

QUESTION		ANSWER								
1.	What is the Policy on Medical Benefit Plan?	The policy covers all the guidelines, procedures and benefits of the company medical plan.								
2.	Who are covered by this policy?	All regular employees and their qualified dependents are covered by the medical plan.								
3.	Who are considered as qualified dependents under the Medical Plan?	<div>The following are considered as qualified dependents:</div> <table><tr><th>Employee</th><th>Qualified Dependents</th></tr><tr><td>Single</td><td><ul style="list-style-type: none"><li>Parents (not more than 65 years old)</li></ul></td></tr><tr><td>Legally Married</td><td><ul style="list-style-type: none"><li>Spouse (not more than 65 years old)</li><li>Children (not more than 21 years old but not less than 15 days old)</li></ul></td></tr><tr><td>Single Parents</td><td><ul style="list-style-type: none"><li>Qualified dependent declared in government records (i.e. BIR Tax exemption status)</li></ul></td></tr></table> <div>Extended dependents, siblings (brothers or sisters), niece/nephew, step-father/mother, in-laws and all others not mentioned in the list of qualified dependents are not covered by the medical plan.</div>	Employee	Qualified Dependents	Single	<ul style="list-style-type: none"><li>Parents (not more than 65 years old)</li></ul>	Legally Married	<ul style="list-style-type: none"><li>Spouse (not more than 65 years old)</li><li>Children (not more than 21 years old but not less than 15 days old)</li></ul>	Single Parents	<ul style="list-style-type: none"><li>Qualified dependent declared in government records (i.e. BIR Tax exemption status)</li></ul>
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4.	Is it possible for my dependents to have different health plan coverages?	No. All dependents are enrolled under the same plan per brand. The coverage should be no higher than the employee's coverage.								
5.	My husband and I are both employees of the company but with no dependent children yet. Can I enroll my parents instead who were previously enrolled?	Since the employee's status is married, parents are excluded in the medical plan benefits. The plan does not allow transfer of benefit.								
6.	My husband and I are both employees of the company with 2 dependents. Does this mean both dependents will have 2 separate coverages?	Yes. However, the second coverage shall apply only when the limit of the first coverage is exceeded. All children that are not more than 21 years old are qualified under the medical benefits program provided the employee does not exceed the maximum requirement of enrollment of dependents. Each child will have his own medical coverage.								

<p><b>7. How many dependents are allowed to be enrolled in our medical benefit?</b></p>	<p>The number of dependents varies per brand and employee level. Please refer to your benefits summary table.</p>
<p><b>8. What is the rule of hierarchy?</b></p>	<p>The rule of hierarchy states that the order of dependents enrolled (spouse, eldest child to the youngest child) must be strictly followed, non-compliance to this rule shall cause automatic disapproval of dependent/s' enrollment.</p> <p>To illustrate, below is the acceptable roster of enrolled dependents <i>in order</i> of HIERARCHY:</p> <ol style="list-style-type: none"> <li>1. Spouse</li> <li>2. Eldest child (provided he/she is not over 21 yrs old, single and unemployed)</li> <li>3. 2nd child</li> <li>4. 3rd child</li> </ol> <p>Note: If eldest child is beyond the age limit, the next child will be the first qualified dependent until the youngest.</p>
<p><b>9. How do I enroll my dependents?</b></p>	<p>If dependents are eligible, you may accomplish a Medical Benefit Plan Enrollment Form and submit together with supporting documents to JWS Benefits Administration during the enrollment period.</p> <p>Enrollment period for the health plan is held every December of each year. Enrollment after the deadline will no longer be accepted.</p> <p><b>Medical Benefit Plan Enrollment Form</b></p>
<p><b>10. If I will retain the same set of dependents, do I need to renew?</b></p>	<p>No. Only those with changes in their dependents (i.e. additional/new dependent/s, change in civil status, etc.) are required to accomplish and submit the Medical Benefit Plan Enrollment Form to JWS Benefits Administration.</p>
<p><b>11. If I gave birth at the middle of the policy year or after the annual enrollment period, can they still be accepted?</b></p>	<p>Yes, newly-born dependents should be enrolled within the period of 15-30 days from the time the baby was born. Beyond the prescribed period, enrollment of newly-born dependents will no longer be accepted.</p>
<p><b>12. I changed my status from single to married at the middle of the policy year or after the annual enrollment period, can I still</b></p>	<p>If an employee changed his status from single to married after the renewal he may have the option to retain the existing dependent until the next policy's renewal or change the new qualified dependents already.</p>

change and update my dependent/s?

13. I will be regularized at the middle of the policy year or after the annual enrolment period, can I still enroll my dependents?

Yes. JWS Benefits Administration will automatically enroll the employee and his dependents following the eligibility guidelines e.g. regular employment status, plan category, employee’s tenure and hierarchy rule. Automatic enrollment will be based on the list of dependents on the Medical Benefit Plan Enrollment Form submitted by the employee upon hire.

