

Select ER



Coverage for the treatment of an emergency medical condition in the Emergency Room as Out-Patient or as In-Patient.

Pacific Cross is #HereForYou in every way.

Sachet medical plans that will help ease your and your loved ones' financial worries from medical emergencies and illnesses.



We offer you our Select Prepaid Insurance Plans

Get yours today and avail of reimbursement or cash assistance for COVID-19, medical emergencies, dengue and post-hospitalization prescribed medications.

Period of Insurance: These Prepaid Plans are valid for 1 year from Effective Date but Policy will be terminated once claim is approved. Philippine availment only.

Waiting Period: This is the number of days from the date of purchase and registration of the Insured Person before the Effective Date indicated in the Policy.

For every Insured Person, you can buy all of these **5 Prepaid Insurance Plans** by choosing **1 Plan Option** per Period of Insurance.



Select ER
Coverage for the treatment of an emergency medical condition in the Emergency Room as Out-Patient or as In-Patient.

PLAN DETAILS			
Issue Age: 15 days - 65 years old Waiting Period: 7 days			
Plan Options	PLAN A	PLAN B	PLAN C
Maximum Benefit Limit (Up to)	₱5,000.00	₱10,000.00	₱20,000.00
Premium	499	849	1,199



Select Assist
Coverage for the treatment of emergency medical condition as In-Patient.

PLAN DETAILS			
Issue Age: 15 days - 65 years old Waiting Period: 7 days			
Plan Options	PLAN A	PLAN B	PLAN C
Maximum Benefit Limit	₱10,000.00	₱20,000.00	₱30,000.00
Premium	1,499	2,699	3,899



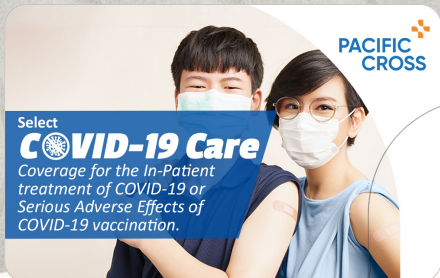
Select MedSecure
Coverage for post-hospitalization prescribed medicines.

PLAN DETAILS			
Issue Age: 15 days - 60 years old Waiting Period: 15 days			
Plan Options	PLAN A	PLAN B	PLAN C
Maximum Benefit Limit (Up to)	₱2,000.00	₱2,500.00	₱5,000.00
Premium	549	649	950



Select DengueGuard
Coverage for medically diagnosed Dengue.

PLAN DETAILS	
Issue Age: any age Waiting Period: 15 days	
Maximum Benefit Limit	₱10,000.00
Premium	325



Select COVID-19 Care
Coverage for the In-Patient treatment of COVID-19 or Serious Adverse Effects of COVID-19 vaccination.

PLAN DETAILS							
Waiting Period: 15 days							
Plan Options	PLAN 30	PLAN 100	PLAN 500				
Maximum Benefit Limit (Up to)	₱30,000.00	₱100,000.00	₱500,000.00				
Age Range	15 days - 65 years old		0 to 17	18 to 30	31 to 50	51 to 60	61 to 65
Premium	579	1,999	1,550	2,550	4,670	8,200	11,850



Plan Benefits and Limitations

- Defrays the out-patient or in-patient medical treatment cost for an eligible emergency condition occurring during the Period of Insurance. Once claim is approved, the limit is considered fully exhausted, and Policy is automatically terminated.
- Effective Date is on the 7th day after successful registration.
- Coverage for single occurrence of an eligible emergency condition happening within the Period of Insurance and availed of through either:
 - a. reimbursement or direct settlement of actual medical cost incurred in the Emergency Room Department of an accredited Hospital or
 - b. reimbursement of lump sum cash assistance for the Emergency In-Patient treatment regardless of the incurred medical cost.
- The next Period of Insurance for this Prepaid Plan is allowable after a 60-day interval from the time the Policy is terminated due to an approved claim. This interval will not apply for a 1-year Period of Insurance (i.e., Policy was not terminated ahead of the expiry date.).
- This Prepaid Plan does not cover claims related to confinement purely for diagnostic purposes, epidemic/pandemic, congenital, STD, AIDS/HIV, Pregnancy, autoimmune conditions, mental or nervous/anxiety disorder, degenerative brain disorder, suicide and accidents resulting from hazardous activity or substance abuse, professional sports and contact sports, among others. For the full list of exclusions, terms, and conditions, please ask for a specimen Policy via e-mail client_services@pacificcross.com.ph.
- Only 1 Plan Option per Period of Insurance is allowed.

