

BLUE ROYALE

A worldwide medical dollar plan that gives you complete freedom of choice for the best medical care



Make the most out of life's precious moments.
With Pacific Cross, you can enjoy medical coverage that
helps secure your peace of mind, wherever life takes you.

Here For You



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. Pacific Cross 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 complete freedom of choice to be treated by whom you please, when you please and where you please—anywhere in the world! Blue Royale provides an impressive coverage limit of USD 2,000,000 each year. You are also assured of swift reimbursement of eligible charges.

BLUE ROYALE

A Product of Pacific Cross Insurance, Inc.

- Your choice of hospital, clinic, pharmacy and doctor... WORLDWIDE!
- Maximum coverage of up to USD 2,000,000
- Swift reimbursement of eligible charges
- Maternity benefit
- Worldwide emergency assistance
- Emergency evacuation services
- Optional Out-Patient coverage for dental and vision
- Transport of mortal remains
- Available under Blue Royale (for infants to 65 years old) and Blue Royale Premier (66 years old and up)*

**See insert for more information on Blue Royale Premier.*



Frequently Asked Questions (For New Applicants)

Q: How do I get a Blue Royale Medical Insurance Plan?

A: Contact our Medical Sales office at +63 2 8230-8511 or e-mail us at mdas@pacificcross.com.ph. Our Account Executives will be more than happy to answer your questions or give you a free presentation in person.

Q: How do I pay my Blue Royale Premium?

A: Pacific Cross offers you several convenient ways to pay your premium: You can pay in cash or credit, via bank Bills Payment Facilities, either annually or semi-annually.

Q: Do I need to undergo a physical examination before I can get a Pacific Cross Insurance plan?

A: No, applicants normally do not need to undergo a physical exam. All you have to do is answer the application form and medical questionnaire as truthfully as possible. Failure to answer the questions in the declaration in full, concealment, or misrepresentation of any significant condition will affect your Policy and the payment of your claims.

Q: What is a Pre-Existing Condition?

A: A Pre-Existing Condition is a disability or illness which existed before the commencement of cover. The existence of a Pre-Existing Condition can be medically determined given its natural history or the manner of development of a disease, which means you may or may not be aware of its presenting symptoms. 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. We will then notify you accordingly of the Company's decision to insure or not to insure or to impose special terms.

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

A: You can avail of your Blue Royale 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 you. Pacific Cross includes coverage for a maximum of 90 days abroad per trip. Coverage is extended beyond 90 days provided the reason for going abroad is not to seek medical treatment. The extension of stay overseas must also be due to an emergency illness or condition (leading to confinement) that arose on or before your 90th day abroad, for which the continued hospitalization will require you to stay abroad beyond 90 days.

Q: What does "90-day per trip coverage" mean?

A: This means that you can travel an unlimited number of trips outside the Philippines with insurance coverage provided that each trip does not exceed 90 days. Premium may change for overseas stay of more than 90 days.



