

BC Flexi Access

for Small Groups (3-9 and 10-19 Employees)
Recommended Schedule of Benefits



CORE BENEFITS

| | 3 to 9 Employees | 10 to 19 Employees |
|--|---|-------------------------------------|
| Maximum Benefit Limit (MBL) per disability per year | Refer to Maximum Benefit Limit options under Core Benefits Membership Fees | |
| Network Access | Options: 1. All Accredited Hospitals 2. Excluding 6 Major Hospitals* 3. Visayas and Mindanao Access Only** 4. Central and North Luzon Access Only** | |
| Pre-Existing Conditions on the First Year for Principal Member Where applicable, benefits indicated in this Schedule are subject to the Pre-existing conditions inner limit on the first year. Aggregate limit for all disabilities classified as pre-existing | Inner Limit of up to 10% of the MBL | Up to MBL |
| Pre-Existing Conditions on the First Year for Dependents Where applicable, benefits indicated in this Schedule are subject to the Pre-existing conditions inner limit on the first year. Aggregate limit for all disabilities classified as pre-existing | Inner Limit of up to 10% of the MBL | Inner Limit of up to 50% of the MBL |
| IN-PATIENT/HOSPITALIZATION BENEFITS | | |
| BASIC HOSPITAL BENEFITS | | |
| Room and Board including General Nursing Care <i>Availment of a higher room category is subject to the Room Upgrade Allowance under Emergency Care Benefit</i> | Refer to Room and Board options under Core Benefit Membership Fees | |
| Miscellaneous In-Patient Charges <ul style="list-style-type: none"> General nursing services Anesthesia and its administration Administered drug and medication during confinement Intravenous Chemotherapy, Radiotherapy and Dialysis (including OP) X-ray, laboratory examinations, diagnostic and therapeutic procedures related to the medical management of the Member and prescribed by the Accredited Attending Physician Oxygen and its administration Dressings, sutures, cast (plaster of Paris and fiberglass cast) Standard admission kit including ice cap/wee bag Blood screening/processing and cross matching (except gamma globulin), transfusion of blood, intravenous fluids and other blood elements All other hospital charges deemed medically necessary by the accredited physician in the treatment of the patient, subject to plan provisions | Up to MBL | Up to MBL |
| Attending Physician's Visit | Up to MBL | Up to MBL |
| Specialist's Fee | Up to MBL | Up to MBL |
| CRITICAL CARE BENEFITS | | |
| Intensive Care Unit, Coronary Care Unit and Telemetry <i>including all services and miscellaneous expenses incurred in the ICU/CCU/Telemetry</i> | Up to MBL | Up to MBL |
| SURGICAL BENEFITS | | |
| Operating Theater, Recovery Room and Isolation Room <i>(if prescribed by attending Accredited Physician)</i> | Up to MBL | Up to MBL |

*6 Major Hospitals: Makati Medical Center, Asian Hospital and Medical Center, Cardinal Santos Medical Center, St. Luke's Medical Center Quezon City, St. Lukes Medical Center Global City and The Medical City (Ortigas, Pasig) excluding The Medical City Clinic (TMCC) and The Medical City (TMC) Network

The lists of our **Accredited Medical Providers are downloadable from our website.

