

Get the **medical** and **travel**
protection you deserve with
Pacific Cross Medical Plans!



- Higher maximum coverage limits¹
- Comprehensive benefits² (e.g., confinement, out-patient consultations, critical care, surgery, emergency, etc.)
- High value benefits from our Medical Plans with travel coverage³
- Coverage for infants to seniors⁴
- No-cash-out or file for claim reimbursement⁵



¹**Better Offer** | For Old Select Access Semi-Private and Private; and Lifestyle Clients, **Select Standard Plans** will provide significantly higher Maximum Benefit Limits (MBL).



²**More Benefits** | For Blue Chip Policyholders, **Blue Royale Plan A** will provide superior coverage and benefits. **Select Plus Private 5M** is also available as an affordable option with a PHP5M MBL based on aggregate limit per year.



³**Medical and Travel Coverage** | Our Blue Royale and Select Medical Insurance plans provide medical protection, as well as coverage for travel inconveniences.



⁴**Maximum Age of Eligibility** | We have extended the maximum age of eligibility from 65 years old to 100 years old in our Blue Royale and Select Medical Insurance Plans.



⁵**No-Cash-Outlay Availment** | For Old Select Access, Lifestyle and Blue Chip Clients – Select Standard and Select Plus Plans' 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, Lifestyle and Blue Chip's no-cash-outlay availment requires that doctors and hospitals must be accredited.

MAKE THE MOVE TO THE *RECOMMENDED* PACIFIC CROSS MEDICAL PLAN 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 SEMI-PRIVATE | SELECT STANDARD WARD OR SEMI-PRIVATE |
| OLD SELECT ACCESS PRIVATE | SELECT STANDARD PRIVATE 2M |
| FLEXISHIELD HEALTHCARE | FLEXISHIELD INSURANCE <i>To learn more about this medical plan, click here.</i> |
| LIFESTYLE | SELECT STANDARD WARD |
| BLUE CHIP | BLUE ROYALE PLAN A WITH OR WITHOUT TREATMENT AREA LIMITATION (TAL) DISCOUNT OR SELECT PLUS PRIVATE 5M |



IMPORTANT: Old Select Access Semi-Private, Old Select Access Private, Flexishield Healthcare, LifeStyle and Blue Chip will be fully discontinued beginning Renewal Effective Date of 1 January 2024.

CORE BENEFITS

SELECT

| | SELECT PLUS & SELECT STANDARD | | | SELECT PLUS | |
|---|-------------------------------|--------------|------------|-------------|------------|
| | WARD | SEMI-PRIVATE | PRIVATE 2M | PRIVATE 3M | PRIVATE 5M |
| Maximum Coverage | ₱1,000,000 | ₱1,500,000 | ₱2,000,000 | ₱3,000,000 | ₱5,000,000 |
| BASIC HOSPITAL BENEFITS | | | | | |
| Room and Board including General Nursing Care. | As Charged | As Charged | 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 | As Charged | As Charged |
| Physician's Visit (non-surgical) daily visit fee to a limit of | 2,000 | 3,000 | 4,000 | 4,000 | 4,000 |
| Specialist's Fee for 10 days for each disability per year to a daily limit of | 2,000 | 3,000 | 4,000 | 4,000 | 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 | 3,600 | 3,600 |

| | SELECT PLUS & SELECT STANDARD | | | SELECT PLUS | |
|---|--|--------------|------------|-------------|------------|
| | WARD | SEMI-PRIVATE | PRIVATE 2M | PRIVATE 3M | PRIVATE 5M |
| 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. *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 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 | As Charged | As Charged |
| Operating Theater & Recovery Room | As Charged | As Charged | As Charged | As Charged | As Charged |
| Surgeon's Fee per disability, per year limit of | ₱60,000 | ₱90,000 | ₱180,000 | ₱360,000 | ₱360,000 |
| Anesthesiologist's Fee not to exceed 50% of the approved Surgeon's Fee | 30,000 | 45,000 | 90,000 | 180,000 | 180,000 |
| Artificial Limb including rental of mechanical devices (as approved by Pacific Cross) excluding implantable devices | As Charged | As Charged | 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 | 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 | 8,000 | 8,000 |

