PACIFIC CROSS

COMPREHENSIVE MEDICAL PROTECTION FOR YOU AND YOUR FAMILY

Select

Powered by

PARAMOUNT LIFE & GENERAL INSURANCE

Medical costs are one of the most pressing concerns in today's times. When your family's health is at stake, we know you need a sensible medical plan that will give you the best care possible. We offer you value-packed medical plans specifically designed to give you superior medical coverage:

Select Plus

*With an **aggregate limit per year** of up to ₱5 million and still with your own choice of medical provider, this plan provides added and superior protection.*

Select Standard

*Allows you to choose your own hospital and doctor and reimburse medical benefits of up to ₱2 million **for each disability per lifetime**.*

SELECT

- **No-cash-outlay medical treatment using our accredited hospitals or swift reimbursement of medical expenses based on your coverage**
  Select offers you complete freedom of choice. It allows you to avail of no-cash-outlay in-patient and emergency out-patient medical treatment using our accredited network or take the option of filing your eligible claims for reimbursement with the Company.

- **Comprehensive range of medical insurance benefits**
  Select offers a comprehensive range of In-Patient and Out-Patient medical benefits, all designed to provide you the financial security and assistance you need in times of illness.

- **All-inclusive Core Benefits with coverage for both your medical and travel insurance needs**
  More than the financial security from medical expenses, Select also now provides coverage for travel inconveniences.

- **Emergency Overseas Coverage and 24/7 Customer Service Assistance**
  Select covers you for your emergencies and accidents when you travel. Together with our emergency assistance partner, we offer a worldwide network of alarm centers and full-time medical professionals ready to help you 24/7.

Paramount Life & General Insurance Corporation, using the Pacific Cross brand (herein referred to as the "Company"), is the Insurer of Record for Pacific Cross insurance policies.

Some things all applicants should know:

As with all insurance, there are some important points you should know before entering into a contract. In this section, we identify some key Policy provisions.

1. All applicants must answer the corresponding application form and medical questionnaire as truthfully as possible. Failure to answer the questions in full, concealment, or misrepresentation of any medical condition will affect your Policy and the payment of your claims.

   Applicants aged **71 to 100 years old** are required to undergo a **physical exam and the listed medical tests**. All you have to do is answer the ***Select Medical Application Form For 71 to 100 Years Old*** and complete the ***Full Medical Examination Form*** which should be facilitated by your medical examiner. While a physical exam and medical tests are ***not* mandatory** for applicants under **71 years old**, you may be subject to ***random selection*** of medical examination and/or testing as part of the underwriting process. The appropriate forms corresponding to your age are downloadable from our website and can be provided to you by our Sales Representatives.

2. Your coverage begins 30 days after the date shown on your Policy. However, you already have immediate coverage for accidental injury.

3. A Pre-Existing Condition is any disability which existed before the commencement of cover as it presented signs or symptoms which you were aware or should reasonably have been aware of. Pre-Existing Conditions are also those that are known to you because you have felt its signs and symptoms regardless if this prompted you to seek for treatment, medication, advice, or diagnosis. When you answer our Medical Questionnaire, please ensure that you tell us about all your medical conditions and symptoms happening at any time in the past and/or present, known and/or suspected, whether or not treatment or professional advice was sought. Based on your provided details and submitted medical reports, declared pre-existing conditions may be covered immediately subject to the Company's underwriting guidelines.

   Pre-Existing Conditions shall always include the following Disabilities, together with their complications and sequelae, even if you were unaware of them at the time of application:

   a. Mass/Tumors/Cyst of Internal Organs or on Skin, Muscular Tissue, Bone, or any form of Blood Dyscrasias, 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

   These Disabilities, along with their complications and sequelae, will only be covered after a one-year waiting period from the date of your inclusion in the Policy, unless disclosed and accepted by an Endorsement from the Company.

4. While your Policy is issued in the Philippines, it can provide Emergency Coverage when you are overseas. The maximum period of cover should not exceed more than 30 days per trip during the Policy year.

