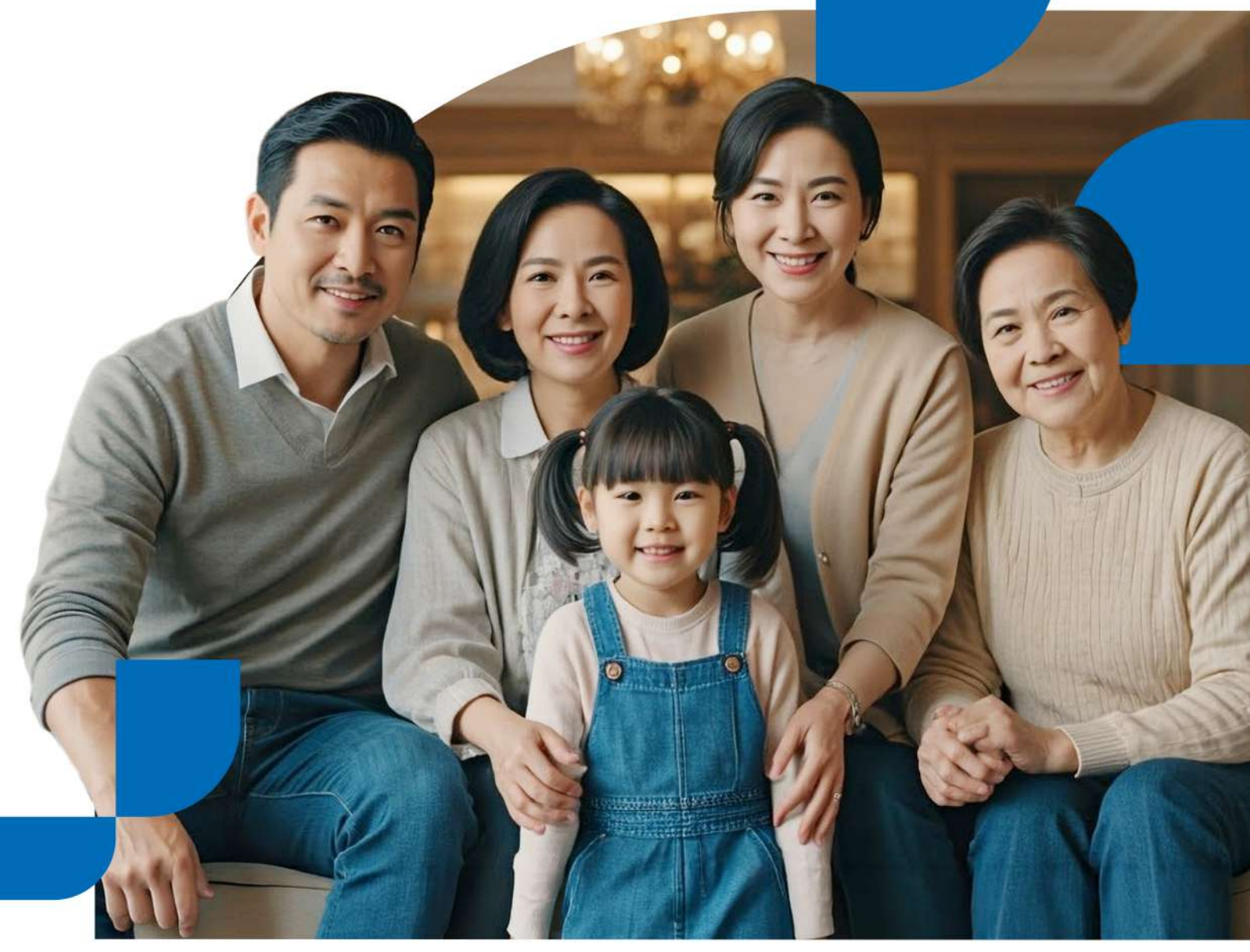
PACIFIC CROSS



A WORLDWIDE MEDICAL DOLLAR PLAN THAT GIVES YOU
COMPLETE FREEDOM OF CHOICE FOR THE BEST MEDICAL CARE

Blue Royale

Powered by

PARAMOUNT
LIFE & GENERAL
INSURANCE



The rising costs of hospitalization and medical treatment are one of the pressures you have to deal with in today's times. When illness strikes, you undoubtedly want to look for the best ways to secure you and your loved ones. We can help you financially prepare for life's uncertainties with the Blue Royale Medical Insurance Plan.

