



IMPORTANT RENEWAL ANNOUNCEMENTS

Dear Valued Client:

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 Health Care Agreement 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 significantly increased the Maximum Benefit Limits of Plan Options 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 Agreement Changes: We have identified subcategories on Surgical Procedures and Non-Surgical Procedures in order to clarify and align the coverage and limits for each. Please review this material to know what changes to expect when you receive your Health Care Agreement 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.



Value Plus Rewards Promo: It pays to pay on time with Pacific Cross! If you pay your Membership Fees on or before your renewal due date, Members under your Health Care Agreement 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.

Pacific Cross Health Care, Inc.

8 Rockwell Building, Hidalgo Drive,
Makati City, Metro Manila, Philippines



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 Clients.

Thank you and we remain at your service.

Your Pacific Cross Renewal Team

BENEFIT ENHANCEMENTS AND KEY AGREEMENT CHANGES FOR SELECT STANDARD WITH ACCESS AND SELECT PLUS WITH ACCESS (SEMI-PRIVATE, PRIVATE)



I. BENEFIT ENHANCEMENTS

The increase in benefits will commence on Agreement 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:	Semi-Private	*Private 2M
From:	750,000	1,500,000
To:	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.

- For **Select Standard with Access 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 impossible 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 Agreement. 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 Agreement of the same Plan Option and is not subject to the restrictions under Upgraded Agreements.

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

ANESTHESIOLOGIST'S FEE (IN PHP)		
Plan Options:	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	
	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	
	45,000	90,000

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

SURGEON'S FEE (IN PHP)		
Plan Options:	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	
	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:	Semi-Private	Private 2M
	Daily visit fee to a limit of	
From:	2,000	3,000
To:	3,000	4,000

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

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




PRIVATE DUTY NURSE (IN PHP)		
Plan Options:	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:	900	1,800
To:	1,800	3,600

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

EMERGENCY OUT-PATIENT TREATMENT (IN PHP)		
Plan Options:	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:	6,000	7,000
To:	7,000	8,000



II. KEY AGREEMENT CHANGES | ACCESS AGREEMENT

KEY AGREEMENT 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>)
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>) 	Up to Maximum Benefit Limit					
III. Agreement 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 the Schedule 3 of the Agreement 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.						
	OUT-PATIENT PRE-NATAL AND POST-NATAL CONSULTATION BENEFIT Benefit Limitations were clarified to mean that Pediatrician is covered for an Insured Child.					
	3.9 Out-Patient Benefit: (...) Benefit Limitations: (...) d.) Professional Fee of a Pediatrician under Pre-natal and Post-natal Consultation benefit is not covered; and (...)					
	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 this Agreement:
(...)

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.