TAMANG SAGOT (TS)

Gabay sa Tamang Pag-Unawa sa PhilHealth Circular

TITLE	**COVERAGE OF SELF-PAYING MEMBERS UNDER THE UNIVERSAL HEALTH CARE ACT**
PC NUMBER	**2026-0011**

FOR MEMBERS

1 What is PhilHealth Circular No. 2026-0011 and what is its purpose?

This Circular provides policies and guidelines on the registration, updating of member records, and management of premium contributions of self-paying members of PhilHealth.

Its main objective is to ensure a proper, accurate, and systematic process for contribution payment and member records management.

2 How can self-paying members register with PhilHealth, get assigned to a YAKAP clinic, or update their PhilHealth records?

Self-paying members may register or update their records through any of the following means:

1. Submission of a properly accomplished PhilHealth Member Registration Form (PMRF), Primary Care Selection Form (PCSF) for YAKAP assignment, together with the required supporting documents, at any Local Health Insurance Office (LHIO), PhilHealth Express, or accredited registration partner;
2. Accessing the PhilHealth Member Portal;
3. Using the eGovPH Super App.

3 Who are considered Self-Paying Members?

Self-Paying Members are individuals without a formal employer who have the capacity to pay their own premium contributions. These include professional practitioners, business owners, and other individuals with the ability to pay contributions on their own.

4 What benefits are Self-Paying Members entitled to?

Self-Paying Members are entitled to the same PhilHealth benefits enjoyed by other members, including:

1. **Inpatient Benefits** - coverage for hospital expenses such as room and board, medicines, laboratory tests, and professional fees.
2. **Outpatient Benefits** - coverage for selected laboratory tests, minor surgeries, and day procedures.
3. **Z-Benefits** - coverage for selected catastrophic illnesses with defined case rates.
4. **Primary Care Benefits** - consultations, basic diagnostic tests, and preventive services under the PhilHealth YAKAP.

5 What is a Statement of Premium Account (SPA) and why is it important?

The Statement of Premium Account (SPA) is a document that shows the amount of premium contribution due, payment instructions, and a list of unpaid months, if any. The SPA serves as the official basis for the payment of premium contributions.

6 Where can members obtain their SPA?

The SPA is sent by PhilHealth to the registered email address and/or mobile number of each self-paying member. If the SPA is not received, members may generate one through the PhilHealth Member Portal, the SPA Generator QR Code available at Accredited Collecting Agents (ACAs) and Local Health Insurance Offices (LHIOs), or the official PhilHealth website.

7 Is the SPA required when paying premium contributions?

Yes. Beginning February 1, 2026, the Statement of Premium Account (SPA) is required when paying PhilHealth premium contribution, as provided under the PhilHealth Advisory No. 2026-0016. Pursuant to the PhilHealth Circular, the implementation is being carried out in phases, with the transition period from January 1, 2026 to December 31, 2026, during which the SPA serves as the standard and preferred mechanism for premium billing and payment of self-paying members. Full implementation of the mandatory SPA requirement will take effect on January 1, 2027.

However, this requirement does not apply to members who pay through Accredited Collecting Agents (ACAs) located in Geographically Isolated and Disadvantaged Areas (GIDAs) as identified by the Department of Health (DOH).

8 How much is the required premium contribution for a self-paying member?

The amount indicated in the SPA is the official basis for the correct premium contribution that a self-paying member must pay.

It is therefore important to ensure that all member information in PhilHealth records is accurate and up-to-date including the monthly income.

9 Can members with missed or incomplete contributions still avail of benefits?

Yes. Members with missed or unpaid contributions may still avail of PhilHealth benefits. However, self-paying members are required to pay all missed contributions, including the corresponding interest.

10 What is the interest rate for unpaid contributions?

Pursuant to Section 9 of the Universal Health Care (UHC) Act, unpaid contributions or outstanding balances shall be subject to interest not exceeding one and one-half percent (1.5%) per month, compounded until fully paid.

11 When is the deadline for payment of contributions for self-paying members?

Self-paying members may pay contributions for any number of months at any time during the year. However, the full annual contribution must be paid before the end of the year, or not later than December 31 of the current year.

12 Is there a grace period to avoid penalties or interest?

Yes. All self-paying members are granted a one-month grace period, or until January 31 of the succeeding year, to pay unpaid contributions for the previous year. Contributions paid within this grace period will not be subject to interest or penalties.

13 How will missed contributions for the applicable months prior to January 2026 be handled?

PhilHealth will issue a separate policy providing the guidelines on the handling of missed premium contributions for the applicable months prior to January 2026.

14 What should a self-paying member do if they are not capable to pay contributions?

If a member is not capable to pay contributions, they must be referred for assessment by a Department of Social Welfare and Development (DSWD) social worker, a Local Government Unit (LGU) social worker, a medical social worker, or any licensed social worker.

Members assessed as financially incapable must submit a case study, certificate of indigency or financial incapacity, or similar document issued by a licensed social worker to PhilHealth. They may then be classified as Point of Service – Financially Incapable (POS-FI) or Indirect Contributors – Financially Incapable (FI), as applicable.

15 When will the Statement of Premium Account (SPA) be implemented as a requirement for premium payment?

The mandatory use of the SPA will be implemented in two phases:

- Transition Period (from January 1, 2026 to December 31, 2026) - The SPA shall serve as the standard and preferred mechanism for premium billing and premium payment of self-paying members. During this period, premium payments without a SPA may still be accepted under limited circumstances prescribed by PhilHealth.
- Full implementation (Starting January 1, 2027) - The presentation of a valid SPA shall become mandatory for all premium payment transactions of self-paying members across all payment channels, except for members who are exempted under existing laws. During this period, without a SPA shall no longer be accepted, except during authorized system downtime.

16 Can premium contributions still be paid without a Statement of Premium Account (SPA) during the transition period?

Yes, PhilHealth may accept premium payments without a SPA if:

- The first-time SPA user is experiencing system or record-related issues;
- There is pending verification or updating of income or membership records; or
- SPA-related systems are temporarily unavailable.

CONTACT INFORMATION

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This FAQ is based on PhilHealth Circular No. 2026-0011 Coverage of Self-Paying Members under the Universal Health Care Act. For the latest updates, please visit the PhilHealth website or coordinate with the nearest PhilHealth Regional Office or Local Health Insurance.