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Introduction



Atty. Martin A. Loon President and CEO Cocolife



Franz Joie D. Araque Executive Vice President Cocolife Healthcare



Welcome to COCOLIFE HealthCare!

Your **COCOLIFE Health Access Card**, provides you specific benefits in the availment of medical care from over 40,000 affiliated physicians and healthcare providers and more than 2,000 partner hospitals and clinics nationwide.

Please bring with you your Membership Card at all times. You will need to present it every time you avail of medical services. Please keep this guidebook handy at all times for your reference. We encourage you to read through this and familiarize yourself with the simple procedures.

Good health is a shared responsibility between us. Should you have any query or difficulty in the availment, please do not hesitate to contact us through:

COCOLIFE HEALTHCARE 24-Hour Helpline

Landline	(02) 8396-9000
	(02) 8812-9090
Globe	(0917) 536-0962
Smart	(0908) 894-7763
Sun	(0922) 892-8828
SMS Only	(0917) 622-COCO
	(2626)

You may also visit our website at www.cocolife.com for more updates.

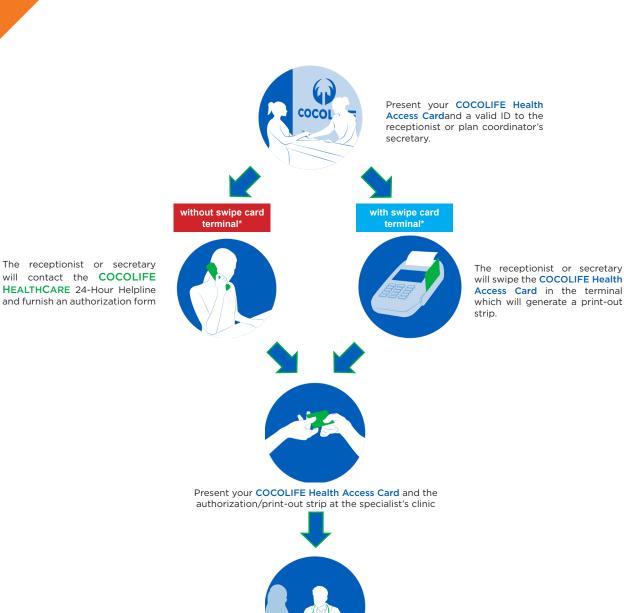
Again, welcome to **COCOLIFE HEALTHCARE** — for your continued good health!

Availment Process for the New Normal

(AVAILMENT PROCESS VIDEO)

Apart from providing the most comprehensive and effective healthcare program, it is our company's desire to ensure that members will have a smooth and hassle-free medical availment. In line with this effort, we have prepared this Availment Guide to supply information on the proper availment process and important reminders that will assist you in availing of your benefits and consultation with doctors.

Consultations or Referrals to Specialists



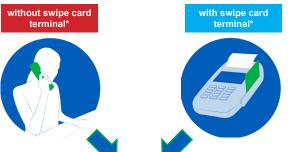
Consultation and Treatment

Diagnostic Procedure

Present your **COCOLIFE Health Access Card** and a valid ID
to the receptionist or plan
coordinator's secretary.



The receptionist or secretary will contact **COCOLIFE HEALTHCARE** 24-Hour Helpline and furnish an authorization form



The receptionist or secretary will swipe the card terminal which will then generate a print-out strip. You will then be given a Diagnostic Request Form (DRF)



Present your **COCOLIFE Health Access Card**, the Diagnostic Request Form, and the print-out strip at the laboratory.



Diagnostic procedure

Emergency Availment



COCOLIFE HEALTHCARE 24-Hour Helpline will be notified about your availment.



The COCOLIFE Health Access Card will be swiped in the terminal.



You will be informed about the approval of your availment.



