

[EXECUTIVE ORDER NO. 365, July 28, 1989]

**INCREASING BENEFITS AND MONTHLY CONTRIBUTIONS UNDER
THE PHILIPPINE MEDICAL CARE PLAN AND PROVIDING FOR A
HEALTH FINANCIAL ASSISTANCE PROGRAM**

WHEREAS, the support value of Medicare benefits has been dissipated over the years and the present benefit ceilings are insignificant given the current cost of hospitalization;

WHEREAS, while the rates of contribution are the same, the Medicare benefits ceilings are higher for Social Security System (SSS) Medicare beneficiaries than for Government Service Insurance System (GSIS) Medicare beneficiaries;

WHEREAS, the government desires to increase the Medicare benefits to a meaningful level;

WHEREAS, actuarial studies show that the Health Insurance Fund administered by the GSIS Medicare beneficiaries cannot fully provide for the needed funds to finance the increased benefits;

WHEREAS, actuarial studies also show that while the Health Insurance Fund administered by the SSS for the Medicare beneficiaries in the private sector can finance the increase in benefits until 1994;

WHEREAS, the present Medicare contributions rate of 2.50% of the monthly salaries shared equally by the employer and the employee has remained unchanged since 1972, and that the maximum contribution base of ₱1,000 is already unrealistic considering the present minimum salaries/wages received by employees;

WHEREAS, the current monthly contribution per Medicare member ranging from sixty centavos (₱.60) to twenty five pesos (₱25.00) which covers the members and his legal dependents, is no longer commensurate to the increased benefits the Program will provide;

NOW, THEREFORE, I, CORAZON C. AQUINO, President of the Philippines, by virtue of the powers vested in me by law, do hereby order:

SECTION 1. The Medicare benefits for GSIS and SSS Medicare beneficiaries are increased not to exceed the rates below:

ITEMS OF HOSPITALIZATION	BENEFIT LIMIT (BY HOSPITAL CATEGORY)		
	PRIMARY	SECONDARY	TERTIARY
A. HOSPITAL CHARGES			

1. ROOM AND BOARD NOT EXCEEDING 45 DAYS PER YEAR FOR EACH MEMBER OF PROGRAM I AND ANOTHER 45 DAYS PER YEAR TO BE SHARED BY ALL HIS LEGAL DEPENDENTS

P30/DAY	P45/DAY	P50/DAY
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2. MEDICAL EXPENSE BENEFIT (PER SINGLE PERIOD OF CONFINEMENT)

2.1 ORDINARY CASES	P350	P550	P725
DRUGS AND MEDICINE	P265	P350	P375
X-RAY/LAB/OTHERS	P 85	P200	P350
2.2 INTENSIVE CARE	P680	P1,060	P1,780
CASES	P500	P 600	P1,080
DRUGS AND MEDICINES	P180	P 460	P 700
X-RAY/LAB/OTHERS			
2.3 CATASTROPHIC CASES	-	P2,250	P3,675
DRUGS AND MEDICINES	-	P1,350	P1,540
X-RAY/LAB/OTHERS	-	P 900	P2,135

3. OPERATING ROOM FEE BASED ON COMMISSION'S RELATIVE UNIT VALUE (RUV) SCHEME

3.1 RUV 5 & below	P 90	P165	P260
3.2 RUV 5.1 to 10	-	P280	P333
3.3 RUV 10, 1 & above	-	P640	P860

B. PROFESSIONAL FEES

1. MEDICAL/DENTAL PRACTITIONER'S FEE, PER DAY OF P35 FOR GENERAL PRACTITIONERS AND P50 FOR SPECIALIST.

NOT TO EXCEED PER SINGLE PERIOD OF CONFINEMENT, P200 FOR GENERAL PRACTITIONER AND P300 FOR SPECIALIST IN ORDINARY CASES, AND P300 FOR GENERAL PRACTITIONER AND P500 FOR SPECIALIST IN INTENSIVE CARE/CATASTROPHIC CASES.