



*Individual & Family Group Healthcare Program
designed exclusively for*

INDIVIDUAL PROPOSAL

December 21, 2022

Re: EastWest Healthcare Proposal – *Your Different HMO. Your Prudent Choice*

Dear **Mr. & Ms;**

We are pleased to enclose herewith prudent alternative to your present health coverage.

Some of the salient features of the plan are inclusive of but not limited to:

I. Inpatient / Emergency Care Benefits:

- Members are allowed to access directly their preferred doctor.
- Members are allowed full reimbursement up to the limits of the plan for confinement in non-accredited hospitals whether elective or non-elective cases.
- No cash out for confinement in the Philippines in accredited hospitals
- In case of reimbursement, reimbursement limits are designed to be adequate.
- No coinsurance, No deductible.
- Professional fee limits are superior vs. HMO rates which allow your choice of best doctors to give members better and high-end quality medical services. RUV is very much higher than HMO RUV, as well as in-hospital physician's visit professional fees.

II. Outpatient Benefits:

- Expanded program which provides access to accredited clinics and hospitals through EastWest Healthcare and Accredited Physician.
- Flexible program which allows reimbursement for access of services of your preferred doctor in hospital or clinic facilities of your choice.

III. Network Access

- Our privileged members enjoy access to EastWest Healthcare's network of more than 13,751 accredited doctors with specialists spread over to more than 1,061 hospitals and clinics nationwide.
- Members are assured of 24-Hour/7 days a week Customer Care Hotline access.

We hope you will find our Proposal meeting your expectations. Rest assured that behind this proposal are people of highest credence and professionalism in the industry.

We hope to receive your soonest response. Thank you for your kind attention and best regards.

Sincerely yours,

CHARMAINE ROSE QUERUBIN
Business Development Associate
0998-584-7725

INFINITY HEALTH ADVANTAGE

Schedule of Benefits

I. ROOM AND BOARD ACCOMMODATION & MAXIMUM BENEFIT LIMIT

OPTIONS	ROOM & BOARD ACCOMMODATION	MAXIMUM BENEFIT LIMIT (MBL)*
PRINCIPAL / DEPENDENTS		
I	SEMI PRIVATE	80,000
II	REGULAR PRIVATE	100,000
III	LARGE PRIVATE	150,000
IV	SMALL SUITE	200,000

 Per illness, per member, per year

II. OUT-OF-NETWORK COVERAGE SCHEDULE

LEVEL / OPTION	I	II	III	IV
ROOM & BOARD	Semi - Private	Regular Private	Large Private	Small Suite
MBL	80,000	100,000	150,000	200,000
OUT OF NETWORK				
ROOM & BOARD	Semi- Private	Regular Private	Large Private	Small Suite
DOCTOR'S VISIT	1,000	1,500	2,000	2,500
SURGEON'S FEE	48,000	60,000	90,000	150,000
ANAESTHESIOLOGIST FEE	16,800	21,000	31,500	52,500
SPECIALIST FEE	2,000	3,000	4,000	5,000

III. IN-PATIENT BENEFITS

BENEFITS	EASTWEST HEALTHCARE Accredited Network	OUT-OF-NETWORK (By Reimbursement)
1. Room & Board	COVERED UP TO MBL ACCORDING TO ROOM TYPE	COVERED UP TO MBL ACCORDING TO ROOM TYPE
2. Professional fees per day of visit	COVERED	Reimbursable at peso equivalent of Room Rate of Plan Type
3. Specialist's Fees per day of visit	COVERED	Reimbursable at peso value equivalent to Two times absolute value of Attending Physician's Fee
4. Surgeon's Fees per surgical schedule	COVERED	60% of MBL based on RUV
5. Anesthesiologist's Fees per surgical schedule	COVERED	Up to 35% of eligible surgeon's fees
6. Use of ICU/CCU/Operating & Recovery Rooms	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
7. X-Ray and other Radiologic Examinations	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
8. Laboratories and other Diagnostic Procedures	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
9. Drugs and medicines used while confined	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
10. Blood and Blood derivatives	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
11. Oxygen and Intravenous fluids	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
12. Admission kits, including ice cap and wee bag	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
13. All other items directly related in the medical management	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT

IV. OUT-PATIENT BENEFITS

BENEFITS	EASTWEST HEALTHCARE Accredited Network	OUT-OF-NETWORK (By Reimbursement)
1. Consultation fees per visit / General Practitioners / Specialists	COVERED UP TO PEC LIMIT	Not to exceed Php400
2. Sub-Specialist's fees per consult with cardiologist, endocrinologist, urologist, neurologist, oncologist, Nephrologist, Hematologist)	COVERED UP TO PEC LIMIT	Not to exceed Php1000
3. Consultations for Error of Refraction (Professional fees)	COVERED UP TO PEC LIMIT	Not to exceed Php350 per consultation
4. Pre & Post-natal consultations – up to 14 sessions	COVERED (Professional Fees ONLY)	Not to exceed Php400
5. X-Ray and other Radiologic Examinations	COVERED UP TO PEC LIMIT	COVERED UP TO MBL
6. Laboratories and other Diagnostic Procedures	COVERED UP TO PEC LIMIT	COVERED UP TO MBL
7. Occupational Therapy Physical Therapy Respiratory Therapy Speech Therapy	Up to 12 sessions subject to PEC LIMIT	Up to 12 sessions subject to PEC LIMIT
8. Chemotherapy Dialysis Therapeutic Radiology & Nuclear Medicine	COVERED UP TO PEC LIMIT	COVERED UP TO PEC LIMIT
9. Treatment of Minor Injuries and Burns Out-Patient or Ambulatory Services		
- Professional Fees	COVERED SUBJECT TO PEC LIMIT	Not to exceed Php400 or as per RUV whichever is higher
- Procedure/Treatment	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT

V. EMERGENCY CARE SERVICES

PLAN FEATURES	EASTWEST HEALTHCARE Accredited Network	OUT-OF-NETWORK (By Reimbursement)
1. Professional fee(s) of attending physician(s)	COVERED SUBJECT TO PEC LIMIT	Not to exceed Php400
2. Specialist's fees of attending cardiologist, endocrinologist, urologist, neurologist, oncologist , Nephrologist, Hematologist)	COVERED SUBJECT TO PEC LIMIT	Not to exceed Php1,000
3. Emergency Room Fees	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
4. Medicines used for immediate relief & during treatment	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
5. Whole blood/human blood product transfusions	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
6. Oxygen/I.V. fluids	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
7. X-ray, laboratory tests & other diagnostic	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
8. Anti-Rabies Vaccine/ Anti-Venom (Snake Bite) Vaccines	1 st Dose (active and/or passive)	1 st Dose (active and/or passive)
9. Anti-Tetanus Vaccines	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT
10. Ambulance Service (per conduction) from point of incident to medical facility	Covered up to Php5,000	Covered up to Php5,000
11. Treatment of Minor Injuries and Burns Out-Patient or Ambulatory Services		
- Professional Fees	COVERED SUBJECT TO PEC LIMIT	Not to exceed Php400 or as per RUV whichever is higher
- Procedure/Treatment	COVERED SUBJECT TO PEC LIMIT	COVERED SUBJECT TO PEC LIMIT

VI. SPECIAL MODALITIES AND DIAGNOSTIC PROCEDURES

EastWest Healthcare shall cover the foregoing procedures covered up to Maximum Benefit Limit subject to Pre-existing Conditions Coverage:

