



IMPORTANT RENEWAL ANNOUNCEMENTS

Dear Valued Policyholder:

DON'T MISS OUT! Make the transition from your current Premier Medical Plan to Select Medical Plan for more comprehensive coverage and peace of mind. As your Insurance Policy renewal draws near, please be reminded that you:



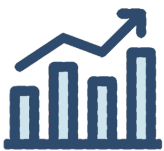
Premier Medical Plan will be discontinued after one (1) Policy year:

Pacific Cross is committed to offer better products and services that will be able to fulfill our clients' needs especially when they need it most. As previously shared, it was the Company's intent to discontinue some of our medical plans (including the Premier Medical Plan) and streamline our Select Medical Plan line – extending its maximum age of eligibility from 65 years old to 100 years old. Our Select Medical Plans were made available to Policyholders over 65 years of age – providing an all-inclusive medical and travel coverage to our senior-aged Policyholders. **If you opt to renew now under a more comprehensive plan, please refer to the Senior Plans Flyer for more details.**

However, if you choose to retain your Premier Medical Plan, you can continue to avail of this plan for one (1) more Policy year with the following plan updates:



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



General Price Adjustments: Our regular pricing review considers several factors such as the rising over-all company claims experience, economic inflation, as well as the increasing cost of medical treatment and advancement. These factors have constrained us to increase our premiums for Renewal Business effective 1 November 2025.



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.

Pacific Cross Insurance, Inc.

8 Rockwell Building, Hidalgo Drive,
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Value Plus Rewards Promo: It pays to pay on time with Pacific Cross! If you pay your Premiums on or before your renewal due date, Insured Persons under your Insurance Policy 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 Policyholders.

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 POLICY CHANGES FOR PREMIER (WARD, SEMI-PRIVATE AND PRIVATE)



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 Insured'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 Insured Person's place of residence or place of employment for at least one hundred eighty five (185) days within the Period of Insurance. It is deemed to be the Philippines unless otherwise declared by the Policyholder 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 the Policy.



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 the Policy:
(...)

- 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 an Insured Person incurs eligible expenses during the effectivity of the Policy, the Company will pay benefits in accordance with the Schedule of Benefits in Schedule 3 of the Policy. 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.