

Get an **all-inclusive medical and travel coverage** with more benefits and higher benefit limits with **Blue Royale Plan A and Plan B!**



- Maximum coverage of up to USD1 million (Plan B)
- Your choice of doctor and hospital
- With Supplementary Out-Patient Care for Plan A (e.g., Doctor Consultations, Prescribed Medicines, Diagnostic Tests, etc.) and fully covered Out-Patient Care for Plan B
- Coverage for travel inconveniences
- No-cash-out or file for claim reimbursement (10% Co-payment no longer applies. *)
- Optional coverage for Vision (for Plan B) and Dental Benefits



**The 10% Co-Payment term wherein Pacific Cross pays 90% of the approved claim amount is not applicable to our Blue Royale Plans A, B & C Senior Plans. With Blue Royale, you can avail of medical treatment via no-cash-outlay using our accredited network or file for reimbursement and get 100% of the approved claim amount.*

MAKE THE MOVE TO BLUE ROYALE NOW.

Check your Renewal Notice or get in touch with your Renewal Officer through telephone number **+63 2 8230-8533** or e-mail **renewal@pacificcross.com.ph**.

If you are a current Policyholder of:	Make the move to:
BLUE ROYALE PREMIER MAJOR	BLUE ROYALE PLAN A
BLUE ROYALE PREMIER STANDARD	BLUEROYALE PLAN B

CORE BENEFITS

MAXIMUM COVERAGE PER YEAR (aggregate limit per year)	Plan A USD500,000	Plan B USD1,000,000
IN-PATIENT BENEFITS		
Room and Board including General Nursing Care		
Daily Limit for Philippine confinement	USD300	USD600
Daily Limit for Overseas confinement	Private Room up to USD1,000	Private Room up to USD1,500
Miscellaneous In-Patient Charges for required diagnostic laboratory tests, prescribed medicines and supplements, blood and components, anesthesia, surgical appliances and devices, and intra-operative standard prosthetics (as approved by Pacific Cross)	As Charged	As Charged
Professional Fee	As Charged	As Charged
Intensive Care Unit, Coronary Care Unit, Telemetry	As Charged	As Charged
Operating Theater and Recovery Room	As Charged	As Charged
Surgeon's Fee includes pre-surgical assessment and normal post-surgical care while confined in the treatment country for each disability	USD30,000	As Charged
Anesthesiologist's Fee	50% of Surgeon's Fee	As Charged
Bariatric Surgery Procedures covers specific In-Patient Bariatric Surgery Procedures intended for weight loss and its complications (i.e., Gastric Bypass, Sleeve Gastrectomy, Adjustable Gastric Band and Biliopancreatic Diversion with Duodenal Switch) <i>Any out-patient medical services related to the preparation or subsequent to the surgical procedure, such as weight loss supplements or medicines are not covered.</i> Benefit will apply after five (5) years of continuous coverage under Blue Royale Plans A, B and C and any renewal thereof. It will be subject to the inner limits of In-Patient/Hospitalization Benefits under a combined Lifetime Limit of	USD2,000	USD3,000
Private Duty Nurse when certified necessary by the Attending Physician (at home for up to 30 days immediately after hospitalization)	As Charged	As Charged
Procedure Done on an Out-Patient Basis for selected procedures as approved by Pacific Cross		
<ul style="list-style-type: none"> Surgical Procedures Cataract Extraction; *Dilation & Curettage; Excision of Mass/Tumor; Aspiration/Excision Biopsy of Cyst/Mass; Incision & Drainage; Ingrown Toenail Surgery or Wedge Resection; Brachytherapy; Electrodessication/Electrocautery of Warts from the neck down; Colonoscopy or Gastroscopy with Excision Biopsy; Angioplasty; and 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.</i> 	Subject to the limits of the Surgical Benefits	
<ul style="list-style-type: none"> Non-Surgical Procedures Intravenous Chemotherapy; Radiotherapy/Cobalt Therapy; Radioactive Iodine (RAI) Therapy; Colonoscopy or Gastroscopy without Biopsy; Hemodialysis; Blood Transfusion; Angiogram; and other procedures as may be approved by the Company. 	Up to Maximum Coverage Limit	