| | SELECT PLUS & SELECT STANDARD | | | SELECT PLUS | |
|--|--|------------------------|------------------------|------------------------|------------------------|
| | WARD | SEMI-PRIVATE | PRIVATE 2M | PRIVATE 3M | PRIVATE 5M |
| Emergency Dental Services due to a covered accident. | As Charged | As Charged | 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. (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.) | As Charged | As Charged | 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. | | | | | |
| *Availability of services through our designated assistance provider, limit per year of | As Charged and on top of the Maximum Coverage Limit | | | | |
| *Availability of services not through our designated assistance provider, limit per year of | ₱50,000 combined limit | ₱50,000 combined limit | ₱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 | 300,000 | 300,000 |

| | SELECT PLUS & SELECT STANDARD | | | SELECT PLUS | |
|---|---|------------------------|------------------------|------------------------|------------------------|
| | WARD | SEMI-PRIVATE | PRIVATE 2M | PRIVATE 3M | PRIVATE 5M |
| 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 | 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 | 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) | 300 (per day) | 300 (per day) |

| | SELECT PLUS & SELECT STANDARD | | | SELECT PLUS | |
|--|--|-----------------|-----------------|-----------------|-----------------|
| | WARD | SEMI-PRIVATE | PRIVATE 2M | PRIVATE 3M | PRIVATE 5M |
| Sports Coverage for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits) | Included | Included | 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 | 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 | 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 | ₱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 | 75,000 | 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 | 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 | 5,000 | 5,000 |
| Baggage Delay Lump sum cash benefit if accompanying baggage was delayed, misdirected or temporarily misplaced. minimum of six (6) hours after 48 hours | 2,000 2,000 | 2,000 2,000 | 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. per item, pair or set limit | 15,000 5,000 | 15,000 5,000 | 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. per item, pair or set limit | 10,000 5,000 | 10,000 5,000 | 10,000 5,000 | 10,000 5,000 | 10,000 5,000 |

| | SELECT PLUS & SELECT STANDARD | | | SELECT PLUS | |
|---|-------------------------------|------------------|------------------|------------------|------------------|
| | WARD | SEMI-PRIVATE | PRIVATE 2M | PRIVATE 3M | PRIVATE 5M |
| Loss of Gadget(s) Reimbursement for loss of laptop, tablet and/or mobile phone. | ₱10,000 | ₱10,000 | ₱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 | 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. <i>travel and unplanned accommodation (max. of 2 days)</i> | 20,000 5,000 | 20,000 5,000 | 20,000 5,000 | 20,000 5,000 | 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 | 1,000 | 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. <i>sudden acts of terrorism</i> | 40,000 20,000 | 40,000 20,000 | 40,000 20,000 | 40,000 20,000 | 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 | 40,000 20,000 | 40,000 20,000 | 40,000 20,000 | 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 | 20,000 | 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> <i>after 48 hours</i> | 2,000 2,000 | 2,000 2,000 | 2,000 2,000 | 2,000 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 | 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 | 1,000 | 1,000 |

| | SELECT PLUS & SELECT STANDARD | | | SELECT PLUS | |
|--|-------------------------------|--------------|------------|-------------|------------|
| | WARD | SEMI-PRIVATE | PRIVATE 2M | PRIVATE 3M | PRIVATE 5M |
| 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 | P4,000 | P4,000 | P4,000 | 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 | 3,000 | 3,000 | 3,000 | 3,000 |

