A SECOND LAYER PLAN FOR INDIVIDUALS AND FAMILIES THAT PROVIDES MEDICAL COVERAGE TO ENHANCE YOUR EXISTING HMO BENEFITS

FlexiShield



Make the most out of life's precious moments.

With Pacific Cross, you can enjoy medical coverage that helps secure your peace of mind, wherever life takes you.



How much does it cost to get sick?





PHP 200K

Average cost per day for hospitalization under ICU treatment

Costs are based on Pacific Cross's paid claims as of October 2020



Average cost of **Diabetic Complications** (e.g., Dialysis, Kidney Transplant, Heart Disease, Stroke, etc.) range from

PHP 500K to Millions

In the Philippines, **1 in 14 Filipino adults** lives with diabetes, making the disease consistently one of the top **10** leading causes of death.*



Average cost of treatments and hospitalization from an Accident is around

PHP 70K

This cost could easily go up depending on the needed medical attention. Metropolitan Manila Development Authority (MMDA) tracks an average number of 178 road accidents daily.*



World Health Organization, Non-Communicable
Disease Country Profiles: The Philippines

Philippine Statistics Authority

International Diabetes Federation (IDF) 2019 data

Metropolitan Manila Development Authority

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Have you prepared enough? If you or a loved one gets sick, how would you pay for expensive medical treatments? **Borrow money** from friends and Use HMO Use savings. family, or loan coverage if you from banks and have an lending existing plan. companies. Is your HMO enough?

HMOs in the Philippines usually cover up to PHP 250K only.



In a study conducted last 2019, 37% of 1,350 Filipino respondents said that they relied on their savings, 25% sought financial assistance from relatives, while 15% split the bill between Philippine Health Insurance Corp. (PhilHealth) and personal health insurance to pay for their medical treatments.*

All these can bring you financial stress which is why a second layer medical protection like Pacific Cross FlexiShield is essential amidst these times of increasing costs in hospitalization.

*Source: https://www.philstar.com/headlines/2019/06/27/1929966/many-pinoys-cant-afford-hospital-bills-study

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When illness strikes, your current HMO plan may not be enough. With Pacific Cross, you have a strong ally to help you carry the financial burden of expensive medical treatment. We offer you **FlexiShield**.

Some medical conditions, especially those that require confinement, can become quite costly to treat. Worrying about whether you have enough medical coverage can add anxiety to an already stressful situation. FlexiShield is a second layer plan that allows you to have ample financial resources should you exhaust your HMO's maximum benefit limit, so you can just focus on getting better. Since FlexiShield was purely designed as a top-up coverage to your existing HMO plan, the premium is more affordable compared to a stand-alone medical plan.

FLEXISHIELD

A Product of Pacific Cross Insurance, Inc.

- Additional medical coverage on top of your existing HMO at an affordable premium
- Up to PHP2,000,000 Coverage
- Additional coverage for Members of Corporate accounts, Individuals and Families who are covered by an HMO Plan as the first layer medical coverage
- Flexible Availment Options (No-cash-out or Reimbursement)
- Free TeleHealth Services, with or without the first layer HMO plan getting exhausted
- Coverage for COVID-19
- Available to persons up to 75 years old
- Exclusive 0% Installment Payment Option

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FlexiShield Benefits

For the full terms, conditions and limitations, please ask for a specimen contract via e-mail client services@pacificcross.com.ph. The contract contains a provision on the Insured Person's right to Free-Look Period.

IN-PATIENT BENEFITS:

- PHP2,000,000 Per Disability Per Year
- **Deductible** is the First Layer Plan's Maximum Benefit Limit (MBL).

 In case of change to the First Layer Plan's MBL at the time of claim, the applicable Deductible shall be the amount indicated in the FlexiShield Schedule of Benefits (SOB) or the first layer HMO MBL, whichever is higher. In no instance will the client be reimbursed if the applicable Deductible has not been exhausted.
- As charged Private Room
- As charged Miscellaneous In-Patient Charges (including Chemotherapy, Radiotherapy and Dialysis; Physiotherapy and Speech Therapy only if administered as In-Patient)
- As charged Intensive Care Unit, Coronary Care Unit, Confinement and Miscellaneous Expenses incurred in the ICU, Operating Theater & Recovery Room.
- Attending Physician's Visit, Specialist's Fee, Surgeon's Fee and Anesthesiologist's Fee are subject to inner limits as follows:
 - 1. If no-cash-outlay: using the Company's Accredited Network Rates or RVS Rates (surgical procedures)
 - 2. If reimbursement: up to the indicated amount in the Schedule Of Benefit (SOB)

DAILY HOSPITAL INCOME (DHI) BENEFIT:

- Included as a cash assistance per confinement day up to maximum of 30 days per year. DHI limit is a separate MBL from the PHP2M In-Patient Benefits.
- Claims Payment: Starting confinement Day 1 subject to Flexishield coverage taking effect (i.e., if In-Patient Benefits of FlexiShield becomes payable, DHI will be paid from Day 1 of the confinement regardless if Day 1 hospital expenses were covered under first layer HMO Plan.)



Exclusions:

- Hospital expenses incurred within the limits of the first layer HMO plan. FlexiShield will
 provide coverage only after the first layer HMO plan's Maximum Benefit Limit (MBL) has
 been exhausted.
- Pandemic/epidemic (e.g., COVID-19) exclusion will be waived and FlexiShield benefit will be provided if covered by the first layer HMO Plan up to its MBL exhaustion.

