



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

Resolution No. 2019 – 88

AMENDMENT OF THE PSMBFI MEDICAL AND HOSPITALIZATION ASSISTANCE PROGRAM

- a. Should the employee opt to avail of the services of a non-accredited physician, the consultation/professional fee and the procedure, if any, shall be shouldered by the employee and cannot be reimbursed under the Medical & Hospitalization Assistance Benefit. Professional fee of non-affiliated attending physician during in-patient care is also not reimbursable, except during a major operation.
- b. Only services excluded in the HMO coverage can be reimbursed and charged against the employee's remaining Medical Assistance and Hospitalization Assistance Benefits. These exclusions that can be reimbursed may include the following:
 1. In-patient or out-patient care due to pre-existing conditions, if not covered by the HMO
 2. In-patient cost exceeding the HMO's specific limits
 3. Diagnostic/therapeutic procedures exceeding the HMO's specific limits
 4. Professional fee of one of the attending physicians during a major operation who is non-affiliated with the HMO
- c. Reimbursement for HMO premium shall be based on the period of coverage and not on the date of payment. For example: An employee avails of an HMO in October 2019 for an annual payment of P 24,000.00 and coverage period from November 2019 until October 2020. The corresponding premium of P 4,000.00 (P 2,000.00 x 2 months) that is applicable for the period November to December 2019 shall be charged against his/her Hospitalization Assistance Benefit for CY2019 while the remaining P 20,000.00 premium for January to October 2020 shall be charged to his/her CY2020 Hospitalization Assistance Benefit.

In case an employee is separated from employment from PSMBFI in the middle of the year, only HMO premium corresponding to the months served during the applicable year shall be considered and paid.

XXX

Whereas, the proposed amendments were presented before the Governance and Executive Committees, and were favorably considered for approval of the Board;

Whereas, during the Regular Board meeting held on November 28, 2019, the Board approved the proposed amendments to the Medical and Hospitalization Assistance Program;

Now, therefore, be it resolved, as it is hereby resolved, that the Board approves the amendments in the PSMBFI Medical and Hospitalization Assistance Program as stated and its implementation effective upon approval;

[Handwritten signatures and initials in blue and black ink, including a large signature in blue ink and several smaller ones in black ink.]



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

Resolution No. 2019 – 88

AMENDMENT OF THE PSMBFI MEDICAL AND HOSPITALIZATION ASSISTANCE PROGRAM

Be it resolved further, that copies of this resolution be furnished the Chairman and the Vice Chairman of the Board of Trustees, the President, the Vice President, the General Manager, and the PSMBFI Management for reference and information.

Done in San Juan City this 28th day of November 2019.

DIR OSCAR D ALBAYALDE
Chairman


DIR ARCHIE FRANCISCO F GAMBOA
Vice Chairman


DIR MARIO A AVENIDO
President


DIR ARMANDO E RAMOLETE
Vice President



DIR JOSELITO M VERA CRUZ
Treasurer


DIR FELIPE S MOQUIALA
Assistant Treasurer


DIR RICARDO C MARQUEZ
Trustee


DIR JUANITO B YAÑO JR
Trustee


DIR LYNDON G CUBOS
Trustee


DIR KEITH ERNALD L SINGIAN
Trustee

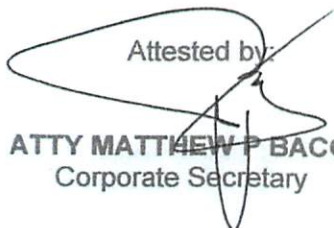

DIR LYNETTE M TADEO
Trustee


DIR ELMO FRANCISCO O SARONA
Trustee


DIR VALFRIEG TABIAN
Trustee


DIR RODOLFO A COLLADO JR
Trustee


DIR WARREN GASPAR A TOLITO
Trustee

Attested by:

ATTY MATTHEW P BACCAY
Corporate Secretary



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

November 22, 2019

THE BOARD OF TRUSTEES
Public Safety Mutual Benefit Fund, Inc.
San Juan City

Thru: Chairman, Executive Committee

Lady and Gentlemen:

The Management is recommending the following amendments in the PSMBFI Medical and Hospitalization Assistance Program to incorporate the existing practice on reimbursements for the procurement of eye glasses or contact lenses as well as Health Maintenance Organization (HMO) premium.

