

## *Section VII. Technical Specifications*

### *HEALTH MAINTENANCE ORGANIZATION (HMO)*

Item	Specification	Statement of Compliance (Comply / Not Comply)
<b>A. Membership Eligibility for Principals</b>	1. All regular and co-terminus OSG employees. Married couples who are both employees of OSG shall each be considered as principal members.	
	2. OSG reserves the right to substitute resigned or otherwise terminated employees for newly hired employees, subject to the schedule of premium payments of the provider and availability of funds.	
	3. All principal members (not otherwise terminated) who will be disqualified due to age eligibility within the contract period will not be removed from the program and shall be allowed to use card and avail its benefits until expiry of contract.	
	4. OSG reserves the right to add newly hired regular and co-terminus OSG employees to the HMO Program within the two months period from the inception date, subject to the payment of additional pro-rated premium.	
<b>B. Age Eligibility for Principals</b>	1. 18 years old up to and including 65 years of age subject to Specification A.3. Employees holding co-terminus positions are eligible regardless of age.	
<b>C. Membership Eligibility for Dependents</b>	1. The lawful spouse	
	2. All eligible (legitimate, illegitimate or adopted) children and stepchildren of the principal, from fifteen (15) days old to twenty-one (21) years old if employed, or up to twenty-five (25) years old if unemployed	
	3. Both parents below (66) years old, if the employee is single or a widow/er with no children	
	4. All siblings from fifteen (15) days old to twenty one (21) years old, if the employee is single or a widow/er with no children	

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<b>D. Number of Dependents</b>	1. The number of dependents shall in no way depend on the number of principal members.	
<b>E. Responsibility for dependent's coverage</b>	1. Each principal member is solely responsible for the costs of their dependent's coverage.	
<b>F. Maximum Benefit Limit/Maximum Coverage Benefit for Principal Members</b>	1. ₱100,000.00 per illness per member per year.	
<b>G. Membership Plan/Package</b>	1. Minimum of Private Room (In-Patient)	
<b>H. Upgrade of Membership Plan/Package</b>	1. Principal members may opt to upgrade their membership plan/package (G.1) and maximum benefit limit (F.1). Any additional cost for the upgrade shall be the sole responsibility of the principal member.	
	2. Principal members may opt to enroll and upgrade the membership plan/package (G.1) and maximum benefit limit (F.1) for each of their dependents.	
	3. Principal members may opt to upgrade the membership plan/package and/or maximum benefit limit of their dependents	
<b>I. Philhealth Coverage</b>	The plan pays benefits up to its limits after Philhealth Benefits have been exhausted	
<b>J. Provider Access</b>	1. In good standing with affiliated hospitals and with the following hospitals, medical networks, clinics:	
	1.1) Asian Hospital and Medical Center	
	1.2) Makati Medical Center	
	1.3) St. Luke's Medical Center QC	
	1.4) St. Luke's Medical Center BGC	
	1.5) The New Medical City	
	1.6) Cardinal Santos Medical Center	
	1.7) Manila Doctor's Hospital	