



FlexiShield

FREQUENTLY ASKED QUESTIONS

Q1 What is a Second Layer Plan or Top Up Health Insurance?

A1 When illness strikes, your HMO covers your medical bills. However, some medical conditions, especially those that require confinement, can become quite costly to treat. When hospital bills exceed your HMO limit, you are forced to pay the extra amount out of your own pocket. A Second Layer Plan or Top Up Health Insurance is an additional coverage that will help you when you exceed your HMO's maximum benefit limit (MBL).

Q2 What is FlexiShield?

A2 FlexiShield is a second layer Plan that allows you to have ample financial resources should you exhaust your HMO's maximum benefit limit.

Q3 Why do you still need FlexiShield when you already have an active HMO plan?

A3 The rising costs of hospitalization and medical treatments are one of the pressures you have to deal with in today's times. When you need it the most, your current HMO plan may not be enough. Worrying about whether you have enough medical coverage can add anxiety to an already stressful situation. FlexiShield will help you carry the financial burden of expensive medical treatments. Since FlexiShield was purely designed as a top-up coverage to your existing HMO plan, the premium is more affordable compared to a stand-alone medical plan, which will also only respond in excess of your HMO coverage and based on its separate or additional exclusions and limits.

Q4 What are the benefits of FlexiShield?

A4 With FlexiShield, you can enjoy these and more:

- Additional medical coverage on top of your existing HMO at an affordable premium
- Up to PHP2,000,000 Coverage
- Daily Hospital Income for non-hospital expenses (i.e., cash assistance per confinement day up to a maximum of 30 days)
- Additional coverage for Members of Corporate accounts, Individuals and Families who are covered by an HMO Plan as the first layer medical coverage

- Flexible Availment Options (No-cash-out or Reimbursement)
- Coverage for COVID-19
- Free TeleHealth services, with or without the first layer HMO getting exhausted

Q5 How does FlexiShield work?

A5 The FlexiShield medical coverage will take effect upon exhaustion of first layer HMO Plan's MBL based on the Terms and Conditions of the first layer HMO Plan. Coverage based on special arrangement between the Policyholder and/or Insured and the first layer HMO Plan shall not be regarded as an exhausted first layer HMO benefit. Pacific Cross shall not provide coverage out of the first layer HMO Plan's utilization of inner limits or due to its limited coverage for specific medical conditions.

Q6 Is there an age limit in availing of FlexiShield Medical Insurance Plan?

A6 It covers Members of Corporate accounts, Individuals and Families aged 15 days old to 75 years old who have a minimum first layer HMO MBL of PHP150,000. The Maximum Benefit Limit (MBL) of the First Layer HMO must be for each disability, per year.

Q7 What are the general exclusions?

A7 The usual Medical Condition-based General Exclusions have been reduced to fully provide a second layer coverage to remaining hospital expenses exceeding the exhausted MBL of the first layer HMO Plan. For example, if congenital and auto-immune conditions are eligible under the first layer and when the first layer MBL for this condition is exhausted, FlexiShield will cover. Pandemic exclusion: COVID-19 will be covered if this is covered under the first layer HMO Plan where its MBL has been exhausted.

Q8 How can I get a FlexiShield Medical Insurance Plan?

A8 You can get in touch with our Sales Representatives through telephone number +63 2 8230-8511 or e-mail info@pacificcross.com.ph. We will be more than happy to answer your questions or give you a free presentation online or in person, whichever you prefer.

Q9 How do I pay for my FlexiShield Premium?

A9 Mode of payment is Annual*. Pacific Cross offers several convenient ways for you to pay your premium. You can pay in cash or credit (straight or deferred payment), via the Pacific Cross website, online banking and payment channels, and over the counter Payment Facilities.

***Exclusive 0% installment Payment Option:** For lighter payments, you can now opt to pay your premium via credit card at 0% interest for up to 12 months.

