pre-authorization from PhilHealth based on the approved selections criteria
- ✓ **5 days** to be deducted from the remaining balance of the 45-day annual benefit limit

(in cases where the remaining annual benefit is less than 5 days, the member shall remain eligible to avail of the benefit provided that premiums are updated)

# Who are eligible to avail of the Case Type Z Benefits

- **Informal/Formal Economy: 3/6 premium payment** prior to the month of request for pre-authorization.
- **Indigent, Sponsored & Migrant Workers** eligibility shall be based on the **validity period** of their membership
- **Lifetime Members**
- **Senior Citizens**

# Computing for Lifetime/Senior Citizen Discount

**Senior Citizens' Discount**  
and/or VAT exemption  
should be applied **FIRST**  
before the application of  
PhilHealth Benefits

**Co-payment  
applies to Lifetime  
& Senior Citizen  
Members confined  
in Non NBB**

Hospital Bill /PF  
- VAT exemption (12%)

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Difference  
- SCD (20%)

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Difference  
- PhilHealth Benefit

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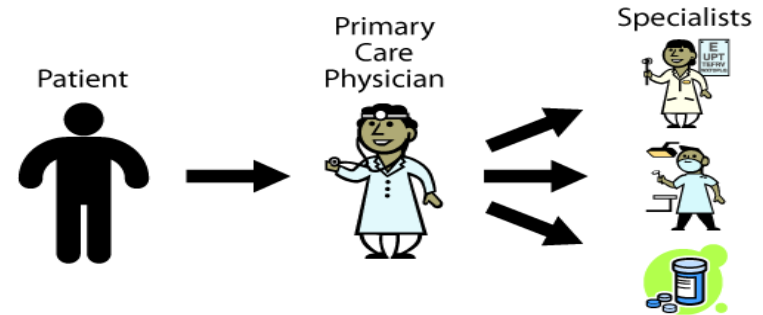
Co-pay of SC

# What is PRIMARY CARE?

-health care provided by a medical professional (as a general practitioner,

pediatrician, or nurse) with whom a patient has **initial contact** and by whom the patient **may be referred to a specialist**

- ultimate goal of Primary Health Care is **better health for all**





New brand for Primary Care Benefit Package:



*"Gone are the days when PhilHealth is just remembered when one is sick because our TSeKaP package is here to encourage entitled members and their qualified dependents to avoid getting sick or to even arrest sicknesses early on" PhilHealth President and CEO Alexander A. Padilla said, adding that "disease prevention and early detection saves money, and strengthens the gate-keeping function of primary care facilities which allows tertiary hospitals to maximize their resources on complicated cases."*

# **Tamang Serbisyo para sa Kalusugan ng Pamilya**

# **PRIMARY CARE BENEFIT (PCB 1) PACKAGE**

**The PRIMARY CARE PACKAGE BENEFIT I (PCB 1) package covers members under the:**

- SPONSORED PROGRAM MEMBERS**
- ORGANIZED GROUP**
- OVERSEAS WORKER PROGRAMS**
- EMPLOYED DepEd employees (Expanded PCB1)**
- and their dependents**

**Qualified Providers:**

**Any government health facility (including but not limited to health centers/RHUs and Outpatient Departments of Municipal Health Offices & government hospitals) that has the capacity and human resources to deliver the PCB 1 package**

# PRIMARY CARE BENEFIT (PCB 1) PACKAGE

Services:

**A. Primary Preventive Services**

**B. Diagnostic Examinations**

**C. Drugs and Medicines**

1. Asthma including nebulization

services

2. Acute Gastroenteritis (AGE) with no

or mild dehydration

3. Upper Respiratory Tract Infection (URTI)

4. Urinary Tract Infection (UTI)

# OBLIGATED SERVICES

BENEFITS/SERVICES	TARGET CLIENTS	FREQUENCY
<b>Primary Preventive Services:</b>		
BP Measurement	Non-hypertensive (18 y.o. and above)	Once a year
	Hypertensive (with BP >140/90)	Once a month
Periodic clinical breast examination	Female, 25 yo and above	Once a year
Visual inspection with acetic acid	Female, 25-55 yo with uterus	Once a year
Consultation	All members and dependents	Once a year
Body measurements	All members and dependents	Once a year