Treatment and/or admission

In-Patient Availment



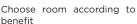
Present your COCOLIFE Health Access Card, a valid ID, and the doctor's admitting orders to the hospital's admitting section



The admitting staff will notify the **COCOLIFE HEALTHCARE 24-Hour** Helpline about your admission

















Pay all expenses that are not covered at the hospital's billing section



NOTES

- Valid IDs may be in the form of the patient's company or school IDs or any IDs issued by the government.
- The approved print-outs are only valid on the date that they are issued. Print-outs for future availments will not be issued even if you have already been scheduled for follow up by your physician.
- For some procedures and diagnostic examinations, the hospital or clinic that you are seeking treatment at may still have to call the COCOLIFE HEALTHCARE 24-Hour Helpline for approval and validation.
- Reasons for non-approval may include but not be limited to expired membership, exceeded maximum limits, assessment by your physician that your condition does not require hospital confinement, or your condition is part of the exclusions.

Philhealth Process

REMINDER

- Your healthcare benefit is integrated with Philhealth.
- Remember to always file for your Philhealth for confinements and other out patient services with Philhealth benefits prior to discharge.
- Filing of Philhealth is also applicable on Out Patient services like chemotherapy, radiotherapy, cataract extraction, hemodialysis and minor surgery done in an operating room complex.

All admitted members must accomplish and bring the following requirements. Seek assistance from your HR in completing the documents. • Philhealth Claim Form 1/CF1 • Philhealth ID

• Philhealth Contribution

Members Data Record

Proceed to the Philhealth or billing section for the evaluation of your requirements.

To check eligibility

• To check Philhealth requirements.

· Hospital with Philhealth portal gives a copy of eligibility status and reason why it's not eligible to use Philhealth.

Remind your attending Physician that they need to sign and fill up the Philhealth Claim Form 2/CF2.

All admitted members must accomplish and bring the following requirements. Seek assistance from your HR in completing the documents. Philhealth Claim Form 1/CF1 Philhealth ID

Philhealth Contribution

Members Data Record

All admitted members must accomplish and bring the following requirements. Seek assistance from your HR in completing the documents.

Philhealth Claim Form 1/CF1

Philhealth ID

Philhealth Contribution

Members Data Record

Telemedicine Process

(TELEMEDICINE PROCESS VIDEO)

Cocolife Healthcare offers telemedicine services from the medical specialists of Victor R. Potenciano Medical Center (VRPMC).

Out-Patient In-Patient Benefits

OUT-PATIENT

Your outpatient benefits include the following:

- Consultations including specialists' evaluations
- Necessary x-ray and laboratory examinations
- First aid treatment of injuries sustained from accidents
- · Minor surgeries

IN-PATIENT

Coverage of your hospitalization will be shouldered by COCOLIFE HEALTHCARE in the event that your physician determines that you need to be confined for proper management of your medical condition. However, please also take note that:

- Before or during your confinement, you will need to secure a
 PhilHealth form from your employer. Complete the required
 information and forward the form to the hospital's billing
 section. Otherwise, you will be required by the hospital to pay
 the PhilHealth portion of your hospital bills before you are
 cleared for discharge.
- Your attending physician will authorize your discharge from the hospital on a specific day once he or she determines that you have already sufficiently recovered from your illness.
- If you incurred additional expenses that are not covered by your program, you will have to settle these directly with the hospital before you are discharged. These may include:
- Room rate differential if you decided to upgrade your room accommodation than what is specified in your plan.
- Incremental charges of at least 20% of the total hospital bills if you were confined in a room with higher classification than what is specified in your plan.
- Charges for non-essential items such as extra tray, extra bed, and the likes.
- Charges for additional stay in the hospital after you have been cleared for discharge by your attending physician.

Emergency Care Benefits

"Emergency" is defined as "a sudden and unexpected onset of an illness or injury that at the time of occurrence reasonably appears to have the potential to cause immediate permanent disability or death, or that requires the immediate relief of severe pain and discomfort." Examples of these are: (a) immediate treatment of wounds or fractures sustained from an accident; (b) massive bleeding; (c) acute appendicitis; (d) acute myocardial infarction; (e) hypertensive cases, and (f) incessant and severe pain.