Existing Provision	Proposed Amendment						
<p><u>Hospitalization Assistance Benefit Coverage</u></p> <p>a. Ophthalmology Services</p> <p>a. Procurement of prescription eye glasses or contact lenses</p>	<p><u>Hospitalization Assistance Benefit Coverage</u></p> <p>1. Ophthalmology Services</p> <p>a. Procurement of prescription eye glasses or contact lenses with a certain limit in the amount of reimbursement depending on the type of lens prescribed by the optometrist/ophthalmologist</p> <p>* Additional guidelines for the reimbursement of eyeglasses or contact lenses:</p> <p>a. An employee/BOT member can only avail of one (1) pair of eye glasses OR contact lenses in a year, unless there's a change in the eye grade within the year and/or his/her previously reimbursed eyeglasses is damaged/broken;</p> <p>b. The total maximum amount that an employee/BOT member can reimburse in a year for the eye glasses OR contact lenses shall be as follows:</p> <table border="1" data-bbox="798 1288 1450 1467"> <thead> <tr> <th></th> <th>Maximum reimbursable amount in a year</th> </tr> </thead> <tbody> <tr> <td>Complete eye glasses OR contact with single vision lens</td> <td>P 15,000.00</td> </tr> <tr> <td>Complete eye glasses OR contact with progressive lens</td> <td>P 25,000.00</td> </tr> </tbody> </table>		Maximum reimbursable amount in a year	Complete eye glasses OR contact with single vision lens	P 15,000.00	Complete eye glasses OR contact with progressive lens	P 25,000.00
	Maximum reimbursable amount in a year						
Complete eye glasses OR contact with single vision lens	P 15,000.00						
Complete eye glasses OR contact with progressive lens	P 25,000.00						
<p>7. Health Maintenance Organization (HMO)</p>	<p>7. Health Maintenance Organization (HMO) Premium provided that the employee/BOT member shall avail of the services covered by the HMO including consultation fee.</p> <p>a. Should the employee opt to avail of the services of a non-accredited physician, the consultation/professional fee and the procedure, if any, shall be shouldered by the employee and cannot be reimbursed under the Medical & Hospitalization Assistance Benefit. Professional fee of non-affiliated attending physician during in-patient care is also not reimbursable, except during a major operation.</p> <p>b. Only services excluded in the HMO coverage can be reimbursed and charged against the employee's remaining Medical Assistance and Hospitalization Assistance Benefits. These exclusions that can be reimbursed may include the following:</p> <ul style="list-style-type: none"> • In-patient or out-patient care due to pre-existing conditions, if not covered by the HMO 						



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

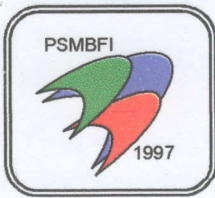
Existing Provision	Proposed Amendment
	<ul style="list-style-type: none">• In-patient cost exceeding the HMO's specific limits• Diagnostic/therapeutic procedures exceeding the HMO's specific limits• Professional fee of one of the attending physicians during a major operation who is non-affiliated with the HMO <p>c. Reimbursement for HMO premium shall be based on the period of coverage and not on the date of payment. For example: An employee avails of an HMO in October 2019 for an annual payment of P 24,000.00 and coverage period from November 2019 until October 2020. The corresponding premium of P 4,000.00 (P 2,000.00 x 2 months) that is applicable for the period November to December 2019 shall be charged against his/her Hospitalization Assistance Benefit for CY2019 while the remaining P 20,000.00 premium for January to October 2020 shall be charged to his/her CY2020 Hospitalization Assistance Benefit.</p> <p>In case an employee is separated from employment from PSMBFI in the middle of the year, only HMO premium corresponding to the months served during the applicable year shall be considered and paid.</p>

In this connection, the Management is hereby recommending the above amendments in the PSMBFI Medical and Hospitalization Assistance Program and its implementation effective immediately.