# WHO PROVIDES THE PCB PACKAGE?

Any government facility:

Health Centers/Rural  
Health Units

OPD

-Municipal/City/Provincial  
Hospitals

- Government hospitals

That meets the standards  
for a PCB provider facility

PC 10 s.2013: -- DepEd-affiliated clinics can register as  
TSeKaP/PCB Providers

# **A friendly reminder before undergoing Cataract Extraction:**

## **Cataract Pre-Surgery Authorization (CPSA) Request**

- An approved CPSA is prerequisite before a member can avail of PhilHealth benefits for Cataract extraction
- The Authorization is valid for 30 days only. Should it expire, the health care provider may again request for a CPSA
- A CPSA is a prerequisite for Cataract mission activities, provided it is performed in a government accredited facility.

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# AVAILMENT OF PHILHEALTH BENEFITS

# Availing of benefits is so EASY!!!

- Submit properly accomplished **PhilHealth Claim Form 1** together with a photocopy of your **Member Data Record (MDR)** to the hospital billing section before discharge
- PhilHealth benefits must be **deducted from the total bill before payment**
- Refund notification through the **Benefit Payment Notice (BPN)**





# PhilHealth Claim Form 1

Please indicate the  
correct address



**PhilHealth**  
Your Partner in Health

This form may be reproduced and is NOT FOR SALE

**CF1**

(Claim Form)

revised February 2010

## IMPORTANT REMINDERS:

PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.

For local confinement, this form together with CF2 and other supporting documents should be filed within 60 DAYS from date of discharge.

For confinement abroad, this form together with other supporting documents should be filed within 180 DAYS from date of discharge.

Only one (1) original copy of this Form is required per claim application/availing.

All information required in this form are necessary and claim forms with incomplete information shall not be processed.

FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

## PART I - MEMBER AND PATIENT INFORMATION

(Member/Representative to fill out all items with the assistance of the Health Care Provider)

1. PhilHealth Identification No. (PIN):  -  -

2. Member Category:  
☐ Employed ☐ Sponsored  
☐ Government ☐ OFW  
☐ Private ☐ Lifetime  
☐ Individually Paying

3. Name of Member  
 Last Name First Name Middle Name ( example: Dela Cruz, Juan Jr., Sipag)

4. Mailing Address:  
 (House Number & Name of Street) (Barangay)  
 (City / Municipality) (Province) (ZIP Code)  
 Contact Information (if available):  
 E-mail Address: Mobile No.: Landline No.:  
 7. Name of Patient:  
 Last Name First Name Middle Name ( example: Dela Cruz, Juan Jr., Sipag)

5. Date of Birth:  
 -  -   
 (Month) (Day) (Year)

8. ☐ Patient is the Member  
☐ Patient is a Dependent  
☐ Child ☐ Parent  
☐ Spouse

9. CERTIFICATION OF MEMBER:  
*I hereby certify that the herein information are true and correct and may be used for any legal purpose.*

Signature Over Printed Name of Member:  Date Signed (month-day-year):   
 Signature Over Printed Name of Member's Representative:  Date Signed (month-day-year):

10. Relationship of the Representative to the Member:  
☐ Child ☐ Parent  
☐ Spouse ☐ Guardian / Next of Kin

11. Reason for Signing on Behalf of the Member:  
☐ Member is Abroad / Out-of-Town ☐ Member is Incapacitated ☐ Other Reasons:

## PART II - EMPLOYER'S CERTIFICATION (for employed members only)

1. PhilHealth Employer No. (PEN):  -  -  2. Contact No.:

3. Business Name and Official Address:  
 (Business Name of Employer)  
 (Building Number and Street Name)  
 (City / Municipality) (Province) (ZIP Code)

