

## She's Well Health Care Agreement

This is the Health Care Agreement for the following products. The complete terms and conditions of the benefits under these products are contained in this guide.

She's Well Variant	Age Eligibility	Access
She's Well Lily	18 and below	Hi-Precision, The Medical City, and Keralty clinics
She's Well Violet	19 to 35 years old	
She's Well Iris	36 to 45 years old	
She's Well Rose	46 years old and above	

**She's Well** provides diagnostic packages depending on the current life stage of the member. Persons experiencing chronic conditions, now or in the past, should carefully review the services offered by these products. She's Well does not cover pre-existing conditions and/or chronic conditions. Many persons with pre-existing and/or chronic conditions control and manage their illnesses while leading active lifestyles. If they want to benefit from coverage that provides emergency medical care arising from accidents, viral and bacterial illnesses and the specific conditions mentioned above, they may consider availing of this product for themselves for those contingencies.

Please refer to Section 2 for the details on the coverage and benefits.

### How to use this information

There are several benefits under each health care product and the information contained in this booklet includes full details of them all. To understand the coverage, first identify the product under which the Member is or will be registered, and then read this booklet alongside the personalized Voucher and the Frequently Asked Questions (FAQ). If there is any discrepancy between this Health Care Agreement and FAQ, the Health Care Agreement will prevail.

By reading this booklet, one will understand:

- The accidents and illnesses that are covered by the above-mentioned iCare products
- How to purchase products under the iCare She's Well
- How to register a person under the iCare She's Well
- When is it medically appropriate to seek emergency care
- Where one should go to avail of emergency care
- What to expect at the Emergency Room of a hospital accredited by iCare
- What to do if the medical diagnosis/diagnoses is/are covered
- What to do if the medical diagnosis/diagnoses is/are not covered
- With which medical professional and where to seek non-emergency medical consultation

- How to self-generate a Letter of Authorization for the consultation
- How to ensure that a person is always covered under the iCare She's Well

By registering or using this product, as the Purchaser and/or Member, you certify that you have read, understood and agree to this Health Care Agreement and the Return, Replacement and Refund Policy which can be viewed at <https://shop.icare.com.ph/return-replacement-and-refund-policy>.

If you are not the Purchaser and you did not submit information about yourself, but you subsequently received an email with your Personal Information and Sensitive Personal Information and you confirmed their accuracy and further provided consent to iCare, consistent with Section 4 – Data Privacy in this guidebook, you certify that you have read, understood and agree to this Health Care Agreement, iCare's Privacy Policy and the Return, Replacement and Refund Policy which can be viewed at <https://icare.com.ph/privacy-policy/> and <https://shop.icare.com.ph/return-replacement-and-refund-policy>.

## Section 1 - Purchasing and Registering

The iCare She's Well can be purchased online by visiting <https://shop.icare.com.ph/>. We offer a range of products and services on the shop. One should read and understand each product before selecting it for purchase. Please be mindful of the following:

- The service/s that it offers
- The places where the service/s can be availed
- The medical diagnosis/diagnoses that is/are covered and not covered
- The age requirement, if any
- The gender requirement, if any
- The information about the person to be covered required for registration
- Other limitations of the product

For She's Well, the covered ages are as follows:

iCare Product	Age Eligibility
She's Well Lily	18 and below
She's Well Violet	19 to 35 years old
She's Well Iris	36 to 45 years old
She's Well Rose	46 and above years old

Purchasers who want to seek advice on the medically appropriate health care product for his/her requirements and those of his/her family, may chat with us online, send a private message on Facebook or request for a return call via a Facebook private message.

### **Online Purchase: Purchaser, Buyer's Web-Based Account**

When the Purchaser has made a selection and is ready to check-out, he/she will be asked to open a **free** iCare Buyer's web-based account to proceed. iCare will use the information that the Purchaser has submitted to us through this account to fulfill the purchase; e.g. send an email to confirm the purchase. The Purchaser may also use this account when he/she wants to purchase from the iCare store again. As the Purchaser, he/she will be able to see all of the products he/she has purchased and the status of each. The Purchaser will be able to view the following information:

- If a person has been registered under a specific product
- If the product is expired
- If a person has been registered, the Purchaser will know whether the coverage is inactive or active
- If a product is used

In the process of check-out, the Purchaser has to select the payment method and make the payment. After receipt of payment is confirmed, iCare will send the Purchaser an email to confirm the purchase. The email will contain the product serial code that one needs to be able to register the person to be covered by the product.

The Purchaser can be registered under a product by registering himself/herself under a specific product. The Purchase is not covered under any product unless he/she has registered under it.

### **Online Registration of the Person to be Covered: Becoming a Member, Activation Period, Start Date of Coverage, Coverage Period, and Free-look Period**

Registering is the process by which one identifies and submits the details of the person to be covered by the iCare product. This person who will be covered shall be called the iCare 'Member'. Without a successful registration, no coverage can be provided by the iCare product to a Member. The Purchaser or the prospective Member must register the prospective Member under the purchased product as soon as possible so that the registration process can begin. iCare will send confirmation of the successful registration and details thereof to the Member. There is a maximum of 90 calendar days from purchase date to register the person; after which, a person can no longer be registered under the product. She's Well will be forfeited, and the payment will not be refunded.

If the Purchaser registers himself/herself or his/her child below 18 years old, he/she will receive the Product Voucher through the email address provided. If the Purchaser submits data of another adult, an email will be sent to that person through which he/she will confirm and provide his/her consent to submit the data to iCare. After he/she has given his/her consent, the Product Voucher will be sent to his/her provided email address.

Please see below for the **activation period** applicable to each product. Activation period refers to the number of calendar days from the date of successful registration to the start date of coverage. Activation period applies to everyone and cannot be waived for anyone. Activation period starts from the day after successful registration; after it ends, coverage begins.

Please see below the **coverage period** applicable to each product. The coverage period is defined by a start date and an end date and within this period, as long as the product has been successfully registered and is not terminated prematurely (see below Section 3 on 'Availment'), the product is available for use by the registered Member, subject to the terms of coverage. The start date or effectivity date signifies the beginning of the coverage period.

Product	Registration Period	Activation Period	Coverage Period	
			Start Date	End Date
She's Well	Within 90 calendar days from purchase date	10 calendar days	12:01am of Day 1 of the coverage period	11:59pm of Day 365 of the ensuing year or upon availment of all benefits, whichever comes first

Please see below a sample illustration of registration, activation period and coverage period. Once we have confirmed that a person has been successfully registered, coverage will automatically begin according to the activation period applicable to the product registered. iCare may send further notice that the coverage has begun.