For favorable consideration.

Very truly yours,


DIR MARIO A AVENIDO
President & CEO



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.
No. 318-320 Boni Serrano Ave., cor 1st & 2nd West Sts., San Juan City
Telephone No. 726-8070, Fax No. 726-7250

Resolution No. 2011 – 10

APPROVAL OF THE AMENDMENT IN THE PSMBFI MEDICAL AND HOSPITALIZATION ASSISTANCE PROGRAM

Whereas, the Organization and Screening Committee reviewed the existing PSMBFI Medical and Hospitalization Assistance Program;

Whereas, the Committee deemed it prudent to introduce amendments into the PSMBFI Medical and Hospitalization Assistance Program to keep up with the increasing cost of medicines and other hospitalization expenses;

Whereas, the Organization and Screening Committee presented to the Executive Committee the amended PSMBFI Medical and Hospitalization Assistance Program during the Executive Committee;

Whereas, during the Executive Committee Meeting on January 28, 2011, the Executive Committee approved for recommendation to the Board the proposed amendment of the PSMBFI Medical and Hospitalization Assistance Program;

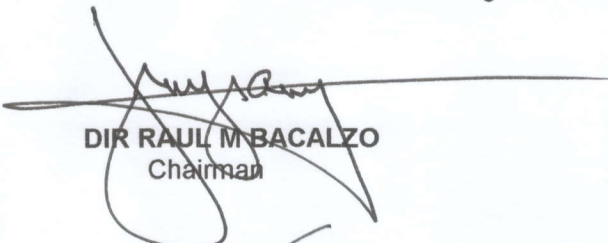
Whereas, during the Regular Board meeting held on February 2, 2011, the Board approved the PSMBFI Medical and Hospitalization Assistance Program;

Now, therefore, be it resolved, as it is hereby resolved, that the Board approves the attached PSMBFI Medical and Hospitalization Assistance Program;


Be it resolved further, that the adoption of said policy shall be effective February 2011;

Be it resolved finally, that copies of this resolution be furnished the Chairman and the Vice Chairman of the Board of Trustees, the President, the Vice President, the General Manager, and the PSMBFI Management for reference and information.

Done in San Juan City this 2nd day of February 2011.


DIR RAUL M BACALZO
Chairman


DIR EDGARDO E ACUÑA
Vice Chairman


DIR VICTOR B BOCO JR
President


DIR RODOLFO A TOR
Vice President




PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.
No. 318-320 Boni Serrano Ave., cor 1st & 2nd West Sts., San Juan City
Telephone No. 726-8070, Fax No. 726-7250

Resolution No. 2011 – 10

**APPROVAL OF THE AMENDMENT IN THE PSMBFI MEDICAL AND
HOSPITALIZATION ASSISTANCE PROGRAM**


DIR RIZALDO A TUNGALA JR
Treasurer


DIR ROGELIO V QUEJADA
Assistant Treasurer


DIR REY L LAÑADA
Trustee

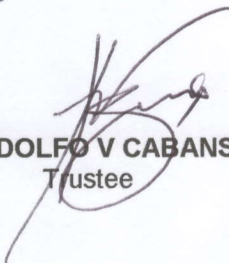

DIR JAIME E MILLA
Trustee


DIR TEOFILO S MELLIZA JR
Trustee

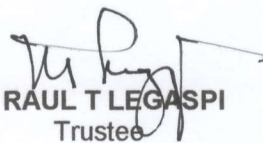

DIR ALEJANDRO T FLORES JR
Trustee


DIR CLARENCE V GUINTO
Trustee


DIR JOEL R GOLTIAO
Trustee


DIR ADOLFO V CABANSAL
Trustee


DIR HUSSIN J BASA
Trustee


DIR RAUL T LEGASPI
Trustee

Attested by:


ATTY ERICSON T VELASQUEZ
Corporate Secretary

**STANDARD OPERATING PROCEDURES
NUMBER 2011 - 03**

PSMBFI MEDICAL AND HOSPITALIZATION ASSISTANCE PROGRAM

1. PURPOSE

These standard operating procedures are established to prescribe the administration of the PSMBFI Medical and Hospitalization Assistance Program.