Given the urgency of the situation, you may seek treatment at a hospital or clinic that may or may not be accredited providers. In accredited hospitals, you only need to follow the availment process.

For emergency consultations and/or admissions in non-accredited hospitals, you will need to do the following:

- Notify COCOLIFE HEALTHCARE of your confinement within 24 hours from admission.
- 2. Before discharge, settle all hospital bills and professional fees.
- 3. Secure the following initial requirements:
 - Filled-up Medical Reimbursement Form
 - Hospital Statement of Account with PhilHealth Deductions
 - · Official Receipt of the hospital bills and doctors' fees
 - · Clinical abstracts or medical certificate by the attending physician
 - Operative and histopathological reports (if any)
 - Police report in cases of accidents or medico legal cases
- 4. Submit the documents above with your request for reimbursement within 30 days from the date you were discharged to:

COCOLIFE HealthCare Division 8th Floor Feliza Building, 108 V.A. Rufino Street Legaspi Village, Makati City

Claims are processed within ten (10) working days. We shall reimburse you 80% of your expenses, but this should not exceed the amount we would have paid to our accredited service provider, or up to an amount stipulated in your Master Policy.

Additional medical information necessary for the proper evaluation of your claim may be required. We shall advise you accordingly.

Reminder:

Please call: 8396-9000 or (0917) 536 0962 / (0922) 892 8828 (0908) 894-7763 to advise us of your confinement.

Computation of Incremental Cost

If you stay within your benefit's Room category and limit during your confinement, your COCOLIFE HEALTHCARE plan will provide coverage up to the maximum benefit limit. However, if you occupy a Room more than what is allowed by your plan, you will be required to shoulder the room difference and incremental costs and directly settle the amount with the hospital before you are discharged. The incremental costs are computed as follows:

A. Room Accommodation	The amount difference between your COCOLIFE HEALTHCARE plan's limit and your actual room rate.		
Example:	Room Benefit	Php 1,000.00 per day	
	Room Occupied	Php 2,000.00 pe	er day
	Difference	Php 1,000.00 per day	
	No. of Days Confined	Four (4) days	
	You Pay (4 x 1,000.00)	Php 4,000.00	
B. Hospital Charges	If you occupied a room with higher category from what is provided by your COCOLIFE HEALTHCARE plan, you shoulder at least 20% of the actual hospital charges per higher room category.		
Example:	Room Benefit	Semi-Private room	
	Room Occupied	Regular Private room	
	Total Hospitalization Charges	Php 6,000.00	
	You Pay: 20% Incremental	Php 1,200.00	
	You Pay (4 x 1,000.00)	Php 4,000.00	
	Note: Percentage may vary depending on the room occupied:		
	Incremental Charge:		
	Ward to:	Semi-Private: Private: Suite:	20% 40% 50%
	Semi-Private to:	Private: Suite:	20% 40%
	Private to:	Suite:	25%
C. Doctor's Fee	Same as hospital charges		

Reminder:

We encourage you to stay within or below your plan's Room Limit so that you will not incur incremental costs.

Rider Benefits

A. ANNUAL PHYSICAL EXAMINATION

As an important part of your health maintenance program, a comprehensive annual physical examination (APE) package is provided. This includes:

- · General physical examination and medical history taking
- General consultation and counseling on health habits, diet and family planning
- Chest x-ray examination
- Urinalysis examination
- Fecalysis e xamination
- Complete blood count examination
- Electrocardiogram (for members above 35 or if indicated)
- Pap smear (for female members above 35 or if indicated)

Please coordinate with your company's HR Department for the scheduling of your annual physical examination.

This will be done by designated APE providers.