Sample Product Registration Timeline	Sample Date for Illustration Purposes Only
Day 0 is the day of successful registration	31st of March
Days 1-10 are the activation period	1st to 10th of April
Day 11 is the start date of coverage	11th of April

Product Coverage Timeline	
Day 1	12:01am, 11 April
Day 365	11:59pm, 10 April of the following year

iCare shall provide a "free-look" period during which the person who has successfully registered under any product may return or cancel the contract, if he/she disagrees with the contract conditions after receiving it, such as the presence of pre-existing conditions and exclusions after reading and evaluating the contract, or if he/she changes his/her mind in buying the product. The amount paid

shall be returned in full to the Purchaser. For She's Well, the free-look period shall be fifteen (15) days from the start of coverage date.

The product's free-look feature is no longer applicable at the end of the indicated period or if the Member has already availed of any of the product's benefits, even if the request for return or cancellation falls under the free-look period.

### **Product Voucher**

Once successfully registered under a product, the Member will receive confirmation via email. The declared legal guardian of the registered children (anyone below 18 years old) will also receive the confirmation email. This email contains the important details concerning the coverage. It also includes the Product Voucher needed to be presented at the clinics of our accredited doctors and dentists for consultations, or to accredited hospitals to be able to seek emergency medical care. The Product Voucher also contains the Member ID which has to be given to the telemedicine provider to allow them to validate the telemedicine privilege, if applicable.

The email confirmation summarizes the benefits under the specific product registered. The Product Voucher contains the product name, the Member's complete name, the iCare Member ID and the start and end dates of coverage. It is recommended that the Product Voucher be printed and a copy be kept in an accessible place, like one's wallet. The Product Voucher, personalized with the Member's details, together with a valid government-issued ID will have to be presented. If the covered person is a child without a school ID, the responsible adult accompanying him/her should present their government-issued ID.

### **Product Coverage Period and Termination Schedule**

Once successfully registered, and after the activation period, the product coverage period begins. For She's Well, the product coverage period is 12 months or until availed, whichever comes first. Please see below the termination schedule of the iCare products:

<b>Product</b>	<b>Termination Schedule</b>
<i>This schedule applies to any variant of the products listed above</i>	
If She's Well is availed during the coverage period	**Coverage terminates upon successful availment of the member
If She's Well is not availed during the coverage period	11:59pm on Day 365 from the start date of coverage.
<b>**Successful Availment for She's Well is described as (one-time) use of diagnostic package and exhaustion of all medical consultation benefits.</b>	

iCare may send further notice to the Member that the coverage has been terminated. In any case, Members are urged to record and monitor the end date of their coverage so that they can purchase and register it again, on time and their coverage will be without interruption.

### Repeat Purchase of She's Well Coverage

Members can always stay covered with these iCare products. Simply visit <https://shop.icare.com.ph/> and log in to the account previously created to avoid having to input the buyer details again. Select and purchase the products and make the payment. As soon as the Purchaser has received the email from us confirming the purchase, register the person to be covered according to the Schedule below.

For She's Well, the member can register again at any time, after repeat purchase of the product. For concerns or queries relating to registration, please feel free to chat with us or send us an email or private message.

### Invalidation of Agreement

Failure to disclose or misrepresent any material information by the Purchaser in the registration or medical examination, whether intentional or unintentional, shall automatically invalidate this Agreement from the very beginning, and liability of iCare shall be limited to the return of all payments less cost of previous services rendered or amount already refunded plus administration fee.

### Section 2 - Benefits, Inclusions and Exclusions

One benefit of a Filipino citizen is universal PhilHealth coverage under Republic Act No. 7875, as amended. Its Implementing Rules and Regulations are available at [https://www.philhealth.gov.ph/about\\_us/IRR\\_NHIAct\\_2013.pdf](https://www.philhealth.gov.ph/about_us/IRR_NHIAct_2013.pdf). It cannot be emphasized enough that it is to one's greatest benefit to ensure that he/she is covered by PhilHealth and that he/she makes regular contributions, as necessary, to be able to complement one's HMO coverage.

These are the services and benefits that one can avail under She's Well. Please read carefully how one's PhilHealth coverage may help in covering the Member's medical expenses.

She's Well	
First, identify the product under which the Member has been registered. She's Well is a product designed to cater to various life stages of women. Its variants are based on age: <ul style="list-style-type: none"><li>• Lily - ages 18 and below</li><li>• Violet - ages 19 to 35</li><li>• Iris - ages 36 to 45</li><li>• Rose - ages 46 and above</li></ul>	
What are the benefits of She's Well?	Carefully note under which She's Well product the Member is registered as each of them has different benefits. Each variant

		<p>consists of a set of diagnostic procedures and medical consultations to specialists appropriate to a woman’s life stage. Some of the procedures are included in all variants and there are some specific to certain variants.</p> <p>Please see below the details on the benefits of the different products under She’s Well.</p>	
<b>Diagnostic Procedures/Examination</b>			
<b>Variant name</b>		<b>LILY</b>	
<b>Benefit Type</b>		OP - Diagnostic and Laboratory Tests (cost-plus)	
<b>Access</b>		Hi-Precision, The Medical City, Keralty clinics	
<b>Examination included</b>			
<b>Basic 4</b>	History and PE	✓	
	CXR	✓	
	CBC	✓	
	Urinalysis	✓	
Blood Typing		✓	
Ultrasound (Ob-Sono) PELVIC		✓	
<b>Consultation</b>		Pre	✓
		Post	✓
		1-year telemedicine	✓
		Age limit	1 to 18 years old
		Usage	Single use
<b>Emergency and hospitalization care due to accidents</b>		Access	Nationwide access including Top 6 hospitals
		Pre-existing conditions	X

	Benefit limit	P20,000
	Benefit inclusion	
	Doctor’s professional fee	✓
	Laboratory and diagnostic procedures	✓
	Room accommodation	Ward room
	Medicines as medically necessary	✓
	Surgery and surgeon’s fees when medically necessary	✓
	Use of operating room, recovery room, and ICU	✓
	Special modalities of treatment as medically required in emergency room care and confinement, and subject to Php 5,000 standard limit.	✓
<b>Activation period</b> (Waiting period from registration to activation)	10 calendar days	
<b>Variant name</b>	<b>VIOLET</b>	
<b>Benefit Type</b>	OP - Diagnostic and Laboratory Tests (cost-plus)	
<b>Access</b>	Hi-Precision, The Medical City, Keralty clinics	
<b>Examination included</b>		
<b>Basic 4</b>	History and PE	✓



	CXR	✓	
	CBC	✓	
	Urinalysis	✓	
Blood Typing		✓	
Ultrasound (Ob-Sono)	TVS/ Trans- rec	✓	
Ultra-sound	Breast	✓	
Pap Auto		✓	
<b>Consultations</b>		Pre	✓
		Post	✓
		1-year telemedicine	✓
<b>Emergency and hospitalization care due to accidents</b>		Age limit	36 to 45 years old
		Usage	Single use
		Access	Nationwide access including Top 6 hospitals
		Pre-existing conditions	X
		Benefit limit	P20,000
		<b>Benefit inclusion</b>	
		Doctor's professional fee	✓
		Laboratory and diagnostic procedures	✓
		Room accommodation	Ward