2. SCOPE

This SOP applies to every PSMBFI employee on regular and probationary status and to members of the Board of Trustees.

3. DEFINITION OF TERMS

- a **Medicine** - any drug or preparation used for the treatment or prevention of disease especially one taken orally or by mouth.
- b **Medical** - relating to the science of medicine in general.
- c **Hospital** - an institution providing medical surgical treatment and nursing care for ill or injured people.
- d **Clinic** - a private or specialized hospital, a place or occasion for giving specialist medical treatment or advice, e.g. eye clinic, dental clinic, etc.
- e **Hospitalization** - administration and/or provision of medical services or treatment by Medical professionals to patients.
- f **In patient** - ill or injured person who avails of hospitalization with incidental avilment of a hospital room.
- g **Out-patient** - ill or injured person who avails of hospitalization without availing of a hospital room.
- h **Hospitalization Assistance** – assistance given to regular, Board of Trustees which is up to P100,000.00 per calendar year.
- i **Medical Assistance** - assistance given to regular, probationary and members of the Board of Trustees which can be extended to the family.
- j **Medical Records** – pertains to the systematic documentation of a patient's individual medical history and care. The information contained in the medical records allows health providers to continuously care for its patients. The medical records also serves as a basis for planning patient care, documenting communication between patient and healthcare practitioners and other healthcare professionals.
- k **Prescription Medicines** - a drug that is available only with written instructions from a doctor or dentist to a pharmacist.
- l **Over the counter medicines** – medicines that do not need prescriptions.

- m Starter Dose** - the amount medicine dispensed to an employee which is enough to last for a day's treatment until he can buy his own supply of medicine.
- n Vitamins** - multivitamin or specific vitamins and/or preparations, e.g. iron, calcium, vitamins A, B, B-complex, etc. which are prescribed to treat diseases or deficiencies, e.g. anemia, vertigo, etc. and/or to enhance the employees defenses against environmental pollutants, viral and fungal infections and food supplements for preventive purposes.
- o Food Supplements** – non-food substances that are used to augment the dietary intake of minerals, vitamins, amino acids, and/or herbs.
- p Medical Supplies** - the materials that are used during the examination and/or treatment of an employee e.g. tongue depressor, cotton, gauze, plaster, elastic bandage, etc.
- q Dental Services** – treatment, preventive, consultative, and therapeutic dental care offered by the dental profession.
- r Dental Records** - document containing the clinical data of the patient, including the patient's identity, pertinent history, and dental conditions, services rendered, and charges and payments made.
- s Ophthalmology Services** – pertains to consultations such as routine eye examinations, diagnostic treatment and services for conditions affecting the eye which are availed by employees and members of the Board of Trustees.
- t Dependents** – this refers to the husband/wife and children for married employees and parents for those who are single employee.

4. POLICY GUIDELINES – Medicine/Dental/Ophthalmology Assistance

a. Medicine/Dental/Ophthalmology Assistance

PSMBFI shall provide financial assistance of P30,000.00 per employee and members of the Board of Trustees per calendar year for medicines, dental, and ophthalmology services in order to maintain employees' health and improved productivity. This benefit can be extended to immediate family members, if married (wife, husband and children); if single (parents, if both parents are both dead this can be extended to brothers/sisters). Medical check-up of family members will be charged against the Medical Assistance allocated for each employee.

Medical Assistance is also extended to the probationary employee, he/she can only reimburse up to 25% of the total Medicine/Dental /Ophthalmology Assistances or a maximum of P7,500.00. He/she can only avail the whole amount upon regularization, but the receipts to be presented should be from the day of his/her regularization until the last day of the year.

b. Coverage

The following shall be covered under the new Medicines/Dental/Ophthalmology Assistance

1. Procurement of vitamins and prescriptive medicines/vitamins/food supplements.
2. Procurement of cream, solution for treatment of skin diseases.