BENEFITS	EASTWEST HEALTHCARE Accredited Network	OUT-OF-NETWORK (By Reimbursement)
1. Radiologic Examinations (X-rays, CT scans, MRI, MRA...)	Covered subject to PEC Limit	
2. Diagnostic Endoscopies and Endoscopic Surgeries(laparoscopy, arthroscopy...)	Covered subject to PEC Limit	
3. Ultrasonography and Echocardiography	Covered subject to PEC Limit	
4. Nuclear Medicine (thallium scintigraphy...)	Covered subject to PEC Limit	
5. Radiotherapy (cobalt therapy, linear accelerator, IMRT,...)	Covered subject to PEC Limit	
6. Cardiac Care and Surgery (open heart surgery, PTCA, coronary angiography, valvuloplasty, intracoronary thrombolysis)	Covered subject to PEC Limit	
7. Transurethral Microwave Therapy (TUMT) and Prostate Treatment	Covered subject to PEC Limit	
8. Hysteroscopic Surgery / Cryotherapy	Covered subject to PEC Limit	
9. Cataract Surgery and Laser Treatment for Glaucoma	Covered subject to PEC Limit	
10. Fluorescein Angiography	Covered subject to PEC Limit	
11. Chemotherapy / Dialysis	Covered subject to PEC Limit	
12. Organ transplant (excluding cost of donor's expense)	Covered subject to PEC Limit	
13. Benign Prostatic Hypertrophy (BPH)	Covered up to 50% of MBL subject to PEC Limit	
14. Rheumatic Heart Disease / Cardiac Valvular	Covered up to Php20,000 subject to PEC Limit	
15. Scoliosis, Spinal Stenosis, Spondylosis, Slipped Disc	Covered up to aggregate of 20,000 subject to PEC Limit	
16. Warts Removal (face & body, neck down except genital warts)	Covered up to 2,000 per member per year	
17. Treatment of Varicose Veins (Sclerotherapy, EVLT)	Covered up to 2,000 per member per year	
18. Congenital illnesses / conditions	Covered up to Php20,000 subject to PEC Limit	

Note:

All diagnostic, therapeutic and ancillary work-ups as indicated herein, but shall not be limited as presented, are subject to a "diagnosis-focused" coverage, which must meet medical necessity criteria, and appropriate diagnosis-to-procedure match

PRE-EXISTING CONDITIONS				
LEVEL / OPTION	I	II	III	IV
ROOM & BOARD	Semi - Private	Regular Private	Large Private	Small Suite
YEAR 1 (DREADED & NON-DREADED DISEASES)	12,000	15, 000	22,500	30,000
YEAR 2 onwards (DREADED DISEASES)	20,000	25,000	37,500	50,000
YEAR 2 onwards (NON-DREADED DISEASES)	80,000	100,000	150,000	200,000

PRE-EXISTING MEDICAL CONDITIONS

An illness is considered to be pre-existing if any of the following conditions are present:

1. Such illness or condition was, in any way, evident to the Individual before the effective date of the Memorandum of Agreement.
2. Any professional advice or treatment for such illness or condition was obtained prior to the effective date of the Memorandum of Agreement.
3. The pathogenesis of such illness or condition has started prior to the effective date of the Memorandum of Agreement, whether or not the Individual is aware of such illness.
4. Illnesses or conditions disclosed in the application form.

The following, among others, when occurring within the first 12 months of coverage, are considered as Pre-existing Conditions:

PRE-EXISTING NON-DREADED CONDITIONS
1. Anal Fistulae 2. Benign Prostatic Hypertrophy 3. Calculi of the urinary tract, kidney, and gallbladder (except choledocholithiasis and other stones in the biliary tract) 4. Endometriosis, simple ovarian cyst < 10 cm (excluding ruptured ovarian cyst), Polycystic Ovarian Syndrome (PCOS) 5. Uncomplicated hypertension (essential/primary hypertension alone) 6. Gastritis, duodenitis, uncomplicated gastric/duodenal ulcer (non-bleeding ulcers) 7. Hemorrhoids 8. Hernia (unless congenital) 9. Non-toxic goiter 10. Migraine headache

DREADED CONDITIONS are defined as “generally chronic and irreversible” diseases that require frequent and/or prolonged hospitalization.

PRE-EXISTING DREADED CONDITIONS

1. Arthritis (such as rheumatoid arthritis, osteoarthritis, chronic gouty arthritis)
2. Benign or malignant new growth
3. Blood dyscrasias (such as leukemia, idiopathic thrombocytopenic purpura)
4. Cataract and glaucoma
5. Cerebrovascular diseases (such as stroke, aneurysm, etc.)
6. Choledocholithiasis and other stones in the biliary tract (except in the gallbladder)
7. Chronic cardiovascular diseases (such as aortic dissection, abdominal aortic aneurysm, myocardial infarction, congestive heart failure, coronary artery disease, cardiomyopathies, valvular heart disease, cardiac arrhythmias, and peripheral vascular disease)
8. Chronic EENT diseases (such as chronic otitis media, primary acquired cholesteatoma)
9. Chronic endocrine disorders (such as diabetes, dyslipidemia, hormonal dysfunctions, thyroid dysfunctions except non-toxic goiter)
10. Chronic gastrointestinal diseases (such as irritable bowel syndrome, Crohn’s disease)
11. Chronic genito-urinary disorders
12. Chronic kidney diseases
13. Chronic liver parenchymal diseases (such as liver cirrhosis, chronic hepatitis, non-alcoholic fatty liver disease/steatohepatitis)
14. Chronic pulmonary diseases (bronchial asthma, chronic obstructive pulmonary diseases such as emphysema, chronic bronchitis)
15. Collagen, connective tissue, immunologic disorders
16. Muscular dystrophy (such as Duchenne, Becker, limb-girdle dystrophy)
17. Secondary hypertension (such as hypertension sec. to chronic kidney disease) and hypertension with complications (such as HCVD, HASCAD, hypertension and CVD or stroke, hypertension with co-existing diabetes)
18. Tuberculosis, pulmonary and extrapulmonary
19. All complications resulting from above list of conditions
20. Any pre-existing illness other than above which would require prolonged hospitalization and/or critical care or confinement to intensive care unit

CATHASTROPIC ILLNESSES are defined as any illness, other than pre-existing dreaded illnesses, requiring prolonged hospitalization or recovery, usually life-threatening, and may leave residual disability.

PRE-EXISTING CATHASTROPIC ILLNESSES

Injuries or illnesses due to or caused by accident requiring major surgery and prolonged hospitalization for more than 14 days. (Occupational, Vehicular Accident, Fall, Accidents cause by Natural calamities, and Accidents with Third-Party involvement)

Burns requiring Intensive care, Isolation, skin grafting and hospitalization for more than 14 days.

VII. PREVENTIVE CARE BENEFITS

If an Individual while covered under EastWest Healthcare Program requires routine check- ups, patient counseling and screenings and such is approved and administered by an accredited service provider, Eastwest, agrees to cover the following expenses for:

1. Regular check-ups and counseling.
2. Periodic monitoring of health problems.
3. Wellness visits.
4. Health education and counseling of diets and exercise.
5. Family planning counseling.
6. Preventive screenings such as but not limited to high blood pressure and cholesterol tests, diabetes and colon cancer tests, breast exams and mammogram tests.

ADDITIONAL FEATURES

VIII. HOSPITAL INCOME BENEFIT

Members are entitled to a daily cash benefit, for covered inpatient cases, up to a prescribed amount according to their (room) plan-type, with a maximum collectible equivalent to the sum value for a confinement of 31 days.	
SEMI PRIVATE	500
REGULAR PRIVATE	800
LARGE PRIVATE	800
SMALL SUITE	1,000

IX. FINANCIAL ASSISTANCE COVERAGE

CLASSIFICATIONS	Group Life Insurance Coverage (Natural Loss of Death or Accidental Death, Dismemberment & Disablement) c/o Manulife
Client Member	Php 250,000
Spouse	Php 125,000
Children	Php 62,500

Note:

- Eligibility Age** :
 - Principal - 18 Years old up to below 60 years old
 - Spouse - 18 years old up to below 60 years old
 - Child - at least 2 months old and not more than 21 years old., unmarried
- Termination** :
 - Principal - Age 60 following coverage anniversary
 - Spouse - Age 60 following coverage anniversary
 - Child - Age 21 following coverage anniversary
- Underwriting Consideration** : Automatic Acceptance Limit (AAL). This means that in the event of death due to pre-existing health conditions within the first year period of coverage, Financial Assistance Coverage Provider's liability shall be return of premium paid without interest.

Also, as part of the application form (Page 1, paragraph 2, last sentence) therein stated, "any form of deliberate/intentional non-disclosure or misrepresentation on provided medical history and/or conditions that an Individual harbors, will be grounds for pre-termination of the policy.")