Blue Royale offers one of the most comprehensive range of medical insurance benefits available in the Philippines. It offers you freedom of choice to select the best medical treatment, anywhere in the world. Blue Royale provides an impressive coverage limit of USD2 million each year. You are also assured of swift reimbursement of eligible charges.

BLUE ROYALE

- Your choice of hospital, clinic, pharmacy and doctor... WORLDWIDE!
- Maximum coverage of up to USD2 million
- All-inclusive Core Benefits with coverage for both your medical and travel insurance needs
- Swift reimbursement of eligible charges or no-cash-outlay medical treatment using our accredited hospitals
- Maternity and Childbirth Coverage
- Worldwide emergency assistance services (e.g., emergency medical evacuation, repatriation, and return of mortal remains)
- Optional coverage for Dental, Vision and Personal Accident Benefits
- Health and Travel coverage from infant up to 100 years old

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.

Frequently Asked Questions (For New Applicants)

Q: How do I apply for a Blue Royale Insurance plan? Do I need to undergo a physical examination?

A: 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 ***Blue Royale 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.

Q: How do I pay my Blue Royale Premium?

A: The Company offers you several convenient ways to pay your premium. You can pay in cash or credit, via our website's Web Payment, online banking or over-the-counter payments, either annually or semi-annually.

Q: What is a Pre-Existing Condition?

A: 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 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

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.

Q: How soon can I avail of my Blue Royale benefits?

A: You can avail of your Blue Royale Medical benefits 30 days after the date shown on your Policy. However, you already have immediate coverage for accidental injury.

Q: How can Blue Royale take care of me when I am abroad?

A: In the event that you are hospitalized while abroad, our worldwide emergency assistance partner will be there to help. The Company provides coverage for up to 90 days per trip and up to 180 accumulated days abroad within the Period of Insurance.

If you plan to exceed the 90-day trip limit or the 180-day accumulated overseas stay limit, you must inform the Company in writing at the time of application or renewal of the Policy and pay the required additional premiums before travel. Failure to do so will result in ineligibility of benefits for claims incurred beyond these stated limits.

Q: Can I renew my Policy?

A: 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.

Q: What are the exclusions for conditions that cannot be covered by this policy?

A: 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
- Cosmetic surgery or related complications, contact lenses, hearing aids and prescriptions thereof, except those that may be required for reconstructive surgery
- 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; screening and/or treatment pertaining to infertility
- Weight treatment, management, and its complications
- Confinement wholly for routine medical examinations or check-ups

For full details, please refer to the Policy contract.
Your contract contains a provision on the Insured Person's right to Free-Look Period.

CORE BENEFITS

	Plan A	Plan B	Plan C
MAXIMUM COVERAGE PER YEAR (aggregate limit per year)	USD500,000	USD1,000,000	USD2,000,000
IN-PATIENT BENEFITS			
Room and Board			
including General Nursing Care			
Daily Limit for Philippine confinement	USD300	USD600	USD850
Daily Limit for Overseas confinement	Private Room up to USD1,000	Private Room up to USD1,500	Private Room up to USD1,500
Miscellaneous In-Patient Charges	As Charged	As Charged	As Charged
for required diagnostic laboratory tests, prescribed medicines and supplements, blood and components, anesthesia, surgical appliances and devices, and intra-operative standard prosthetics (as approved by the Company)			
Professional Fee	As Charged	As Charged	As Charged
Intensive Care Unit, Coronary Care Unit, Telemetry	As Charged	As Charged	As Charged
Operating Theater and Recovery Room	As Charged	As Charged	As Charged
Surgeon's Fee	USD30,000	As Charged	As Charged
includes pre-surgical assessment and normal post-surgical care while confined in the treatment country for each disability			
Anesthesiologist's Fee	50% of Surgeon's Fee	As Charged	As Charged
Bariatric Surgery Procedures	USD2,000	USD3,000	USD5,000
covers specific In-Patient Bariatric Surgery Procedures intended for weight loss and its complications (i.e., Gastric Bypass, Sleeve Gastrectomy, Adjustable Gastric Band and Biliopancreatic Diversion with Duodenal Switch) *Any out-patient medical services related to the preparation or subsequent to the surgical procedure, such as weight loss supplements or medicines are not covered*. Benefit will apply after five (5) years of continuous coverage under Blue Royale Plans A, B and C, and any renewal thereof. It will be subject to the inner limits of In-Patient/Hospitalization Benefits under a combined Lifetime Limit of			
Private Duty Nurse	As Charged	As Charged	As Charged
when certified necessary by the Attending Physician (at home for up to 30 days immediately after hospitalization)			
Procedure Done on an Out-Patient Basis			
for selected procedures as approved by the Company			
• **Surgical Procedures**	Subject to the limits of the Surgical Benefits		
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*.			