5. The following items are generally excluded from coverage:
   - Charges exceeding the Normal, Usual and Customary rates determined by the Company for the local geographical area
   - Congenital conditions, birth defect and abnormalities
   - Durable medical equipment, grafts, prosthetic devices and corrective devices other than artificial limbs
   - Cosmetic surgery or related complications, contact lenses, hearing aids and prescriptions thereof, except those that may be required for reconstructive surgery due to or as a result of an accident
   - Suicide, attempted suicide or intentional self-inflicted injury
   - Pre-Existing Conditions unless such have been declared and approved by the Company
   - Sexually Transmitted Diseases (STDs)
   - All contraceptive methods of birth control; or screening and/or treatment pertaining to infertility
   - Childbirth and any form of delivery; miscarriage and abortion, including their complications and nursing care for the newborn
   - 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

6. Your contract is guaranteed renewable up to age 100. However, we reserve the right to adjust your premium and other Policy conditions upon written advice 45 days prior to each renewal.

7. Your contract contains a provision on the Insured Person's right to Free-Look Period.

8. For full details, please refer to the Policy.

CORE BENEFITS (In-Patient & Emergency)

Select Plus *(aggregate limit per year)* and **Select Standard *(for each disability per lifetime)*** provide the same benefit limits but at different maximum coverage levels. Under these plans, you can avail of no-cash-outlay medical treatment using our accredited hospitals or swift reimbursement of eligible expenses based on your coverage. All benefits shown in the table below are applicable for each disability per year, unless indicated otherwise.

	SELECT PLUS & SELECT STANDARD			SELECT PLUS	
	WARD	SEMI-PRIVATE	PRIVATE 2M	PRIVATE 3M	PRIVATE 5M
Maximum Coverage	₱1,000,000	₱1,500,000	₱2,000,000	₱3,000,000	₱5,000,000
BASIC HOSPITAL BENEFITS					
Room and Board including General Nursing Care.	As Charged	As Charged	As Charged	As Charged	As Charged
Miscellaneous Hospital Expenses for required diagnostic laboratory tests, prescribed medicines, physiotherapies, blood and components, anesthesia, and surgical appliances.	As Charged	As Charged	As Charged	As Charged	As Charged
Attending Physician's Visit daily visit fee to a limit of	3,000	4,000	5,000	5,000	5,000
Specialist's Fee for 15 days for each disability, per year to a daily limit of	3,000	4,000	5,000	5,000	5,000
Private Duty Nurse at home only when certified necessary by Attending Physician to a maximum of 5 days, immediately after hospitalization. Daily visit fee to a limit of	1,200	1,800	3,600	3,600	3,600

	SELECT PLUS & SELECT STANDARD			SELECT PLUS	
	WARD	SEMI-PRIVATE	PRIVATE 2M	PRIVATE 3M	PRIVATE 5M
Procedure Done on an Out-Patient Basis for selected procedures as approved by the Company.					
• **Surgical Procedures** Cataract Extraction; *Dilation & Curettage; Excision of Mass/Tumor; Aspiration/Excision Biopsy of Cyst/Mass; Incision & Drainage; Ingrown Toenail Surgery or Wedge Resection; Brachytherapy; Electrodessication/ Electrocautery of Warts from the neck down; Colonoscopy or Gastroscopy with Excision Biopsy; Angioplasty; and other procedures as may be approved by the Company. **Coverage for Dilation and Curettage (D&C) procedure is for non-maternity related conditions only.*	Subject to the limits of the Surgical Benefits				
• **Non-Surgical Procedures** Intravenous Chemotherapy; Radiotherapy/ Cobalt Therapy; Radioactive Iodine (RAI) Therapy; Colonoscopy or Gastroscopy without Biopsy; Hemodialysis; Blood Transfusion; Angiogram; and other procedures as may be approved by the Company.	Up to Maximum Coverage				
CRITICAL CARE BENEFITS					
Intensive Care Unit, Coronary Care Unit & Telemetry maximum of 10 days per disability, per year	As Charged	As Charged	As Charged	As Charged	As Charged
SURGICAL BENEFITS					
Operating Theater & Recovery Room	As Charged	As Charged	As Charged	As Charged	As Charged
Surgeon's Fee per disability, per year limit of	₱60,000	₱90,000	₱180,000	₱360,000	₱360,000
Anesthesiologist's Fee not to exceed 50% of the approved Surgeon's Fee	30,000	45,000	90,000	180,000	180,000
Artificial Limb including rental of mechanical devices (as approved by the Company) excluding implantable devices	As Charged	As Charged	As Charged	As Charged	As Charged
Medical Implant Due to Accident Covers the cost of implantable devices necessary for a surgical procedure to treat a covered Injury resulting from Accident wholly occurring during the Period of Insurance. Per disability, per year limit of	25,000	25,000	25,000	25,000	25,000
EMERGENCY BENEFITS					
Emergency Out-Patient Treatment for a covered emergency treatment not leading to confinement as provided by the outpatient department of a hospital or a licensed doctor in his clinic up to a maximum limit per disability, per year of	7,000	8,000	9,000	9,000	9,000