OPTIONAL SUPPLEMENTAL FEATURES

X. ANNUAL PHYSICAL EXAMINATION

BENEFITS	EASTWEST HEALTHCARE Accredited Network
A. Physical Examination	Covered
B. Complete Blood Count (CBC)	Covered
C. Urinalysis	Covered
D. Fecalalysis	Covered
E. Chest X-ray	Covered
F. ECG (for 35 years old & above)	Covered
G. Pap Smear (for females 35 years old & above)	Covered

XI. DENTAL BENEFITS

BENEFITS	EASTWEST HEALTHCARE Accredited Network Only	
	STANDARD DENTAL	EXPANDED DENTAL
A. Dental Examination & Consultation	Unlimited	Unlimited
B. Emergency Dental Treatment	Covered	Covered
C. Oral Prophylaxis	Once a year	Twice a year
D. Simple Tooth Extraction	Unlimited	Unlimited
E. Restorative & Prosthodontic Treatment Leveling	Covered	Covered
F. Temporary fillings	Unlimited	Unlimited
G. Desensitization of Hypersensitive Teeth	Covered	Covered
H. Simple adjustment of dentures	Covered	Covered
I. Re-cementation of loose crowns, inlays & on-lays	Covered	Covered
J. Permanent Filling – Lightcure / amalgam	Not Applicable	Two (2) surfaces

XII. FINANCIAL ASSISTANCE COVERAGE

CLASSIFICATIONS	Group Life Insurance Coverage (Natural Loss of Death or Accidental Death, Dismemberment & Disablement) c/o Manulife
Client Member	Php250,000
Spouse	Php125,000
Children	Php62,500

XIII. MEMBERSHIP ELIGIBILITY AND OTHER FEATURES

PLAN FEATURES	TERMS
A. Eligibility for Coverage	Principals / Dependents
Individual	18 years old up to 60 years old
Family Accounts:	
• Principal	18 years old up to 60 years old
• Dependents of MARRIED PRINCIPAL	Legal Spouse at least 18 up to 60 years old Children 60 days old up to 23 years old, Single & Unemployed Should follow hierarchy
• Dependents of SINGLE-PARENT PRINCIPAL	Children 60 days old up to 23 years old, Single & Unemployed
B. Submission of Application Forms	
	Application Forms should be properly and completely filled-out, including details for “YES” answers in the Statement of Health with 2pcs. 1x1 recent ID picture - Principal members are required to fill-out individual Application Forms ALL Dependents are required to submit individual Application Forms ALL applications shall undergo <u>medical underwriting</u> and shall be on accept or deny basis with permanent exclusions
C. Network Access	
	St. Luke’s Medical Center-Global City is not an accredited facility under this program ALL OPTIONS / LEVELS have NO ACCESS to any Healthway Medical Clinics “OUT OF NETWORK” reimbursement claims shall not be applicable for hospitals “St. Luke’s Medical Center-Global City & Healthway Medical Clinics,” regardless if case is emergency or otherwise. - Non-coverable benefits may be accommodated under a FEE FOR SERVICE arrangement, provided that list of non-coverable benefits are duly forwarded before closing of the account. Any additional benefits to said listing during the Policy period shall not be accommodated. Billing shall be based on Actual Cost plus 13.5% Claims Handling Fee.

XIV. PHILHEALTH MEMBERSHIP

- Benefits under the PhilHealth program are INTEGRATED into the plan.
- Must be a PhilHealth member.
- All cardholders availing of the In-Patient benefits are required to file their PhilHealth Claim Form to the hospital where he is confined before discharge.
- A member who fails to file the benefit under PhilHealth shall pay the cost of such unclaimed benefit.

XV. UNDERWRITING GUIDELINES

PLAN FEATURES	TERMS
A. Enrollment Period (Upon receipt of completed documents)	Effective Date
Confirmation received 1st to 15th of the current month	1 st of the following month.
Confirmation received 16th to the 30th of the current month	16 th of the following month.
B. Mode of Payment	
	Initial Payment and/or PDCs should be remitted prior to effective date. (No Payment No Coverage)
C. Requirements	
	- Copy of Marriage Certificate - Copy of Birth Certificate for every child dependent - Other sufficient document shall be requested by EastWest from the applicant to validate the non-eligibility/non-exclusion of the dependent. (i.e. photocopy of HMO card, certificate of employment from company abroad, death certificate, etc.) <i>Note: EastWest Healthcare may request for additional requirements when deemed necessary.</i>

