



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:



Plan Options Upgrade: We have reinforced our Select Plans against increasing medical costs as we expand our Select Plus Plan Options to add Private 3M (Maximum Benefit Limit: PHP3M) and Private 5M (Maximum Benefit Limit: PHP5M) which refer to claims utilization up to an aggregate per year limit.



Benefit Enhancements: We are pleased to advise that we have significantly increased the Maximum Benefit Limits of Plan Options Ward, Semi-Private, and Private 2M (formerly *Private*) – along with the increase in the inner limits of Anesthesiologist's Fee, Attending Physician's Visit and Specialist's Fee, Private Duty Nurse Fee, and Emergency Out-Patient Treatment. Please review this material for further details on your benefit enhancements.



Key Policy Changes: We have identified subcategories on Surgical Procedures and Non-Surgical Procedures in order to clarify and align the coverage and limits for each. We have also extended the maximum age of eligibility from 65 years old to 100 years old. Please review this material to know what other changes to expect when you receive your Insurance Policy upon 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 January 2024.



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.

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Value Plus Rewards Promo: It pays to pay on time with Pacific Cross! If you pay your Premiums on or before your renewal due date, Insured Persons under your Insurance Policy who are 20 to 65 years old become qualified for our Value Plus Promo. As you secure your health, you will also enjoy perks and rewards from us. Please refer to our promo flyer for more details.

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 SELECT STANDARD AND SELECT PLUS (WARD, SEMI-PRIVATE, PRIVATE)



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 January 2024. These increased benefits also do not apply to claims *incurred prior* to 1 January 2024 and *filed after* 1 January 2024.



1. The Maximum Benefit Limit (MBL) for each Plan Option has been increased.

MAXIMUM BENEFIT LIMIT (IN PHP)			
Plan Options:	Ward	Semi-Private	*Private 2M
From:	500,000	750,000	1,500,000
To:	1,000,000	1,500,000	2,000,000

*The Plan Option **Private 2M** refers to the previous Plan Option **Private**. This is now specified as Private 2M in respect of the additional higher Plan Options newly available under Select Plus, namely, Private 3M and Private 5M.

- For **Select Standard Plans** which provide MBL *for each Disability per Lifetime*: If the MBL is already exhausted for certain Disabilities and permanent exclusion has been imposed or is imposable due to exhausted utilization, it will not be automatically lifted to provide the “remaining” limit caused by this MBL enhancement. The permanent exclusion shall be retained based on the Lifetime Limit definition of the Policy. However, a permanent exclusion may be subject to evaluation upon request and after satisfactory complying with medical documents and test results, and acceptance of any loading or limited coverage, if applicable.
- The increase in MBL is effective upon the renewal of Policy of the same Plan Option and is not subject to the restrictions under Upgraded Policies.



2. The limits of Anesthesiologist's Fee have been increased.

ANESTHESIOLOGIST'S FEE (IN PHP)			
Plan Options:	Ward	Semi-Private	Private 2M
From:	not to exceed 40% of the approved amount payable to the Surgeon(s) up to a per disability per year limit of		
	24,000	36,000	72,000
To:	not to exceed 50% of the approved amount payable to the Surgeon(s) up to a per disability per year limit of		
	30,000	45,000	90,000

Note: The inner limits of **Surgeon's Fee** are **retained** as follows:

SURGEON'S FEE (IN PHP)			
Plan Options:	Ward	Semi-Private	Private 2M
Current	The amount to be covered is based on the total fees of the Surgeon(s) including pre-surgical assessment and normal post-surgical care while the Insured Person is confined in the treatment country up to a per disability per year limit of		
	60,000	90,000	180,000

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

ATTENDING PHYSICIAN'S VISIT (IN PHP)			
Plan Options:	Ward	Semi-Private	Private 2M
	Daily visit fee to a limit of		
From:	1,500	2,000	3,000
To:	2,000	3,000	4,000

SPECIALIST'S FEE (IN PHP)			
Plan Options:	Ward	Semi-Private	Private 2M
	for 10 days for each disability, per year to a daily limit of		
From:	1,500	2,000	3,000
To:	2,000	3,000	4,000

4.  The limits of Private Duty Nurse have been increased.

PRIVATE DUTY NURSE (IN PHP)			
Plan Options:	Ward	Semi-Private	Private 2M
	at home only for up to five (5) days immediately after hospitalization and when certified necessary by the Attending Physician. Daily visit fee to a limit of		
From:	600	900	1,800
To:	1,200	1,800	3,600




5.  The limits of Emergency Out-Patient Treatment have been increased.

EMERGENCY OUT-PATIENT TREATMENT (IN PHP)			
Plan Options:	Ward	Semi-Private	Private 2M
	for a covered emergency treatment not leading to confinement as provided by the out-patient department of a hospital or a licensed doctor in his clinic up to a maximum limit per disability per year of		
From:	5,000	6,000	7,000
To:	6,000	7,000	8,000



II.

