



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

Program Management Office for Corporate Reengineering

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11 July 2003

PhilHealth Circular

No. 24, s-2003

TO : **ALL NHIP MEMBERS, ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES, OFFICERS AND STAFF OF PHILHEALTH CENTRAL OFFICE AND ALL OTHERS CONCERNED**

SUBJECT: **Omnibus Guidelines on Entitlement to NHIP Benefits**

Section 1. Rationale

To ensure the continuous or uninterrupted provision of responsive benefits to all NHIP members without compromising the financial viability of the NHIP fund, the current guidelines on entitlement to benefits are hereby revised in accordance with the pertinent provisions of R.A.7875 and its Implementing Rules and Regulations.

Section 2. Legal Basis

2.1 Section 12 of Republic Act No. 7875 on Entitlement to Benefits provides:

*“A member whose premium contributions for at least three (3) months have been **paid** within the six (6) months prior to the first day of his or his dependents’ availment shall be entitled to the benefits of the Program: *Provided, that such member can show that he contributes thereto with sufficient regularity, as evidenced in their health insurance ID card: and Provided further, that he is not currently subject to legal penalties as provided for in Section 44 of this Act.*”*

The following **need not pay** the monthly contributions to be entitled to the Program’s benefits:

- a) Retirees and pensioners of the SSS and GSIS prior to the effectivity of this Act;
- b) Members who reach the age of retirement as provided for by law and have paid at least one hundred twenty monthly contributions; and
- c) Enrolled indigents

2.2 Sufficient Regularity of Premium Contribution is defined under Section 3-iii of the Revised Implementing Rules and Regulations as “payment of premium contribution of at least nine (9) months within the twelve month period immediately prior to the month of availment” while Offenses and Penalties under Section 44 of RA 7875 are governed by Title VII of its Implementing Rules and Regulations.

The sufficient regularity rule shall be enforced either as a requirement for entitlement to pregnancy-related benefits and other disease-specific benefit packages to be declared as such by the PhilHealth Board or as a requirement in allowing retroactive payment of premium contributions as prescribed in Sections 5, 7 and 8 hereof.

Section 3. Pregnancy-related Benefits

This refers to benefits that may be availed during the course of pregnancy, including Normal Spontaneous Delivery (NSD) Package, Breech Delivery and Caesarian Section.

Section 4. Types of NHIP Members

Based on Section 12 of RA 7875, NHIP members are classified as follows:

4.1 Paying member

4.1.1 Employed member- refers to all government and private sector employees including household helpers and sea-based OFWs who are compulsory members of the NHIP. This also includes all the personnel of Armed Forces of the Philippines (AFP), Philippine National Police (PNP), Bureau of Jail Management and Penology (BJMP) and Bureau of Fire Protection (BFP) who entered the service after the effectivity of RA 8291 (GSIS Act).

4.1.2 Individually-Paying member- refers to a member who is other than an employed, indigent, or a retiree member, who pays the required contribution or whose contribution is being paid by another individual or private entity according to the rules as maybe prescribed by the Corporation. This includes all self-employed, personnel of international organizations based in the Philippines, individuals separated from employment, unemployed persons who are not qualified as indigents, parents who are not qualified as legal dependents, Filipinos who are residing in other countries and citizens of other countries residing and/or working in the Philippines; and

4.1.3 Overseas Filipino Worker (OFW)- refers to a person who is to be engaged, or is engaged or has been engaged in a remunerated activity in a state of which the worker is not a legal resident. The term is to be used interchangeably with Migrant Worker.

4.2 Non-Paying member

4.2.1 Indigent/Sponsored member- refers to a member with no visible means of income or whose income is insufficient for the subsistence of the family, as identified based on specific criteria set by the Corporation; and whose premium contribution is shouldered by the LGU and/or donor and the National Government through PhilHealth.

4.2.2 Retiree/Pensioner- refers to a member who has reached the age of retirement as provided for by law and has paid at least 120 monthly premium contributions. Retirees and Pensioners of the SSS and GSIS prior to the effectivity of this Act, retired underground mine workers and all other NHIP members who are qualified to enroll as retirees/pensioners pursuant to the provisions of PhilHealth Circular No. 33 Series 2001 fall under this category.

Section 5. Rules on the Grant of Entitlement to NHIP Benefits

5.1 General Entitlement to NHIP Benefit Package

Members and/or their dependents shall be entitled to avail of the NHIP Benefit Package if the following eligibility requirements are met:

5.1.1 Paying members

- Employed Sector members - shall be entitled to avail of NHIP benefits subject to the payment of at least three (3) monthly premium contributions within the immediate six (6) months prior to the month of confinement;
- Individually-Paying members - shall be entitled to avail of NHIP benefits subject to the payment of at least three (3) monthly premium contributions within the immediate six (6) months prior to the month of confinement; and
- Overseas Filipino Workers - shall be entitled to avail of NHIP benefits on the date of effectivity stated in the Medicare Eligibility Certificate (MEC) or payment of at least three (3) monthly premium contributions within the immediate six (6) months prior to the month of confinement for those enrolled under the Individually Paying Program, subject to subsequent rules which may be promulgated by the Corporation.