CORE BENEFITS

	Plan A	Plan B	Plan C
MAXIMUM COVERAGE PER YEAR (aggregate limit per year)	US\$ 500,000	US\$ 1,000,000	US\$ 2,000,000
IN-PATIENT BENEFITS			
Room and Board including General Nursing Care			
Daily Limit for Philippine confinement	US\$ 300	US\$ 600	US\$ 850
Daily Limit for Overseas confinement	Private Room up to US\$ 1,000	Private Room up to US\$ 1,500	Private Room up to US\$ 1,500
Miscellaneous In-Patient Charges 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 Pacific Cross)	As Charged	As Charged	As Charged
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 includes pre-surgical assessment and normal post-surgical care while confined in the treatment country for each disability	US\$ 30,000	As Charged	As Charged
Anesthesiologist's Fee	40% of Surgeon's Fee	As Charged	As Charged
Private Duty Nurse when certified necessary by the Attending Physician (at home for up to 30 days immediately after hospitalization)	As Charged	As Charged	As Charged
Procedure Done on an Out-Patient Basis for selected procedures as approved by Pacific Cross	Subject to the limit of In-Patient Benefits		
OUT-PATIENT BENEFITS			
Major Out-Patient Care	As Charged up to 90 days immediately after hospitalization	As Charged <i>(with or without prior hospitalization)</i>	As Charged <i>(with or without prior hospitalization)</i>
Consultation in Doctor's Office <i>covers Professional Fees of general practitioner, Specialist, Chinese medicine practitioner, Acupuncturist, and herbalist necessary for the treatment of a covered disability</i>			
Physiotherapist or Chiropractor <i>necessary for the treatment of a covered disability</i>			
Prescribed Medicines and Supplements <i>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</i>	<i>(i.e., available only as a Post-Hospitalization Follow-Up Care Benefit via Reimbursement)</i>		
Diagnostics, X-rays and Laboratory Tests <i>necessary for the treatment of a covered disability</i>			
Surgical Appliances and Devices <i>includes durable medical equipment and corrective devices as prescribed by the Attending Physician and approved by Pacific Cross</i>			

	Plan A	Plan B	Plan C
<p>Supplementary Out-Patient Care covering Out-Patient ailments 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 ailments incurred beyond 90 days after hospitalization for a covered condition. Supplementary Out-Patient Care shall be limited to the following services and treatments:</p> <p>Consultation in Doctor's Office <i>covers Professional Fees of general practitioner, Specialist, Chinese medicine practitioner, Acupuncturist, and herbalist necessary for the treatment of a covered disability</i></p> <p>Physiotherapist or Chiropractor <i>necessary for the treatment of a covered disability</i></p> <p>Prescribed Medicines <i>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</i></p> <p>Diagnostic, X-rays and Laboratory tests <i>necessary for the treatment of a covered disability</i></p>	<p>Pacific Cross pays 80% up to a limit per year of US\$ 2,500</p> <p>(via Reimbursement only)</p>	<p>Major Out-Patient Care will apply</p>	<p>Major Out-Patient Care will apply</p>
<p>Other Alternative Treatments Homeopathy, Osteopathic Manipulative Therapy (OMT), Bonesetter, Iridology and any medication prescribed by the mentioned alternative treatments to a limit per year of</p>	US\$ 1,500	US\$ 3,000	US\$ 3,000
<p>Executive Check-Up (ECU) Package* Available to each Insured Person starting on his/her second year with Pacific Cross, 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. The Insured Person must be 20 to 65 years old upon effective date/renewal date. ECU package may be availed of at any hospital or clinic within the Philippines. One time package availment per year, to a limit of</p> <p><i>*ECU availment may be done after full payment of annual premium or after full payment of both semi-annual premiums.</i></p> <p><i>*Group accounts' ECU is subject to underwriting guidelines.</i></p>	US\$ 200	US\$ 500	US\$ 600
EMERGENCY BENEFITS			
<p>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</p>	As Charged	As Charged	As Charged
<p>Emergency Dental Services due to a covered accident</p>	As Charged	As Charged	As Charged
<p>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 Pacific Cross.</p>	As Charged	As Charged	As Charged
<p>Emergency Overseas Coverage overseas cover is for an unlimited number of trips outside the Philippines, provided that each trip does not exceed 90 days except if Treatment Area Limitation (TAL) discount option is selected.</p>	Included	Included	Included
<p>Worldwide Emergency Assistance Pacific Cross, through our designated assistance provider, 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 Country of Residence for less than 91 days unless otherwise endorsed in the Policy.</p>	Included	Included	Included