2. Any form of Vaccinations
3. Dental/eye consultations
4. Dental Services
 - 4.1. Dental check-ups
 - 4.2. Oral prophylaxis
 - 4.3. Gum Treatment for cases like inflammation or bleeding
 - 4.4. Permanent and temporary filling, except for braces, retainer and dentures
5. Ophthalmology Services
 - 5.1. Visual eye examination
 - 5.2. Opthamoloscopy
 - 5.3. Binocular eye examination
 - 5.4. Depth perception test
 - 5.5. Color perception test
 - 5.6. Procurement of eye glasses or contact lenses
6. Electrocautery

c. Availment of Medical Assistance

1. The Medicines/Dental/Ophthalmology Assistances can be claimed only upon presentation of the necessary official receipts, medicine prescription, dental record/certificate, and ophthalmology record/certificate and other documents that may be required. One or more reimbursement may be applied, but only up to the allocated amount per calendar year.
2. Acknowledgment receipts, sale invoices and provisional receipts will not be considered for reimbursement for Medicines/Dental/Ophthalmology Assistance.
3. Reimbursement for Medical Assistance should be accompanied by prescription except for over-the-counter medicines, vitamins and therapeutic medicines.
4. Any unavailed amount of the Medical Assistance shall be non-commutable.

5. POLICY GUIDELINES – Hospitalization

a. Hospitalization Assistance

PSMBFI shall provide hospital assistance to all regular employees and members of the Board of Trustees up to a maximum of P100,000.00 per year. Hospitalization benefit is also extended to probationary employees wherein he/she can only reimburse up to 25% or equivalent to P25,000.00. He/she can only avail the whole amount upon regularization, but the receipt to be presented should be from the day of his/her regularization.

b. Coverage

Only regular employees and the members of the Board of Trustees can receive the full medical and hospitalization assistance for every ailment requiring medical attention and/or hospitalization as prescribed by the company physician or endorsed by accredited physician under the following categories.

1. Out patient Services

- 1.1. Medical Checks ups
- 1.2. Any emergency case
- 1.3. Out patient surgeries/procedures not requiring hospital confinement
- 1.4. Simple laboratory exam or diagnostic test as recommended by the company/accredited physician

2. Confinement due to the following cases:

2.1 Diagnostic purposes or procedures and/or minor surgeries

Procedures: Magnetic resonance imaging (MRI) scanning, ultrasound, CI series, mammography, KUB, endoscopy, thyroid evaluation, hepatitis screening and other medical screening that needs medical attention.

Minor Surgeries: Minor cyst removal, repairs of laceration and other minor surgery that needs medical attention.

3. Ordinary illness and minor surgeries

3.1. Ordinary illness: Acute upper and lower respiratory tract infection, acute gastro intestinal tract (GTI) and genitor-urinary tract (GUT) infection, food and water-borne diseases, other infections diseases.

3.2. Minor surgeries: Hemmorholdectomy, simple appendectomy, herneuraphy.

4 Confinement due to serious illness and/or major surgeries

4.1. Serious illness: Cardio-vascular diseases and accidents; blood dyscracias and other blood diseases; benign and malignant diseases; chronic diseases of GIT, GUT, respiratory system; conditions affecting the central nervous system; musculo-skeletal illness/paralysis; bodily injuries caused by violent accidents; other diseases requiring ICU/CCU,. and other serious illness that requires hospital confinement.

4.2. Major surgeries: Hysterectomy, oophorectomy, masfectomy, complicated Appendectomy, thyroidectomy, cholecysfectomy, and other serious illness that requires hospital confinement.

5. Childbirth

All pre-natal, post natal check-ups, laboratory and surgery procedures pertaining to childbirth will be charged against the hospitalization assistance fund up to two (2) reimbursements only. Those who have already availed of the said assistance for two childbirths whether normal, cesarean or miscarriage deliveries are no longer entitled for another reimbursement. In case an employee has delivered two childbirths or suffered two miscarriages or one childbirth and miscarriage in a year, this will be counted as two deliveries and employee shall not be entitled for another reimbursement.