	SELECT PLUS & SELECT STANDARD			SELECT PLUS	
	WARD	SEMI-PRIVATE	PRIVATE 2M	PRIVATE 3M	PRIVATE 5M
Emergency Dental Services due to a covered accident.	As Charged	As Charged	As Charged	As Charged	As Charged
Emergency Local Ambulance Service from place of occurrence to the nearest hospital facility or from hospital to hospital using land transportation service. *(If local land transportation facility is not available, other transportation facilities are allowed subject to the approval of the Company. Maximum limit per disability, per year is ₱15,000.)*	As Charged	As Charged	As Charged	As Charged	As Charged
Emergency Overseas Coverage worldwide cover is included for no more than 30 days per trip for travel overseas during the Policy year. Reimbursement of overseas medical expenses is for emergency cases only.	Up to Maximum Benefit Limit subject to the inner limits of the In-Patient/Hospitalization and Emergency Out-patient Treatment that are based on currently applicable medical rates of the Company's pre-determined Philippine tertiary hospital.				

Worldwide Emergency Assistance Services

The Company, through our assistance partner, will provide the assistance and advice (24 hours a day, 7 days a week) for free but the client will be responsible for any third party charges incurred as a result of such advice or assistance unless otherwise specified elsewhere in the Policy. Insured Person must be traveling 100 miles (or 150 kilometers) or more from his primary and legal address or in another country which is not his or her Country of Residence for less than 91 days unless otherwise endorsed in the Policy.

Services* include but not limited to the following:

- **Emergency Medical Evacuation**: Evacuation under appropriate medical supervision to the nearest medical facility.
- **Medical Repatriation**: Repatriation under medical supervision to the Insured Person's legal residence or to a medical or rehabilitation facility near the Insured Person's residence.
- **Return of Mortal Remains**: The return of mortal remains will be arranged and paid for.
- **Compassionate Visit**: When an Insured Person is traveling alone and will be hospitalized for more than 5 consecutive days, an economy, round trip, common carrier transportation will be provided to a family member or a friend to accompany the Insured Person.
- **Care of Minor Child(ren)**: One-way economy common carrier transportation will be provided to the place of residence of minor child(ren) when they are left unattended as a result of medical emergency or death of an Insured Person.