4. CERTIFICATION OF EMPLOYER:  
*This is to certify that all monthly premium contributions for and in behalf of the member, while employed in this company, including the applicable three (3) monthly premium contributions within the past six (6) months period prior to the first day of this confinement, have been deducted/collected and remitted to PhilHealth, and that the information supplied by the member or his/her representative on Part I are consistent with our available records.*

Signature Over Printed Name of Employer / Authorized Representative:  Official Capacity / Designation:  Date Signed (month-day-year):

(For PhilHealth use only)

# Member Data Record (MDR)



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 SN Oriental Traders Building, 19 Leonard Wood Road, Baguio City  
 (074) 444 8361 (074) 444 9862 (074) 442 3068  
 www.philhealth.gov.ph

**MDR**

## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **010501580649**  
 Member Category : FORMAL ECONOMY  
 Sub-Category : PRIVATE

NHTS Coverage :  
 Effectivity Period :

Free-form Snip

BILIS, BURGOS, LA UNION 2510

Foreign Address : N/A

Sex : Male  
 Date of Birth : 12/10/1979  
 Place of Birth : BURGOS, LA UNION  
 Civil Status : MARRIED  
 Tax Identification Number :

Contact No. (Foreign) : N/A  
 (Local) : 09497905278

### EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) :  
 Name of Employer/Organized Group :  
 Business Address :

Telephone Number :  
 Tax Identification Number :

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
				Female	Wife	12/13/1988

**ATTY. JERRY F. IBAY**

OIC-Regional Vice President  
 PRO CAR Baguio City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. (Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required.

1/26/2015 12:45:27 PM 30404613 30382403 / 30404613 / 7/30/2005 1/26/2015

## Confinement of less than 24 hours will not be paid except for the following situations :

- Case is emergency
- Patient is transferred to another hospital
- Patient expired during confinement



*Confinement in non-accredited hospital will be paid if the case is emergency and the hospital is duly licensed by the DOH.*

# Remember!!!

- Direct filing of claims is no longer allowed except for confinements abroad.
- Directly submit your claims to the billing section/discharge clerk to enjoy automatic deduction of benefits

# What to do for confinements abroad



- Submit the following to PhilHealth within **180** calendar days from the date of discharge:


**-Official Receipt or any proof of payment**

**-Statement of Account from the hospital**

**-Certification from the attending physician as to the final diagnosis, period of confinement, and services rendered.**

(If written in foreign language, documents must be translated in English, through the Phil. Embassy)

