



IMPORTANT RENEWAL ANNOUNCEMENTS

Dear Valued Policyholder:

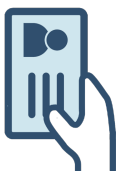
At Pacific Cross, we constantly review our products and services so we can find ways to better serve you. We keep you in mind as we look for ways to strengthen our business amidst an evolving socio-economic, medical, and business landscape. We want to always bring you benefits that are responsive to your needs especially during these challenging times. As your Insurance Policy renewal draws near, we would like to update you of the important changes and programs that affect your coverage with us:



Benefit Enhancements: We are pleased to advise that we have increased the inner limits of Anesthesiologist's Fee, Attending Physician's Visit and Specialist's Fee. Please review this material for further details on your benefit enhancements.



Key Policy Changes: We have improved the definition of Pre-Existing Conditions and had reiterated the first layer HMO requirements in the Insuring Agreement or the front page of the Policy. We have also extended the maximum age of eligibility from 65 years old to 75 years old. Please review this material to know what other changes to expect when you receive your Insurance Policy upon renewal.



Requirement for Renewal: As part of the renewal process, resubmission of proof of your existing and active first layer HMO plan (which should be on a per disability, per year limit) to us is required. It is also important to note that the existing and active first layer HMO plan should have a maximum benefit limit (MBL) of at least PHP150K and above. A first layer HMO plan with an MBL below PHP150K will not be eligible for renewal.



General Price Adjustments: Our regular pricing review considers several factors such as the rising over-all company claims experience, economic inflation, as well as the increasing cost of medical treatment and advancement. These factors have constrained us to increase our premiums for Renewal Business effective 1 June 2024.



Exclusive 0% Installment Payment Option: For lighter payments, you can now opt to pay your premium via credit card at 0% interest for up to 12 months.

- For key-in transactions, completely fill out and submit the [Flexishield Credit Card Authorization Form](#) (sent together with this letter). This option is available to BDO, BPI, EastWest Bank and Bank of Commerce cardholders.
- For card-present or in-person transactions, this option is available to BDO, BPI, Metrobank, EastWest Bank and Bank of Commerce cardholders.

Pacific Cross Insurance, Inc.

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Free Unlimited 24/7 Teleconsultations: We are #HereForYou to help you get faster and easier quality healthcare access. In partnership with KonsultaMD, you can enjoy unlimited medical consultations whenever and wherever.

For concerns or clarifications on any of these updates, please do not hesitate to reach out to us. Please refer to your **Renewal Notice** for your Renewal Officer's name and contact details. You can also get in touch with us through telephone number +63 2 8230-8533 or e-mail renewal@pacificcross.com.ph.

It has been our privilege to serve you this past year. We look forward to keeping you in our valued circle of Policyholders.

Thank you and we remain at your service.

Your Pacific Cross Renewal Team



BENEFIT ENHANCEMENTS AND KEY POLICY CHANGES FOR FLEXISHIELD



I. **BENEFIT ENHANCEMENTS**

The increase in benefits will commence on Policy effective date/renewal date and is *not* retroactive to claims *incurred and filed prior* to 1 June 2024. These increased benefits also do not apply to claims *incurred prior* to 1 June 2024 and *filed after* 1 June 2024.



1. **The limit of Anesthesiologist's Fee has been increased.**

ANESTHESIOLOGIST'S FEE (IN PHP)	
From:	not to exceed 40% of the approved amount payable to the Surgeon(s) Based on the Company's Accredited Network's RVS Or Up to 72,000 per Disability Per Year via reimbursement
	not to exceed 50% of the approved amount payable to the Surgeon(s) Based on the Company's Accredited Network's RVS Or Up to 90,000 per Disability Per Year via reimbursement
To:	

Note: The inner limit of **Surgeon's Fee** is *retained* as follows:

SURGEON'S FEE (IN PHP)	
Current	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 Network's RVS Or Up to 180,000 per Disability Per Year via reimbursement



2. **The limits of Attending Physician's Visit and Specialist's Fee have been increased.**




ATTENDING PHYSICIAN'S VISIT (IN PHP)	
From:	Daily limit of As charged using the Company's Accredited Network Rates Or Up to 3,000 via reimbursement
	Daily limit of As charged using the Company's Accredited Network Rates Or Up to 4,000 via reimbursement
To:	

SPECIALIST'S FEE (IN PHP)	
From:	Daily limit of
	As charged using the Company's Accredited Network Rates Or Up to 3,000 via reimbursement
To:	Daily limit of
	As charged using the Company's Accredited Network Rates Or Up to 4,000 via reimbursement



II.