	Medicines as medically necessary	✓
	Surgery and surgeon’s fees when medically necessary	✓
	Use of operating room, recovery room, and ICU	✓
	Special modalities of treatment as medically required in emergency room care and confinement, and subject to Php 5,000 standard limit.	✓
<b>Activation period</b> (Waiting period from registration to activation)	10 calendar days	
<b>Variant name</b>	<b>IRIS</b>	
<b>Benefit Type</b>	OP - Diagnostic and Laboratory Tests (cost-plus)	
<b>Access</b>	Hi-Precision, The Medical City, Keralty clinics	
<b>Examination included</b>		
<b>Basic 4</b>	History and PE	✓
	CXR	✓
	CBC	✓
	Urinalysis	✓
Blood Typing		✓

Fecal Occult Blood		✓
HbA1C		✓
TSH		✓
CA125		✓
ECG		✓
Ultrasound (Ob-Sono)	TVS/ Trans- rec	✓
Ultra-sound	Breast	✓
Pap Auto		✓
Breast Mammogram		✓
<b>Consultations</b>	Pre	✓
	Post	✓
	1-year telemedicine	✓
<b>Emergency and hospitalization care due to accidents</b>	Age limit	36 to 45 years old
	Usage	Single use
	Access	Nationwide access including Top 6 hospitals
	Pre-existing conditions	X
	Benefit limit	P20,000

		<b>Benefit inclusion</b>	
		Doctor’s professional fee	✓
		Laboratory and diagnostic procedures	✓
		Room accommodation	Ward
		Medicines as medically necessary	✓
		Surgery and surgeon’s fees when medically necessary	✓
		Use of operating room, recovery room, and ICU	✓
		Special modalities of treatment as medically required in emergency room care and confinement, and subject to Php 5,000 standard limit.	✓
<b>Activation period</b> (Waiting period from registration to activation)		10 calendar days	
<b>Variant name</b>		<b>ROSE</b>	
<b>Benefit Type</b>		OP - Diagnostic and Laboratory Tests (cost-plus)	
<b>Access</b>		Hi-Precision, The Medical City, Keralty clinics	
<b>Examination included</b>			
<b>Basic 4</b>	History and PE	✓	

	CXR	✓	
	CBC	✓	
	Urinalysis	✓	
Blood Typing		✓	
<b>Comprehensive Metabolic Panel</b>		Glucose	✓
		Calcium	✓
		Albumin	✓
		Total Protein	✓
		Sodium	✓
		Potassium	✓
		Chloride	✓
		Bicarbonate	✓
		BUN	✓
		Creatinine	✓
		Alkaline Phosphatase	✓
		SGPT	✓
		SGOT	✓
		Bilirubin	✓
		Total Cholesterol	✓
		HDL	✓

		LDL	✓
		Triglycerides	✓
HbA1C		✓	
TSH		✓	
CA125		✓	
ECG		✓	
Ultrasound (Ob-Sono)	TVS/ Trans- rec	✓	
Ultra-sound	Breast	✓	
Pap Auto		✓	
Breast Mammogram		✓	
<b>Consultations</b>		Pre	✓
		Post	✓
		1-year telemedicine	✓
<b>Emergency and hospitalization care due to accidents</b>		Age limit	46 to 70 years old
		Usage	Single use
		Access	Nationwide access including Top 6 hospitals
		Pre-existing conditions	X

	Benefit limit	P20,000
	<b>Benefit inclusion</b>	
	Doctor's professional fee	✓
	Laboratory and diagnostic procedures	✓
	Room accommodation	Ward
	Medicines as medically necessary	✓
	Surgery and surgeon's fees when medically necessary	✓
	Use of operating room, recovery room, and ICU	✓
	Special modalities of treatment as medically required in emergency room care and confinement, and subject to Php 5,000 standard limit.	✓
<b>Activation period</b> (Waiting period from registration to activation)	10 calendar days	

<b>Coverage for Accidents only</b>		
<i>What are the emergency care benefits of She's Well?</i>	Outpatient or inpatient emergency care	Ward Room with Php 20,000 Benefit Limit
<i>When is it medically necessary to seek emergency care and</i>	Seek emergency care when needed. For more life-saving information, visit	

<p><i>When is it covered by the She's Well?</i></p>	<p><a href="https://icare.com.ph/2019/05/15/need-medical-attention-where-to-go/">https://icare.com.ph/2019/05/15/need-medical-attention-where-to-go/</a>.</p> <p>Only emergency care is covered by She's Well. Non-emergency care is not covered so it is important that the Member only seeks emergency care at the hospital when it is a valid emergency. For example, a 7-year-year-old child with cough and colds should be brought to the pediatrician during clinic hours rather than to the emergency room.</p>
<p><i>What does Emergency Care mean?</i></p>	<p>For clarity, 'emergency' means the sudden, unexpected onset of illness or injury having the potential of causing immediate disability or death or requiring the immediate alleviation of severe pain and discomfort.</p> <p>The key qualifiers here are that illness or injury must be life-threatening and/or has the potential to cause immediate disability if no medical care is provided, or there is pain and discomfort that one is not able to tolerate.</p> <p>It is the doctor who will determine if the Member's case qualifies as a medical emergency. For emphasis, if the case is evaluated by the doctor as a non-medical emergency, She's Well will not provide coverage.</p>
<p><i>What is an accident?</i></p>	<p>She's Well covers emergency medical care to individuals involved in an accident.</p> <p>In the case of 'accident', it means a visible, external, sudden and violent event that causes damage to the health of a person. This visible, external, sudden and violent event is the result of a physical or natural cause that was entirely out of the control of the person.</p> <p>Though accidents are unexpected, we can take measures to avoid them. Accidents occur in our homes, offices, roads and just about anywhere - let's all apply common sense and be more mindful to avoid accidents wherever we may be so that we can all be safer.</p> <p>In case of accidents that require emergency medical care, the Member should present himself/herself at the emergency room of the hospital as soon as possible. The Member must be in the emergency room within 24 hours so that injuries resulting from accidents requiring emergency are coverable by She's Well.</p> <p>Below</p>