• **Non-Surgical Procedures**	Up to Maximum Coverage Limit		
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.			
OUT-PATIENT BENEFITS			
Major Out-Patient Care	As Charged	As Charged	As Charged
Consultation in Doctor's Office *covers Professional Fees of general practitioner, Specialist, Chinese medicine practitioner, Acupuncturist, and herbalist necessary for the treatment of a covered disability* **Physiotherapist or Chiropractor** *necessary for the treatment of a covered disability* **Prescribed Medicines and Supplements** *covers take home medicines for maintenance drugs and supplements including herbal and Chinese medicines, vitamins, food supplements, and hormone supplements/replacement therapy necessary for the treatment of a covered disability* **Diagnostics, X-rays and Laboratory Tests** *necessary for the treatment of a covered disability* **Surgical Appliances and Devices** *includes durable medical equipment and corrective devices as prescribed by the Attending Physician and approved by the Company*	up to 90 days immediately after hospitalization *(i.e., available only as a Post-Hospitalization Follow-Up Care Benefit)*	*(with or without prior hospitalization)*	*(with or without prior hospitalization)*
Supplementary Out-Patient Care			
covering Out-Patient availments not requiring prior hospitalization or not related to a medical condition where the 90 days Post-Hospitalization Follow-Up Care Benefit is applicable. Also covers Out-Patient availments incurred beyond 90 days after hospitalization for a covered condition. Supplementary Out-Patient Care shall be limited to the following services and treatments: **Consultation in Doctor's Office** *covers Professional Fees of general practitioner, Specialist, Chinese medicine practitioner, Acupuncturist, and herbalist necessary for the treatment of a covered disability* **Physiotherapist or Chiropractor** *necessary for the treatment of a covered disability* **Prescribed Medicines** *covers Out-Patient medicines for maintenance drugs procured from a recognized pharmacy, including herbal and Chinese medicines, hormone supplements/ replacement therapy necessary for the treatment of a covered disability,* ***excluding*** *vitamins and supplements* **Diagnostic, X-rays and Laboratory tests** *necessary for the treatment of a covered disability* **Pre-natal and Post-natal Consultations** *excluding laboratory procedures/examinations, medicines, and vaccinations*	The Company pays 80% up to a limit per year of USD2,500 *(via Reimbursement only)*	Major Out-Patient Care will apply	Major Out-Patient Care will apply
Other Alternative Treatments	USD1,500	USD3,000	USD3,000
Homeopathy, Osteopathic Manipulative Therapy (OMT), Bonesetter, Iridology and any medication prescribed by the mentioned alternative treatments to a limit per year of			
Executive Check-Up (ECU) Package and Vaccinations*	USD300	USD600	USD700
Available to each Insured Person starting on his/her second year with the Company, provided that he/she has any of the Blue Royale Plans (A, B, or C) the preceding year and is covered under Blue Royale Plan A, B, or C upon Policy renewal. Covers Out-Patient ECU Package and Vaccinations availed of at any hospital or any clinic. Aggregate limit per year of up to **This benefit may be availed of after full payment of annual premium or after full payment of both semi-annual premiums.* **For Group accounts, this benefit is subject to underwriting guidelines.*			