B. DENTAL SERVICES

If provided by your **COCOLIFE HEALTHCARE** plan, you can avail of the following services from any of our accredited dental clinics:

- Dental consultations including orthodontic and aesthetic consultations
- Annual simple oral prophylaxis
- Any number of temporary fillings
- Any number of non-surgical tooth extractions
- Recementation of jackets, crowns, inlays, and onlays; minor adjustments of dentures
- Relief of acute dental pain
- Emergency desensitization of hypersensitive teeth
- Care for oral lesions, wounds, and burns

Treatments not covered above or in your Master Policy will be charged to you at special discounted rates.

Financial Assistance (Employees Only)

The following financial assistance benefits are provided by your plan:					
Natural death		Php 10,000.00			
Death due to acci	dent	Php 20,000.00			
Other losses due	to accident	(Refer to your Master Policy)			
To claim, the following initial documents are required:					
In case of death	Death certificate with the Local Civil Registrar Police report (if due to accident) Marriage contract (if beneficiary is the spouse) COCOLIFE Health Access Card of the member Completely filled-up COCOLIFE claim form				
Other losses	Completely filled-up COCOLIFE claim form Police report				

To avail of these benefits, the member or beneficiaries should submit the requirements within 90 days to:

COCOLIFE HealthCare Division 8th Floor Feliza Building, 108 V.A. Rufino Street Legaspi Village, Makati City

Claims are processed within ten (10) working days.

Pre-Existing Medical Conditions

Pre-existing medical conditions are conditions that existed prior to the inception of your coverage with **COCOLIFE HEALTHCARE**. A disease is considered pre-existing if:

- such illness or injury was in any way evident to the insured before the effective date of the insured's coverage; or
- any professional advice or treatment was obtained prior to the effective date of your coverage or the insured's coverage; or
- the illness or injury can be clinically determined to have started prior to the effective date of he insured's coverage; or
- medical conditions disclosed in the application form.

In addition, the following medical conditions are considered pre-existing if they occurred during the first year of coverage: bronchial asthma, pulmonary tuberculosis, chronic obstructive pulmonary disease (COPD), diabetes, thyroid diseases, systemic allergies, hernias, dysfunctional uterine bleeding, chronic EENT conditions, benign or malignant new growths, cardiovascular diseases, stroke/paralysis/epilepsy, hemorrhoids, anal fistula, gastric or duodenal ulcers, liver cirrhosis, kidney diseases, blood dyscrasia, immunologic and collagen diseases, endometriosis, cholecystitis, hallus valgus, and lithiasis.

Personal Lifetime Exclusion

Any pre-existing medical condition which will not be covered shall be indicated in your **COCOLIFE Health Access Card**.

Your Rights and Responsibilities

As a member of **COCOLIFE HEALTHCARE**, you have the RIGHT:

- To receive prompt and appropriate treatment and to remain free from unnecessary or excessive medication.
- To be informed of your medical condition and advised in terms that you understand.
- To participate in decision-making regarding your care. Sufficient information must be provided for you to be able to make an informed decision.
- To refuse treatment and be informed of the medical consequences.
- To have your medical records held strictly confidential, unless disclosure is reasonably necessary.
- To be informed of your plan's benefits and limits during a confinement for you to be able to prepare for a smooth discharge.
- To be treated with respect and with recognition of your right to privacy.

On the other hand, you have the RESPONSIBILITY:

- To understand and be familiarized with your COCOLIFE HEALTHCARE benefits and basic procedures.
- To practice good health habits to avoid illness.
- Keep your COCOLIFE Health Access Card handy and available for presentation to accredited service providers anytime.
- To cooperate with COCOLIFE HEALTHCARE staff and accredited service providers and to provide all needed information.
- To keep all scheduled appointments on time.
- To understand and agree on medical treatments prior to their actual administration.
- To try to be considerate and respectful to all attendants and staff.
- To promptly call the attention of COCOLIFE HEALTHCARE regarding any difficulty you encounter with any service provider.

Exclusions

Unless exceptions to the following general exclusions are made under the Benefits Provisions, this Policy does not cover any loss caused by or resulting from any of the following:

- 1. Intentionally self-inflicted injury, suicide, death, self-destruction, or any attempt thereat while sane or insane.
- Illness, injury, or death attributable to the Insured's own misconduct; gross negligence; excessive or immoderate indulgence to drugs or alcohol; vicious or immoral habits; or participation in the commission of a crime, violation of law or ordinance.
- 3. Unnecessary exposure to needless perils including injuries to use of firecrackers and participation in hazardous sports and activities (including but not limited to aqualung diving, boxing, climbing, flying except air travel, football, hanggliding, hunting, hurling, ice hockey, motor competitions, motorcycling in any form, parachuting, polo, pot-holing, power boating, racing, show jumping, skydiving, use of wood-working machinery, water ski-jumps and tricks, winter sports, wrestling, and yachting beyond 5 kilometers of a coastline).
- 4. War, invasion, act of foreign enemy, hostilities, or warlike operations (whether declared or undeclared), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes that determine the proclamation or maintenance of martial law or state of siege, seizure, quarantine or customs regulations; or nationalization by or under the order of any government or public or local authority; or any weapon or instrument employing atomic fission or radioactive force whether in time of peace or war.
- 5. Services in the Armed Forces of any country or international authority, whether in peace or war; participation in any political, police, investigative, fire fighting, military or paramilitary activity; or any bodily injury or sickness contracted while in the military, naval, or air service.
- 6. Murder or assault, homicide or any attempt thereof; or physical injuries, occasioned by provocation of the Insured.
- 7. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- 8. Mental, nervous or other functional disorders of the mind; congenital anomalies and conditions arising therefrom.
- Treatment of any pre-existing medical conditions subject to the waiting period as described in the Policy.
- 10. Hospitalization primarily for diagnosis, x-ray examinations, therapies, routine physical examinations, check-ups, dialysis, rest cures, or non-surgical care for tuberculosis; custodial, domiciliary, convalescent or intermediate care; long term rehabilitation; and/or treatment for neo-natal and post-natal abnormalities developing within 6 months and their complications.

Exclusions (Continued)

- 11. Any dental work (except if dental benefits are covered in this Policy as indicated in the Schedule of Benefits), treatment or surgery; oral surgery; procedures for treatment of error of refraction; fitting of eye glasses or hearing aids; cosmetic procedures including treatment of warts; and plastic or reconstructive surgery, except when the procedure is needed to repair and alleviate the damage to the Insured due to an accidental bodily injury that is covered under this Policy.
- 12. Treatment involving sophisticated procedures including but not limited to thallium scintigraphy, angiography, dialysis, hyperalimentation, allergy testing, radiotherapy, chemotherapy, brachytherapy, organ transplantation, or open heart surgery; treatments where comparable traditional/conventional modes of treatment exist; and respiratory therapy, speech therapy, physical therapy, occupational therapy, and similar forms of treatments.
- 13. Human blood products; human anti-rabies or anti-tetanus vaccine (excluding first dose); other vaccines; and outpatient benefits such as take home drugs and medicines.
- 14. Any treatment in connection to pregnancy or resulting childbirth, miscarriage or complications therefrom (except if maternity benefits are covered in this Policy as indicated in the Schedule of Benefits); sterilization of either sex or reversal of such, artificial insemination, sex transformation, or care for infertility; treatment of sexually transmitted diseases including Acquired Immune Deficiency Syndrome (AIDS); treatment of cataract, benign prostatic hypertrophy, scoliosis, Guillain-Barré syndrome, chronic glomerulonephritis, spinal stenosis, vitiligo, epilepsy, cardiac valvular or rheumatic heart disease, and chronic dermatoses.
- 15. Any charges where expenses are provided or covered by law or government including PhilHealth; treatment where charges are provided free of charge by any local or national government; or treatment of any communicable disease declared by any government agency or entity as causing a state of emergency in an area.
- 16. Any treatment that is not recommended and performed by a physician; charges not deemed to be medically necessary including non-medical services such as telephone, radio, television, extra bed, extra food, toilet articles, and the like; and charges for private-duty nurses or physicians.
- 17. Purchase or use of durable medical equipment; oxygen dispensing unit except rental for use only while confined;nexpenses for corrective/prosthetic appliances; artificial aids; and surgically-implanted external devices and orthopedic hardware.