KEY POLICY CHANGES | SELECT MEDICAL INSURANCE POLICY

KEY POLICY CHANGES						
	PROCEDURE DONE ON AN OUT-PATIENT BASIS Subcategories were added to clarify the coverage and limits.					
	Schedule 3: Schedule of Benefits <table border="1"> <tr> <th colspan="2">Procedure Done on an Out-patient Basis for selected procedures as approved by Pacific Cross.</th></tr> <tr> <td> <ul style="list-style-type: none"> Surgical Procedures (<i>Cataract Extraction; *Dilation & Curettage; Excision of Mass/Tumor; Aspiration/Excision Biopsy of Cyst/Mass; Incision & Drainage; Ingrown Toenail Surgery or Wedge Resection; Brachytherapy; Colonoscopy or Gastroscopy with Excision Biopsy; Angioplasty or other procedures as may be approved by the Company.</i>) *Coverage for Dilation and Curettage (D&C) procedure is for non-maternity related conditions only. </td><td>Subject to the limits of the Surgical Benefits</td></tr> <tr> <td> <ul style="list-style-type: none"> Non-Surgical Procedures (<i>Intravenous Chemotherapy; Radiotherapy/Cobalt Therapy; Radioactive Iodine [RAI] Therapy; Colonoscopy or Gastroscopy without Biopsy; Hemodialysis; Blood Transfusion; Electrodesiccation/Electrocautery of Warts from the neck down; Angiogram or other procedures as may be approved by the Company.</i>) </td><td>Up to Maximum Benefit Limit</td></tr> </table>	Procedure Done on an Out-patient Basis for selected procedures as approved by Pacific Cross.		<ul style="list-style-type: none"> Surgical Procedures (<i>Cataract Extraction; *Dilation & Curettage; Excision of Mass/Tumor; Aspiration/Excision Biopsy of Cyst/Mass; Incision & Drainage; Ingrown Toenail Surgery or Wedge Resection; Brachytherapy; Colonoscopy or Gastroscopy with Excision Biopsy; Angioplasty or other procedures as may be approved by the Company.</i>) *Coverage for Dilation and Curettage (D&C) procedure is for non-maternity related conditions only. 	Subject to the limits of the Surgical Benefits	<ul style="list-style-type: none"> Non-Surgical Procedures (<i>Intravenous Chemotherapy; Radiotherapy/Cobalt Therapy; Radioactive Iodine [RAI] Therapy; Colonoscopy or Gastroscopy without Biopsy; Hemodialysis; Blood Transfusion; Electrodesiccation/Electrocautery of Warts from the neck down; Angiogram or other procedures as may be approved by the Company.</i>)
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III. Policy Benefits: Subject to the Company's approval, surgical or non-surgical procedure undertaken on an Out-Patient basis is regarded as a covered expense under the In-Patient Benefit/Hospitalization Benefit for the treatments as specified in Schedule 3 of the Policy and are subject to the limits as indicated therein. Expenses on ancillary services such as required diagnostic laboratory procedures, physician or specialist consultation, and prescribed medicines are covered under the Out-Patient limit of the plan, if any.						
	ELIGIBLE AGE The maximum eligible age covered under Select Medical Plan has been extended from 65 years old to 100 years old.					
	2.1 Eligibility: Insured Person including Qualified Dependents (Spouse and Parent) who are not more than 100 years old are eligible subject to the Company's prevailing Underwriting Guidelines.					
	OUT-PATIENT PRE-NATAL AND POST-NATAL CONSULTATION BENEFIT Benefit Limitations were clarified to mean that Pediatrician is covered for an Insured Child.					
	3.10 Out-Patient Benefit: (...)					
Benefit Limitations:						

- (...)
- d.) Professional Fee of a Pediatrician under Pre-natal and Post-natal Consultation benefit is not covered;
and
- (...)



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. Coverage for Pre-existing Conditions have been enhanced by removing the 1-year Waiting Period from the inception of the Policy. 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:

(...)

1.40 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 in respect of an Insured Person, which 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 Condition declared to the Company and has been included by an Endorsement is 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, Application for Reinstatement 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.



GENERAL EXCLUSION

The exclusion on professions with physical hazard has been clarified by providing further description and examples.

The following conditions and all expenses related to them are not covered under the Policy:

(...)

5.38 Injury or disease arising out of duties of employment or professions with physical hazard including but not limited to manual labour in commercial diving, commercial fishing, oil well drilling, mining, handling of explosives, construction site working, delivery and truck driving, structural iron/steel/logging workers, industrial or heavy machinery operators, electrical engineers, aircraft pilot, stunt works and aerial photography;

Note: All items marked with "(...)" mean there are no changes to those sections. This document highlights key statements/provisions that have been updated.