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CORE BENEFITS

	LIMIT (in PHP)
Maximum Benefit Limit (MBL)	PHP2,000,000
Maximum Benefit per Disability	for each disability per year
Deductible Per Disability Per Year* First layer HMO's Maximum Benefit Limit or Annual Benefit Limit for each disability per year	
*In case of change to the first layer HMO's maximum benefit limit or annual benefit limit when the claim was incurred, the applicable Deductible shall be the indicated limit or the first layer HMO's maximum limit, whichever is higher. In no instance shall the Insured be covered if the applicable Deductible has not been exhausted.	«First Layer Plan's MBL»

Claims Settlement Method

100% reimbursement not to exceed the plan limit or direct settlement by the Company through its Accredited Network.

The benefits in the Sub-Schedule are IN ADDITION TO any benefits recoverable from PhilHealth or any other insurances or indemnities.

PATIENT/HOSPITALIZATION BENEFIT			
			BASIC HOSPITAL BENEFITS
Room and Board including General Nursing Care	Private Room		
Miscellaneous In-Patient Charges for required diagnostic laboratory tests; prescribed medicines; physiotherapies; blood and components; anesthesia and surgical appliances; Intravenous Chemotherapy, Radiotherapy and Dialysis; therapeutic procedures (e.g., Physical Therapy, Speech Therapy, etc.) related to the medical management of the Insured as prescribed by the Attending Physician	As charged		
Attending Physician's Visit* Daily limit of	As Charged using the Company's Accredited Provider Network Rates or Up to PHP4,000 via reimbursement		
Specialists' Fees* Daily limit of	As Charged using the Company's Accredited Provider Network Rates or Up to PHP4,000 via reimbursement		
CRITICAL CARE BENEFITS			
Intensive Care Unit, Coronary Care Unit, Telemetry	As charged		

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SURGICAL BENEFITS	
Operating Theater and Recovery Room	As charged
Surgeon's Fee* Total fees of the Surgeon(s) including pre-surgical assessment and normal post-surgical care while the Insured is confined.	As Charged using the Company's Accredited Provider Network Rates or Up to PHP180,000 per Disability per year via reimbursement
Anesthetist's Fee* not to exceed 50% of the approved amount payable to the Surgeon(s)	Based on the Company's Accredited Provider Network Rates or Up to PHP90,000 per Disability per year via reimbursement

^{*}As charged payment of Professional Fees is based on the Company's Accredited Network Rate or PhilHealth Relative Value Scale if claims are directly settled by the Company to the Physician or Hospital. PhilHealth Relative Value Scale is the table of value per procedure as provided by PhilHealth that the Company applies for the payment of a particular professional fee in an Accredited Network.

DAILY HOSPITAL INCOME BENEFIT

Claim Settlement Method

100% reimbursement of daily hospital cash assistance benefit resulting from eligible confinement period that is covered by FlexiShield.

Maximum Benefit Limit (MBL) Daily limit of	PHP1,000
Maximum Number of Confinement Days per Period of Insurance	30 days



Annual Premiums

As of 1 April 2024

	PHP2,000,000 MAXIMUM BENEFIT LIMIT		
AGE	FLEXISHIELD 150 DEDUCTIBLE RANGE FROM PHP150,000 TO PHP199,000	FLEXISHIELD 200 DEDUCTIBLE RANGE FROM PHP200,000 AND UP	
0 – 20	PHP8,019	PHP7,291	
21 – 35	PHP10,517	PHP8,400	
36 – 45	PHP15,131	PHP11,693	
46 – 55	PHP22,702	PHP17,685	
56 – 65	PHP35,549	PHP27,093	
66 – 70	PHP44,442	PHP33,891	
71 – 75	PHP53,330	PHP40,669	

Notes:

- 1. Deductible refers to the Maximum Benefit Limit (MBL) of the First Layer HMO which must be for each disability, per year.
- 2. Premiums are inclusive of all applicable taxes.
- 3. Premiums are subject to change depending on the results of the underwriting assessment.

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Our Companies

Pacific Cross Insurance, Inc. and Pacific Cross Health Care, Inc.

Pacific Cross is EXCELLENCE.

We are committed to bringing nothing but the best to our clients. Our decisions are based on an intricate understanding of our clients' needs, demands and expectations. We strive to create and innovate programs that will best serve our customers.

Pacific Cross is STABILITY.

We are one of the leading and most financially stable companies in the industry today. Our Premiums Earned in recent years put us in the top 10 non-life insurance companies in the Philippines.

Pacific Cross is EXPERIENCE.

We draw from over 70 years of experience in the insurance industry. Our actions are guided by a deep insight brought about by the knowledge we have gained through the years.

Pacific Cross is CUSTOMER SERVICE.

We are rooted in a commitment to ever improving customer service. We aim to be continuously progressive and professional. Our commendable track record and competent support staff ensure that you are given immediate and excellent service at all times.

Pacific Cross is a PARTNERSHIP OF TRUST.

We build and value enduring relationships. We consistently prove that we are worthy of the highest confidence — by our strict standards, the integrity of our promises and the results we deliver. In the event of a crisis, we assure you that Pacific Cross will be your friend and ally.



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