

AXA Group Insurance

Eligibility

The persons eligible to participate in this insurance as Members are the individuals whose Ages are at least 20 but not more than 55 years on their eligibility dates and are able to perform the Activities of Daily Living.

Maximum Daily Hospital Income (DHI) Benefit

Maximum DHI Benefit for Femme Signature Visa & Peso Platinum Mastercard: P1,200

Minimum Participation Requirement

Participation of eligible Members of at least 0% shall be required to issue and continue the Policy.

Minimum Number of Enrolled Members

Enrollment of at least 100 Members shall be required to issue and continue the Policy.

Contributory / Non-Contributory Funding

Eligible Members shall pay 100% of the premiums.

Experience Refund

Not Applicable

Waiting Period

Hospital confinements for covered sickness or disease shall be payable if they occur after 30 days following the latest of: a) the admission of the member to coverage under the Group Policy, b) the effective date of this Policy, or c) the date of any reinstatement.

No waiting period shall apply for hospital confinements due to covered injury.

Pre-existing conditions

Pre-existing conditions shall be covered after one (1) year following the latest of: a) the admission of the member to coverage under the Group Policy, b) the effective date of this Policy, or c) the date of any reinstatement.

"Pre-existing condition" means a condition (a) for which the Insured received medical advice, consultation or treatment, or (b) whose signs or symptoms are evident, or should have been evident to the Insured, even if the Insured did not seek medical advice, consultation or treatment for it prior to the Effective Date or the date of last reinstatement, if any. "Condition" means any type of illness, specific injury, disease, or infirmity including all underlying or related conditions and any manifestation thereof, whether in one (1) or more than one body system.

Incontestability

There is no maximum period of contestability for this type of plan. All claims for Daily Hospital Income will be reviewed.

Exclusions

We will not pay any benefit under the Policy if the Member's confinement shall result directly or indirectly from any of the following causes:

- a. pre-existing conditions as defined in the Policy, if within the Waiting Period; or
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- b. pregnancy, childbirth or miscarriage, sterilization or infertility and any other related treatment of congenital anomalies; or
- c. any unprescribed drug or alcohol abuse; or
- d. any self-inflicted injury or suicide or any attempt threat, whether sane or insane; or
- e. eye glasses, corrective aids, and treatment of refractive errors, or any optional/cosmetic surgery unless it is a Medically Necessary confinement; or
- f. dental surgery unless it is a Medically Necessary confinement; or
- g. general check-up, convalescence, custodial or rest care; or
- h. treatment or surgery for tonsils, adenoids or hernia or a disease peculiar to the female generative organs, unless the Insured has been continuously covered under this Policy for a period of one hundred twenty (120) days from its Effective Date or the date of last reinstatement, whichever is later; or
- i. circumcision; or
- j. any nervous or mental disorder; or
- k. disease or infection with any human immunodeficiency virus (HIV) and/or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivations or variation; thereof; or
- l. any attempt or commission of assault or unlawful act by the Insured; or
- m. any act of war, declared or not, or while in military, naval or air service for any country at war, declared or not, or any acts of terrorism; or

- n. nuclear, biological or chemical (NBC) contamination; or
- o. any confinement for treatment, procedure or other medical services which are not Medically Necessary.

Termination of Member Insurance

Unless otherwise stated in the Policy, the insurance of any Member will automatically terminate on the earliest of the following:

- a. The date of termination of the Policy;
- b. The date at the end of the grace period if any premium due for the Member's insurance remains unpaid;
- c. The date the Member ceases to be eligible for Insurance as defined in the Policy Specifications
- d. The date the aggregate period, from the policy effective date, during which the Intensive Care Daily Benefit is payable due to the insured Member's confinement reaches 120 days;
- e. The date the aggregate period, from the policy effective date, during which the Daily Hospital Income Benefit , is payable due to the insured Member's confinement reaches 1000 days.