

Get an **all-inclusive medical and travel coverage** with more benefits and higher benefit limits with **Select Plus Private 3M!**



- ☐ Medical of PHP3 million¹ (based on an aggregate limit per year under Private Room and Board category)
- ☐ Comprehensive benefits (e.g., confinement, critical care, surgery, emergency, auto-immune [Available after 5 years of continuous coverage. This includes your Policy years under a Select Medical Plan], etc.)
- ☐ Coverage for travel inconveniences
- ☐ No-cash-out² or file for claim reimbursement
- ☐ Optional coverage for Out-Patient and Dental Benefits



¹Better Offer | For Old Select Access Suite Clients, the new **Select Plus Private 3M** will provide added and superior protection as the Maximum Benefit Limit is based on an **aggregate limit per year** as compared to Old Select Access Suite's for each disability per lifetime limit.



²No-Cash-Outlay Availment | Select Plus Private 3M's no-cash-outlay availment allows claim reimbursements for fees of non-accredited doctors and bills of accredited hospitals will be directly settled, while Old Select Access Suite's no-cash-outlay availment requires that doctors and hospitals must be accredited.

MAKE THE MOVE TO SELECT PLUS PRIVATE 3M 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:
OLD SELECT ACCESS SUITE	SELECT PLUS PRIVATE 3M



IMPORTANT: *Old Select Access Suite* will be fully discontinued beginning Renewal Effective Date of 1 January 2024.

CORE BENEFITS

SELECT PLUS 3M

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Maximum Coverage		₱3,000,000	
BASIC HOSPITAL BENEFITS			
Room and Board including General Nursing Care.		As Charged	
Miscellaneous Hospital Expenses for required diagnostic laboratory tests, prescribed medicines, physiotherapies, blood and components, anesthesia, and surgical appliances.		As Charged	
Physician's Visit (non-surgical) daily visit fee to a limit of		4,000	
Specialist's Fee for 10 days for each disability per year to a daily limit of		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		3,600	

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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
Operating Theater & Recovery Room	As Charged
Surgeon's Fee per disability, per year limit of	₱360,000
Anesthesiologist's Fee not to exceed 50% of the approved Surgeon's Fee	180,000
Artificial Limb including rental of mechanical devices (as approved by Pacific Cross) excluding implantable devices	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
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.	8,000

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Emergency Dental Services due to a covered accident.	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
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 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 not through our designated assistance provider, limit per year of	₱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	300,000

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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
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
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
<i>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.</i>	
Companion Allowance allowance given to companion (maximum of 10 days per Policy year)	300 (per day)

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Sports Coverage for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits)	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
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
COVID-19 Vaccine reimbursement for vaccine acquisition and administration availed of within the Philippines up to a per year limit of	P3,500
PERSONAL ACCIDENT BENEFIT	
coverage for accidental death. Covers new business clients age 16 to 60, renewable until age 65.	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
Land Vehicle Rental Return Reimbursement for the penalties and charges related to the late return of the rented land vehicle.	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
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
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

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Loss of Gadget(s) Reimbursement for loss of laptop, tablet and/or mobile phone.	₱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
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>	20,000 5,000
Mobile Phone Charges Reimbursement for mobile phone charges incurred for contacting the Pacific Cross hotline or designated assistance provider.	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. <i>sudden acts of terrorism</i>	40,000 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. <i>sudden acts of terrorism</i>	40,000 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
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> <i>after 48 hours</i>	 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
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

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Alternative Means of Transportation Reimbursement for the cost of new flight and related fare expenses incurred for the use of alternative onward public transportation.	P4,000
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