	Plan A	Plan B
OUT-PATIENT BENEFITS		
Major Out-Patient Care		
Consultation in Doctor's Office <i>covers Professional Fees of general practitioner, Specialist, Chinese medicine practitioner, Acupuncturist, and herbalist necessary for the treatment of a covered disability</i>	As Charged up to 90 days immediately after hospitalization	As Charged (with or without prior hospitalization)
Physiotherapist or Chiropractor <i>necessary for the treatment of a covered disability</i>		
Prescribed Medicines and Supplements <i>covers take home medicines for maintenance drugs and supplements including herbal and Chinese medicines, vitamins, food supplements, and hormone supplements/replacement therapy necessary for the treatment of a covered disability</i>	(i.e., available only as a Post-Hospitalization Follow-Up Care Benefit)	
Diagnostics, X-rays and Laboratory Tests <i>necessary for the treatment of a covered disability</i>		
Surgical Appliances and Devices <i>includes durable medical equipment and c</i>		
Supplementary Out-Patient Care covering Out-Patient availments not requiring prior hospitalization or not related to a medical condition where the 90 days Post-Hospitalization Follow-Up Care Benefit is applicable. Also covers Out-Patient availments incurred beyond 90 days after hospitalization for a covered condition. Supplementary Out-Patient Care shall be limited to the following services and treatments:	Pacific Cross pays 80% up to a limit per year of USD2,500	Major Out-Patient Care will apply
Consultation in Doctor's Office <i>covers Professional Fees of general practitioner, Specialist, Chinese medicine practitioner, Acupuncturist, and herbalist necessary for the treatment of a covered disability</i>	(via Reimbursement only)	
Physiotherapist or Chiropractor <i>necessary for the treatment of a covered disability</i>		
Prescribed Medicines <i>covers Out-Patient medicines for maintenance drugs procured from a recognized pharmacy, including herbal and Chinese medicines, hormone supplements/replacement therapy necessary for the treatment of a covered disability, excluding vitamins and supplements</i>		
Diagnostic, X-rays and Laboratory tests <i>necessary for the treatment of a covered disability</i>		
Pre-natal and Post-natal Consultations <i>excluding laboratory procedures/examinations, medicines, and vaccinations</i>		
Other Alternative Treatments Homeopathy, Osteopathic Manipulative Therapy (OMT), Bonesetter, Iridology and any medication prescribed by the mentioned alternative treatments to a limit per year of	USD1,500	USD3,000
Executive Check-Up (ECU) Package and Vaccinations* Available to each Insured Person starting on his/her second year with Pacific Cross, provided that he/she has any of the Blue Royale Plans (A, B, or C) the preceding year and is covered under Blue Royale Plan A, B, or C upon Policy renewal. Covers Out-Patient ECU Package and Vaccinations availed of at any hospital or any clinic. Aggregate limit per year of up to *This benefit may be availed of after full payment of annual premium or after full payment of both semi-annual premiums. *For Group accounts, this benefit is subject to underwriting guidelines.	USD200	USD500
EMERGENCY BENEFITS		
Emergency Out-Patient Treatment for treatment of emergency cases/conditions not leading to confinement provided by the Out-Patient department of a hospital or a licensed doctor in his clinic for a covered disability	As Charged	As Charged
Emergency Dental Services due to a covered accident	As Charged	As Charged
Emergency Local Ambulance Service from place of occurrence to the nearest hospital facility or from hospital to hospital using land transportation service. If local land transportation facility is not available, other transportation facilities are allowed subject to the approval of Pacific Cross.	As Charged	As Charged