Medically Necessary

Medically Necessary means medical services that are:

- Consistent with the diagnosis and customary medical treatment of a condition:
- In accordance with standards of good medical practice;
- Not for the convenience of the insured or physician;
- Performed in the least costly manner required by the medical condition;
- Generally accepted by the medical profession such as, but not limited to the following diagnostic and therapeutic modalities: chelation therapy, iridology, acupuncture, reflexology, herbal medications, holistic approach, cell implant therapy, and ultraviolet and other modes of radiation.

Limitations

- Hospital services are subject to all its rules, regulations, and discretions.
 These include admissions, discharges, availability of facilities and
 personnel, accreditation with the Company, and acknowledgement
 of validity of identification and coverage of an individual. COCOLIFE
 HEALTHCARE shall not be liable for any delay or failure of the hospital
 to provide services in view of these.
- If a patient refuses to follow the treatment or procedure recommended by the COCOLIFE HEALTHCARE Plan Coordinator for personal reasons or religious beliefs, COCOLIFE HEALTHCARE shall no longer be responsible to provide care for the condition under treatment.

Reminders

- · Bring with you at all times your COCOLIFE Membership Card
- File PhilHealth on or before discharge for in-patient confinement and also during outpatient procedures/surgeries
- Stay within your room limit or downgrade to a lower room rate for non-availability of assigned room plan to avoid any excess charges
- For assistance, feel free to call COCOLIFE 24-Hour Helpline.
- In case of emergency, proceed to the nearest Emergency Room for immediate treatment. A police report is required for cases of accidents.
- Make sure that Both the requesting doctor and the hospital/clinic should be accredited with Cocolife.
- For consultations, members must call the Plan Coordinators or the Specialists to confirm their schedules.
- Contact numbers are in the provided List of Accredited Doctors and Hospitals.
- Cocolife Plan Coordinators are all medical specialist. Their responsibility is to initially examine and screen patients. If there is a need for members to be referred to another Specialist, the Plan Coordinator will be the one to do this.
- All availments should be cashless thru DRF/LOA. COCOLIFE have negotiated rates
 with doctors and facilities. Do not agree on a pre-contract when you will have a
 surgery/procedure done with your doctor and only inform Cocolife during discharge.
 No balance billing arrangement with the doctors will be reimbursed
- LOAs'/DRF validity is up to 3 days. You may opt to secure your LOA/DRF for your next visit or follow up if within the validity period.
- We encourage members to notify Cocolife through hour Text Messaging, email for elective/scheduled diagnostic examination, admission, procedures, surgery or laboratory tests to secure prior approval.
- The request from the doctor must be presented for issuance of LOA/DRF. It must contain the procedures and diagnosis.
- Do not forget to file your Philhealth on or before discharge. If a member failed to file his/her Philhealth during the confinement, the cost equivalent shall be on the account of the member. Filing of Philhealth is also applicable on Out Patient services like chemotherapy, radiotherapy, cataract extraction, hemodialysis and minor surgery done in an operating room complex.
- Personal and miscellaneous items which are not directly related to the management of the patient shall be on the account of the member
- Emergency Case Shall mean the sudden and unexpected onset of illness or injury
 which at the time of occurrence reasonably appears to have the potential of causing
 immediate permanent disability or death, which requires the immediate alleviation
 of severe pain and discomfort.

