



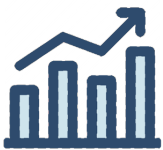
IMPORTANT RENEWAL ANNOUNCEMENTS

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:



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. 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.



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

KEY POLICY CHANGES FOR BLUE ROYALE PLANS B & C

BLUE ROYALE MEDICAL INSURANCE POLICY EFFECTIVE 1 JANUARY 2024

| 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 <i>for selected procedures as approved by Pacific Cross.</i></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; Electrodessication/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 <i>for selected procedures as approved by Pacific Cross.</i> | | <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; Electrodessication/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 Blue Royale Medical Plan has been extended from 65 years old to 100 years old. | | | | | |
| | 1.1 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

(Included under the Supplementary Out-Patient Care of Blue Royale A; not available under *Old* Blue Royale A and Blue Royale Premier; no Policy change under Maternity Benefit of Blue Royale B & C)

Benefit Limitations were clarified to mean that screening and treatment for congenital conditions and vaccinations will be covered if provided for in Schedule 3 of the Policy and that Pediatrician is covered for an Insured Child.

3.14 Out-Patient Benefit:

(...)

Benefit Limitations:

(...)

- d.) Screening and treatment for congenital conditions and vaccinations under Pre-natal and Post-natal Consultation benefit are not covered;
- e.) 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:

(...)

1.44 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:
(...)

5.33 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.