| | 3 to 9 Employees | 10 to 19 Employees |
|--|---|--------------------|
| Surgeon's Fee <i>including pre-surgical assessment and normal post-surgical care using the Company's PhilHealth Relative Value Scale. PhilHealth Relative Value Scale is the table of value per procedure as provided by PhilHealth that the Company applies for the payment of a particular professional fee in an Accredited Provider Network.</i> | Up to MBL | Up to MBL |
| Anesthesiologist's Fee <i>using the Company's PhilHealth Relative Value Scale. PhilHealth Relative Value Scale is the table of value per procedure as provided by PhilHealth that the Company applies for the payment of a particular professional fee in an Accredited Provider Network.</i> | Up to MBL | Up to MBL |
| Pacific Cross Liaison Officer's Assistance <i>in coordinating between patient and accredited providers including issuance of Letter of Authority for eligible confinements.</i> | Included | Included |
| OUT-PATIENT BENEFITS | | |
| Consultation Fees for Accredited Physician and Specialist <i>unlimited number of consultations with Accredited Physician and Specialist (e.g., EENT, Cardiologist, etc.) during regular clinic hours, except prescribed medicines</i> | Up to MBL | Up to MBL |
| Laboratory Examinations, X-rays, Diagnostic and Therapeutic Procedures <i>as referred or prescribed by an Accredited Physician as a consequence of a covered disability</i> | Up to MBL | Up to MBL |
| Treatment of Minor Injuries or Illnesses <i>such as lacerations, abrasions, mild burns, sprains and the like</i> | Up to MBL | Up to MBL |
| Dressings, Conventional Casts and Sutures | Up to MBL | Up to MBL |
| Minor Surgery Not Requiring Confinement <i>prescribed by an Accredited Physician</i> | Up to MBL | Up to MBL |
| Pre-natal and Post-natal Consultations <i>excluding laboratory procedures/examinations</i> | Up to MBL | Up to MBL |
| First aid treatment of Injury or Illnesses | Up to MBL | Up to MBL |
| Cataract Extraction (excluding cost of lens), Eye Laser Therapy for retinal tear, retinal hole, retinal detachment and glaucoma <i>as prescribed by Accredited Physician/Specialist; any treatment for error of refraction is not covered</i> | Up to MBL | Up to MBL |
| Physical Therapy or Occupational Therapy <i>as prescribed by the Attending Physician on a per disability per year under the indicated shared limit. Consultation and Referral Slip Form must be secured and approved by Pacific Cross prior availment.</i> | Up to 12 sessions | |
| Speech Therapy <i>as prescribed by the Attending Physician for a covered disability. May also be availed of via reimbursement.</i> | Up to ₱10,000 (per Member, per year) | |
| Electrocauterization of Warts <i>in any part of the body except genital warts and condyloma acuminata; covered in Accredited Clinics as recommended by an Accredited Physician</i> | Up to ₱2,000 (per Member, per year) | |
| Sclerotherapy for Varicose Veins <i>when deemed medically necessary and as prescribed by an Accredited Physician, to be availed of through Accredited Vascular Surgeons; excluding medicines and sclerotherapy for aesthetic purposes</i> | Up to ₱5,000 (per leg, per year) | |
| Allergy Testing/Allergy Screening <i>prescribed by an Accredited Physician. May also be availed of via reimbursement.</i> | Up to ₱2,500 (per Member, per year) | |
| Tuberculin test <i>prescribed by an Accredited Physician. May also be availed of via reimbursement.</i> | Up to ₱600 (per Member, per year) | |
| Oral Chemotherapy <i>prescribed by an Accredited Physician</i> | Up to MBL or up to ₱100,000, whichever is lower (per Member, per year, shared limit for OP and IP). | |
| ANNUAL PHYSICAL EXAMINATION (APE) OR PRE-EMPLOYMENT MEDICAL EXAMINATION (PME) | | |
| Annual Physical Examination (APE): Pre-arranged by the Company through its Accredited APE Clinics or Laboratories. Prior notification of at least 2 weeks is required before the Client's preferred schedule of the APE. If a Member fails to avail of the scheduled APE, this benefit is deemed forfeited. Reimbursement of up to PHP 1,500 will only be allowed for areas without proximately available Accredited APE Clinic or Laboratory. | | |

