



ER CARE ALL-IN 100 ADULTS

TERMS AND CONDITIONS

Registration and Availment Process

How to register and use your Insular Health Care health card:

1. Submit the enrollee's full name, birthdate and gender. 1SURE will register the enrollee as a member of Insular Health Care.
2. We will send a personalized card to your nominated address.
3. In time of availment, present your personalized card with a valid government ID at the emergency room.

General exclusions applicable to ER Care All-In 100 Adults

1. Accidents that are secondary to or contracted due to having a degenerative disease such as but not limited to Alzheimer's disease, Amyotrophic lateral sclerosis (ALS), and Parkinson's disease.
2. Conditions secondary to all pregnancy and fertility-related illnesses / treatments.
3. Care by non-accredited Physician and/or in a non-accredited hospital.
4. All dental-related conditions and services.
5. Complications from sterilization of either sex or reversal of such, artificial insemination, sex transformations, and circumcision.
6. Rest cures, custodial, domiciliary, or convalescent care.
7. Complications arising from cosmetic surgery, dental/oral surgery and dermatological procedures for the purpose of beautification, including reconstructive surgery to treat a dysfunctional defect due to a disease or accident.

8. Psychiatric disorders, psychosomatic illnesses, hyperventilation syndrome, stress related conditions, adjustment disorders, alcoholism and its complications or conditions related to substance or drug abuse, addiction, and intoxication.
9. Medical and/or surgical procedures which are not generally accepted as standard treatment by the medical profession like acupuncture.
10. Procurement, lease/rent or use of corrective appliances, artificial aids and durable equipment, and orthopedic prosthesis and implants.
11. Surcharges resulting from additional personal (luxuries/accommodation) request or service including special nursing services.
12. Injuries or illnesses due to military, paramilitary, police service, high risk activities, or suffered under conditions of war.
13. Injuries or illnesses which are self-inflicted, caused by attempt at suicide or incurred as a result of or while participating in a crime or acts involving the violation of law, administrative order or ordinances.
14. Professional sports and high risk sports.
15. Outpatient/Take home medicines.
16. Valvular Heart Disease and/or Rheumatic Heart Disease.
17. All hospital expenses and professional fees incurred by a Member when discharged against medical advise and those subsequent expenses incurred by the said Member for the same condition and its complications after such discharge during the contract period.
18. All hospital charges and professional fees after the day and time hospital discharge have been duly authorized.
19. Professional fees of assistant surgeons.
20. Use of emergency room facilities on non- emergency cases or by reason of conditions/ injuries not falling under the term "Emergency" as defined under this Agreement.
21. Miscellaneous Fees not related in the diagnosis and treatment of a member's condition such as, but not limited to, "nursing fee", waste/biologic hazard disposal fee, management fee, local taxes, and other analogous fees.
22. Medico-legal consultations and confinements.

23. All expenses incurred in the process of organ donation and transplantation as donor or recipient.

To know the complete benefit coverage of ER Care All-In 100 Adults, read Insular Health Care's Health Care Agreement.

Terms and Conditions of Purchase, Registration, Use, Coverage, and Exclusions for ER Care All-In 100 Adults

By purchasing, registering, or using ER Care All-In 100 Adults, I hereby certify that I have read, understood, and agreed to the Insular Health Care's Health Care Agreement and these Terms and Conditions. Should I disagree with the Agreement and these Terms and Conditions prior to registering the product, I can request a refund according to 1SURE Return & Refund Policy.

I certify that the information hereunto and to be given by me, or by an authorized representative on my behalf, is true and correct, and that any material misrepresentation or falsity contained therein shall be construed as an act to defraud Insular Health Care (IHC), and serves as sufficient ground for any and all of the following actions: the rejection and/or cancellation of my application and termination of membership; non-coverage of medical expenditures by IHC at its accredited providers and partners; and collection of receipts from me in case of advance payments for medical expenses already covered by IHC.

I also hereby authorize IHC to question, independently verify, and investigate any and all information that I have declared from any and whatever sources IHC may deem appropriate.

I also agree that receipt of the corresponding membership fees by IHC does not constitute acceptance of my registration until the corresponding registration has been properly processed approved. For ER Care All-In 100 Adults, approval of application is automatically effective ten (10) calendar days from notice of successful registration. I understand that coverage shall also automatically begin, regardless of the status of receipt of notice to the Member advising successful registration and the commencement of coverage. Any incident, illness, or condition that occurs prior to the start date of coverage, even if such incident, illness, or condition persists up to and/or beyond the Effectivity Date, will not be covered.

I also agree to the non-coverage of illnesses as stated in IHC's list of General Exclusions applicable to its health care programs. IHC shall have the final, exclusive decision to determine the scope of coverage for a specific illness or condition based on, but not limited to, registration date, start date of coverage, final diagnosis, evaluation of the case as an emergency, hospital billing, professional fees, and the list of General Exclusions.

Lastly, I agree to the retrieval and processing by IHC of any and all personal medical information drawn or obtained pursuant to its products and services based on my coverage, provided that: (a) such information shall be utilized solely for legitimate and official business purposes of IHC; (b) such information shall not,

at any time, be disclosed or transmitted to non-essential and/or unauthorized personnel or entities; and (c) all reasonable efforts shall be taken to maintain the confidentiality of such information.