CORE BENEFITS

BLUE ROYALE PLAN A

| MAXIMUM COVERAGE PER YEAR (aggregate limit per year) | Plan A USD500,000 |
|---|--------------------------------|
| IN-PATIENT BENEFITS | |
| Room and Board including General Nursing Care | |
| Daily Limit for Philippine confinement | USD300 |
| Daily Limit for Overseas confinement | Private Room up to USD1,000 |
| 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 |
| Professional Fee | As Charged |
| Intensive Care Unit, Coronary Care Unit, Telemetry | As Charged |
| Operating Theater and Recovery Room | 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 |
| Anesthesiologist's Fee | 50% of Surgeon's Fee |
| 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 |
| Private Duty Nurse when certified necessary by the Attending Physician (at home for up to 30 days immediately after hospitalization) | 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; 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 Surgical B |
| <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 |

| | Plan A |
|---|--|
| OUT-PATIENT BENEFITS | |
| <p>Major Out-Patient Care</p> <p>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></p> <p>Physiotherapist or Chiropractor <i>necessary for the treatment of a covered disability</i></p> <p>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></p> <p>Diagnostics, X-rays and Laboratory Tests <i>necessary for the treatment of a covered disability</i></p> <p>Surgical Appliances and Devices <i>includes durable medical equipment and c</i></p> | <p>As Charged up to 90 days immediately after hospitalization</p> <p>(i.e., available only as a Post-Hospitalization Follow-Up Care Benefit)</p> |
| <p>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:</p> <p>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></p> <p>Physiotherapist or Chiropractor <i>necessary for the treatment of a covered disability</i></p> <p>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></p> <p>Diagnostic, X-rays and Laboratory tests <i>necessary for the treatment of a covered disability</i></p> <p>Pre-natal and Post-natal Consultations <i>excluding laboratory procedures/examinations, medicines, and vaccinations</i></p> | <p>Pacific Cross pays 80% up to a limit per year of USD2,500</p> <p>(via Reimbursement only)</p> |
| <p>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</p> | USD1,500 |
| <p>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</p> <p><i>* This benefit may be availed of after full payment of annual premium or after full payment of both semi-annual premiums.</i></p> <p><i>* For Group accounts, this benefit is subject to underwriting guidelines.</i></p> | USD200 |
| EMERGENCY BENEFITS | |
| <p>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</p> | As Charged |
| <p>Emergency Dental Services due to a covered accident</p> | As Charged |
| <p>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.</p> | As Charged |

| | Plan A |
|--|---------------------------|
| 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 |
| 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 |
| 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 Maximum Co |
| *Availment of services not through our designated assistance provider, limit per year of | As Charged and Maximum Co |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

| Plan A | |
|--|-------------------------|
| HOSPICE CARE | 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 |
| 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 (JP & ER only) |
| treatment at all Pacific Cross accredited medical facilities in the Philippines, up to plan limits with no-cash-outlay | |
| Sports Coverage | Included |
| for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits) | |
| Free Child Coverage | 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 |
| coverage for injections of specified vaccines and necessary immunoglobulin after exposure to pathogen(s) to prevent infection from occurring | |
| COVID-19 Vaccine | USD100 |
| reimbursement for vaccine acquisition and administration availed of overseas or within the Philippines up to a per year limit of | |
| TRAVEL+ BENEFITS | |
| <i>Included in Core Benefits</i> | |
| The limits are on a \$ except for Blue Royal Policies whose premium for overseas stay of | |
| Land Vehicle Rental Excess Protection | 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 |
| 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. | |
| <i>minimum of six (6) hours after 48 hours</i> | |
| | USD200 USD200 |
| Loss or Damage to Baggage & Personal Effects | USD3,000 |
| Reimbursement for loss or damage to baggage, clothing, prescribed medicines, bags, footwear and other personal effects. | |
| <i>per item, pair or set limit</i> | |
| | USD150 |
| Loss or Damage to Sporting Equipment | USD600 |
| Benefit payment for loss, theft or damage to select sporting equipment. | |
| <i>per item, pair or set limit</i> | |
| | USD150 |
| Loss of Gadget(s) | USD1,000 |
| Reimbursement for loss of laptop, tablet and/or mobile phone. | |

| | Plan A |
|--|--------------------------|
| 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 |
| 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 |
| Mobile Phone Charges Reimbursement for mobile phone charges incurred for contacting the Pacific Cross hotline or designated assistance provider. | 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |