Pacific Cross Health Care, Inc.
8 Rockwell Building, Hidalgo Drive,
Makati City, Metro Manila, Philippines

PACIFIC CROSS

IMPORTANT RENEWAL ANNOUNCEMENTS

Dear Valued Client:

At Pacific Cross, we constantly review our products and services so we can find ways to better serve you. We keep you in mind as we look for ways to strengthen our business amidst an evolving socio-economic, medical, and business landscape. We want to always bring you benefits that are responsive to your needs especially during these challenging times. As your Health Care Agreement renewal draws near, we would like to update you of the important changes and programs that affect your coverage with us:

Key Agreement Changes: We have expounded on certain definitions, agreement benefits and provisions for clarity and alignment. Please review this material to know what other changes to expect when you receive your Healthcare Agreement upon renewal.

Free Unlimited 24/7 Teleconsultations: We are #HereForYou to help you get faster and easier quality healthcare access. In partnership with KonsultaMD, you can enjoy unlimited medical consultations whenever and wherever.

Value Plus Rewards Promo: It pays to pay on time with Pacific Cross! If you pay your Membership Fees on or before your renewal due date, Members under your Healthcare Agreement who are 18 years old and above become qualified for our Value Plus Promo. As you secure your health, you will also enjoy perks and rewards from us. Please refer to our promo flyer for more details.

For concerns or clarifications on any of these updates, please do not hesitate to reach out to us. Please refer to your **Renewal Notice** for your Renewal Officer's name and contact details. You can also get in touch with us through telephone number +63 2 8230-8533 or e-mail renewal@pacificcross.com.ph.

It has been our privilege to serve you this past year. We look forward to keeping you in our valued circle of Clients.

Thank you and we remain at your service.

Your Pacific Cross Renewal Team

2/F Client & Partner Center
8/F Sales Center
18/F Operations & Executive Center

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KEY AGREEMENT CHANGES
FOR SELECT STANDARD WITH ACCESS AND SELECT PLUS WITH ACCESS
(SEMI-PRIVATE AND PRIVATE 2M)

OTHER BENEFITS RECOVERABLE FROM OTHER INDEMNITIES

A statement was added and examples were included to elaborate that the reference amount for claims payment is not the gross amount (i.e., it should exclude discounts and any amount that was not actually charged to the client.).

Schedule 3: Schedule of Benefits

The benefits in the Sub-Schedule are IN ADDITION TO any benefits recoverable from PhilHealth or any other insurances or indemnities; or from Member's expense reduction through assistance or discounts provided by private or government institutions (such as but not limited to PCSO, Senior Citizen, Person with Disability and other discounts). Cost not actually incurred are excluded from the basis of claims adjustments and are not refundable.

COUNTRY OF RESIDENCE

The Country of Residence was redefined into number of days instead of months and clarified that declaration is required for change of country of residence.

DEFINITION OF TERMS

Shall be each Member's place of residence or place of employment for at least one hundred eighty five (185) days within the Period of Coverage. It is deemed to be the Philippines unless otherwise declared by the Client and approved by the Company through an Endorsement, in which case coverage shall be governed by additional terms and conditions as specified in the Endorsement attached to this Agreement.

FREE NEWBORN CHILD COVERAGE | LEVEL OF COVERAGE

The Level of Coverage available under Free Newborn Child Coverage was clarified in this provision.

The cover and the level of benefits under this Agreement in respect of the child shall be the same as that applying to the Member but subject to the eligibility age of such benefit. The Free Newborn Child Coverage does not include coverage for Optional Benefits or Riders which require separate application, declarations, underwriting and Agreement issuance. If both parents are Members of the Company and each has different levels of benefits, then the level of benefits for the child shall be the lower of such levels of benefit.
(…)

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GENERAL EXCLUSION ON AUTOIMMUNE CONDITION & IMMUNOTHERAPY

It was clarified that auto-immune conditions; and the use of immunoglobulin and any form of immunotherapy even for non-auto-immune conditions are excluded from coverage.

The following conditions and all expenses related to them are not covered under this Agreement:

(…)

- Auto-immune conditions, their complications and any related treatment including the use of immunoglobulin and any form of immunotherapy, unless specified as covered in the Schedule of Benefits;
- Use of immunoglobulin and any form of immunotherapy except in conjunction with covered vaccines and as a combined treatment with chemotherapy;

CLAIM SUBMISSIONS | PROOF OF CLAIM

The maximum prescriptive period to submit proof of claim was indicated.

(…)

Completed claim forms and written proof of loss must be received at the Head Office of the Company within ninety (90) days after the date of such loss. If it is not reasonably possible to give proof within this period, they must be received by the Company within three hundred sixty five (365) days from the date when the claim was incurred.

(…)

BENEFIT PAYMENT | PAYMENT OF BENEFITS

The sequence of claims computation was clarified.

If a Member incurs eligible expenses during the effectivity of this Agreement, the Company will pay benefits in accordance with the Schedule of Benefits in Schedule 3 of this Agreement. The total amount payable will be determined by first applying the inner limits specified in the Schedule of Benefits. From this amount, any stipulated co-payment and other applicable deductions will be subtracted.

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