EMERGENCY BENEFITS			
Emergency Out-Patient Treatment for treatment of emergency cases/conditions not leading to confinement provided by the Out-Patient department of a hospital or a licensed doctor in his clinic for a covered disability	As Charged	As Charged	As Charged
Emergency Dental Services due to a covered accident	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.	As Charged	As Charged	As Charged
Emergency Overseas Coverage Overseas coverage is for up to 90 days per trip and 180 accumulated days overseas per Period of Insurance, except if Treatment Area Limitation (TAL) discount option is selected.	Included	Included	Included
Worldwide Emergency Assistance The Company, through our designated assistance provider, will provide the assistance and advice (24 hours a day, 7 days a week) for free but the policyholder 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 Country of Residence for less than 91 days unless otherwise endorsed in the Policy. **Services* include but are 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 five (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.	Included	Included	Included
***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.	As Charged **and part of** the Maximum Coverage Limit		
ORGAN TRANSPLANT fees for kidney, heart, liver, lungs, and bone marrow transplants (as approved by the Company) including follow-up treatment and sequelae. Coverage is subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits	Included	Included	Included
MENTAL AND NERVOUS DISORDERS covering biologically based mental illness and degenerative brain disorder as defined in the Policy. Coverage is subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits under a lifetime limit of	USD7,000	USD13,000	USD13,000

AIDS/HIV benefit will apply after five (5) years of continuous coverage under the Blue Royale Policy and any renewal thereof. It will be subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits under a combined lifetime limit of	USD25,000	USD100,000	USD100,000
CONGENITAL CONDITIONS for the treatment of congenital, heredo-familial, developmental abnormalities, birth defect. Benefit will apply after five (5) years of continuous coverage under the Blue Royale Policy and any renewal thereof. It will be subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits under a lifetime limit of	USD1,000	USD2,000	USD2,000
MATERNITY BENEFIT all inclusive limit per pregnancy for pre-natal and post-natal care, normal delivery, surgical delivery, miscarriage, threatened and therapeutic abortion, complications of pregnancy including re-hospitalization and nursery for the newborn up to seven (7) days including infant formula, room-in cost and newborn screening (excluding Pediatrician's Professional Fee, screening and treatment for congenital conditions and vaccinations). Benefits are subject to waiting periods as fully indicated in the Policy (12 months for post-natal care, normal, and surgical delivery; 90 days for miscarriage, threatened and therapeutic abortions)	Not Available	USD5,000	USD6,000
HOSPICE CARE following the Attending Physician's diagnosis that a covered condition under the Policy is terminal, such that a patient is expected to live six (6) months or less because there is no available treatment which will be effective in aiding recovery, this benefit will cover the cost of pain management, services and accommodation should the patient decide (as prescribed by the Attending Physician) to stay in an In-Patient hospice facility or institution duly constituted and registered to provide a centralized program of palliative and supportive services to dying persons in the form of physical, psychological, social and spiritual care. The indicated amount is a lifetime limit whether stay in an In-Patient hospice facility is continuous or not.	USD5,000	USD5,000	USD5,000
BURIAL EXPENSES BENEFIT DUE TO ACCIDENT reimbursement of burial expenses if the Insured Person dies during the Period of Insurance due to an Accident covered by the Policy, up to a limit of	USD500	USD1,000	USD1,000
VALUE ADDED BENEFITS			
Health Care Card treatment at all accredited medical facilities in the Philippines, up to plan limits with no-cash-outlay	Included (IP & ER only)	Included	Included
Sports Coverage for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits)	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
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
COVID-19 Vaccine reimbursement for vaccine acquisition and administration availed of overseas or within the Philippines up to a per year limit of	USD100	USD250	USD300
TRAVEL+ BENEFITS			
Included in Core Benefits	The limits are on a 90 days per trip basis, except for Blue Royale Medical Insurance Policies whose premiums have been changed for overseas stay of more than 90 days		