# The Benefit Payment Notice

 <b>PhilHealth Insurance Corporation</b> HARRISON RD., BAGUIO CITY		<b>BENEFIT PAYMENT NOTICE</b> (Revised July 2007)	
<b>BINAY-AN G SITEM</b> Patient: 11/08/2008 Date Admitted: 11/25/2008 Date Discharge: N35.9, N30.9 /A Address/Category: 020101 - T BAGUIO GENERAL HOSPITAL AND MEDICAL CENTER Hospital: GOV. PACK ROAD, BAGUIO CITY, BENGUET		<b>PATIENT INFORMATION</b> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Baguio City Central Post Office</b>  <b>POSTAGE DEBIT ACCOUNT</b>  <b>NO. 023</b> </div>	
<b>BINAY-AN G SITEM</b> <b>PUDONG KAPANGAN BENGUET</b> <b>2613</b>		<b>BUSINESS MAN</b> 0901060400208 <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>042003625995</b>          Please always use this PIN in all your succeeding PhilHealth transactions/          claim application/reimbursement to avoid inconvenience.       </div>	
<b>PAYMENT SUMMARY</b>			
<b>BENEFIT</b>	Actual Charges	PhilHealth Benefit	Reduction Codes
<b>HOSPITAL CHARGES <sup>4</sup></b> ROOM AND BOARD 6,800.00 6,800.00 HOSPITAL DRUGS/MEDICINES 23,432.80 3,000.00 HOSPITAL X-RAY/LAB/OTHERS 485.00 66.00 HOSPITAL <b>TOTAL 9866.00</b>			
<b>MEMBER CHARGES</b> X-RAY/LAB/OTHERS 665.00 665.00 MEMBER <b>TOTAL 665.00</b>			
<b>PROFESSIONAL FEES <sup>5</sup></b> ANDRES S MARRERO 1000.00 1,000.00 CHIEF <b>TOTAL 1000.00</b>			
<b>GRAND TOTAL:</b>			
		<b>11531.00</b>	
Date Claim Received by / Refiled to PhilHealth: 17 day(s) 11531.00 12/23/2008			
Dear Member, This is to inform you of the amount of benefits reimbursed by PhilHealth to the member/hospital/doctor for the aforementioned hospitalization. <b>IN CASE PHILHEALTH BENEFIT WAS NOT DEDUCTED/ANDER DEDUCTED FROM YOUR BILL, please present this Benefit Payment Notice together with official receipts to the hospital/doctor for refund. If Inquired, please contact our Claims Processing Division at telephone no. (075) 445-8061, Ext. 4018.</b> Ipapalagan natin sa inyo sa pamamagitan ng Benefit Payment Notice na ito ang kaulangang benepisyo na binayaran ng PhilHealth sa miyembro/ ospital/ doktor para sa nasabi pangkalahatan. <b>KUNG SAKALANG KULANG O HINDI PA NABAYAN NG OSPITAL O DOKTOR ANG PHILHEALTH BENEFIT, ipapalagay ang Notice na ito kasama sa refund sa ospital o doktor upang makuha ang karampatang refund. Para sa katugulangang katarungan, makipag-ugnayan lamang sa aming Claims Processing Division sa telepono bilang (075) 445-8061, Ext. 4018.</b>			
		Very truly yours, Sumasagot,	
THIS IS A SYSTEM GENERATED FORM. SIGNATURE IS NOT REQUIRED. Ang output na ito ay system generated kung hindi na kinapagpapalagan ng kopya.			



# For further inquiries, please visit...

## **Baguio City Local Health Insurance Office** SN Traders Oriental Bldg., Leonard Wood Road, Baguio City

### **•Abra Local Health Insurance Office**

**1/F VP Skyview Bldg., Magallanes,  
Zone 5, Bangued, Abra  
(074) 752-7924 / 0999776100**

### **•Ifugao Local Health Insurance Office**

**2/F JDT Bldg., Lagawe  
Ifugao  
(074) 382 2173**

### **•Mt. Province Local Health Insurance Office**

**G/F Kedawen Bldg., Poblacion  
Bontoc, Mt. Province  
(074)633-15100 / 0921 4719848**

### **•Kalinga Local Health Insurance Office**

**1/F Richmond Bldg., National  
Highway  
Purok 4, Bulanao, Tabuk City  
Cel # 09157796615**

### **•Benguet Local Health Insurance Office**

**Dangwa Bldg., KM 6, La Trinidad,  
Benguet  
(074) 424-8937**

### **•Apayao PhilHealth Business Center**

**Poblacion, Luna, Apayao  
Cel # 09155511318**

# You may also check us at the following:

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or visit our website

[www.philhealth.gov.ph](http://www.philhealth.gov.ph)

*Email:* [actioncenter@philhealth.gov.ph](mailto:actioncenter@philhealth.gov.ph)



[www.facebook.com/PhilHealth](http://www.facebook.com/PhilHealth)



[www.twitter.com/@teamphilhealth](http://www.twitter.com/@teamphilhealth)



[www.youtube.com/teamphilhealth](http://www.youtube.com/teamphilhealth)





## **New Office Location of PRO-CAR**

**SN Oriental Traders Building, No. 19 Leonard Wood Road, Baguio City 2600**  
**Baguio City LHIO: Ground Floor**

**Contact Numbers: (074) 444-9862; 444-5345; 444-8361; 446-0371**