***Availment of services through our designated assistance provider, limit per year of**	As Charged and on top of the Maximum Coverage Limit				
***Availment of services *not* through our designated assistance provider, limit per year of** The actual cost will be paid via reimbursement by the Company subject to the limits specified which will form part of the Maximum Coverage Limit of the plan provided that such assistance is a result of a covered illness, accidental injury or death occurring during the Period of Insurance.	₱50,000 combined limit	₱50,000 combined limit	₱50,000 combined limit	₱50,000 combined limit	₱50,000 combined limit
AUTO-IMMUNE CONDITIONS					
Benefit will apply after five (5) years of continuous coverage under Select Plan(s) and any renewal thereof. It will be subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits (if any) under a combined Lifetime Limit of	100,000	150,000	300,000	300,000	300,000

	SELECT PLUS & SELECT STANDARD			SELECT PLUS	
	WARD	SEMI-PRIVATE	PRIVATE 2M	PRIVATE 3M	PRIVATE 5M

MENTAL HEALTH CARE BENEFIT

Covers consultations and counselling for mental and emotional health issues due to:

- mood disorders (e.g., depression or bipolar disorder), anxiety disorders, personality disorders, psychotic disorders (e.g., schizophrenia), dementia, eating disorders and trauma-related disorders (e.g., post-traumatic stress disorder).
- life situations and experiences such as general anxiety and depression, illness-related depression, grief over the loss of a loved one, stress management, loneliness or living alone, lack of motivation, frustration, anger management issues, fear or phobia, family conflict and issues, relational problems, gender issues, bullying, social rejection and discrimination, domestic violence and abuse, low self-esteem problems, insomnia, life transition issues, neighborhood and living environment problems, financial problems or low income issues, and acculturative stress.

This Mental Health Care Benefit excludes coverage for substance abuse disorders, congenital or neurodevelopmental disorders, hypersexual disorders, impulse control disorders, and behavioral addictions such as gambling and gaming.

The following services are covered excluding medicines and drugs that may be prescribed during consultation and counselling:

Consultation with a Psychologist, Psychotherapist, Psychiatrist, and other mental health care professionals Reimbursement of professional fee up to a maximum of three (3) visits per Policy year upon presentation of final diagnosis	Up to ₱1,000 per visit	Up to ₱1,000 per visit	Up to ₱1,000 per visit	Up to ₱1,000 per visit	Up to ₱1,000 per visit
Counselling Reimbursement of counselling or therapy sessions prescribed by the Mental Health Care Professional up to a maximum of three (3) sessions per Policy year	Up to 600 per session	Up to 600 per session	Up to 600 per session	Up to 600 per session	Up to 600 per session

ANNUAL PHYSICAL EXAMINATION (APE)

via no-cash-outlay only *(to be done in accredited APE Providers; requires prior appointment by getting in touch with our Customer Services Department).*

APE includes the following:
Taking of medical history; Comprehensive physical examination; Complete blood count; Chest X-ray; Stool analysis; Urinalysis; Lipid Profile; Blood Urea Nitrogen (BUN); Fasting Blood Sugar (FBS); Serum Glutamic Pyruvic Transaminase (SGPT); Creatinine; Uric Acid; Electrocardiogram (ECG) for clients 35 years old and above and Pap smear for female clients 35 years old and above

VALUE ADDED BENEFITS

Elective Surgery scheduled surgery arranged by the Company within accredited network only, a 10-day notice must be given to the Company by the Client.	Direct Settlement of covered portion of confinement & treatment cost by the Company				
Note: Payment of Professional Fees (i.e., Attending Physician's Visit, Specialist's Fee, Surgeon's Fee, Anesthesiologist's Fee) will be based on the Company's PhilHealth Relative Value Scale if claims are directly settled by the Company to the Physician or Hospital. The PhilHealth Relative Value Scale shows the values per procedure as provided by PhilHealth that the Company will apply for the payment of a particular Professional Fee in an Accredited Network.					
Companion Allowance allowance given to companion (maximum of 10 days per Policy year)	100 (per day)	200 (per day)	300 (per day)	300 (per day)	300 (per day)