- For key-in transactions, completely fill out and submit the Flexishield Credit Card Authorization Form. This option is available to BDO, BPI, EastWest Bank and Bank of Commerce cardholders.
- For card-present or in-person transactions, this option is available to BDO, BPI, Metrobank, EastWest Bank and Bank of Commerce cardholders.

Q10 Can FlexiShield be offered to those without HMO and in effect, the Insured will just shoulder the Deductible amount?

A10 No, FlexiShield is purely a top-up coverage that will only be available to those who have an active HMO plan. The product design considered the existence of an active HMO and not just the Deductible amount resulting to a reduced list of General Exclusions. The absolute amount of the first layer HMO Plan's Maximum Benefit Limit is the same as that of the Deductible amount of FlexiShield. Note that the Plan Names in the premium table only refer to a Deductible Range. For example, **FlexiShield Plan 150** shows the age banded premiums applicable to a first layer HMO Plan's MBL ranging from PHP150,000 to PHP199,000. If the actual first layer HMO Plan MBL is **PHP165,000**, the Deductible of an Insured's **FlexiShield Plan 150** will be equal to **PHP165,000**.



- Q11 Since this is a top-up plan, in terms of claims – what documents are needed as the primary HMO carrier will need all the original documents?**
- A11** Copies of claims documents will be reasonably acceptable especially if the first layer HMO plan covered part of the hospital bill. It is also reasonable that original official receipt will be required by Pacific Cross for portions that were not covered by the HMO. For the complete list of requirements, please refer to the FlexiShield Claims Reimbursement Checklist.
- Q12 Can a dependent (parent/child/sibling) of an HMO principal account holder avail of FlexiShield?**
- A12** Yes. A dependent can avail of FlexiShield as long as the dependent's HMO coverage passes the eligibility requirements of FlexiShield.
- Q13 Can the FlexiShield plan be availed of by clients who have an existing HMO Prepaid Card?**
- A13** No, because the benefits of pre-paid cards are not on a per disability per year basis and are below the minimum PHP150,000 benefit limit.
- Q14 Can clients with HMO and Select Plan switch to FlexiShield?**
- A14** No, because Select is already a stand-alone plan, prepared to cover with or without an HMO.
- Q15 What are the requirements for Group applications?**
- A15** FlexiShield is an Individual/Family Type of Policy. Applications in group will be accepted but underwriting assessment will be done individually so the available FlexiShield application form should be filled out.
- Q16 Can a client request for cancellation of FlexiShield anytime within the policy period, most especially if their first layer plan is terminated?**
- A16** Yes, the client can request cancellation anytime during the policy period subject to cancellation provision. Kindly refer to the Cancellation by the Policyholder provision in which premium refund shall be based on Short Period Rate Scale and there should not be a filed claim at any time during the Policy Period. Moreover, if the first layer HMO plan is terminated, this second layer Policy will still be in force until the end of the Period of Insurance but only for medical conditions that the first layer HMO plan would have covered prior to its termination and as such, Pacific Cross will pay the eligible In-Patient medical expenses after application of the Deductible.
- Q17 If the company (providing the first layer HMO plan) decides to change the medical provider in the middle of the policy, does the client need to submit new requirements?**
- A17** No need to submit new requirements. Claims will be adjudicated based on the existing first layer HMO coverage at the time of claim. This is the reason for our basic claims requirements that include the first layer HMO's full information such as table of benefits and Agreement/Contract. New information about the HMO coverage shall be submitted every renewal.
- Q18 If FlexiShield is to be terminated due to the non-renewal of the first layer HMO Coverage, can the client apply for a take-over account to standard plan with Pacific Cross?**
- A18** No. However, you can apply for a new application wherein you will be subjected to different health declaration questions and will undergo a different underwriting approach. Pre-Existing Conditions provision under our standard plan has been enhanced (e.g., waiting period is no longer applicable). Qualifying period will be waived.
- Q19 If a client is covered under a Pacific Cross group BC Flexi Plan, will he/she be required to submit additional requirements if he/she wants to avail of FlexiShield?**
- A19** No. Pacific Cross will no longer require further Information about the first layer HMO from the applicant.

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