

Get an **all-inclusive medical and travel coverage** with more benefits and higher benefit limits with **Select!**



- Higher maximum coverage from PHP1 million (Ward) up to PHP2 million (Private 2M)
- Comprehensive benefits (e.g., confinement, critical care, surgery, emergency, auto-immune [Available after 5 years of continuous coverage. This includes your Policy years under the Premier Medical Plan], etc.)
- Coverage for travel inconveniences
- New access to no-cash-out facility vs. your current Premier's reimbursement only (10% Co-payment no longer applies.*)
- Optional coverage for Out-Patient (available up to 80 years old) and Dental Benefits



The 10% Co-Payment term wherein Pacific Cross pays 90% of the approved claim amount is not applicable to our Select Senior Plans. With **Select, 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 SELECT 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:
PREMIER WARD	SELECT STANDARD WARD
PREMIER SEMI-PRIVATE	SELECT STANDARD SEMI-PRIVATE
PREMIER PRIVATE	SELECT STANDARD PRIVATE 2M

IMPORTANT: Premier Medical Plan Policyholders can continue to avail of Premier Medical Plan for two (2) more Policy years or opt to renew **now** under a more comprehensive plan.



CORE BENEFITS

(In-Patient & Emergency)

	SELECT PLUS & SELECT STANDARD		
	WARD	SEMI-PRIVATE	PRIVATE 2M
Maximum Coverage	₱1,000,000	₱1,500,000	₱2,000,000
BASIC HOSPITAL BENEFITS			
Room and Board including General Nursing Care.	As Charged	As Charged	As Charged
Miscellaneous Hospital Expenses for required diagnostic laboratory tests, prescribed medicines, physiotherapies, blood and components, anesthesia, and surgical appliances.	As Charged	As Charged	As Charged
Physician's Visit (non-surgical) daily visit fee to a limit of	2,000	3,000	4,000
Specialist's Fee for 10 days for each disability per year to a daily limit of	2,000	3,000	4,000
Private Duty Nurse at home only when certified necessary by Attending Physician to a maximum of 5 days, immediately after hospitalization. Daily visit fee to a limit of	1,200	1,800	3,600

	SELECT PLUS & SELECT STANDARD		
	WARD	SEMI-PRIVATE	PRIVATE 2M
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; Electrodesiccation/ 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		
CRITICAL CARE BENEFITS			
Intensive Care Unit, Coronary Care Unit & Telemetry maximum of 10 days per disability, per year	As Charged	As Charged	As Charged
Operating Theater & Recovery Room	As Charged	As Charged	As Charged
Surgeon's Fee per disability, per year limit of	₱60,000	₱90,000	₱180,000
Anesthesiologist's Fee not to exceed 50% of the approved Surgeon's Fee	30,000	45,000	90,000
Artificial Limb including rental of mechanical devices (as approved by Pacific Cross) excluding implantable devices	As Charged	As Charged	As Charged
Medical Implant Due to Accident Covers the cost of implantable devices necessary for a surgical procedure to treat a covered Injury resulting from Accident wholly occurring during the Period of Insurance. Per disability, per year limit of	25,000	25,000	25,000
EMERGENCY BENEFITS			
Emergency Out-Patient 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. Maximum limit per disability, per year.	6,000	7,000	8,000

	SELECT PLUS & SELECT STANDARD		
	WARD	SEMI-PRIVATE	PRIVATE 2M
Emergency Dental Services due to a covered accident.	As Charged	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. <i>(If local land transportation facility is not available, other transportation facilities are allowed subject to the approval of Pacific Cross. Maximum limit per disability, per year is ₱15,000.)</i>	As Charged	As Charged	As Charged
Emergency Overseas Coverage worldwide cover is included for no more than 30 days per trip for travel overseas during the Policy year. Reimbursement of overseas medical expenses is for emergency cases only.	Up to Maximum Benefit Limit subject to the inner limits of the In-Patient/Hospitalization and Emergency Out-patient Treatment that are based on currently applicable medical rates of the Company's pre-determined Philippine tertiary hospital.		
Worldwide Emergency Assistance Services Pacific Cross, through our assistance partner, will provide the assistance and advice (24 hours a day, 7 days a week) for free but the client 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 or her Country of Residence for less than 91 days unless otherwise endorsed in the Policy. Services* include but not limited to the following: <ul style="list-style-type: none">Emergency Medical Evacuation: Evacuation under appropriate medical supervision to the nearest medical facilityMedical Repatriation: Repatriation under medical supervision to the Insured Person's legal residence or to a medical or rehabilitation facility near the Insured Person's residenceReturn 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	₱50,000 combined limit	₱50,000 combined limit	₱50,000 combined 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.			
AUTO-IMMUNE CONDITIONS			
Benefit will apply after five (5) years of continuous coverage under Select Plan(s) and any renewal thereof. It will be subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits (if any) under a combined Lifetime Limit of	100,000	150,000	300,000