	SELECT PLUS & SELECT STANDARD			SELECT PLUS	
	WARD	SEMI-PRIVATE	PRIVATE 2M	PRIVATE 3M	PRIVATE 5M
Sports Coverage for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits)	Included	Included	Included	Included	Included
Free Child Coverage free coverage for a newborn of a female Insured as early as the infant's 15th day up to the female Insured's Policy renewal. Effective date of the infant's coverage is upon submission of application form and is subject to 30 Days Qualifying Period.	Included	Included	Included	Included	Included
Antivenom, Rabies and Tetanus Post-Exposure Prophylaxis coverage for injections of specified vaccines and necessary immunoglobulin after exposure to pathogen(s) to prevent infection from occurring	As Charged	As Charged	As Charged	As Charged	As Charged
COVID-19 Vaccine reimbursement for vaccine acquisition and administration availed of within the Philippines up to a per year limit of	₱3,500	₱3,500	₱3,500	₱3,500	₱3,500
PERSONAL ACCIDENT BENEFIT					
coverage for accidental death. Covers new business clients age 16 to 60, renewable until age 65.	25,000	50,000	75,000	75,000	75,000
TRAVEL+ BENEFITS					
Included in Core Benefits	The limits are on a 30 days per trip basis				
Land Vehicle Rental Excess Protection Reimbursement of excess or deductible of the rented land vehicle insurance, in case the rented land vehicle was damaged due to collision, fire, external explosion, self-ignition or lightning.	**50,000**	**50,000**	**50,000**	**50,000**	**50,000**
Land Vehicle Rental Return Reimbursement for the penalties and charges related to the late return of the rented land vehicle.	**5,000**	**5,000**	**5,000**	**5,000**	**5,000**
Baggage Delay Lump sum cash benefit if accompanying baggage was delayed, misdirected or temporarily misplaced.					
minimum of six (6) hours	**2,000**	**2,000**	**2,000**	**2,000**	**2,000**
after 48 hours	**2,000**	**2,000**	**2,000**	**2,000**	**2,000**
Loss or Damage to Baggage & Personal Effects Reimbursement for loss or damage to baggage, clothing, prescribed medicines, bags, footwear and other personal effects.	**15,000**	**15,000**	**15,000**	**15,000**	**15,000**
per item, pair or set limit	5,000	5,000	5,000	5,000	5,000
Loss or Damage to Sporting Equipment Benefit payment for loss, theft or damage to select sporting equipment.	**10,000**	**10,000**	**10,000**	**10,000**	**10,000**
per item, pair or set limit	5,000	5,000	5,000	5,000	5,000

	SELECT PLUS & SELECT STANDARD			SELECT PLUS	
	WARD	SEMI-PRIVATE	PRIVATE 2M	PRIVATE 3M	PRIVATE 5M
Loss of Gadget(s) Reimbursement for loss of laptop, tablet and/or mobile phone.	₱10,000	₱10,000	₱10,000	₱10,000	₱10,000
Theft of Cash Reimbursement of the equivalent amount of stolen cash while being physically carried on by the Insured Person during the Period of Insurance.	1,000	1,000	1,000	1,000	1,000
Loss of Travel Documents Reimbursement for the cost of replacement of lost passport, re-issuance of tickets, and expenses necessary in obtaining such replacements.	20,000	20,000	20,000	20,000	20,000
travel and unplanned accommodation (max. of 2 days)	5,000	5,000	5,000	5,000	5,000
Mobile Phone Charges Reimbursement for mobile phone charges incurred for contacting the the Company hotline or designated assistance provider.	1,000	1,000	1,000	1,000	1,000
Trip Cancellation Reimbursement for the non-refundable portion of travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip which you have not pursued yet.	40,000	40,000	40,000	40,000	40,000
sudden acts of terrorism	20,000	20,000	20,000	20,000	20,000
Trip Termination Reimbursement for the non-refundable portion of the travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip which you have pursued but decided to terminate in the middle of the trip.	40,000	40,000	40,000	40,000	40,000
sudden acts of terrorism	20,000	20,000	20,000	20,000	20,000
Staff Replacement (For Business Trip Only) Reimbursement for economy round-trip common carrier transportation and reasonable accommodation expenses incurred to send one (1) alternative staff to take over the Insured Person's planned business journey.	20,000	20,000	20,000	20,000	20,000
Flight Delay A lump sum cash benefit for a minimum of six (6) hours delay as a result of flight delay in a bus line, shipping line, airline or rail transit.					
minimum of six (6) hours	2,000	2,000	2,000	2,000	2,000
after 48 hours	2,000	2,000	2,000	2,000	2,000
Missed Connecting Flight A lump sum cash benefit per six (6) consecutive hours for maximum of 96 hours (maximum of 16 payments) in the event of a missed connecting flight due to the late arrival of the incoming flight.	2,000	2,000	2,000	2,000	2,000
Strikes or Hijack Daily allowance per each full day up to 10 days that the traveler is delayed from reaching the scheduled destination for a minimum of 12 hours.	1,000	1,000	1,000	1,000	1,000