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	Plan A	Plan B
Emergency Overseas Coverage overseas cover is for an unlimited number of trips outside the Philippines, provided that each trip does not exceed 90 days except if Treatment Area Limitation (TAL) discount option is selected.	Included	Included
Worldwide Emergency Assistance Pacific Cross, through our designated assistance provider, will provide the assistance and advice (24 hours a day, 7 days a week) for free but the policyholder will be responsible for any third party charges incurred as a result of such advice or assistance unless otherwise specified elsewhere in the Policy. Insured Person must be traveling 100 miles (or 150 kilometers) or more from his primary and legal address or in another country which is not his Country of Residence for less than 91 days unless otherwise endorsed in the Policy.	Included	Included
Services* include but are not limited to the following: <ul style="list-style-type: none">• Emergency Medical Evacuation: Evacuation under appropriate medical supervision to the nearest medical facility• Medical Repatriation: Repatriation under medical supervision to the Insured Person's legal residence or to a medical or rehabilitation facility near the Insured Person's residence• Return of Mortal Remains: The return of mortal remains will be arranged and paid for.• Compassionate Visit: When an Insured Person is traveling alone and will be hospitalized for more than 5 consecutive days, an economy, round-trip, common carrier transportation will be provided to a family member or a friend to accompany the Insured Person.• Care of Minor Child(ren): One-way economy common carrier transportation will be provided to the place of residence of minor child(ren) when they are left unattended as a result of medical emergency or death of an Insured Person.		
*Availment of services through our designated assistance provider, limit per year of	As Charged and on top of the Maximum Coverage Limit	
*Availment of services <i>not</i> through our designated assistance provider, limit per year of	As Charged and part of the Maximum Coverage Limit	
The actual cost will be paid via reimbursement by the Company subject to the limits specified which will form part of the Maximum Coverage Limit of the plan provided that such assistance is a result of a covered illness, accidental injury or death occurring during the Period of Insurance.		
ORGAN TRANSPLANT fees for kidney, heart, liver, lungs, and bone marrow transplants (as approved by Pacific Cross) including follow-up treatment and sequelae. Coverage is subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits	Included	Included
MENTAL AND NERVOUS DISORDERS covering biologically based mental illness and degenerative brain disorder as defined in the Policy. Coverage is subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits under a lifetime limit of	USD7,000	USD13,000
AIDS/HIV benefit will apply after 5 years of continuous coverage under the Blue Royale Policy and any renewal thereof. It will be subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits under a combined lifetime limit of	USD25,000	USD100,000
CONGENITAL CONDITIONS for the treatment of congenital, heredo-familial, developmental abnormalities, birth defect. Benefit will apply after 5 years of continuous coverage under the Blue Royale Policy and any renewal thereof. It will be subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits under a lifetime limit of	USD1,000	USD2,000
MATERNITY BENEFIT all inclusive limit per pregnancy for pre-natal and post-natal care, normal delivery, surgical delivery, miscarriage, threatened and therapeutic abortion, complications of pregnancy including re-hospitalization and nursery for the newborn up to 7 days including infant formula, room-in cost and newborn screening (excluding Pediatrician's Professional Fee, screening and treatment for congenital conditions and vaccinations). Benefits are subject to waiting periods as fully indicated in the Policy (12 months for post-natal care, normal, and surgical delivery; 90 days for miscarriage, threatened and therapeutic abortions)	Not Available	USD5,000

	Plan A	Plan B
HOSPICE CARE	USD5,000	USD5,000
following the Attending Physician's diagnosis that a covered condition under the Policy is terminal, such that a patient is expected to live 6 months or less because there is no available treatment which will be effective in aiding recovery, this benefit will cover the cost of pain management, services and accommodation should the patient decide (as prescribed by the Attending Physician) to stay in an In-Patient hospice facility or institution duly constituted and registered to provide a centralized program of palliative and supportive services to dying persons in the form of physical, psychological, social and spiritual care. The indicated amount is a lifetime limit whether stay in an In-Patient hospice facility is continuous or not.		
BURIAL EXPENSES BENEFIT DUE TO ACCIDENT	USD500	USD1,000
reimbursement of burial expenses if the Insured Person dies during the Period of Insurance due to an Accident covered by the Policy, up to a limit of		
VALUE ADDED BENEFITS		
Pacific Cross Health Care Card	Included (IP & ER only)	Included
treatment at all Pacific Cross accredited medical facilities in the Philippines, up to plan limits with no-cash-outlay		
Sports Coverage	Included	Included
for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits)		
Free Child Coverage	Included	Included
free coverage for a newborn of a female Insured as early as the infant's 15th day up to the female Insured's Policy renewal. Effective date of the infant's coverage is upon submission of application form and is subject to 30 Days Qualifying Period.		
Antivenom, Rabies and Tetanus Post-Exposure Prophylaxis	As Charged	As Charged
coverage for injections of specified vaccines and necessary immunoglobulin after exposure to pathogen(s) to prevent infection from occurring		
COVID-19 Vaccine	USD100	USD250
reimbursement for vaccine acquisition and administration availed of overseas or within the Philippines up to a per year limit of		
TRAVEL+ BENEFITS	The limits are on a 90 days per trip basis, except for Blue Royale Medical Insurance Policies whose premiums have been charged for overseas stay of more than 90 days	
Included in Core Benefits		
Land Vehicle Rental Excess Protection	USD1,000	USD1,000
Reimbursement of excess or deductible of the rented land vehicle insurance, in case the rented land vehicle was damaged due to collision, fire, external explosion, self-ignition or lightning.		
Land Vehicle Rental Return	USD500	USD500
Reimbursement for the penalties and charges related to the late return of the rented land vehicle.		
Baggage Delay		
Lump sum cash benefit if accompanying baggage was delayed, misdirected or temporarily misplaced.		
minimum of six (6) hours	USD200	USD200
after 48 hours	USD200	USD200
Loss or Damage to Baggage & Personal Effects	USD3,000	USD3,000
Reimbursement for loss or damage to baggage, clothing, prescribed medicines, bags, footwear and other personal effects.		
per item, pair or set limit	USD150	USD150
Loss or Damage to Sporting Equipment	USD600	USD600
Benefit payment for loss, theft or damage to select sporting equipment.		
per item, pair or set limit	USD150	USD150
Loss of Gadget(s)	USD1,000	USD1,000
Reimbursement for loss of laptop, tablet and/or mobile phone.		