	<p>are descriptions of common accidents requiring emergency care at the hospital. These examples do not preclude the Member from seeking emergency care if the Member believes that he/she needs the immediate attention of a medical professional.</p> <ul style="list-style-type: none"> <li>• Vehicular accidents on the road either as a driver, passenger, pedestrian or bystander where there are visible wounds, and/or the Member has experienced shock</li> <li>• When a child slips and his/her body makes contact with an object or another person that causes injury, like an arm fracture</li> <li>• When the Member accidentally cuts off his/her finger while working in the kitchen</li> </ul>
<i>Benefit Limit</i>	<p>The maximum amount of services that can be availed by the Member as a benefit corresponds to the Benefit Limit (BL) of She's Well under which the Member is registered. The same limit applies to the Member's journey whether it starts in the Emergency Room or with a doctor's visit and whether the Member is directly discharged from the emergency room or continues into a hospital confinement. The basis of the limit applies to the single incidence of the diagnosis rather than from where it started and the medical treatment that follows to make the Member better.</p> <p>She's Well includes coverage for the emergency room and when admitted, the coverable hospital charges while the Member is confined. If the Member consults with an accredited doctor and is advised to be admitted, the benefit limit will be used to settle the coverable hospital charges while confined.</p>
<i>Coverable Hospital Charges</i>	<p>At the emergency room, the Member's benefits will cover the hospital's fees for the emergency room, professional fees of accredited doctors who attend to the Member in the emergency room, hospital services and supplies that the doctors say that the Member needs to recover and be discharged.</p> <p>Hospital services and supplies include general nursing care and the drugs and medicines, and supplies prescribed with therapeutic effect while in the emergency room. Notwithstanding, sub-limits on specific services relating to specific tests are applied. These can be viewed at <a href="https://shop.icare.com.ph/product-faqs">https://shop.icare.com.ph/product-faqs</a>. In addition, in the case of animal bites, only the first dose of anti-rabies/anti-venom/anti-tetanus, up to a maximum of Php20,000 or plan limit, whichever is less will be covered.</p>

<i>PhilHealth Coverage</i>	<p>For certain outpatient procedures done in the emergency room, based on its own rules, PhilHealth will provide coverage in PhilHealth accredited hospitals. If the Member's case qualifies, the Member must submit the necessary PhilHealth- mandated documents to be able to claim the benefit. If the Member is not yet a PhilHealth member or is unable to complete the document requirements because the Member's contributions are not sufficient and/or updated, the Member will have to shoulder the portion that PhilHealth would have covered.</p> <p>The Member's total hospital bill will be reduced by PhilHealth's coverage. If there are any discounts, like Senior Citizen or PWD discount that will be applied, it will be deducted after PhilHealth's coverage.</p> <p>iCare will cover the coverable charges in the hospital bill, net of the PhilHealth coverage and other discounts. If the total coverable charges, net of PhilHealth and discounts, are less than or equal to the available benefit limit, She's Well will cover the whole amount. In case the net coverable hospital charges are greater than the Member's available benefit limit, the Member will shoulder 100% of the excess.</p>
<b>Inpatient Care in Accredited Hospitals</b>	
<i>Benefit Limit</i>	<p>The maximum amount of services that the Member can avail as a benefit corresponds to the Benefit Limit (BL) of She's Well under which the Member is registered. The same limit applies to the Member's journey whether it starts in the Emergency Room or with a doctor's visit and whether the Member is directly discharged from the emergency room or continues into hospital confinement. The basis of the limit applies to the single incidence of the diagnosis rather than from where it started and the medical treatment that follows to make the Member better.</p>
<i>Hospital Room Amenities</i>	<p>For She's Well, the Member is assigned to a Ward room. The room amenities that are included as standard in the specific hospital where the Member is admitted forms part of the room and board; as such, it does not cost the Member. Amenities not part of the standard that are requested will be for the account of the Member. Please note that room amenities differ by room type and by hospital and iCare has no influence over the room amenities that are specified by each hospital.</p>

<p><i>Importance of Room Type Selection</i></p>	<p>Hospitals practice socialized pricing; the higher the room type, all hospital products and services and even professional fees, also increase in cost. This is why selecting a room type is important.</p> <p>If the Member expects that the hospital charges will be significant, and/or the Member wants to avoid paying any coverable charges in excess of the benefit limit of She's Well under which the Member is registered, one way to maximize the benefit limit is to avoid moving to a higher room type. iCare will help ensure that the Member will continue to receive the highest standard of medical care in the hospital regardless of the room type. Please note that in certain instances, particularly infectious cases, the doctor may require a private room. This has been particularly observed for children.</p>
<p><i>No Hospital Rooms Available and Staying Beyond Discharge</i></p>	<p>If the doctor has admitted the Member for inpatient emergency care, and there is no Ward room available, the Member can still be admitted into a room type higher than that of the Member's product room.</p> <p>In case of a choice of multiple room types, iCare will select the lowest room type option available to better manage the Member's benefit limit. If there is no choice in room type, the Member will be admitted into the next available room type (from lowest to highest). Refer to <i>Importance of Room Type Selection</i> for more insight on why room selection is important.</p> <p>iCare will cover the first 24 hours of the Member's admission from the room rate and all the therapeutic treatment received. If a Ward room becomes available within the first 24 hours or immediately after the first 24 hours, iCare will help arrange for the Member's transfer. The Member will not shoulder any charges for the room or coverable hospital charges in this scenario.</p> <p>All incremental costs incurred after the first twenty-four (24) hours shall be for the personal account of the Member except when the Affiliated Hospital issues a certification of non-availability of the Member's Room and Board Accommodation.</p> <p>For the Member's own reasons, he/she can choose to stay confined in the hospital after he/she has been discharged by the accredited doctor. However, the Member will be responsible for all hospital charges and professional fees starting from the time of the discharge order. In this scenario, it is certain that the Member will have out-of-pocket expenses to settle</p>
<p><i>Coverable Hospital Charges and Special Modalities of Treatment</i></p>	<p>Aside from the Member's room and board, the Member's benefits will cover the professional fees of accredited doctors and hospital services and supplies that the doctors say that the Member needs to recover and be discharged, subject to the Member's plan limits.</p>

	<p>Hospital services and supplies include general nursing care and the drugs and medicines prescribed with therapeutic effect. The Member's benefits will also cover the services and supplies related to the surgery the Member may need, and confinement in the Intensive Care Unit. Notwithstanding, the sub-limits on specific services relating to specific tests and procedures collectively called "special modalities" will be applied. These can be viewed at <a href="https://shop.icare.com.ph/product-faqs">https://shop.icare.com.ph/product-faqs</a>. In addition, in the case of animal bites, iCare will only cover the first dose of anti-rabies/anti-venom/anti-tetanus, up to a maximum of Php20,000, or plan limit, whichever is less.</p> <p>In one hospital stay, there will be tens to hundreds of items that will be used to help the Member recover. The guiding rule is that the Member's benefits will cover those that are prescribed by an accredited doctor with therapeutic effect relative to the diagnosis/diagnoses that is covered by She's Well under which the Member is registered. Services and supplies that are not medically necessary in the Member's medical management are not covered; examples of these are blood donor screening services, additional meal trays for the Member's companion or a TV unit if it was not a standard amenity of the room selected.</p>
--	---