	Plan A	Plan B	Plan C
<p>Services* include but are not limited to the following:</p> <ul style="list-style-type: none"> • 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 <i>not</i> through our designated assistance provider, limit per year of	As Charged and part of the Maximum Coverage Limit		
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.			
ORGAN TRANSPLANT	US\$ 100,000	US\$ 200,000	US\$ 200,000
fees for kidney, heart, liver, lungs, and bone marrow transplants (as approved by Pacific Cross) including follow-up treatment and sequelae. Coverage is subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits under an aggregate limit per year of			
MENTAL AND NERVOUS DISORDERS	US\$ 5,000	US\$ 10,000	US\$ 10,000
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 an aggregate limit of US\$ 5,000 per year with a lifetime limit of			
AIDS/HIV	US\$ 25,000	US\$ 100,000	US\$ 100,000
benefit will apply after 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			
CONGENITAL CONDITIONS	US\$ 1,000	US\$ 2,000	US\$ 2,000
for the treatment of congenital, heredo-familial, developmental abnormalities, birth defect. Benefit will apply after 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 an aggregate limit of US\$ 1,000 per year with a lifetime limit of			
MATERNITY BENEFIT	Not Available	US\$ 5,000	US\$ 6,000
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 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)			
HOSPICE CARE	US\$ 5,000	US\$ 5,000	US\$ 5,000
following the Attending Physician's diagnosis that a covered condition under the Policy is terminal, such that a patient is expected to live 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.			
BURIAL EXPENSES BENEFIT DUE TO ACCIDENT	US\$ 500	US\$ 1,000	US\$ 1,000
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			

	Plan A	Plan B	Plan C
VALUE ADDED BENEFITS			
Pacific Cross Health Care Card treatment at all Pacific Cross 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. In-Patient/Hospitalization Benefits will be provided to the newborn.	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

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	Coverage is available as an option; from US\$ 100,000 to US\$ 500,000. Rates for Class 1 (Standard Risk) Occupation = US\$ 1.32 per US\$ 1,000 Covers new clients age 16 to 60. Renewable until age 65.		
VISION BENEFIT pays 80% of eye exams and prescription lenses* via reimbursement, annual limit of <i>*prescribed contact lens, eyeglass lens/frames as prescribed by either an Optometrist or Ophthalmologist</i>	not available	US\$ 700 available for groups of 21 members or more	US\$ 700 (Included in Core Benefits)
DENTAL BENEFIT pays 80% of charges via reimbursement, annual limit of	1 st Year: US\$ 1,000 2 nd Year Onwards: US\$ 2,000	1 st Year: US\$ 1,000 2 nd Year Onwards: US\$ 2,000	1 st Year: US\$ 1,000 2 nd Year Onwards: US\$ 2,000 (Included in Core Benefits)



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 Fillings, 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

Travel +

The benefits below are included. 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.

