



Group Short-Term Emergency Care

Frequently Asked Questions (FAQs)

1. What are the features of Group Short-Term Emergency Care?

The **Group Short-Term Emergency Care (GSTEC)** provides coverage for emergency case treatments. If availed within the Sun Life Grepa accredited hospitals, there is no need for cashout if the aggregate incurred covered expenses is within the maximum coverage limit.

2. What are the advantages of GSTEC?

- **It is convenient:** No cash out if the benefit is availed within Sun Life Grepa accredited hospitals.
- **Flexible:** Complements any existing health or hospitalization coverage. Reimbursement process, subject to pre-agreed rates, for availments in both accredited and non-accredited hospitals of Sun Life Grepa.
- **Dependable:** Multiple claims allowed within the coverage period up to the maximum benefit limit.
- **Affordable:** Annual premium exclusive for SBF Members.

3. What constitutes an emergency case in this product?

Emergency refers to:

- A life-threatening or accidental injury.
- A sudden and unexpected onset of a condition or illness that reasonably appears to have the potential to:
 - Cause immediate disability or death, or
 - Require immediate action to alleviate severe pain or discomfort

In these situations, SBF Member needs urgent medical care. We understand that an SBF Member seeks this care:

- Immediately when an emergency occurs, or
- As soon as medical care can be made available.

4. Who is eligible to enroll in GSTEC?

All SBF Members who are:

- a. currently hold or have previously held a loan with SB Finance;
- b. 18 to 64 years old; and
- c. in good health and Actively-At-Work.



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5. What does Actively-At-Work mean?

Actively-At-Work means the individual is actively performing the normal chores of life.

6. What are the available GSTEC products for SBF Members?

We have two options for SBF Members.

Option 1. Group Short-Term Emergency Care (Emergency Room Coverage Only)

Pays the charges when an insured individual comes to the hospital's emergency room for emergency case treatment, up to the maximum benefit limit. Any and all charges incurred after order for admission has been given will no longer be payable.

Option 2. Group Short-Term Emergency Care (Emergency Room Coverage with Confinement)

Pays the charges when an insured individual comes to a hospital for emergency case treatment, including those that may eventually lead to hospital confinement, up to the maximum benefit limit.

7. What are the coverages under GSTEC?

a. Room and Board

Pays for the charges for the number of days (maximum of 31 days) the insured individual is confined for the treatment of an emergency case, subject to maximum benefit limit as defined below (see item no. 9). This benefit is available only for **Option 2**.

b. Special Hospital Services

Pays for the charges made by the hospital for the treatment of an emergency case and include the following:

- Laboratory tests, x-rays and similar necessary diagnostic services while in the emergency room only (for Option 1) or while in the emergency room and during hospital confinement (for Option 2);
- Drug, medicines and other medications prescribed and taken while in the emergency room only (for Option 1) or while in the emergency room and during hospital confinement (for Option 2);
- Whole blood and human blood products transfusions and intravenous fluids, including blood screening and cross matching;
- Oxygen and its administration;



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- Anesthesia and its administration;
- Dressing, types of casts (plaster of paris) and sutures;
- Admission Kit & ID tag (for Option 2 only);
- Registration/Admission Fee (for Option 2 only);
- Use of operating rooms/theatre & recovery;
- Indicated use of ICU, CCU, and other special units;
- Emergency room fees;
- Allergy Testing/Screening (up to Php 2,500 per year); and
- Casting Materials (up to Php 5,000 per year).

Diagnostic Procedures

Pays for the charges made by the hospital for the following diagnostic procedures for the treatment of an emergency case:

- | | |
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| • 24- Hour Holter Monitoring; | • Magnetic Resonance Imaging (MRI); |
| • 2D Echo with Doppler; | • Mammography (Breast Cancer) and Sonomammography; |
| • Adrenocortical Function (e.g. Primary Aldosteronism, Cushing's Disease); | • Myelogram; |
| • Anti-Nuclear antibody (ANA), C-reactive protein (Rheumatic and its complications); | • Neuroscan; |
| • Lupus cell exam; | • Orthopedic Arthroscopy; |
| • Bone Densitometry Scan (Dexascan); | • Plasma Urinary Cortisol, Plasma Aldosterone; |
| • CT scan; | • Pulmonary Perfusion Scan; |
| • Electrocardiogram (ECG); | • Sleep Study; |
| • Electromyography/Nerve Conduction Studies; | • Stereotactic Brain Biopsy; |
| • Fluorescein Angiogram; | • Thallium Scintigraphy; |
| • Genetic Immunologic Studies; | • Treadmill Stress test; and |
| | • X-Ray (Conventional/Digital). |

c. Surgical Benefits

d. Anesthesiologist's Fee

e. Physician's Visit

f. Specialist's Fee

NOTE: The benefits indicated herein are just product highlights and are subject to the terms, definitions and exclusions indicated in the policy contract. In case of discrepancy, the provisions of the policy contract will prevail.



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8. What are the benefit amounts that can be availed of?

Here are the benefit amounts that are available for SBF Members.