<b>Emergency Care in Non-Accredited Hospitals</b>	
<i>Covered Benefits</i>	<p>Health emergencies require immediate action, and it is often best addressed at the nearest health care provider. In case of medical emergencies where there are available accredited hospitals in the area, but the Member was provided emergency care treatment in a Non-Accredited Hospital, iCare will only cover up to 100% of the usual customary and reasonable fees which an iCare accredited hospital would charge for such</p>

	<p>treatment or the Benefit Limit of She's Well whichever is less, provided that the condition is covered under She's Well.</p> <p>After the emergency treatment has been administered and the Member still requires further care under confinement, the Member or a representative must notify iCare within a period of twenty-four (24) hours from admission. However, in case the Member or the representative is unable to inform iCare, due to one's medical condition, the notification period shall be extended for another twenty- four (24) hours from the time the Member or the representative is clinically able to do so.</p> <p>iCare reserves the right to transfer the Member to an accredited hospital and to an accredited physician when it is medically safe to do so upon recommendation of the attending physician.</p> <p>If transfer is not possible, the Member shall settle all expenses incurred at the non- accredited hospital prior to discharge. The Member is required to submit the accomplished Claims Reimbursement Form and original copies of the requirements to iCare to process the reimbursement of claim.</p>
<b>Emergency Care in Areas outside the Philippines</b>	
<i>Covered Benefits</i>	<p>She's Well only covers emergency and accidental medical cases in the Philippines. No health care service or reimbursement shall be provided by iCare under these plans for medical emergencies outside the Philippines.</p>

### **Section 3 - Important Information on How to Avail of the Benefits**

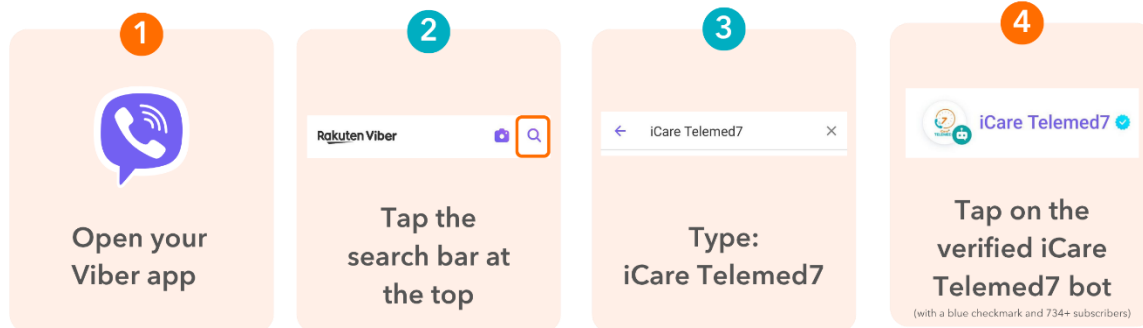
#### **Availment of Medical Services: Online Letter of Authorization, Diagnostic Procedure Benefits**

The Member will need to have generated a Letter of Authorization to seek face-to-face medical consultation. This is also the process if the Member seeks to avail the diagnostic examination package of She's Well. Please prepare the Product Voucher which contains the iCare Member ID. The Member ID will be needed to generate the Letter of Authorization.

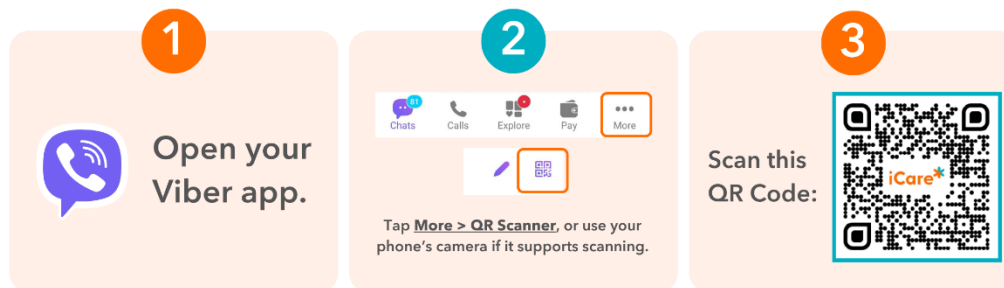
## Telemedicine/remote consultation through iCare Telemed7

You can access the iCare Telemed7 chatbot on Viber in three easy ways:

### Option 1: Search for it on Viber:



### Option 2: Scan the QR Code:



### Option 3: Click the Link

You may also access it directly using this link: <https://tinyurl.com/iCareT7chatbot>

This will open the iCare Telemed7 chatbot in your Viber app.

Availment of Emergency Medical Care for Accidents: Police Report, Notarized Affidavit  
Accidents at home are most unfortunate. For those accidents that result in injuries that require emergency attention at the hospital, the Member can avail of medical care through She's Well.

iCare will require a notarized affidavit from the Member for home accidents and accidents involving the Member. iCare will need this document at the point that the hospital bill is being settled, regardless of if the Member was treated at the emergency room only or admitted.

People are also exposed to the risk of motor vehicle accidents, as a bystander, pedestrian, passenger or driver. In unfortunate situations where the Member is involved in a motor vehicle accident in any capacity, due to the acts or omissions of another person, iCare will require a police report. iCare will need this document at the point that the hospital bill is being settled, regardless of if the Member was treated at the emergency room only or admitted.

The purpose of the affidavit and police report is to determine if the Member acted in his/her own best interest in protecting himself/herself from harm. For example, the Member needs to have been wearing a helmet or seatbelt if he/she were riding a motorcycle or vehicle, respectively, at the time of the accident. The Member also should not have been intoxicated or under the influence of illegal drugs while involved in an accident. Or the Member should not have been driving against traffic in a one-way street when the Member collided with another vehicle. In these situations, when it has been found out that the Member did not act in accordance with the law and other prescribed rules and regulations, the She' product cannot respond to the Member's need for emergency medical care.

## **Availment of Emergency Medical Services: Telemedicine, ER at Accredited Hospitals, Letter of Authorization**

A medical professional will be able to determine if the Member needs emergency medical care. Please visit <https://icare.com.ph/2019/05/15/need-medical-attention-where-to-go/> to know when it is medically necessary to seek emergency care and why the Member should avoid the emergency room for non-emergency situations.

She's Well has a 24/7 telemedicine consultation.

Emergency or not, the Member can avail themselves of a telemedicine consultation about any health concern within the coverage period. And when the Member thinks that she needs emergency care, it becomes even more important that the Member seeks telemedicine consultation before going to the emergency room. It is to the Member's best advantage to do a telemedicine consult before going to the emergency room because the Member will receive a lot of useful and practical information from the doctor that will help the Member make a better-informed decision whether or not to proceed to the emergency room.

- Be properly advised if it is medically necessary to seek emergency care
- Assistance in calling for an ambulance
- Receive first aid instructions on the Member's way to the hospital
- Be advised on the nearest accredited hospital
- The doctor can brief the destination hospital on the Member's pending arrival with the details of the medical case
- If the case does not require emergency care, the Member can proceed to a telemedicine consultation, receive a prescription for medicines or diagnostic procedures and even a treatment plan – there is no additional cost to the Member for these services
- For post-diagnostic test, the Member can share her results with the doctor and proceed with a consultation.