14. When will I get the health cards?

JWS Benefits Administration will send you the health cards within 1 week of your or your dependents eligibility to the medical plan.

15. Does the employee share in the cost of the medical plan?

The employee share varies per brand and employee level. There may be employee co-sharing on availment or on premium. If on availment, co-sharing is limited to any medical procedure which will require confinement.

Please refer to your benefits summary table.

16. For those whose medical plan is under a co-sharing scheme, how will the employee’s share be paid?

The employee’s share under the co-sharing scheme will be deducted from their regular payroll following the company’s schedule of deduction and deduction scheme.

Schedule of Deduction:

Received SOA/Billing	Implementation of Deduction
25 <sup>th</sup> – 9 <sup>th</sup> of the month	15 <sup>th</sup> cut-off
10 <sup>th</sup> – 24 <sup>th</sup> of the month	30 <sup>th</sup> cut-off

Deduction Scheme for Co-sharing on Availment:

Amount			No. of Deductions	No. of Months
1,000.00	-	Below	1	0.5
1,001.00	-	2,000.00	2	1
2,001.00	-	3,000.00	4	2
3,001.00	-	4,000.00	6	3
4,001.00	-	5,000.00	8	4
5,001.00	-	6,000.00	10	5
6,001.00	-	7,000.00	12	6
7,001.00	-	8,000.00	14	7
8,001.00	-	12,000.00	16	8
12,001.00	-	15,000.00	18	9

	<table><tr><td>15,001.00</td><td>-</td><td>20,000.00</td><td>20</td><td>10</td></tr><tr><td>20,001.00</td><td>-</td><td><b>UP</b></td><td>22</td><td>11</td></tr></table>	15,001.00	-	20,000.00	20	10	20,001.00	-	<b>UP</b>	22	11			
15,001.00	-	20,000.00	20	10										
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<b>Deduction Scheme for Co-sharing on Premium:</b> - 24 deductions over 12 months														
<b>17. What is the maximum benefit limit (MBL) under the medical plan?</b>	The company will cover medical expenses up to the maximum benefit limit only. Any excess to the MBL will be shouldered by employee.  MBL varies per brand and employee level.													
<b>18. When do we use the Philhealth benefit?</b>	Philhealth benefit is used and should be filed during confinement of employee or dependents. Philhealth portion is not automatically deducted from the total hospital bill if not filed by the employee/member.  Request for Philhealth contributions and claiming of Form1 from JWS ES Benefits Admin should be on Day 1 of confinement. Updated Member's Data Record (MDR) of dependent/s is also required by the hospital. Filing of Philhealth should be before discharge of patient otherwise, patient has to shoulder Philhealth portion of hospital bill.  Please ensure that you are meeting PhilHealth eligibility guidelines when confined.													
<b>19. Will the Philhealth portion from confinement also be included in the computation of the Maximum benefit limit (MBL).</b>	Philhealth benefit/portion of the hospital billing is included in the computation (also deducted) from the Maximum Benefit Limit  Sample Computation: <table><tr><td>MBL (example)</td><td>Php 100000</td></tr><tr><td>Total Hospital Billing</td><td>10,000</td></tr><tr><td>Less 20% Philhealth</td><td>2,000</td></tr><tr><td>Total billing charged to Health Service Provider:</td><td>8,000</td></tr><tr><td>Remaining MBL:</td><td>90,000</td></tr></table>				MBL (example)	Php 100000	Total Hospital Billing	10,000	Less 20% Philhealth	2,000	Total billing charged to Health Service Provider:	8,000	Remaining MBL:	90,000
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<b>20. What are the charges to be shouldered by the employee?</b>	<b>Voluntary Upgrading</b> of room upon admission (in-patient) - If you upgrade to a room category higher than the member's plan entitlement  <b>Involuntary upgrading</b> - When there is no room available													

(based on member's plan entitlement) incremental cost will be charged after the first 48 hours

**Incremental cost** is automatically charged on day 1 of confinement if member (with semi-private/private/large private plan) is admitted to a suite room (even if there is no room available based on his plan entitlement)

**21. Is it possible to cancel my spouse' coverage so that the next in line under the rule of hierarchy will be followed?**

Yes. Cancellation of your spouse's coverage will only be allowed given the following reasons:

- If working abroad (submit supporting documents as proof)
- If already covered by another HMO or medical plan (submit photocopy of HMO card or proof of coverage)

**22. How do I cancel any of my dependent's coverage?**

To cancel enrollment coverage, you must accomplish the Medical Benefit Plan Enrollment Form and submit, together with supporting documents (if applicable) to JWS Benefits Administration. Please ensure that HMO cards of cancelled dependents are returned to JWS Benefits Administration. Failure to do so will automatically continue the coverage of currently enrolled dependent/s.

**Medical Benefit Plan Enrollment Form**