

**PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.**  
No. 318-320 Boni Serrano Ave., cor 1<sup>st</sup> & 2<sup>nd</sup> 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;

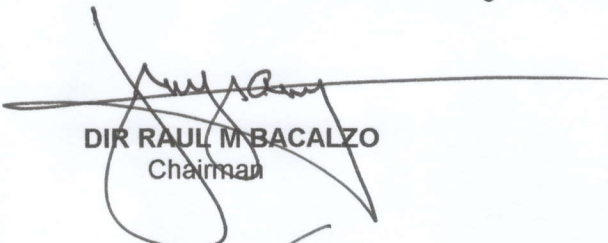
**Whereas**, during the Regular Board meeting held on February 2, 2011, the Board approved the PSMBFI Medical and Hospitalization Assistance Program;

**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 2<sup>nd</sup> 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



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**DIR RIZALDO A TUNGALA JR**  
Treasurer

  
**DIR ROGELIO V QUEJADA**  
Assistant Treasurer

  
**DIR REY L LAÑADA**  
Trustee

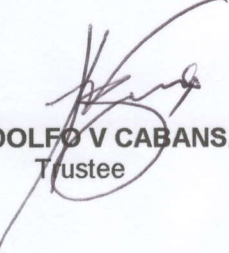
  
**DIR JAIME E MILLA**  
Trustee

  
**DIR TEOFILO S MELLIZA JR**  
Trustee

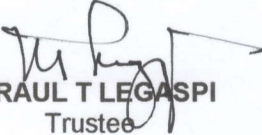
  
**DIR ALEJANDRO T FLORES JR**  
Trustee

  
**DIR CLARENCE V GUINTO**  
Trustee

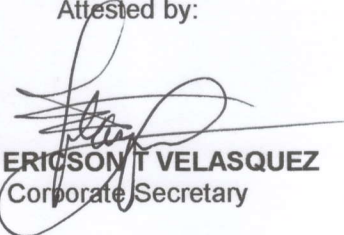
  
**DIR JOEL R GOLTIAO**  
Trustee

  
**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 availment 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