At the emergency room, if the doctor determines that the Member's case is non-emergency in nature and/or the diagnosis is not coverable under She's Well, the Member will shoulder all the hospital charges.

Also, it is the medical professionals who will attend to the Member who will provide the medical diagnosis of his/her case. They may be able to diagnose the Member within a short period of time or it may take longer, depending on the factors affecting the case. It is not common but it can also happen that they may provide a diagnosis in the beginning and eventually change it as the Member's condition develops. In the end, it is the final medical diagnosis that will be used to determine if it is covered by She's Well under which the Member is registered.

To facilitate the Member's medical care and based on an initial diagnosis, iCare may already issue a Letter of Authorization (LoA) to the hospital on the Member's behalf, corresponding to the She's Well benefit under which the Member is registered. In case the initial medical diagnosis changes to one that is not covered under She's Well under which the Member is registered, the Member will be advised at the soonest possible time that the LoA will be withdrawn from the hospital and that the Member will have to make his/her own arrangements with the hospital. She's Well will also be reinstated as if it was not used so that it will still be available for future medical availment. She's Well is considered availed when iCare issues a LoA to the hospital. The LoA may be in an amount less than or equal to the maximum amount of benefits of She's Well under which the Member is registered. Please refer to the table below on how the LoA works to address the coverable charges in the hospital bill. Note that non-coverable charges in the hospital bill are for the Member's account.

When the coverable charges in the hospital bill is less than the maximum amount of benefits	<ul style="list-style-type: none"> <li>• The LoA will act as the guarantee of iCare to the hospital that the coverable charges will be settled by it.</li> <li>• The difference between the maximum amount of benefits and the lower amount of coverable charges will <b>not</b> be given to the Member, in cash or in kind.</li> <li>• Non-coverable charges should be directly settled by the Member with the hospital.</li> </ul>
When the coverable charges in the hospital bill is equal to the maximum amount of benefits	<ul style="list-style-type: none"> <li>• The LoA will act as the guarantee of iCare to the hospital that the coverable charges will be settled by it.</li> <li>• Non-coverable charges should be directly settled by the Member with the hospital.</li> </ul>
When the coverable charges in the hospital bill is greater than the maximum amount of benefits	<ul style="list-style-type: none"> <li>• The LoA will act as the guarantee of iCare to the hospital that the coverable charges will be settled by it.</li> <li>• The difference between the maximum amount of benefits and the higher amount of coverable charges should be directly settled by the Member with the hospital.</li> <li>• Non-coverable charges should be directly settled by the Member with the hospital.</li> </ul>

### **Availment of Emergency Medical Services: ER at Non-Accredited Hospitals**

iCare cannot issue a LOA as a guarantee to the hospital for Emergency Medical Services provided outside its network of accredited hospitals, which means the Member must directly settle all charges corresponding to the medical care provided to him/her by the Non-Accredited Hospital. A claim for reimbursement must be filed and received by iCare within sixty (60) days from the date of availment. The request must be submitted using the prescribed Claims Reimbursement Form, which can be accessed via <https://icare.com.ph/stepsforms/> and the required documents detailed on the said form. No reimbursement shall be made to the Member unless the original documents are submitted by the Member or a representative or if the Member has already been fully indemnified or reimbursed of medical bills or costs incurred under any other health care coverage or insurance policy or any other similar contracts or agreements. Failure to present the required documents within the filing period shall not invalidate nor reduce any claims if it was not reasonably possible to give proof within such time.

The processing period shall be thirty (30) days upon receipt of all necessary documents required by iCare. In case an additional requirement is needed, the thirty-day (30) period shall be reckoned against the date when the additional requirement is submitted.

All benefits that pertain to the Member will be paid by check to the Member. For dependents, payment in another manner may be done if iCare considers it more practicable. In case of death, benefits due but remaining unpaid shall be given to the first surviving class of the following classes of successive preference of beneficiaries: (a) widow or widower; (b) surviving children; (c) surviving parents; (d) surviving brothers and sisters; and (e) executors or administrators.



## **Request for reconsideration for reimbursement claims**

If a claim for reimbursement is denied, or the Member is not satisfied/agreeable to the reimbursement paid by iCare, a written request for reconsideration must be filed with the iCare Head Office not later than ten (10) days from receipt of such denial or questioned reimbursement. Otherwise, the claim shall be deemed satisfied or terminated. The request for reconsideration shall contain all the reasons upon which reconsideration is sought and shall be decided upon by the authorized personnel of iCare, whose decision shall be final. iCare reserves the right to deny Claims for Reimbursement if the procedures and requirements have not been strictly complied with.

## **Section 4 - Data Privacy**

For purposes of properly administering its services, iCare shall collect, record, organize, store, update or modify, retrieve, consult, use, and in some restricted instances, consolidate, block, erase, disclose (collectively, "process") personal information (name, address, sex and contact information) and sensitive personal information (age, bank information, medical history, results of medical examinations, diagnosis, abstracts, treatments, utilization, records and information, medication, and other information relevant or connected with one's HMO coverage from, or of one's diagnosis, treatment or availment of health care services through iCare).

By buying our product and/or availing our services and providing one's personal and sensitive personal information, the Purchaser and/or Member, as the case may be, is specifically:

1. Consenting to making one's personal and sensitive personal information available to iCare, its affiliates, related entities and partner/ accredited hospitals, clinics, and wellness centers (including their officers, employees, service providers, subcontractors as well as members of their medical staff, house staff, doctors, nurses, allied health care personnel and other clinical staff - "iCare Related Entities"), and permitting iCare and iCare Related Entities to make one's personal and sensitive personal information available to (i) third parties who provide products and services to iCare for the purposes described above; and (ii) regulatory authorities and government agencies. Provided, that the sharing of personal and sensitive personal information to iCare Related Entities shall be subject to (i) the principles of *transparency, legitimate purpose, proportionality and data quality* and to (ii) appropriate data privacy agreements and the implementation of organizational, physical, technical, administrative, procedural and security measures that are similar or greater than that being observed by iCare.
2. Authorizing their doctor and/or the hospital, clinic or wellness center that have provided the Member treatment to release any information and related documents (including a summary thereof derived from laboratory services and medical consultations) to iCare or its authorized representatives for the evaluation of the Member's
3. Consenting to the processing of the Purchaser and/or the Member's, as the case may be, personal and sensitive personal information as provided under applicable laws, regulations, and iCare's Privacy Policy, as stated in its website (<https://icare.com.ph/privacy-policy/>)
4. Acknowledging that the personal and sensitive personal information that the Purchase and/or Member, as the case may be, has provided will be retained by iCare and iCare Related Entities as prescribed by law, or as long as necessary for the purpose of maintaining one's medical records and to comply with applicable laws, rules and regulations. The Purchaser and/or Member, as the case may be, has been made aware that he/she and his/her next of kin, dependent or legal representative are entitled to certain rights in relation to the personal and sensitive personal information that may be collected from them, including the right to access, correction, and to object to the processing of the same. They have been made aware that a

more detailed description of their rights under **Republic Act 10173** or the **Data Privacy Act of 2012** and its Implementing Rules and Regulations may be accessed and downloaded at [www.privacy.gov.ph](http://www.privacy.gov.ph). They have likewise been made aware that should they have any privacy concern regarding their personal data, they may consult iCare's Data Protection Officer at [dataprivacy@icare.com.ph](mailto:dataprivacy@icare.com.ph) or Tel: **8813-0131 loc 8505**, or the National Privacy Commission at [www.privacy.gov.ph](http://www.privacy.gov.ph).

