



Republic of the Philippines
Department of Education
REGION II – CAGAYAN VALLEY
SCHOOLS DIVISION OF NUEVA VIZCAYA

September 13, 2024

DIVISION MEMORANDUM

No. 387, s. 2024

ANNUAL MEDICAL ALLOWANCE

To: Assistant Schools Division Superintendent
CID and SGOD Chiefs
Education Program Supervisors
Public Schools District Supervisors/District In Charge
Elementary and Secondary School Heads
All Others Concerned

1. Under Executive Order No. 64, s.2024, signed by President Ferdinand Marcos Jr., starting 2025, the government will provide an annual medical allowance of up to Php 7,000 to eligible government civilian personnel, including public school teachers. This allowance is intended to subsidize the cost of health maintenance organization (HMO) – type benefits. The medical allowance can be used for various medical services, helping public employees be prepared for any health-related emergencies.
2. In view hereto, the Employee Welfare Division (EWD) under the Bureau will conduct an online survey to assess the preference and generate feedback from DepEd employees on the availment of medical services, as well as to gather baseline data on HMO and other health insurance needs.
3. All DepEd permanent/ regular/ plantilla employees in all governance levels, both teaching and non-teaching, regardless of rank, gender, age, ethnicity, including PWDs, to participate in this endeavor by accomplishing the survey form through this link bit.ly/HMOsSurvey on or before September 30, 2024.
4. All Administrative Officers/Administrative Assistants through the Public Schools District Supervisors and School Heads are requested to submit compliance report on this office until September 27, 2024 for monitoring. (Please see attached template)
5. For reference on the questions to be answered, please see attached documents.
6. For information, compliance and wide dissemination.



ORLANDO E. MANUEL PhD, CESO V
Schools Division Superintendent



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HMO Survey Form
forms.office.com

* Required

1. Informed Consent *

By clicking 'Yes', you are authorizing the Department of Education to use your response as part of its data gathering activity on the possible modes of disbursement of the Php 7,000 Medical Allowance per EO No. 64, s. 2024. Responses to this survey shall be anonymous.

Advantages of Pooling the Medical Allowance:

- This unified action will strengthen the impact of membership in organizations in forwarding employee interests.
- Prevailing rates may be lowered due to bulk purchase.
- Will not undergo rigorous procurement process by the government and will avoid the COA prohibition.
- The Medical Allowance will be equivalent to Php 19 per day, which has good returns in terms of benefits.

☒ Yes

☐ No

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* Required

Demographic Questions

This section is to determine the demographics of the population that will be answering this survey.

2. Position/Designation *

Please type in full. DO NOT abbreviate.

Sample answer: Teacher I, Administrative Officer II, etc.

Enter your answer

3. Region *

Choose the region where you are assigned. Select "Central Office" if applicable.

Select your answer

4. Division *

Put N/A if from Central Office/Regional Office, DO NOT abbreviate.

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4. Division *

Put N/A if from Central Office/Regional Office, DO NOT abbreviate.

Sample answer: Division of Pasig City, Division of Bulacan

Enter your answer

5. Age *

Select the appropriate age range.

Select your answer

6. Sex *

☐ Male

☐ Female

☐ Others

☐ I prefer not to say

7. Civil Status *

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7. Civil Status *

☐ Single

☐ Married

☐ Widowed

☐ Separated

8. With Children? *

☐ Yes

☒ No

9. If your answer in Question #8 is Yes, how many dependents do you have that are below 18 years old? If your answer is No, leave this question blank.

Enter your answer

10. Do you have any pre-existing medical condition or illness? *

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9. If your answer in Question #8 is Yes, how many dependents do you have that are below 18 years old? If your answer is No, leave this question blank.

Enter your answer

10. Do you have any pre-existing medical condition or illness? *

☐ Yes

☐ No

11. If you answered 'Yes' to Question #10, please specify your pre-existing medical condition/s. For multiple illnesses, separate with a comma (.). If your answer is No, leave this question blank.

Enter your answer

12. With disability? *

☐ Yes

☐ No

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12. With disability? *

☐ Yes

☐ No

13. Are you part of an employees' group within DepEd (e.g. cooperatives, associations, unions, etc.)? *

☐ Yes

☐ No

14. If your answer in Question #13 is Yes, kindly specify the name of your employees' organization. DO NOT abbreviate. If your answer is No, leave this question blank.

Enter your answer

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* Required

Health Maintenance Organization (HMO)

15. Do you already have an existing HMO? *

☐ Yes

☐ No

16. If your answer in Question #15 is yes, please specify/name your HMO provider. If you do not have an existing HMO, leave this question blank.

Enter your answer

17. If your answer in Question #15 is Yes, on what capacity did you avail of the HMO? If you do not have an existing HMO, leave this question blank.

☐ As a principal member

☐ Secondary member/beneficiary of an immediate family

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17. If your answer in Question #15 is Yes, on what capacity did you avail of the HMO? If you do not have an existing HMO, leave this question blank.

☐ As a principal member

☐ Secondary member/beneficiary of an immediate family

18. If your answer in Question #15 is Yes, how often do you use/avail the benefits of your HMO? If you do not have an existing HMO, leave this question blank.

☐ Always

☐ Often

☐ Sometimes

☐ Never

19. If your answer in Question #15 is Yes, are you satisfied with your existing HMO? If you do not have an existing HMO, leave this question blank.

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19. If your answer in Question #15 is Yes, are you satisfied with your existing HMO? If you do not have an existing HMO, leave this question blank.

☐ Yes

☐ No

20. If the Medical Allowance amounting to Php 7,000 is granted as an outright expense and released to qualified employees as cash per DBM guidelines, are you willing to pool/consolidate your medical allowance with the other employees to avail/procure a unified HMO?

(Disclaimer: Answering "Yes" to this question is not equivalent to the required waiver for the said allowance pooling.) *

☐ No

☐ Yes

☐ Maybe

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21. Please explain your answer in Question #20.

Enter your answer

22. If your answer in Question #20 is Yes, which of the following unified procurement of HMO do you prefer? If your answer is No, leave this question blank.

☐ Pool my medical allowance with co-employees for DepEd-initiated procurement

☐ Pool my medical allowance with my co-members for employee organization-initiated procurement

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1 question(s) need to be completed before going to next page: Question 20.

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* Required

Preferred HMO

Among the twenty-five (25) Health Maintenance Organizations (HMOs) with Certificates of Authority issued by the Insurance Commission, the top five (5) HMOs based on the HMO Industry Performance Report of the Department of Finance are provided below.

23. Rank the top 5 HMOs based on preference *

1 PhilCare

2 Insular Care

3 Medicaid PH

4 Maxicare

5 Intellicare

24. Are there any other HMOs you prefer? For multiple answers, please separate with a comma (,)

Enter your answer

HMO Survey Form
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3 Medicaid PH

4 Maxicare

5 Intellicare

24. Are there any other HMOs you prefer? For multiple answers, please separate with a comma (,)

Enter your answer

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Department of Education
REGION II – CAGAYAN VALLEY
SCHOOLS DIVISION OF NUEVA VIZCAYA

MONITORING REPORT

School/District: _____

School Head/ District Head: _____

SCHOOL	DISTRICT	NAME OF EMPLOYEE	POSITION	DATE OF COMPLIANCE

Prepared by: _____

AO/ADAS

Approved: _____

School Head/PSDS