INFINITY HEALTH ADVANTAGE

Membership Fees

*NATIONWIDE ACCESS

ANNUAL PREMIUM PER MEMBER

AGE GROUP	PRINCIPAL MEMBER			
	SMALL SUITE	LARGE PRIVATE	REGULAR PRIVATE	SEMI - PRIVATE
18-23	16,474	14,674	11,243	8,371
22-25	16,474	14,674	11,243	8,371
26-30	18,479	16,458	12,582	9,355
31-35	19,757	17,595	13,435	9,981
36-40	23,641	21,051	16,027	11,886
41-45	34,482	30,697	23,264	17,202
46-50	40,896	36,404	27,545	20,348
51-55	45,239	40,268	30,444	22,477
56-60	50,048	44,547	33,654	24,835

AGE GROUP	DEPENDENT MEMBER (HIERARCHY)			
	SMALL SUITE	LARGE PRIVATE	REGULAR PRIVATE	SEMI - PRIVATE
5&below	20,652	18,330	13,847	10,136
6-10	17,434	15,467	11,699	8,558
11-18	14,964	13,269	10,049	7,346
18-23	14,485	12,863	9,792	7,206
24-25	14,485	12,863	9,792	7,206
26-30	16,267	14,449	10,982	8,080
31-35	17,403	15,460	11,740	8,637
36-40	20,855	18,531	14,044	10,330
41-45	30,492	27,106	20,477	15,056
46-50	36,193	32,179	24,283	17,852
51-55	40,054	35,614	26,859	19,745
56-60	44,328	39,417	29,713	21,841

XVI. OPTIONAL BENEFITS (Separate Fees)

RIDERS FEES	ANNUAL / MEMBER
Standard Dental (1OP)	400
Expanded Dental (2 OP & 2PF)	800
Standard APE (Basic 5 Only)	851
Standard APE (Basic 5) with ECG	1,512
Standard APE (Basic 5) with Papsmear	1,985
Standard APE (Basic 5) with ECG and Papsmear	3,024
NON-PHILHEALTH MEMBERS	ANNUAL
Additional fee for Non-Philhealth enrollees on the onset of enrollment is:	2,400

- ✚ With ACCESS to Top 5 Hospitals are Makati Medical Center, St. Luke's Medical Center (Quezon City), Cardinal Santos Medical Center, The Medical City and Asian Hospital & Medical Center
- ✚ ALL Levels have NO ACCESS to ALL Healthway Medical Clinics and St. Luke's- Global City
- ✚ Rates quoted at 12% VAT assumption.
- ✚ Rates are integrated with Philhealth.

CORPORATE PROFILE

- **EASTWEST HEALTHCARE, INC.**

Is a healthcare management company established to provide efficient program that shall be the prudent alternative in terms of coverage, service quality and costs.

- **EASTWEST HEALTHCARE**

Is managed by experienced and committed personnel integrated with accredited entities with service as foremost in our respective vision and mission. Our expertise in healthcare management and products customization shall provide our clients added value on services availed such as but not limited to medical program administration, medical guarantee, third party administration, preventive and promotive health program, claims administration amongst others.

- **EASTWEST HEALTHCARE**

Conducts and manages outsourced business in the field of annual physical examinations, executive check up, dental capitated program, financial assistance directly underwritten by major industry players to ensure the best packages are secured for our clients.

- **EASTWEST HEALTHCARE**

Also engages special aggregate stop loss coverage to protect our clients against major aberration in medical utilization experience thus giving our clients controlled costs in medical management.

*With focus on total service commitment to our members **EastWest Healthcare** always puts a smile every time service is made - a sincere and loyal plan administrator..... **EastWest Healthcare... your partner... the prudent choice!***

MISSION STATEMENT

To consistently deliver excellent, dynamic, and flexible products to the marketplace. We advocate providing our clients with the best of services and product quality - a commitment anchored on professional customer focus. We shall live by the values of unquestionable integrity, maximum competence, highest level of business ethics and passion for service.

VISION

To become the preferred plan administrator of companies through access of our network of accredited medical services providers and professionals empowering companies in financing and directing their own healthcare and related employee benefits programs while allowing EastWest to do what it does best - cost effective administration and plan management.