| | 3 to 9 Employees | 10 to 19 Employees |
|---|---|--------------------|
| <div><div>1. Taking of Medical History</div><div>2. Comprehensive Physical Examination</div><div>3. Complete Blood Count (CBC)</div><div>4. Fasting Blood Sugar (FBS)</div><div>5. Chest X-ray</div><div>6. Stool Analysis</div><div>7. Urinalysis</div><div>8. Pap Smear for female Member 35 years old and above</div><div>9. Electrocardiogram (ECG) for Member 35 years old and above</div></div> | <div>Available to Principal Members (i.e., Employees) only, after 6 months of continuous coverage from effective date if membership fee payment is other than annual mode</div> <div>Note: APE is not an available benefit to Dependents.</div> | |
| <div><div>Pre-Employment Medical Examination (PME):</div><div>Reimbursement upon submission of Official Receipt subject to the Member’s enrollment to this group Medical Plan. APE is deemed availed of during the Agreement’s Period of Coverage if already used as a PME.</div></div> | | |
| <div><div>1. Taking of Medical History</div><div>2. Comprehensive Physical Examination</div><div>3. Complete Blood Count (CBC)</div><div>4. Fasting Blood Sugar (FBS)</div><div>5. Chest X-ray</div><div>6. Stool Analysis</div><div>7. Urinalysis</div></div> | <div>PHP 500</div> <div>(Available to the Client’s Applicants as part of on-boarding process [i.e., already for hiring pending medical clearance])</div> | |
| PREVENTIVE HEALTHCARE BENEFIT | | |
| <div><div>Routine Immunization Administration</div><div>coverage for professional fee in administering immunizations, except cost of vaccines/serum/immunoglobulin</div></div> | Covered | Covered |
| <div><div>Consultations and Advice on Diet and Exercise</div><div>including recommended health habits</div></div> | Covered | Covered |
| <div><div>Family Planning Counseling</div><div>except for infertility issues</div></div> | Covered | Covered |
| <div><div>Flu Vaccine</div><div>reimbursement of up to</div></div> | PHP 500 (per Member, per year) | |
| <div><div>Succeeding doses of Antivenom, Anti-Rabies and Tetanus Post-Exposure Prophylaxis</div><div>Combined limit for all specified vaccines.</div><div>Coverage for succeeding doses in addition to the first dose under Emergency Care Benefit, including necessary post-exposure immunoglobulin. Professional Fee in administering these vaccines are covered under Routine Immunization Administration.</div></div> | Up to MBL per member, per year (reimbursement is allowed) | |
| EMERGENCY CARE BENEFIT | | |
| <div><div>Room Upgrade Allowance for Emergency In-Patient Cases in an Accredited Hospital/Physician</div><div>This Medical Plan’s no-cash-outlay facility which is accessible only if both the Hospital and Physician(s) are part of Pacific Cross’s Accredited Provider Network, will also apply for emergency cases.</div><div>If a room category matching the Member’s plan is not available during an emergency case, the Member may occupy the next available higher room category within the first 48 hours with the exception of a Suite Room. Pacific Cross will cover the incremental charges during the first 48 hours provided that before the discharge date, the Member submits a hospital’s certification stating the non-availability of the room category corresponding to Member’s Plan.</div></div> | <div>Covered for the first 48 hours for emergency cases only except Suite room</div> | |
| <div><div>Emergency Care in Non-Accredited Hospital/Physician as chosen by the Member</div><div>If treatment for an emergency case is availed of from a non-accredited provider where accredited providers are proximately accessible, the Member is required to pay for the hospital and professional fees then file for reimbursement from Pacific Cross. The reimbursement of the medical expenses for the covered conditions will be based on the amount that Pacific Cross will directly settle had the Member been treated in an Accredited Hospital by Accredited Physicians. This applies to emergency cases that required confinement or an availment in a Hospital’s Emergency Room as an out-patient.</div></div> | <div>100% reimbursement of the total eligible amount that is based on Pacific Cross’s payment to its Accredited Provider for the costs incurred during the first 24 hours of treatment up to PHP 30,000 (per availment, per Member, per year)</div> | |