5.1.2 Non-Paying Members

- Indigent/Sponsored members - shall be entitled to avail of NHIP benefits on the date of effectivity stated in the PhilHealth card.

- Retirees/Pensioners- shall be entitled to avail of NHIP benefits upon reaching the age of retirement as provided for by law and payment of at least one hundred twenty (120) monthly premium contributions.

5.2 Entitlement to Pregnancy-Related Benefits

For pregnancy-related benefits, the following rules shall apply:

5.2.1 Paying Members

- Employed Sector members- shall be entitled to avail of pregnancy-related benefits subject to the payment of at least three (3) monthly premium contributions within the immediate six (6) months prior to the month of confinement;
- Individually-Paying members- shall be entitled to avail of pregnancy-related benefits subject to the payment of at least three (3) monthly premium contributions within the immediate six (6) months prior to the month of confinement *and* establishment of sufficient regularity.
- Overseas Filipino Workers - shall be entitled to avail of pregnancy-related benefits on the date of effectivity stated in the Medicare Eligibility Certificate (MEC).

For OFWs who are enrolled under the IPP, payment of at least three (3) monthly premium contributions within the immediate six (6) months prior to the month of confinement *and* establishment of sufficient regularity shall be required.

5.2.2 Non-Paying Members

- Indigent/Sponsored members - shall be entitled to avail of pregnancy-related benefits on the date of effectivity stated in the PhilHealth card.
- Retirees/Pensioners- shall be entitled to avail of pregnancy-related benefits upon reaching the age of retirement as provided for by law and payment of at least one hundred twenty (120) monthly premium contributions.

Section 6. Change in Membership Category

- 6.1 For the purpose of computing the total number of monthly premium contribution for those applying as retiree members, premium payments shall be counted regardless of membership category.
- 6.2 For the purpose of computing the number of qualifying contributions in relation to eligibility rules, the premium payments made by any type of NHIP member

extends to his/her dependents. Hence, a dependent of any NHIP member who has reached the age of majority and immediately enrolls as an IPP member may be conferred with eligibility and/or sufficient regularity of premium contribution ascertained from his/her previous coverage as a dependent.

- 6.3 Any employed member who is terminated from employment or any indigent or OFW member whose membership coverage expires must pay his premium contribution as an IPP member immediately within the calendar quarter of separation/date of card expiry, if such calendar quarter is not fully covered by premium payments, in order to continuously avail of benefits. Otherwise, entitlement to benefits shall be suspended accordingly, subject to the rules on retroactive payment of premium contributions.

Section 7. Rules on Retroactive Payment of Premium Contribution

The Corporation may allow retroactive payment of premium contribution, subject to the following rules:

- 7.1 Any employed member who is terminated from employment or indigent or OFW member whose membership coverage expired and who failed to immediately pay his/her premium as an IPP member shall be allowed to retroactively settle his/her premium contribution. The member shall be given a grace period of one(1) calendar quarter immediately after the unpaid quarterly period to retroactively settle his obligation, without necessarily complying with the sufficient regularity rule.
- 7.2 Pursuant to PhilHealth Circular No. 06 series 2001, an IPP member who has missed/unpaid premium contribution and has established sufficient regularity of premium payment shall be allowed to retroactively pay within one (1) month immediately following the missed period.
- 7.3 Newly-enrolled IPP members whose membership to NHIP cover less than nine (9) months reckoned from the initial date of enrolment may be allowed to pay retroactive premium payments within one (1) month immediately following the missed period, even without fulfilling the requirement of sufficient regularity to be able to avail of NHIP benefits. Their entitlement to pregnancy-related benefits shall, however, be subject to the sufficient regularity rule.

Section 8. Application of Sufficient Regularity to Newly-Enrolled IPP Members

Pursuant to Section 6.2 hereof, a newly-enrolled IPP member previously covered as a dependent for six months or more and who immediately enrolls after reaching the age of majority may qualify for availment of pregnancy-related benefits requiring sufficient regularity of premium contribution on the calendar quarter following his/her enrolment.

Conversely, a newly enrolled IPP member who was not previously covered as a dependent for six months or more shall be subject to the provision of Section 5.2.1 on entitlement to pregnancy-related benefits.

Section 9. Separability Clause

The Corporation may require other rules of entitlement to disease-specific packages/benefits that may henceforth be implemented, subject to prior approval by the PhilHealth Board.

Section 10. Effectivity, Prospective Application of Rules on Entitlement to Pregnancy-Related Benefits and Repealing Clause


This Circular shall take effect immediately.

In view of the quarterly contribution scheme under the Individually Paying Program, however, Section 5.2.1 of these Rules shall be applied prospectively. Hence, an Individually Paying member who enrolls **on or after October 1, 2003** should comply with the rule on sufficient regularity to avail of pregnancy-related benefits, as evidenced by proof of payment of pertinent calendar quarters.

For those **enrolled prior to October 1, 2003**, they shall be entitled to pregnancy-related benefits upon payment of the three months within six months premium contribution prior to the date of confinement until the end of the 2nd calendar quarter of 2004.

By **July 2004**, all IPP members shall be required to comply with the rule on sufficient regularity to avail of pregnancy-related benefits.

All other Orders which are inconsistent with the provisions of this Circular are hereby repealed.


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