5. They understand that the consent they are giving is in addition to any other consent that they may have already given iCare and iCare Related Entities regarding the processing of their personal and sensitive personal information (e.g. in relation to their HMO coverage/ avilment, examination, diagnosis, treatment or procedure). They also understand that the consent they have given shall remain in full force for a period of one (1) year unless revoked in writing except to the extent that action has already been taken based
6. Confirming that they understand the foregoing and that they are voluntarily giving their consent to the processing of their personal and sensitive personal information under the terms and conditions provided
7. If they registered another person, like a child or an adult under their authority like a specially- abled sibling, they certify that the data are accurate and that they have the legal authority to submit personal information and sensitive personal information about them to iCare On their behalf, they authorize iCare to process their personal information and sensitive personal information for the same above purposes.

## **Section 5 - Resolution of Issues**

iCare is committed to work with our Members to stay healthy and recover from any illness. iCare will handle the avilment of the Member's benefits in accordance with accepted Philippine medical standards and in cooperation with the Member and its medical partners. If the Member believes that iCare was not able to correctly and accurately handle the request for avilment of benefits, please let us know so that we can review our procedures and correct them accordingly. Please feel free to communicate with us through phone, email or a private message on Facebook. We urge our members to use any of these methods of communication to preserve your privacy. In case the issue shall remain unacted or unresolved, you may request for settlement of dispute under Section 7 hereof.

## **Section 6 - Keeping in Touch**

We want to stay in touch with members. Please do add our email address to your directory to avoid our emails from being classified as spam. Through email, through notices posted repeatedly on our website and social media accounts, we will communicate any information pertinent to the iCare products you have purchased. Please do update us of any change in your email address and other contact information so that you do not miss out on any important notices. Please find below a list of the notices we may send through email and possibly through SMS.

- Confirmation of your purchase
- Confirmation of your successful registration
- Confirmation of your avilment
- Confirmation of your product's termination
- Notification of your product's upcoming expiry
- Changes in the Health Care Agreement

In any case, you may opt-out from receiving notices from us by unsubscribing from our mailing list.

## **Section 7 - General Provisions (IC CL 2017-19) Entire Agreement**

This Agreement, the application form, the product voucher, rider clauses or warranties and/or any stipulation or endorsement attached or posted to this Agreement or application form and the FAQs, shall constitute the entire contract between and the Member. All statements and information contained in the Member's Application Form shall be deemed representations and warranties made by the Member himself/herself for purposes of applying the provisions of this Agreement. Any change to this Agreement must be approved by an authorized officer of and such approval must be endorsed or attached to this Agreement. Unless applied for by the Member, no such alteration or endorsement shall affect any Agreement issued prior to the alteration or Endorsement without the written consent of the Member. The written consent shall be taken as his agreement to the contents of such alteration or Endorsement.

### **Excess Charges**

Any avilment that is not covered but is advanced by iCare shall be charged to the Member and the Member shall be liable to pay such advances. These shall include, but not limited to, the following:

1. Benefit avilment of lapsed or cancelled Members even if approved by iCare
2. Hospital bills and professional fees that are in excess of iCare rates
3. Amount in excess of the MBL and other inner limitations
4. Availment that is not intended to be covered by iCare, such as exclusions, fraudulent availments, uncoverable items, telephone calls, additional beds,

### **Non-Transferability**

The Member may not assign any of its rights or delegate any of its obligations under this Agreement without the prior written consent of iCare nor may iCare assign any of its rights or delegate any of its obligations to another without the written notice to the Member. Any purported assignment or delegation in violation of this Agreement shall be null and void.

For the avoidance of doubt, nothing herein precludes the Purchaser from giving the product to any other eligible person provided that the product has not yet been registered.

### **Authority to Examine Medical Records**

You, as Member, hereby represent and warrant that, at the time of the effectivity of this Agreement and effectivity of coverage of each Member and his/her dependents, you have obtained from the Member and/or his/her dependents the required consent authorizing iCare and any of its authorized representatives to: (a) obtain, examine and process the Member's personal information, including the medical records of his/her hospitalization, consultation, treatment or any other medical advice in connection with the benefit/ claim availed under this Agreement, and (b) disclose such information to the Member and/or his/her representatives.

It is hereby agreed that it is the sole responsibility of the Member to obtain from the Members the consent herein specified and that iCare shall have all the right to rely on the representation by the Member that this consent shall have been duly and timely obtained. The Member shall hold iCare free and harmless from and against any and all suits or claims, actions, or proceedings, damages, costs and expenses, including attorney's fees, which may be filed, charged or adjudged against iCare or any of its directors, stockholders, officers, employees, agents, or representatives in connection with or arising from the use by iCare of the Member's medical records and other personal information pursuant to this Agreement and disclosure of such information to the Member and its representatives pursuant to iCare's reliance on the Member's representation and warranty that iCare has the authority to examine, use or disclose, as the case may be, said medical records or personal information.

## **Confidentiality**

Members and/or Dependents, agents or representatives, shall not use or reproduce, directly or indirectly any Confidential Information for the benefit of any person, or disclose to anyone such Confidential Information without the written authorization of iCare, whether during or after the term of this Agreement, for as long as such information retains the characteristics of Confidential Information.

“Confidential Information” means any data or information, that is proprietary to iCare and not generally known to the public, whether in tangible or intangible form, whenever and however disclosed, including, without limitation, (i) personal information, treatments or operations undergone by its Members, (ii) trade secrets, confidential or secret formulae, special medical equipment and procedures, (iii) medical utilization reports, directly or indirectly useful in any aspect of the business of iCare, (iv) any vendor names, Member and supplier lists, (v) marketing strategies, plans, financial information, or projections, operations, sales estimates, business plans and performance results relating to the past, present or future business activities of iCare, (vi) all intellectual or other proprietary information or material of iCare; (vii) all forms of Confidential Information including, but not limited to, loose notes, diaries, memoranda, drawings, photographs, electronic storage and computer print outs; (viii) any other information that should reasonably be recognized as Confidential Information of iCare. All information which the Member acquires or becomes acquainted with during the period of this Agreement, whether developed by iCare or by others, which such Member has a reasonable basis to believe to be Confidential Information, or which is treated, designated and/or identified by iCare as being Confidential Information, shall be presumed to be Confidential Information. Confidential Information need not be novel, unique, patentable, copyrightable or constitute a trade secret in order to be designated Confidential Information.