| | 3 to 9 Employees | 10 to 19 Employees |
|--|---|---|
| Emergency Care in areas where the Company does not have proximately accessible Accredited Hospital/Physician <i>If treatment for an emergency case is availed from a non-accredited provider because Pacific Cross does not have a proximately accessible accredited provider, the Member is required to pay for the hospital and professional fees then file for reimbursement from Pacific Cross. The reimbursement of the medical expenses for the covered conditions will be based on the amount that Pacific Cross will directly settle had the Member been treated in an Accredited Hospital by Accredited Physicians. This applies to emergency cases that required confinement or an availment in a Hospital's Emergency Room as an out-patient.</i> | 100% reimbursement of the total eligible amount that is based on Pacific Cross's payment to its Accredited Provider and not exceeding the MBL | |
| Emergency Hospitalization in Foreign Territories <i>Worldwide coverage is included for 90 days of accumulated stay (no more than 30 days per trip) or travel overseas during the Period of Coverage. This applies to emergency cases that required confinement or an availment in a Hospital's Emergency Room as an out-patient.</i> | 100% reimbursement of the total eligible amount up to PHP 30,000 (per availment, per Member, per year) | |
| Emergency Local Ambulance <i>for medically necessary conductions limited to the following instances:</i> <ul style="list-style-type: none">from place of occurrence to nearest accredited hospitalfrom accredited hospital to accredited hospitalfrom non-accredited hospital to an accredited hospital | Up to MBL Up to MBL Reimbursement of up to PHP 2,500 per conduction | |
| First dose of Antivenom, Rabies and Tetanus Post-Exposure Prophylaxis <i>administered under emergency conditions, including necessary post-exposure immunoglobulin and professional fee in administering vaccine.</i> | Up to MBL | Up to MBL |
| DIAGNOSTIC AND THERAPEUTIC PROCEDURES | | |
| Out-Patient and In-Patient Medically Necessary Diagnostic and Therapeutic Procedures due to a covered disability as prescribed by the Attending Physician including professional fees, hospital bills and incidental expenses related to the procedure. | Up to MBL | Up to MBL |
| When medically necessary and as prescribed by the Attending Physician, the following diagnostic and therapeutic procedures will be covered according to the specified inner limits. The limit is shared for Out-Patient and In-Patient and is inclusive of professional fees, hospital bills and incidental expenses related to the procedure. | | |
| Sleep Study <i>as prescribed by an Accredited Physician to determine level of CPAP treatment. Coverage includes the use of CPAP machine while confined or undergoing Sleep Study. The CPAP machine for use at home is not covered.</i> | Up to PHP 50,000 Shared In-Patient and Out-Patient Limit per Member per year | |
| Robotic Surgery (Robotically assisted Surgery) | Up to PHP 50,000 (per Member, per year) | |
| Transurethral Microwave Therapy of Prostate | Up to PHP 40,000 (per Member, per year) | |
| Pain Management (In-Patient only) | Up to PHP 5,000 (per Member, per year) | |
| Post-Operative Analgesia (In-Patient only) | Up to PHP 5,000 (per operation, per year) | |
| CONDITIONS WITH SPECIFIC LIMITATIONS | | |
| Work-related Conditions based on conditions covered by ECC <i>Certification that the injury was covered by ECC is required</i> | Up to MBL (for Principal Members only) | |
| Motor Vehicular Accidents | Up to MBL | Up to MBL |
| Provoked and Unprovoked Assault, including domestic violence, whether initiated by the Member or by a known or unknown third party | Up to MBL | Up to MBL |
| Out-Patient Consultations for Chronic Dermatoses | Up to MBL | Up to MBL |
| Consultations and Treatment for Scabies | Up to MBL | Up to MBL |
| Treatment for Hepatitis B (only if acquired) | Up to MBL | Up to MBL |
| Treatment of Congenital, Heredo-familial, Developmental Abnormalities and Birth Defects <i>All treatment expenses of these specified disabilities will be computed as a combined utilization under the indicated limit. Medically necessary Benefits for Physical Therapy or Occupational Therapy and Speech Therapy can be availed of subject to their corresponding inner limits but not exceeding the indicated limit for the treatment of these specified disabilities.</i> | 10% of the MBL or PHP 10,000 whichever is lower (Shared In-Patient and Out-Patient Limit per Member per year) | PHP 20,000 (Shared In-Patient and Out-Patient Limit per Member per year) |
| Treatment for HIV/AIDS <i>Up to a Lifetime Limit of</i> | 10% of the MBL (Shared In-Patient and Out-Patient Limit) | 20% of the MBL (Shared In-Patient and Out-Patient Limit) |

WORLDWIDE EMERGENCY ASSISTANCE BENEFITS

Member must be traveling 100 miles (or 150 kilometers) or more from his primary, legal address or in another country which is not his Country of Residence for less than 91 days unless otherwise endorsed in the Agreement.