6. Dental Surgery Services

- 6.1. Tooth extractions including surgery for impacted tooth
- 6.2. Root Canal
- 6.3. Gum surgery

Employee should notify the AHRD prior to availment of any of the above Dental Services Benefits. The findings and recommendations of the dentist should be presented to AHRD for validation.

c. Availment of Hospitalization Assistance

1. Pre-Hospital/Clinical Confinement Cases:

- 1.1. The employee at home, office and in non-emergency case shall apply with the Administration and Human Resource Department for availment of the medical or hospital assistance. The case will be referred to the Company Medical Staff or Admin Supervisor for confirmation or validation if the concerned employee is indeed sick/confined.
- 1.2. Should the request merit favorable consideration the request for medical or hospital assistance will be processed and corresponding voucher will be prepared for approval of the President.
- 1.3. On cases requiring immediate medical prescription in favor of the employee the company physician or duly-accredited physician shall dispense the *starter dose* to him. If the treatment period requires more than one (1) day, the company physician shall issue a prescription which shall be the employee's basis for procuring the medicines.
- 1.4. In the case of the Regional Extension Officer (REO), however, the referrals shall be performed either by the Area Supervisor or, in his unavailability by the concerned RESPO, to the PRO medical Officer, or in his absence, a competent Regional/Municipal Health Officer, or a respectable private physician in the area.

2. Emergency and/or Post-Medical Treatment or Hospital Confinement Cases

- 2.1. An employee who contracts sickness or is injured as to prevent his personal application for hospitalization benefits, any of his dependent/immediate relatives shall immediately and simultaneously notify both his immediate Department Manager, the Administration and Human Resource Department, and/or the Company physician within the next twenty four (24) hours. The Administration and Human Resource Department shall determine the gravity of the case so that procedures for the necessary initial cash advance may be undertaken.
- 2.2. If the employee, by reason of emergency, consults a private physician for examination/treatment, he shall secure from that physician a prescription/certification which must include the diagnosis, the prescribed medicines and dosage. Upon reporting back to work, he shall report immediately to the

company physician for check up/evaluation and present said prescription/certification or validation/notation. Failure to do so may cause the disapproval of his claim for reimbursement.

- 2.3. If the employee uses self-medication and buys over-the-counter medicines treat common sickness, e.g., sever headaches, colds and nasal infections, diarrhea, etc., he may reimburse the cost of these medicines, supported with official receipts on the very first day of return for work.
- 2.4. When an employee incurs illness or injury on weekends and holidays, the above procedures shall likewise be followed.
- 2.5. The hospitalization assistance can be availed upon presentation of hospital bill/statement of account and medical certificate for all covered categories, regardless of the number of times but only up to the allocated amount per calendar year.
- 2.6. Hospitalization benefit is also extended to probationary employees wherein he/she can only reimburse up to 25% of the Med Assist and hospitalization benefits. He/she can only avail the whole amount upon regularization, but the receipt to be presented should be from the day of his/her regularization.
- 2.7. Acknowledgment receipts, sale invoices and provisional receipts will not be considered for reimbursement for hospitalization assistance.
- 2.8. Any unavailed amount of the hospitalization assistance shall be non-commutable.
- 2.9. The employee/BOT member shall be responsible for producing the proper documentation regarding the reimbursement for hospitalization. The amount that can be reimbursed will be the net amount (amount after the deduction of Philhealth benefits) or the actual amount paid by the employee/BOT member.

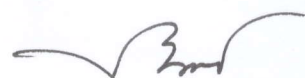
6. MEDICAL ASSISTANCE & HOSPITALIZATION FUND

When funds are needed to be disbursed pursuant with the Medical and Hospitalization Policy the necessary documentations shall be prepared for approval by the President chargeable against the balance of the Medical and Hospitalization Fund. The corresponding check shall be co-signed by the Manager, AHRD and Manager, Treasury Department.

7. EFFECTIVITY

This SOP shall take effect upon approval.

Signed by:



DIR. VICTOR B. BOCO
President

Date : February 2, 2011