		SELECT PLUS & SELECT STANDARD		
		WARD	SEMI-PRIVATE	PRIVATE 2M
MENTAL HEALTH CARE BENEFIT				
Covers consultations and counselling for mental and emotional health issues due to:				
<ul style="list-style-type: none">mood disorders (e.g., depression or bipolar disorder), anxiety disorders, personality disorders, psychotic disorders (e.g., schizophrenia), dementia, eating disorders and trauma-related disorders (e.g., post-traumatic stress disorder).life situations and experiences such as general anxiety and depression, illness-related depression, grief over the loss of a loved one, stress management, loneliness or living alone, lack of motivation, frustration, anger management issues, fear or phobia, family conflict and issues, relational problems, gender issues, bullying, social rejection and discrimination, domestic violence and abuse, low self-esteem problems, insomnia, life transition issues, neighborhood and living environment problems, financial problems or low income issues, and acculturative stress.				
This Mental Health Care Benefit excludes coverage for substance abuse disorders, congenital or neurodevelopmental disorders, hypersexual disorders, impulse control disorders, and behavioral addictions such as gambling, and gaming.				
The following services are covered excluding medicines and drugs that may be prescribed during consultation and counselling:				
Consultation with a Psychologist, Psychotherapist, Psychiatrist, and other mental health care professionals	Up to ₱1,000 per visit	Up to ₱1,000 per visit	Up to ₱1,000 per visit	
Reimbursement of professional fee up to a maximum of 3 visits per Policy year upon presentation of final diagnosis				
Counselling	Up to 600 per session	Up to 600 per session	Up to 600 per session	
Reimbursement of counselling or therapy sessions prescribed by the Mental Health Care Professional up to a maximum of 3 sessions per Policy year				
ANNUAL PHYSICAL EXAMINATION (APE)				
via no-cash-outlay only (to be done in accredited Pacific Cross APE Providers; requires prior appointment by getting in touch with our Customer Services Department).				
APE includes the following: Taking of medical history; Comprehensive physical examination; Complete blood count; Chest X-ray; Stool analysis; Urinalysis; Lipid Profile; Blood Urea Nitrogen (BUN); Fasting Blood Sugar (FBS); Serum Glutamic Pyruvic Transaminase (SGPT); Creatinine; Uric Acid; Electrocardiogram (ECG) for clients 35 years old and above and Pap smear for female clients 35 years old and above				
VALUE ADDED BENEFITS				
Elective Surgery scheduled surgery arranged by Pacific Cross within accredited network only, a 10-day notice must be given to Pacific Cross by the Client.	Direct Settlement of covered portion of confinement & treatment cost by Pacific Cross			
Note: Payment of Professional Fees (Attending Physician's Visit, Specialist's Fee, Surgeon's Fee, Anesthesiologist's Fee) will be based on the Company's PhilHealth Relative Value Scale if claims are directly settled by Pacific Cross to the Physician or Hospital. The PhilHealth Relative Value Scale shows the values per procedure as provided by PhilHealth that Pacific Cross will apply for the payment of a particular Professional Fee in an Accredited Network.				
Companion Allowance allowance given to companion (maximum of 10 days per Policy year)	100 (per day)	200 (per day)	300 (per day)	

