



IMPORTANT RENEWAL ANNOUNCEMENTS

Dear Valued Policyholder:

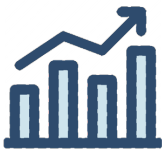
At Pacific Cross, we constantly review our products and services so we can find ways to better serve you. We keep you in mind as we look for ways to strengthen our business amidst an evolving socio-economic, medical, and business landscape. We want to always bring you benefits that are responsive to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



Benefit Enhancements: We are pleased to advise that we have increased the inner limits of Attending Physician's Visit, Specialist's Fee, and Emergency Out-Patient Treatment. Please review this material for further details on your benefit enhancements.



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.



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.

Pacific Cross Insurance, Inc.

8 Rockwell Building, Hidalgo Drive,
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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



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8/F Sales Center
18/F Operations & Executive Center

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BENEFIT ENHANCEMENTS AND KEY POLICY CHANGES FOR SELECT STANDARD (WARD, SEMI-PRIVATE & PRIVATE 2M) AND SELECT PLUS (WARD, SEMI-PRIVATE, PRIVATE 2M, PRIVATE 3M & PRIVATE 5M)



I. BENEFIT ENHANCEMENTS

The increase in benefits will commence on Policy effective date/renewal date and is *not* retroactive to claims *incurred and filed prior* to 1 November 2025. These increased benefits also do not apply to claims *incurred prior* to 1 November 2025 and *filed after* 1 November 2025.

1.  The benefit limits of ATTENDING PHYSICIAN'S VISIT have been increased.

ATTENDING PHYSICIAN'S VISIT (IN PHP)					
Plan Options:	Ward	Semi-Private	Private 2M	Private 3M	Private 5M
<i>Daily visit fee to a limit of</i>					
From:	2,000	3,000	4,000	4,000	4,000
To:	3,000	4,000	5,000	5,000	5,000

2.  The benefit limits and the number of days covered for SPECIALIST'S FEE have been increased.

SPECIALIST'S FEE (IN PHP)					
Plan Options:	Ward	Semi-Private	Private 2M	Private 3M	Private 5M
From: <i>for 10 days for each disability, per year to a daily limit of</i>	2,000	3,000	4,000	4,000	4,000
To: <i>for 15 days for each disability, per year to a daily limit of</i>	3,000	4,000	5,000	5,000	5,000

3. The benefit limits of EMERGENCY OUT-PATIENT TREATMENT have been increased.

EMERGENCY OUT-PATIENT TREATMENT (IN PHP)					
Plan Options:	Ward	Semi-Private	Private 2M	Private 3M	Private 5M
<i>for a covered emergency treatment not leading to confinement as provided by the out-patient department of a hospital or a licensed doctor in his clinic up to a maximum limit per disability, per year of</i>					
From:	6,000	7,000	8,000	8,000	8,000
To:	7,000	8,000	9,000	9,000	9,000

II. KEY POLICY CHANGES



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.



PRE-EXISTING CONDITIONS

Definition and Policy Benefits have been revised to impose a one-year waiting period on a defined list of six (6) illnesses that are chronic in nature. As a renewing client, the eligibility of your claim will still be evaluated based on your declarations in the original Application, Application for Reinstatement and all other subsequent declarations including but not limited to Application for Amendment and Declaration of Insurability.

DEFINITION OF TERMS

Any Disability:

(...)

Pre-Existing Conditions shall always include the following Disabilities along with their complications and sequelae even if the Insured Person was unaware of such Disability at the time of application for this Policy:

- a.) Mass/Tumors/Cyst of Internal Organs or on Skin, Muscular Tissue, Bone, or any form of Blood Dyscracias, regardless of histopathological feature
- b.) Diabetes Mellitus, Hypertension, Cardiac and Vascular Conditions, and Cerebrovascular Diseases/Transient Ischemic Attack
- c.) Urinary Calculi/Gallbladder Stone, including Cholecystitis
- d.) Goiter and other Thyroid Disorders
- e.) Asthma/Chronic Obstructive Lung Disease
- f.) Degenerative Bone/Joint Disease including Gout, and Spinal Column Abnormalities

The Disabilities listed above, along with their complications and sequelae are covered only after a one-year waiting period from the Insured Person's inclusion in the Policy unless disclosed to and added by an Endorsement from the Company.

Diagnostic procedures undertaken to determine the existence of a Pre-Existing Condition is a covered expense provided that the result of the diagnostic procedure test is negative for the existence of the Pre-Existing Condition.

POLICY BENEFITS

Pre-Existing Condition declared to the Company and has been included by an Endorsement is covered according to the terms specified therein.

Unless disclosed to and added by an Endorsement from the Company, coverage for Disabilities listed in Section 1.40 shall be subject to a waiting period of one (1) year, even if the Insured Person was unaware of such Disability at the time of application for this Policy.

Pre-Existing Conditions shall only be covered if there is no failure to disclose, misrepresent or conceal material information in the original Application, Application for Reinstatement and all other subsequent declarations including but not limited to Application for Amendment and Declaration of Insurability.

Notwithstanding the disclosure by the Insured Person of a Pre-Existing Condition, the Company may permanently exclude from cover or restrict coverage for a specific medical condition or Disability upon written notice to the Insured Person. Any immediate coverage for Pre-Existing Conditions may be subject to additional premiums and/or limited coverage, subject to the conformity of the Insured.



IN-PATIENT/ HOSPITALIZATION BENEFITS

This provision was made consistent with the allowable Claim Settlement Method in the Schedule of Benefits, of either reimbursement or no-cash-outlay within accredited network.

- **Claims Settlement Directly by the Company through its Accredited Network**

The Insured Person under the Policy may avail of a medically necessary treatment in respect of a covered condition, and the Company will reimburse eligible medical expenses. However, if the Insured Person opts to utilize the Company's direct payment access facility, the Insured Person is required to use the services of its Accredited Network. This facility is available only if both the Hospital and Physician are part of the Company's Accredited Network. The portion of the medical bill covered by the Policy shall be settled directly by the Company with the accredited Hospital and Physician. Before discharge from the Hospital, the Insured Person must settle the portion of the medical bill not covered by the Policy.

- **Using Non-Accredited Hospital and Physician, Surgeon, Specialist, or Doctor**

The Insured Person under the Policy may avail of a medically necessary treatment in respect of a covered condition and the Company will reimburse eligible medical expenses based on the Policy's Claims Settlement provisions.



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 Policy in respect of the child shall be the same as that of the Insured Person 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 Policy issuance. If both parents are Insured Persons of the Company and each has different levels of benefits, then the level of benefits for the child shall be the lower level of benefit.
(...)



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.