Option 1. Group Short-Term Emergency Care (Emergency Room Coverage Only)		
Schedule of Benefits	Benefit A	Benefit B
Maximum Benefit Limit (MBL)	50,000	10,000
Special Hospital Services	As Charged	As Charged
Surgical Benefits		
Anesthesiologist's Fee, 50% of Surgical Benefits		
Physician's Visit per day		
Specialist's Fee per day		
Option 2. Group Short-Term Emergency Care (Emergency Room Coverage with Confinement)		
Schedule of Benefits	Benefit A	Benefit B
Maximum Benefit Limit (MBL)	50,000	10,000
Room and Board per day, max of 31 days	2,500	1,000
Special Hospital Services	As Charged	As Charged
Surgical Benefits		
Anesthesiologist's Fee, 50% of Surgical Benefits		
Physician's Visit per day max of 31 days		
Specialist's Fee per day max of 7 days		

9. What is meant by Maximum Benefit Limit (MBL)?

The **Maximum Benefit Limit** means the highest amount of benefit available to the insured individual within the coverage period under the policy.

10. Are pre-existing conditions covered by GSTEC?

Pre-existing conditions are excluded from both Option 1 and Option 2.

Pre-existing condition refers to injury or sickness which existed or was existing, or where the insured individual had knowledge, signs or symptoms of the injury or sickness, or where medical advice or treatment or any laboratory test or investigation showed the presence of the injury or sickness, within two (2) years prior to the effective date or date of last reinstatement of the insured individual's benefit, whichever is later.

11. How long is the coverage term of GSTEC?

One (1) Year.



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12. Is there a waiting period before an insured individual can claim under the GSTEC?

Yes. Seven (7) calendar days from coverage effective date.

13. Is there a Cooling Off Period?

Yes. An insured individual has the right to examine and cancel the proof of cover within a period of fifteen (15) calendar days from receipt of the proof of cover. The proof of cover is considered to have been read by the insured individual three (3) calendar days after it has been sent to the insured individual, whether via email or SMS.

Note that cancellation of the coverage can only be made provided that there is still no claim made yet on your account. Cancellation request can be made through SB Finance Customer Service hotline at **XX XXXX**.

14. How can the premium be paid?

The premium can be paid to SB Finance Official Bank Account:

- Bank Name: **[Insert Bank Name]**
- Account Name: SB Finance, Inc.
- Account Number: **[Insert Account Number]**
- Premium Amount: **PHPXXX [depending on your chosen benefit]**

15. Where can the SBF Member check the status of his enrollment and verify if he can already avail of the benefits?

The SBF Member may contact the following:

SB Finance's Customer Service Hotline at (02) 8887-9188 from 8:30am to 5:30pm Mondays to Fridays.

Email Address: zuki@sbfinance.com.ph.

16. When will the coverage start?

The coverage starts upon successful payment of premium but subject to the waiting period (see item no. 12).

The Proof of Cover is to be sent to the email address of the insured individual. Additionally, a network card will be sent to the billing address within 30 working days upon receipt of the enrollment file from SB Finance on the 10th day of the current month covering previous month's



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transactions. The member may present this card at the hospital to avail of the benefit, and If network card is still unavailable and member needs to avail of the benefit (see item no. 18).

17. When will the coverage end?

The coverage will end at the earliest of any of the following:

- The date the policy terminates;
- The end of the coverage period; or
- The end of the coverage period following insured individual's attainment of age 65; or
- The day the maximum benefit limit is used up

18. How to avail of the benefits?

The insured individual should present his network card to the accredited hospital of Sun Life Grepa.

If the insured individual does not have his network card yet, he may contact the following 24/7 Client Care Hotline:

- Phone: (02) 8 88-SLGFI (75434) / 0917-8459524 / 0998-5932754
- Email: SLGFIContactCenter@sunlifegrepa.com to arrange your hospital admission and your Letter of Admission (LOA).

19. What are the accredited hospitals of Sun Life Grepa?

Sun Life Grepa has over 413 accredited hospitals nationwide. <Refer to <https://www.sunlifegrepa.com:Healthcare Providers>>

20. Are there any hospitals excluded from the GSTEC?

The following hospitals are excluded from the GSTEC:

- St. Luke's Medical Center BGC
- St. Luke's Medical Center QC
- Makati Medical Center
- The Medical City
- Asian Hospital & Medical Center



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21. What are the implications if an insured individual's actual hospital bill exceeds MBL?

The insured individual pays for the amount in excess of the MBL. To avoid this situation, it is recommended to opt for higher coverage level.

22. Can an insured individual with an existing HMO plan utilize GSTEC?

The insured individual can still avail of GSTEC to supplement his existing HMO. See below sample scenarios.

Scenario 1:

Hospital expense: Php 20,000

SBF Member has an existing HMO with Php 20,000 coverage

SBF Member has GSTEC with MBL of Php 10,000

Hospital expense: Php 20,000

Less: HMO: Php 20,000

Balance: Php 0

No need to use GSTEC.