The following are the benefits provided by the Company's designated assistance provider:

Included

Included

- Medical Consultation, Evaluation and Referral*
- Hospital Admission Assistance following a Medical Evacuation*
- Medical Monitoring*
- Prescription Assistance*
- Emergency Message Transmission*
- Interpreter and Legal Referrals*
- Lost Luggage or Document Assistance*
- Emergency Cash Coordination*
- Pre-trip Information*

**Pacific Cross Health Care, Inc. (herein referred to as the Company) through the designated assistance provider, will provide the assistance and advice for free but the Member will be responsible for any third party charges incurred as a result of such advice or assistance unless otherwise specified elsewhere in this Agreement and provided always that all arrangements are made through the Company's designated assistance provider.*

Availment of services through the Company's designated assistance provider for the following benefits:**

As charged and on top of the Maximum Benefit Limit

Limit per year of

- Emergency Medical Evacuation
- Return of Mortal Remains
- Medical Repatriation
- Compassionate Visit
- Care of Minor Child(ren)

***Availment of services not through the Company's designated assistance provider will not be covered for reimbursement*

OPTIONAL BENEFITS

STANDARD DENTAL BENEFITS

LIMIT

To be done within dental clinics affiliated with the FILIPINO DOCTORS PREVENTIVE HEALTHCARE MANAGEMENT, INC. (FILDOS). Prior appointment with the dental clinic is required. In case of non-availability of card, Member must coordinate with Pacific Cross Customer Services to endorse the availment with the chosen FILDOS accredited dentist. Using non-accredited dentist through reimbursement is not allowed.

| | |
|---|--------------|
| Dental consultation | Unlimited |
| Routine Oral Prophylaxis including cleaning and polishing (mild to moderate only) | Twice a year |
| Treatment of lesions, wounds and burns | Covered |
| Adjustment of dentures | Covered |
| Temporary Fillings (as advised by dentist) | Unlimited |
| Simple Tooth Extraction, except surgery for impaction | Unlimited |
| Relief and/or prescription for acute dental pain | Covered |
| Treatment of dental related pain excluding cost of prescribed medicines | Covered |
| Re-cementation of jacket crown inlays and onlays | Covered |
| Emergency desensitization of hypersensitive teeth | Covered |
| Annual dental examination (within the dentist clinic only) | Covered |
| Orthodontic consultation | Covered |
| Aesthetic dental consultation | Covered |

| EXTENDED DENTAL BENEFITS | | LIMIT |
|--|--|---------------------|
| To be done within dental clinics affiliated with the FILIPINO DOCTORS PREVENTIVE HEALTHCARE MANAGEMENT, INC. (FILDOCS). Prior appointment with the dental clinic is required. In case of non-availability of card, Member must coordinate with Pacific Cross Customer Services to endorse the availment with the chosen FILDOCS accredited dentist. Using non-accredited dentist through reimbursement is not allowed. | | |
| Dental consultation | | Unlimited |
| Routine Oral Prophylaxis including cleaning and polishing (mild to moderate only) | | Twice a year |
| Treatment of lesions, wounds and burns | | Covered |
| Adjustment of dentures | | Covered |
| Temporary Fillings (as advised by dentist) | | Unlimited |
| Simple Tooth Extraction, except surgery for impaction | | Unlimited |
| Relief and / or prescription for acute dental pain | | Covered |
| Treatment of dental related pain excluding cost of prescribed medicines | | Covered |
| Re-cementation of jacket crown inlays and onlays | | Covered |
| Emergency desensitization of hypersensitive teeth | | Covered |
| Annual dental examination (within the dentist clinic only) | | Covered |
| Orthodontic consultation | | Covered |
| Aesthetic dental consultation | | Covered |
| Composite (Lightcure) Filling | | 2 surfaces per year |

LIFE INSURANCE WITH ACCIDENTAL DEATH AND DISMEMBERMENT

| | AMOUNT OF COVERAGE | |
|--|--|------------------------------------|
| | Principal Member Dependent Spouse or Parent | Dependent Child or Sibling |
| Group Yearly Renewable Term Insurance (GYRT) | Option 1: PHP 25,000 Option 2: PHP 50,000 | 50% of Principal Member's coverage |
| Accidental Death and Dismemberment (AD&D) | Same amount as GYRT | 50% of Principal Member's coverage |
| Loss of life | 100% of AD&D Benefit | |
| Loss of entire sight of both eyes | 100% of AD&D Benefit | |
| Loss of both hands or both feet | 100% of AD&D Benefit | |
| Loss of one hand and one foot | 100% of AD&D Benefit | |
| Loss of either hand or foot and sight of one eye | 100% of AD&D Benefit | |
| Loss of either hand or foot or sight of one eye | 50% of AD&D Benefit | |