	SELECT PLUS & SELECT STANDARD			SELECT PLUS	
	WARD	SEMI-PRIVATE	PRIVATE 2M	PRIVATE 3M	PRIVATE 5M
Alternative Means of Transportation Reimbursement for the cost of new flight and related fare expenses incurred for the use of alternative onward public transportation.	₱4,000	₱4,000	₱4,000	₱4,000	₱4,000
Trip Postponement Reimbursement for the non-refundable portion of travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip which was postponed with more than 24 hours waiting time.	3,000	3,000	3,000	3,000	3,000

OPTIONAL BENEFITS

OUT-PATIENT BENEFITS	STANDARD	EXECUTIVE
The Company pays 80% (for 0 to 65 years old) or 50% (for 66 to 80 years old) of eligible claimed amount for reasonable, normal, and customary fees. Reimbursement only. Aggregate limit per year. **Includes:** a. **Consultation in Doctor's Office** covers Physician's and Specialist's fee b. **Physiotherapist or Chiropractor** c. **Diagnostic, X-rays and Laboratory Tests** necessary for the treatment of a covered disability d. **Medicines and Drugs prescribed by a Doctor** for a covered condition or disability and procured from a recognized pharmacy e. ***Pre-natal and Post-natal Consultations** excluding laboratory procedures/examinations, medicines, and vaccinations **Not included under the Out-Patient Benefits for 66 to 80 years old.*	₱25,000	₱50,000

DENTAL BENEFITS

The Company pays 80% of eligible claimed amount for reasonable, normal, and customary fees. Reimbursement only.

BENEFITS	LIMIT
Over-all Limit per year (excluding dentures) **Includes:** **X-rays, Amalgam Fillings, Anterior Fillings, Root Canal Fillings, Extractions, Routine Oral Examination (twice per year) and Oral Prophylaxis (twice per year)**	₱10,000

BENEFITS	LIMIT
Dentures (as a result of accident only)	
i) Complete Set	₱4,000
ii) Partial Sets	₱7,000

PACIFIC CROSS

Inquire about our Medical Plans now!

Buy our Travel Plans online now!

Pacific Cross is EXCELLENCE.

We are committed to bringing nothing but the best to our clients. Our decisions are based on an intricate understanding of our clients' needs, demands and expectations. We strive to create and innovate programs that will best serve our customers.

Pacific Cross is STABILITY.

We are one of the leading and most financially stable companies in the industry today. Our financial strength allows us to be there for our clients when they need us the most.

Pacific Cross is EXPERIENCE.

We draw from decades of experience in the insurance industry. Our actions are guided by a deep insight brought about by the knowledge we have gained through the years.

Pacific Cross is CUSTOMER SERVICE.

We are rooted in a commitment to ever improving customer service. We aim to be continuously progressive and professional. Our commendable track record and competent support staff ensure that you are given immediate and excellent service at all times.

Pacific Cross is a PARTNERSHIP OF TRUST.

We build and value enduring relationships. We consistently prove that we are worthy of the highest confidence — by our strict standards, the integrity of our promises and the results we deliver. In the event of a crisis, we assure you that Pacific Cross will be your friend and ally.

Get in touch with us today!
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- **For the complete details of our Agency Offices, please visit:** www.pacificcross.com.ph
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