Scenario 2:

Hospital expense: Php 20,000

SBF Member has an existing HMO with Php 10,000 coverage

SBF Member has GSTEC with MBL of Php 10,000

Hospital expense: Php 20,000

Less: HMO: Php 10,000

GSTEC: Php 10,000

Balance: Php 0

23. Is the insured individual eligible to file a claim for reimbursement if emergency care is availed of at accredited hospitals of Sun Life Grepa?

Yes. The insured individual can opt to settle the emergency care expenses at the accredited hospital and file a claim for reimbursement with Sun Life Grepa, subject to the pre-agreed rates.

24. What if the insured individual lost the network card? Is he still eligible to avail of the emergency care at accredited hospitals of Sun Life Grepa without the network card?

Yes. They can ask the accredited hospital to call the 24/7 Client Care Hotline (see item no. 18).

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25. Is the insured individual eligible to file a claim for reimbursement if emergency care is availed of at non-accredited hospitals of Sun Life Grepa?

Yes. The insured individual can opt to settle the emergency care expenses at non-accredited hospital and file a claim for reimbursement with Sun Life Grepa, subject to the pre-agreed rates.

26. Are there any exclusions under GSTEC?

Hospital confinement arising from any of the following is not covered:

1. Functional disorders of the mind/psychiatric illness such as but not limited to anxiety and depression;
2. Non-surgical care for tuberculosis/rest cures/PTB medicines;
3. Congenital anomalies, generic and hereditary conditions;
4. Hospitalization related to medical exam or check-ups not required in connection with the treatment of an emergency case, e.g., sleep apnea test;
5. Examination of the eyes for the glasses;
6. Dental examination, extractions, fillings, general dental attention, and all cases of dental origin;
7. Unauthorized use of prohibited drugs or regulated drugs, or alcoholic liquor intake;
8. Treatment for communicable disease in epidemic proportions (to be determined by the Department of Health) requiring isolation or quarantine, e.g., smallpox, severe acute respiratory syndrome and any form of venereal disease;
9. Injuries due to insanity;
10. Injuries resulting from committing or attempting to commit any illegal act;
11. Self-inflicted Injuries whether sane or insane;
12. Special nursing care/physician care;
13. Hospital Related Benefits not in accordance with the diagnosis and treatment of an emergency case;
14. Chemotherapy, radium and isotopes;
15. Plastic surgery for any condition existing on the effective date of this benefit; except if due to accident to restore to normal function;
16. Cosmetic surgery for purposes of beautification except treatment of Injury sustained in an accident while covered;
17. Any services or supplies for which no payment is required on account of the covered Insured Individual receiving them;



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18. Circumcision, sex transformation, diagnosis and treatment of fertility or infertility (i.e., IVF), such as oral contraceptives, artificial insemination, sterilization or reversal of such;
19. Injuries due to war (declared or undeclared) insurrection, riots, rebellion, civil commotion or hostile action of armed forces;
20. Injuries due to any aviation or marine activities except while the Insured Individual is riding as a fare paying passenger in an air or marine device operated by a duly licensed commercial airline or shipping line on a scheduled passenger trip over its established passenger route, or scheduled air service over an established route;
21. Immunizations (cost of vaccine, allergens, and determination of susceptibility), except vaccines for animal bites;
22. Laser treatment for the purpose of corrective eye refraction;
23. Purchase or lease of durable medical equipment, and oxygen dispensing equipment;
24. Expenses for any kind of the following:
 - a. extra bed or pillow;
 - b. extra tray or food;
 - c. rental of any entertainment equipment or facility, including televisions sets, radios, and audio players;
 - d. charges for copies of hospital records;
 - e. newspaper;
 - f. telephone calls/cellular phone calls/other electronic gadgets/ Wi-Fi (except if free);
 - g. acete de mansanilla, efficascent oil, valda pastilles, sebo de macho, soap for skin disease and the like;
 - h. other similar charges not related to the direct medical treatment of the patient.
25. Medical or surgical procedures which are experimental in nature or not generally accepted as standard medical treatment by the medical profession, which may include but is not limited to chiropractic services, chelation therapy, herbal treatment, and acupuncture;
26. All expenses incurred by the Insured Individual in the process of organ donation and transplantation, unless the Insured Individual is the recipient of such donation or transplantation;
27. Routine Physical examinations required in school, insurance and government licensing, physical examination related to pre-employment, visa application and the like;



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28. All pregnancy and maternity-related conditions;

29. Pre-Existing Condition is not covered;

30. Injuries, infections, or conditions resulting from:

- a. negligence;
- b. extreme sports;
- c. developmental disorders;
- d. tattoos;
- e. body piercing;
- f. attempted suicide;
- g. acupuncture;
- h. chronic dermatoses;

31. HIV and AIDS-related diseases, and sexually transmitted diseases;

32. Take-home medicines;

33. Medico-legal fees; or

34. Ambulance service

27. Are family members of SBF members allowed to avail of GSTEC?

No. Family members cannot avail themselves of GSTEC because they are not members of SB Finance.

28. What number can an SBF Member call if he has additional inquiries not covered by this FAQs?

The SBF Member can contact the following for additional inquiries:

Allan Louise Valentin or Jayzelle Clarish Pangilinan
Department: Affinity Marketing Customer Service
Phone: (02) 8866-6360 to 61