Premiums

Select ER (In Philippine Peso)			
Issue Age at the time of Registration: 15 days - 65 years old Waiting Period: 7 days			
Plan Options	PLAN A	PLAN B	PLAN C
Maximum Benefit Limit (Up to)	₱5,000.00	₱10,000.00	₱20,000.00
Premium	499	849	1,199



FREQUENTLY ASKED QUESTIONS

Q: What is the eligibility age in order to avail of a Select Prepaid Insurance Plan?

A: Eligibility age refers to the Issue Age specified under each Prepaid Insurance Plan. The issue age is the age of the Insured Person at the time of purchase and registration.

Q: Can I use my Select Prepaid Insurance Plan for claims incurred immediately after successful registration?

A: No. Please refer to the specific Effective Date after successful registration indicated under each Prepaid Insurance Plan as well as other information described under Plan Benefits and Limitations.

Q: Can I get insured under several Select Prepaid Insurance Plans?

A: Yes. An Insured Person can have all 5 Prepaid Insurance Plans but only 1 Plan Option can be chosen per Period of Insurance. You can buy multiple Prepaid Insurance Plans that should be registered under the name of an Insured Person.

Q: I already used my previous prepaid insurance, can I still buy and register for the same Select Prepaid Insurance Plan?

A: The next Period of Insurance for **Select ER** and **Select Assist** will be allowed after a 60-day interval from the time the Policy is terminated due to an approved claim. This interval will not apply for a 1-year Period of Insurance (i.e., Policy was not terminated ahead of the expiry date). This purchase restriction does not apply to all other Prepaid Insurance Plans.

Q: Will I be able to utilize the remaining balance of my coverage if my avilment did not reach the maximum benefit limit?

A: No. A Select Prepaid Insurance Plan is subject to one-time use only. Coverage will be terminated once claim is approved. As such, Official Receipts or acceptable proof of payment must be collated for one-time submission. Initially submitted receipts will already be regarded as one-time use of the Prepaid Plan even if subsequent submissions are related to a particular claim.

Q: How do I file a claim?

A: Please submit the necessary claims requirements to Pacific Cross Customer Services team via e-mail claims@pacificcross.com.ph.

Q: What are the requirements when filing for a claim?

A: A completely filled out and submitted Notification of Claim (NOC) Form together with the Claims Requirements listed in the NOC Form. A copy of the NOC Form is available for download at www.pacificcross.com.ph.

Q: Can I submit photocopy/ies of Official Receipt/s (OR) only?

A: For claims of a Prepaid Plan Option with a Maximum Benefit Limit (MBL) below ₱10,000, photocopies of the Official Receipt/s will suffice. Otherwise, original Official Receipts will be required.

Q: What happens to my coverage if my claim was denied?

A: If the claim was denied, the Select Prepaid Insurance will remain active within the Period of Insurance. Period of Insurance means a validity of 1 year from Effective Date but Policy terminates once claim is approved.

Q: Where can I inquire about the status of my claim?

A: Please get in touch with the Pacific Cross Customer Services team via e-mail client_services@pacificcross.com.ph or call the Pacific Cross Hotline at +63 2 8230-8511.

Q: How will I receive my claims reimbursements?

A: Pacific Cross will credit the approved claims reimbursement of the Client to his/her nominated bank account.

Q: What are the General Exclusions?

A: Please refer to the information indicated under each Prepaid Insurance Plan Benefits and Limitations. For the full list of exclusions, terms, and conditions, please ask for a specimen Policy via e-mail client_services@pacificcross.com.ph.

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

Our Companies

Pacific Cross Insurance, Inc. and Pacific Cross Health Care, Inc.

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 Premiums Earned in recent years put us in the top 10 non-life insurance companies in the Philippines.

Pacific Cross is EXPERIENCE.

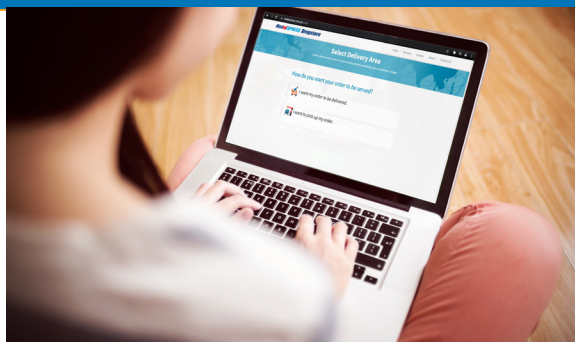
We draw from over 70 years of experience in the insurance industry. Our actions are guided by a deep insight brought about by the knowledge we have gained through the years.

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.



To learn more,
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visit www.pacificcross.com.ph

To buy online, please visit
<https://www.pcross.ph/sachetplans>

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