Reminders

(Continuation)

- The hospitals' Emergency Rooms has a triage determined by the medical staff. The ER Staff assigns degrees of urgency and prioritization of patients' treatment based on the severity of their medical condition. You may be the last to be seen even if you arrived first ,if your case is not deemed an emergency, thus you will spend a long time waiting which means more exposure to virus and bacteria.
- Reserve ER visit for emergency cases only. There is usually an ER fee with additional consultation and procedure fees. These fees are higher than the OP rate.
- Non-life threatening cases will not be prioritized and may not be immediately called to Cocolife. You may call us directly for assistance for approval.
- It is very important that you call the Cocolife Helpline within 24 hours in order for our Medical Helpline to arrange a transfer from the Non-Accredited Hospital to the Accredited Hospital whenever feasible.
- MAXIMIZE USE OF COST EFFECTIVE FACILITIES LIKE CLINICS FOR SIMPLE MEDICAL NEEDS. NOT ONLY is it MORE CONVENIENT AND FASTER, IT ALSO ALLOWS YOU TO OPTIMIZE YOUR CARD LIMIT. In general laboratory ,multispecialty clinics are less expensive than hospitals. Big hospitals are more expensive than small hospitals.
- All Consultations and medical availment will be deducted to your benefit limit.
 You never know when you will be admitted or will require surgery thus it is wiser
 to minimize the cost per procedure done so that you will not need to pay excess
 charges beyond your limit and may still have enough left for follow up consultations
 and procedures.
- ALWAYS PARTICIPATE IN YOUR PLAN OF CARE. BE VIGILANT IN RECEIVING INSTRUCTIONS FROM YOUR DOCTOR. ALWAYS ASK IF IN DOUBT.
- OPTIMIZE AVAILABILITY OF RETAINER PHYSICIAN AND PLAN COORDINATORS.
- CHECK ALL HOSPITAL DOCUMENTS BEFORE SIGNING. MAKE SURE THAT all the listed procedures were done.
- PARTICIPATE IN ALL COMPANY SPONSORED WELLNESS ACTIVITIES, PHYSICAL WELLNESS AND SEMINARS/LECTURES. This is to create awareness, prevention and early detection about top illnesses and health hazards confronting members.
- MODIFY YOUR LIFESTYLE. Take good care of yourself to avoid getting sick. Eat nutritious food in the right amount. Be active, exercise. Take adequate sleep and rest. Stop smoking and limit consuming alcoholic drinks.
- AVOID PLACES AND Events THAT WILL PUT YOUR HEALTH AT RISK. AVOID EXPOSING YOURSELF TO INFECTIONS.
- Always wash your hands properly. This will prevent the spread of cough, fever, pneumonia, flu, sore eyes, diarrhea, measles, mumps and other infectious diseases.
- · Cover your mouth and nose when coughing and sneezing
- Avoid eating street food since they may have no sanitary facility to clean their utensils as well as to wash their hands.

Reminders (Continuation)

REMEMBER PREVENTION IS BETTER THAN CURE!

This Guidebook is intended only to provide you a basic understanding of a standard **COCOLIFE HEALTHCARE** plan and general procedures in the availment of services covered by the plan.

This Guidebook explains the general purpose of the insurance described but in no way changes or affects any such policy as actually issued.

In the event of any discrepancy between the above exclusion and those stipulated in the Master Policy, the latter shall prevail.

Please download the latest version to ensure you have the updated copy.

IMPORTANT NOTICE

The Insurance Commission of the Philippines with offices in Manila, Cebu, and Davao, is the government office in charge of the enforcement of all the laws relating to insurance companies operating in the Philippines. It is ready at all times to render assistance in settling any controversy between an insurance company and a policyholder relating to insurance matters.

For any inquiries or complaints, please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70 and email address at publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.



COCOLIFE HEALTHCARE

24-Hour Helpline

Landlines (02) 8396-9000 (02) 8812-9090

Globe (0917) 536-0962

Smart (0908) 894-7763

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