

ORIENTAL ASSURANCE CORPORATION

MEDICAL PLAN

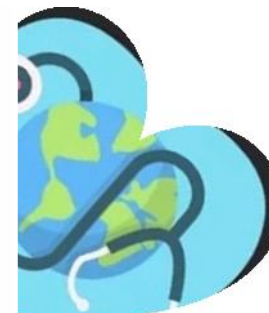
A unique product designed to provide financial assistance for serious illness, surgery, and accidental injury. OAC medical plan provides you with financial strength to cope with complications brought on by serious injury or illness.

Get yourself the best medical treatment possible!

Consider the situation you would be in if you are to contract a serious disease or incur an accidental injury. Could you afford the best medical treatment? Would your savings and investments be sufficient to meet the costs incurred? Would your current medical insurance be able to respond with immediate benefit payments?

These are difficult questions. OAC's medical plan, however, has all the answers. Through a unique combination of personal accident and medical benefits, we can give you the protection and security you deserve.

DHI - OAC Medical Plan will pay you a daily benefit for every day you are hospitalized up to 90 days per confinement.



PROTECT YOURSELF FROM THE RISKS OF LIFE!

With OAC's medical plan, you are protected against the risk of heart attack, stroke, most forms of cancer, kidney failure, coronary artery bypass surgery, major organ transplants, and other complex surgical procedures.

THE PERSONAL ACCIDENT COVERAGE - A HASSLE FREE WAY OF COLLECTING WHAT YOU DESERVE!

- In the event of death or permanent total disability resulting from accidental causes, OAC medical plan pays the full sum insured. For injuries suffered as a result of accidental causes, the medical plan will also reimburse up to 10% of the sum assured to cover the cost of necessary medical treatment.
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FREQUENTLY ASKED QUESTIONS (FAQs)

Q: Do I need a medical examination for application?

A: No. However, we will ask that you fill out a health questionnaire satisfactory to us with regards to your medical history and general current state of health. If it is later discovered that the condition for which a claim is made existed at the time of the application, no claim will be paid.

Q: Will the benefits be paid in addition to any other insurance I may have?

A: Yes. The benefits are payable regardless of any other policy you may have.

Q: How is this medical plan different from other critical illness plans in the market?

A: First, most critical illness or dreaded disease policies ride on ordinary life insurance policies. This means that payment erodes the coverage under the protection. Second, the medical plan covers a broader range of illnesses and diseases while also covering complex surgical procedures and providing daily hospital cash benefits. Last, in addition to the benefits, the medical plan also covers accidental death, permanent total disability, as well as reimbursement for accidental medical expenses.

INDIVIDUAL HEALTHCARE PLAN	LIMIT (PHP)
BENEFITS	
ANNUAL OVERALL LIMIT	500,000
LIFETIME LIMIT	2,500,000
NEWBORN LIMIT	50,000
GEOGRAPHICAL AREA	Philippines Only
SECTION 1 - MEDICAL & HOSPITAL BENEFITS	
1.1 Local Ambulance Services	Full Refund
1.2 Hospital and Medical Costs - Hospital Accommodations in a standard single- bedded room - Intensive Care Unit Accommodation - Overnight Accommodations for parent/guardian - Day-Care Surgery and/or Treatment, including Chemotherapy and Radiation Therapy - Pre-Surgical Consultation and Diagnosis (31 days) before Inpatient/Day-Care Treatment - Post-Hospitalisation Treatment (90 days), including Physiotherapy and Rehabilitation - Inpatient Psychiatric Treatment (30 days)	Full Refund
1.3 Chronic Conditions Cover	50,000
1.4 Nursing at Home, following Hospital Discharge	75,000
SECTION 2 - OUTPATIENT CARE	
2.1 Physicians Fees, and Prescription Drugs	
2.2 Laboratory and X-Ray Fees, Medical Scanning, Imagery Services, and Physiotherapy	25,000
2.3 Durable Medical Equipment (DME), including wheelchairs, traction equipment, canes, crutches, walkers, slings, ventilators, oxygen	
SECTION 3 - ADDITIONAL BENEFITS	
3.1 Hospital Cash Benefit (per night, payable up to 20 nights in the plan year)	1,500
SECTION 4 – COVID 19	
4.1 Death	
4.2 Medical Treatment	25,000

Interested? Let us assist you further by filling out the attached form to get a free quote.



Health Insurance Application Form

ORIENTAL ASSURANCE CORPORATION

Tax Identification No. 000-798-742-000

OAC Bldg., #27 San Miguel Ave., Pasig City, Metro Manila

PERSONAL DETAILS

Name		Sex
Date of Birth		Status
Home Address		
Previous Address (if less than 3 years)		
Work Address		
Telephone (home)		Telephone (work)
Mobile Number		Fax Number
Beneficiary: Primary:	POLICYHOLDER	
Contingent:	Relationship:	

Present Employer				
Address				
Occupation				No. of Years
Full Time	Part Time	Casual	Self Employed	Contract Work

HEALTH DECLARATION

	NO	YES
1. Do you have any impairment in your sight, speech, hearing or your physical condition?		
2. During the past 5 years, have you consulted or been treated or examined by a doctor for any disease or injury for more than 2 weeks or been confined in a hospital for any length of time, had a surgical operation before or participated in any hazardous sports or pursuits?		
3. Have you ever been treated for or been told you have heart trouble, high blood pressure, diabetes, goiter, epilepsy, mental disorders, cancer, tumor, tuberculosis, asthma, pleurisy, peptic ulcer, rheumatism, arthritis, hepatitis (including carrier), AIDS, infection by HIV virus, or any other disease of the blood or vessels, glands, brain, nervous system, rectum, respiratory system, genital-urinary system, stomach, intestines, liver or gall-bladder, bone joints, muscles, eye, ear, nose, throat?		
4. Are you now receiving or contemplating any medical attention, advice, treatment, investigations or taking any medications or have you gained or lost more than 7 lbs. (3 kg's) of your weight in past 6 months?		
5. Have you ever applied for life, health, accident or disability insurance that had been declined, postponed, rated, modified or renewal refused?		
6. Have you ever experienced Covid 19 symptoms in the past 14 days?		
7. Have you ever been tested for Covid 19?		
8. Have you been in close proximity to anyone who has tested positive for Covid 19 within the past 14 days?		
9. Have you been on a commercial flight, or traveled outside the Philippines within the past 14 days?		

If your answer is "YES" to any of the questions above, please give full details, including physician's name and address, hospital name and date of consultation, sickness or impairment in the following space provided. Use separate sheet if necessary, which should be signed and dated by you.

I hereby declare that the statements made by me in this Questionnaire and Proposal are, to the best of my knowledge and belief, complete and true, and I hereby agree that this Questionnaire and Proposal form the basis and are parts of any policy issued in connection with the above policy. I will advise the Insurer of any changes to the information prior to the Policy being issued. I hereby agree that if there be any misrepresentation in the above statement material to the risk, OAC shall have the right to reject and declare such insurance null and void. The insurance will not become effective until the Insurers notify me that they have accepted the Proposal and the first premium have been paid.

Furthermore, I authorize any licensed physician or hospital or any organization that has my medical records or health information to furnish to Oriental Assurance Corporation with information concerning medical history and physical condition.

Applicant's Signature over Printed Name

Date