	Plan A	Plan B
Theft of Cash Reimbursement of the equivalent amount of stolen cash while being physically carried on by the Insured Person during the Period of Insurance.	USD300	USD300
Loss of Travel Documents Reimbursement for the cost of replacement of lost passport, re-issuance of tickets, and expenses necessary in obtaining such replacements. <i>travel and unplanned accommodation (max. of 2 days)</i>	USD3,000 USD110	USD3,000 USD110
Mobile Phone Charges Reimbursement for mobile phone charges incurred for contacting the Pacific Cross hotline or designated assistance provider.	USD100	USD100
Trip Cancellation Reimbursement for the non-refundable portion of travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip which you have not pursued yet. <i>if due to sudden acts of terrorism</i>	USD4,000 USD2,000	USD4,000 USD2,000
Trip Cancellation for Any Reason Reimbursement for portions of the payments made in advance for unused trip arrangements, travel agency and/or tour operator fees, or cost for frequent traveler points which were abandoned due to reasons not covered under the Trip Cancellation benefit, subject to limitations and terms of the Policy.	USD2,800	USD2,800
Trip Termination Reimbursement for the non-refundable portion of the travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip which you have pursued but decided to terminate in the middle of the trip. <i>if due to sudden acts of terrorism</i>	USD4,000 USD2,000	USD4,000 USD2,000
Staff Replacement (For Business Trip Only) Reimbursement for economy round-trip common carrier transportation and reasonable accommodation expenses incurred to send one (1) alternative staff to take over the Insured Person's planned business journey.	USD3,000	USD3,000
Flight Delay A lump sum cash benefit for a minimum of six (6) hours delay as a result of flight delay in a bus line, shipping line, airline or rail transit. <i>minimum of six (6) hours after 48 hours</i>	 USD200 USD200	 USD200 USD200
Missed Connecting Flight A lump sum cash benefit per six (6) consecutive hours for maximum of 96 hours (maximum of 16 payments) in the event of a missed connecting flight due to the late arrival of the incoming flight.	USD200	USD200
Strikes or Hijack Daily allowance for each full day up to 10 days that the traveler is delayed from reaching the scheduled destination for a minimum of 12 hours.	USD200	USD200
Alternative Means of Transportation Reimbursement for the cost of new flight and related fare expenses incurred for the use of alternative onward public transportation.	USD400	USD400
Trip Postponement Reimbursement for the non-refundable portion of travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip which was postponed with more than 24 hours waiting time.	USD300	USD300

DENTAL BENEFITS

(Optional Benefit available for Blue Royale Plans A&B)

AGE GROUP	PLAN A and B
0 - 3 years old	310
4 - 100 years old	634

VISION BENEFITS

(Optional Benefit available for Blue Royale Plan B)

AGE GROUP	PLAN B
0 - 100 years old	165

For groups of 21 members or more who all opt for this benefit (no exception).