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	WARD	SEMI-PRIVATE	PRIVATE 2M
Sports Coverage for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits)	Included	Included	Included
Free Child Coverage 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.	Included	Included	Included
Antivenom, Rabies and Tetanus Post-Exposure Prophylaxis coverage for injections of specified vaccines and necessary immunoglobulin after exposure to pathogen(s) to prevent infection from occurring	As Charged	As Charged	As Charged
COVID-19 Vaccine reimbursement for vaccine acquisition and administration availed of within the Philippines up to a per year limit of	₱3,500	₱3,500	₱3,500
PERSONAL ACCIDENT BENEFIT			
coverage for accidental death. Covers new business clients age 16 to 60, renewable until age 65.	25,000	50,000	75,000
TRAVEL+ BENEFITS			
Included in Core Benefits	The limits are on a 30 days per trip basis		
Land Vehicle Rental Excess Protection 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.	50,000	50,000	50,000
Land Vehicle Rental Return Reimbursement for the penalties and charges related to the late return of the rented land vehicle.	5,000	5,000	5,000
Baggage Delay Lump sum cash benefit if accompanying baggage was delayed, misdirected or temporarily misplaced. <i>minimum of six (6) hours</i> <i>after 48 hours</i>	2,000 2,000	2,000 2,000	2,000 2,000
Loss or Damage to Baggage & Personal Effects Reimbursement for loss or damage to baggage, clothing, prescribed medicines, bags, footwear and other personal effects. <i>per item, pair or set limit</i>	15,000 5,000	15,000 5,000	15,000 5,000
Loss or Damage to Sporting Equipment Benefit payment for loss, theft or damage to select sporting equipment. <i>per item, pair or set limit</i>	10,000 5,000	10,000 5,000	10,000 5,000

	SELECT PLUS & SELECT STANDARD		
	WARD	SEMI-PRIVATE	PRIVATE 3M
Loss of Gadget(s) Reimbursement for loss of laptop, tablet and/or mobile phone.	₱10,000	₱10,000	₱10,000
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.	1,000	1,000	1,000
Loss of Travel Documents Reimbursement for the cost of replacement of lost passport, re-issuance of tickets, and expenses necessary in obtaining such replacements.	20,000	20,000	20,000
<i>travel and unplanned accommodation (max. of 2 days)</i>	5,000	5,000	5,000
Mobile Phone Charges Reimbursement for mobile phone charges incurred for contacting the Pacific Cross hotline or designated assistance provider.	1,000	1,000	1,000
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.	40,000	40,000	40,000
<i>sudden acts of terrorism</i>	20,000	20,000	20,000
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.	40,000	40,000	40,000
<i>sudden acts of terrorism</i>	20,000	20,000	20,000
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.	20,000	20,000	20,000
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</i>	2,000	2,000	2,000
<i>after 48 hours</i>	2,000	2,000	2,000
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.	2,000	2,000	2,000
Strikes or Hijack Daily allowance per each full day up to 10 days that the traveler is delayed from reaching the scheduled destination for a minimum of 12 hours.	1,000	1,000	1,000

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	WARD	SEMI-PRIVATE	PRIVATE 3M
Alternative Means of Transportation Reimbursement for the cost of new flight and related fare expenses incurred for the use of alternative onward public transportation.	₱4,000	₱4,000	₱4,000
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.	3,000	3,000	3,000

OPTIONAL BENEFITS (Available for all Select Plans)

Out-Patient Benefits

(Available for Children and Adults up to 80 years old.)

AGE		STANDARD	EXECUTIVE
Child - 20	<i>Pacific Cross pays 80% of Normal, Usual and Customary fees</i>	₱5,962	₱12,308
21 - 40		5,600	11,900
41 - 50		8,137	18,964
51 - 65		10,164	24,693
66 - 70	<i>Pacific Cross pays 50% of Normal, Usual and Customary fees</i>	16,160	20,463
71 - 75		16,512	21,128
76 - 80		18,284	23,555
81 and up	Not available		

Dental Benefits

(Available for Children and Adults up to 100 years old.)

PREMIUMS (Per Annum)	INDIVIDUAL (1)	GROUP (2)
Adult (19 - 100 yrs old)	₱3,808	₱2,232
Child (up to 18 yrs old)	2,770	1,623

Premiums are applicable to:

- (1) Individual policies, or Families with less than 4 Insured Persons, or Groups with less than 4 employees
- (2) Group Accounts with at least 4 employees, or Families with at least 4 Insured Persons (subject to participation requirements).