## **Future Taxes, Levies and Government Imposition**

If during the effectivity of this Agreement, the fees and benefits are made subject to new taxes, levies or fees, or such law, regulation or its equivalent resulted to changes in the formula or manner of computing taxes thereby resulting in additional obligations on the part of iCare, any additional amount due shall automatically be charged to the Member in addition to the fees stated therein. Future taxes, levies or fees referred herein are only those that affect the quoting of Membership Fees (ex. 12% VAT), other future taxes, levies or government impositions that do not affect the quoting of Membership fees are therefore excluded.

## **Governing Law**

This Agreement shall be governed by and construed in accordance with the laws of the Republic of the Philippines.

## **Arbitration**

Any difference arising between the Member and iCare shall be referred to an arbitrator to be appointed by the parties to the dispute. If the parties are unable to agree on a single arbitrator, two (2) arbitrators shall be appointed (one by each party). In the event of further disagreement, the arbitrators shall select an umpire. If the difference between the parties requires medical knowledge

(including any question regarding the appropriate maximum indemnity for any medical service or an operation not listed in the schedule of surgical fees) the arbitrators at the discretion of iCare may be a registered medical practitioner and the umpire in such an instance, shall be a consultant Specialist, Surgeon, or Physician. Determination of an award shall be a Condition Precedent to Any Liability or right of action against iCare.

### **Separability**

If any term or provision of this Agreement is declared invalid, illegal or unenforceable under Philippine laws, such invalidity, illegality or unenforceability shall not affect or render unenforceable any other term or provision of this Agreement.

### **Notices**

All notices, demands and other communications required or permitted hereunder shall be made in writing and sent to the Member, as the case may be, at the address indicated in the Conforme Letter.

### **Right of Subrogation**

The coverage under this Agreement is extended to cover injuries of the Member caused by third party(ies) whether liability is determinable or not as in cases of vehicular accidents and other similar instances or related incidents including but not limited to all the claims, losses, damages which may be recovered by the Member or which may have been paid to or due him as a result of the illness or disability which have been paid by pursuant to the Terms and Conditions of the Agreement and that the Member will subrogate his/her rights of recovery from any other party to and will undertake to assist in the successful recovery of the losses.

### **Civil Code, Article 1250 - Waiver**

The provisions of Article 1250 of the Civil Code of the Republic of the Philippines (Republic Act No. 386) which reads, "In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of establishment of the obligation shall be the basis of payment," shall not apply in determining the extent of liability under the provisions of this Agreement.

### **Clerical Error**

Clerical error in keeping the records, shall not invalidate coverage, which is otherwise validly in force, nor continue coverage, which is otherwise validly terminated.

### **Legal Proceedings**

No action at law or in equity shall be brought to recover on the Agreement prior to the expiration of sixty

1. days after proof of claim has been filed in accordance with the requirements of the Agreement or after two (2) years from the expiration of the time within which proof of claim is required by the

## Settlement of Disputes

In case of dispute or disagreement arising out of or related to this Agreement which cannot be settled mutually by Parties through available manner of resolutions (e.g. mediation), the Parties hereby agree that any suit, action or proceeding shall be strictly and most exclusively filed at and resolved in the proper Courts of Makati City, to the exclusion of all other courts in accordance with the laws of the Republic of the Philippines

## Important Notice

The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to Health Maintenance Organization (HMO), and has supervision over HMOs. It is ready at all times to assist the general public in matters pertaining to HMO, pre-need and insurance. 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 +63(2) 8 523 8461 and email address publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.

## Return, Replacement and Refund Policy

(<https://shop.icare.com.ph/return-replacement-and-refund-policy>)

This Return, Replacement and Refund Policy is created to explain the return procedure of iCare prepaid healthcare products and to provide refund process for said returned products.

**GENERAL GUIDELINES** This policy applies to iCare She's Well. This policy allows the return of the product and refund of fees in accordance with the **free-look provision**.

1. The refund will always be paid in Philippine Pesos. The refund will be based on the actual amount received by us and all refunds will be processed and paid out in the same manner that it was paid to iCare. That is, if the product was purchased with a credit card, the refund will be credited to the credit card with the same card number. iCare reserves the right to require documentation and proof that will prevent the fraudulent return of the
2. The return of the product must be requested within the free-look period, as follows:

Product	Free-Look Period
She's Well	Within fifteen (15) days from the start of the coverage date

3. The product's free-look feature is no longer applicable at the end of the indicated period or if the member already availed of any of the product's benefits, even if the request for return or cancellation falls under the free-look

## **PROCEDURE**

### **Return**

1. The Purchaser must send an email to [support@icare.com.ph](mailto:support@icare.com.ph) to request for the return of a product. The request must include the following information and documentation:
  - Complete Name of the Purchaser
  - Contact number, email address and mailing address of the Purchaser
  - The reason for the return
  - Request for a replacement product and/or refund
  - Proof of purchase which may include the confirmation email sent by iCare
  - Photocopy of two (2) valid government-issued ID of the Purchaser
2. If iCare issued an Official Receipt, the image of the Receipt must also be presented. In the event iCare agrees to the return of a product, said Receipt must be returned to it prior to the implementation of the replacement or
3. iCare shall acknowledge the receipt of the request for a return of the product through
4. iCare shall conduct an evaluation and within two (2) working days of receipt of the complete request for a return of the product, iCare shall advise the customer on the decision of the request for the return of the product. Detailed computation and instructions on the return, replacement and refund will also be

### **Replacement and Refund**

1. If the Purchaser wants a replacement product, iCare shall offset the amount due from the product being returned against the cost of the replacement
2. If the replacement product's price is higher than the product being returned, the difference will be settled by the Purchaser before iCare issues the replacement product to him/her.
3. If the Purchaser wants a refund, please allow 20 working days to prepare the
4. The refund will be based on the actual amount paid and all refunds will be processed and paid out in the same manner that it was paid to iCare. That is, if the product was purchased with a credit card, the refund will be credited to the credit card with the same card number. iCare reserves the right to require documentation and proof that will prevent the fraudulent return of the
5. If payment was by means other than by credit or debit card, refund shall be given in the form of a company check paid to the Purchaser and sent via courier to the Purchaser's mailing address. iCare shall not issue any refunds in cash, regardless of the
6. Notwithstanding Item 2 under the Return Procedure, if an Official Receipt was issued, the check will be paid to the same name as shown on the receipt.