KEY POLICY CHANGES | FLEXISHIELD MEDICAL INSURANCE POLICY

KEY POLICY CHANGES	
	INSURING AGREEMENT (FRONT PAGE OF POLICY WORDINGS) Contains the iteration of the first layer HMO requirements to become eligible for Flexishield second layer coverage. Pacific Cross Insurance, Inc. (herein referred to as the Company) agrees to insure the Person(s) (herein referred to as the Insured Person/s), as stated in Schedule 2 of the Policy, against loss covered by the Policy subject to and in accordance with the terms and conditions of the Policy, provided that: <ul style="list-style-type: none"> a.) the insured is covered by HMO which serves as his 1st layer provider; b.) no liability shall attach to the insurer hereunder unless and until the 1st layer provider have been paid or have been held to pay; and c.) the liability of the insurer hereunder shall not exceed the amount specified in the Policy Schedule.
	ELIGIBLE AGE The maximum eligible age covered under Flexishield Medical Plan has been extended from 65 years old to 75 years old . The existing first layer HMO Plan's maximum benefit limit or annual benefit limit is for each disability per year that is not less than PHP150,000 .
	2.1 Eligibility: Insured Person including Qualified Dependents (Spouse and Parent) who are not more than 75 years old are eligible based on proof of membership submitted upon application that each Insured Person are covered by an HMO which serves as his first layer provider of benefits. The existing first layer HMO maximum benefit limit or annual benefit limit is for each disability per year that is not less than PHP150,000.
	PRE-EXISTING CONDITIONS Definition has been revised by removing "natural history, whether or not Insured was aware of such condition" and the list of pre-existing conditions. This revised provision impacts New Business (newly Insured). As a renewing client, the eligibility of your claim will still be evaluated based on your declarations in the original Application, Application for Reinstatement and all other subsequent declarations including but not limited to Application for Amendment and Declaration of Insurability.

I. Definition of Terms:

(...)

1.39 Pre-Existing Condition:

Any Disability:

- a.) for which treatment, or medication, or advice, or diagnosis has been sought or received within two (2) years prior to the commencement of the Policy by an Insured Person; or
- b.) which was known by the Insured Person to exist prior to the commencement of the Policy whether or not treatment, or medication, or advice, or diagnosis was sought or received; or
- c.) which existed before the Policy Effective Date with respect to the Insured Person, who presented signs or symptoms of which the Insured Person was aware or should reasonably have been aware.

III. Policy Benefits:

3.1 Pre-Existing Condition: Pre-Existing Conditions declared to the Company and have been included by an Endorsement are covered according to the terms specified therein. Pre-Existing Conditions shall only be covered provided that there is no failure to disclose, misrepresent or conceal material information in the original Application and all other subsequent declarations including but not limited to Application for Amendment and Declaration of Insurability. Notwithstanding the disclosure by the Insured Person of a Pre-Existing Condition, the Company may permanently exclude from cover a specific medical condition or Disability upon written notice to the Insured Person.

Pre-Existing Conditions shall only be covered upon exhaustion of the existing first layer HMO maximum benefit limit or annual benefit limit that are eligible based on the first layer HMO's Contract/Agreement. Coverage based on special arrangement between the Policyholder and/or Insured and the first layer HMO shall not be regarded as an exhausted first layer HMO benefit. In no instance shall the Company provide coverage out of the first layer HMO's utilization of inner limits or due to its limited coverage for specific medical conditions. Every year upon renewal, utilization related to Pre-Existing Conditions will be covered only upon payment of additional premium as determined by Pacific Cross.



TERMS AND CONDITIONS

Changes in the Policy is subject to the approval of both the Company and the Insured.

7.13 Changes in plan, addition or deletion of benefits are allowable only during the renewal of the Policy subject to the approval of the Company and the Insured.