Land Vehicle Rental Excess Protection	**USD1,000**	**USD1,000**	**USD1,000**
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.			
Land Vehicle Rental Return	**USD500**	**USD500**	**USD500**
Reimbursement for the penalties and charges related to the late return of the rented land vehicle.			
Baggage Delay			
Lump sum cash benefit if accompanying baggage was delayed, misdirected or temporarily misplaced. *minimum of six (6) hours* *after 48 hours*	 **USD200** **USD200**	 **USD200** **USD200**	 **USD200** **USD200**
Loss or Damage to Baggage & Personal Effects	**USD3,000**	**USD3,000**	**USD3,000**
Reimbursement for loss or damage to baggage, clothing, prescribed medicines, bags, footwear and other personal effects. *per item, pair or set limit*	 USD150	 USD150	 USD150
Loss or Damage to Sporting Equipment	**USD600**	**USD600**	**USD600**
Benefit payment for loss, theft or damage to select sporting equipment. *per item, pair or set limit*	 USD150	 USD150	 USD150
Loss of Gadget(s)	**USD1,000**	**USD1,000**	**USD1,000**
Reimbursement for loss of laptop, tablet and/or mobile phone.			
Theft of Cash	**USD300**	**USD300**	**USD300**
Reimbursement of the equivalent amount of stolen cash while being physically carried on by the Insured Person during the Period of Insurance.			
Loss of Travel Documents	**USD3,000**	**USD3,000**	**USD3,000**
Reimbursement for the cost of replacement of lost passport, re-issuance of tickets, and expenses necessary in obtaining such replacements. *travel and unplanned accommodation (max. of 2 days)*	 USD110	 USD110	 USD110
Mobile Phone Charges	**USD100**	**USD100**	**USD100**
Reimbursement for mobile phone charges incurred for contacting the Company hotline or designated assistance provider.			
Trip Cancellation	**USD4,000**	**USD4,000**	**USD4,000**
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. *if due to sudden acts of terrorism*	 USD2,000	 USD2,000	 USD2,000
Trip Cancellation for Any Reason	**USD2,800**	**USD2,800**	**USD2,800**
Reimbursement for portions of the payments made in advance for unused trip arrangements, travel agency and/or tour operator fees, or cost for frequent traveler points which were abandoned due to reasons not covered under the Trip Cancellation benefit, subject to limitations and terms of the Policy.			
Trip Termination	**USD4,000**	**USD4,000**	**USD4,000**
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. *if due to sudden acts of terrorism*	 USD2,000	 USD2,000	 USD2,000

Staff Replacement (For Business Trip Only)	**USD3,000**	**USD3,000**	**USD3,000**
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.			
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* *after 48 hours*	 **USD200** **USD200**	 **USD200** **USD200**	 **USD200** **USD200**
Missed Connecting Flight	**USD200**	**USD200**	**USD200**
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.			
Strikes or Hijack	**USD200**	**USD200**	**USD200**
Daily allowance for each full day up to 10 days that the traveler is delayed from reaching the scheduled destination for a minimum of 12 hours.			
Alternative Means of Transportation	**USD400**	**USD400**	**USD400**
Reimbursement for the cost of new flight and related fare expenses incurred for the use of alternative onward public transportation.			
Trip Postponement	**USD300**	**USD300**	**USD300**
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.			

OPTIONAL BENEFITS

	Plan A	Plan B	Plan C
PERSONAL ACCIDENT BENEFIT includes coverage for death, dismemberment, as well as total and permanent disablement caused directly and solely by accident *Covers new policyholder age 16 to 60. Renewable until age 65.*	Coverage is available as an option: from USD100,000 to USD500,000 Rates for Class 1 (Standard Risk) Occupation = USD1.32 per USD1,000		
VISION BENEFIT pays 80% of eye exams and prescription lenses* via reimbursement, annual limit of **prescribed contact lens, eyeglass lens/frames as prescribed by either an Optometrist or Ophthalmologist*	not available	USD700 available for groups of 21 members or more	USD700 (Included in Core Benefits)
DENTAL BENEFIT pays 80% of charges via reimbursement, annual limit of	1st Year: USD1,000 2nd Year Onwards: USD2,000	1st Year: USD1,000 2nd Year Onwards: USD2,000	1st Year: USD1,000 2nd Year Onwards: USD2,000 (Included in Core Benefits)

DISCOUNT OPTIONS

USD1,000 Deductible Option
USD2,500 Deductible Option
USD5,000 Deductible Option
Treatment Area Limitation

Notes for Discount Options:

1. The percentage discounts are not applicable to Optional Benefits.

2. Deductibles are computed on a per annum basis and applied to the following:
   a. All items stated under In-Patient Benefits
   b. In-Patient availments for Organ Transplant, Mental and Nervous Disorder, Congenital Conditions and HIV/AIDS
   c. All items stated under Major Out-Patient Care (available as 90 days Post Hospitalization Follow-Up Care Benefit) of Blue Royale Plan A

3. Choosing the **Treatment Area Limitation Discount** reduces your medical coverage when you visit the following: a) Canada b) United States of America, its dependent territories and the Caribbean Islands c) Japan d) People's Republic of China e) Hong Kong f) Singapore. In these locations, your plan covers:

   - **Emergencies & Accidents Only:** In-patient care is covered for sudden emergencies or accidents that happen during non-medical leisure or business travel—provided you had no prior symptoms or are suffering from the same condition prior to travel.
   - **30-Day Limit:** Medical coverage lasts for a maximum of 30 days per trip, starting from the moment you leave your country of residence (not the date of your hospitalization). Coverage ends earlier if you safely return to your home country before the 30-day period expires.
   - **Out-Patient Care:** Other medical benefits are available under these same rules (Emergencies & Accidents Only and 30-Day Limit). Maternity Benefit is excluded.
   - **Travel+ Benefits:** If your plan includes **Travel+**, it only covers non-medical travel inconveniences (like lost luggage or flight delays) in these countries. It **does not** restore full medical coverage.

The following dental benefits are covered from the 1st year onwards:

- Dentures (as a result of accident only)
- Routine Oral Examination (not to exceed 2 per year)
- Oral Prophylaxis (not to exceed 2 per year)
- Fluoride Treatment (1 treatment per year)
- Amalgam Filling (per surface)
- Anterior Fillings (per surface)
- Root Canal Filling
- Simple Extraction
- Pits & Fissure Sealant (1 treatment per year only)
- Dental X-rays and Diagnostics
- Medications necessary and directly related to the dental treatment (i.e., pain reliever, antibiotics, disinfectant and antiseptic)

The following dental benefits are covered from the 2nd year onwards:

- Complex Extraction
- Surgical (Impacted Wisdom Tooth/Apicoectomy)
- Periodontal Surgery
- Crowns
- Bridges
- Compound Inlay/Onlay, Gold Inlay/Onlay, Porcelain Inlay/Onlay



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 want to make sure that you have service and coverage you can count on when facing life's challenges.

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!
Call +63 2 8899-8001
E-mail info@pacificcross.com.ph

PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION (INSURER OF RECORD)
15th Floor Sage House, 110 V.A. Rufino Street,
Legaspi Village, Makati City 1229 Philippines
Tel. No.: +63 2 8772-9200 Fax No.: +63 2 8772-9293
E-mail: insure@paramount.com.ph

HEAD SERVICING OFFICES
2nd Floor (Client & Partner Center), 8th Floor (Sales Center) and 18th Floor (Operations & Executive Center),
8 Rockwell Building, Hidalgo Drive, Rockwell Center,
Makati City, Metro Manila, Philippines
Tel. No.: +63 2 8899-8001
For General Inquiries: info@pacificcross.com.ph
For Travel Inquiries: traveldirect_team@pacificcross.com.ph

PROVINCIAL SERVICING OFFICES

CEBU
Unit 1 Mercedez Benz Tower, Mindanao Avenue,
Cebu Business Park, Cebu City, Philippines
Tel. Nos.: +63 32 233-5812, +63 32 233-5816
E-mail: cebu@pacificcross.com.ph

CLARK
2nd Floor, Room 217, The Medical City Clark, 100 Gatwick Gateway, Clark Global City, Clark Freeport Zone,
Pampanga, 2023, Philippines
Mobile No.: +63 927 086-2452
E-mail: clark@pacificcross.com.ph

DAVAO
Unit 905, 9th Floor, Aeon Towers, J.P. Laurel Ave., Bajada,
Davao City, Davao Del Sur, Philippines
Tel. No.: +63 82 297-7314
E-mail: davao@pacificcross.com.ph

- **For the complete details of our Agency Offices, please visit:** www.pacificcross.com.ph
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