TRAVEL BENEFITS	LIMITS
<p>Baggage Delay</p> <ul style="list-style-type: none"> Lump sum cash benefit for a minimum of 6 hours delay of checked-in baggage Additional lump sum cash for a continuous delay of after 48 hours happening in a foreign destination 	US\$ 200
<p>Loss or Damage to Baggage and Personal Effects</p> <ul style="list-style-type: none"> Cost of repair of damaged baggage or cost of the damaged or lost baggage, subject to depreciation Cost of clothing, prescribed medicines, bags, footwear, and other personal effects up to US\$ 150 per item, pair or set <p><i>Not covered: Baggage more than 5 years old</i></p>	US\$ 3,000
<p>Loss of Laptop</p> <ul style="list-style-type: none"> Cost of lost laptop not more than 3 years old is paid up to the limit. Laptop that is more than 3 years but less than 6 years old is subject to 50% depreciation but not exceeding the limit <p><i>Not covered: netbook, portable telecom equipment and handheld computer such as tablet and palmtop, other electronic and technical equipment and accessories; lost laptop more than 6 years old</i></p>	US\$ 220
<p>Theft of Cash</p> <ul style="list-style-type: none"> Reimbursement equivalent to the amount of cash that is stolen while being physically carried by Insured, up to the limit Must be reported to the police within 48 hours from its occurrence Not applicable for children 15 years old and younger <p><i>Not covered: Unknown reason of loss or unexplained disappearance of cash</i></p>	US\$ 220
<p>Loss of Travel Documents</p> <ul style="list-style-type: none"> Cost of the replacement fee of lost passport including unused visa and re-issuance of travel tickets or cost of the new return flight tickets of the same class, whichever is applicable Reimbursement of travel and unplanned accommodation expenses up to a combined daily limit of US\$ 110 that are incurred during the 2 days after the original date of supposed departure which was necessarily abandoned <p><i>Not covered: Communication and other related incremental charges while obtaining replacement travel documents</i></p>	US\$ 3,000
<p>Trip Cancellation</p> <ul style="list-style-type: none"> Reimbursement for the unused and non-refundable portion of travel fare, accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip according to the contract with Insured's Provider (e.g., hotel, airline), Travel Agency, and/or Tour Operator Due to death, life threatening condition, serious illness/injury of the Insured or Immediate Family member Due to these circumstances happening to Insured or his Immediate Family who is traveling on the same itinerary and who is also insured under the Company's Travel Policy: (i) sickness resulting to the doctor's declaration of patient being unfit to travel for the past 7 days immediately before or on the scheduled departure date, (ii) sickness resulting to compulsory quarantine or denied boarding or (iii) lost travel documents Due to severe weather conditions, natural catastrophe, unexpected outbreak of strike, riot or civil commotion, technical failure of aircraft or technical failure or mechanical fault of the airport facility (e.g., runway obstruction, airport traffic or congestion) Due to sudden acts of terrorism causing an immediate release of the highest travel advisory level of "Do not travel" at the place of departure or at the planned destination up to an inner limit of US\$ 2,000 <p><i>Limitation: Insured can claim from only 1 of these benefits namely: (i) Flight Delay or (ii) Trip Postponement or (iii) Trip Cancellation or (iv) Trip Termination for the same occurrence.</i></p>	US\$ 4,000

The benefits below are included. 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.

TRAVEL BENEFITS	LIMITS
<p>Trip Termination</p> <ul style="list-style-type: none"> • Reimbursement for the unused and non-refundable portion of travel fare, accommodation expenses, penalties, and other irrecoverable pre-paid charges related to the trip according to the contract with Insured's Provider (e.g., hotel, airline), Travel Agency and/or Tour Operator • Cost of unplanned accommodation for Insured's extended overseas stay if medical assistance is necessary or after hospital discharge • For the same reasons as that of Trip Cancellation <p><i>Limitation: Insured can claim from only 1 of these benefits namely: (i) Flight Delay or (ii) Trip Postponement or (iii) Trip Cancellation or (iv) Trip Termination for the same occurrence.</i></p>	US\$ 4,000
<p>Flight Delay</p> <ul style="list-style-type: none"> • Lump sum cash benefit for a minimum of 6 hours flight delay • Additional lump sum cash for a continuous delay of after 48 hours happening from a place of departure that is not the place of origin • For reasons of severe weather conditions, natural catastrophes, technical failure of aircraft, or technical failure or mechanical fault of the airport facility (e.g., runway obstruction, airport traffic or congestion) • Also applicable to late arrival at the airport as a result of the same circumstances affecting the preceding public conveyance such as bus line, shipping line, or rail transit <p><i>Limitations: Insured can claim from only 1 of these benefits namely: (i) Flight Delay or (ii) Trip Postponement or (iii) Trip Cancellation or (iv) Trip Termination for the same occurrence; Insured can only claim for either Alternative Means of Transportation or Flight Delay for the same leg of the trip.</i></p> <p><i>Not covered: Delays of chartered flights</i></p>	US\$ 200
<p>Missed Connecting Flight</p> <ul style="list-style-type: none"> • Lump sum cash benefit per 6 consecutive hours maximum of 96 hours • For missed onward connecting flight due to the late arrival of incoming flight and no alternative onward transportation is made available after arriving at the overseas transfer point • For reasons of severe weather conditions, natural catastrophes, technical failure of aircraft, or technical failure or mechanical fault of the airport facility (e.g., runway obstruction, airport traffic or congestion), organized industrial action (e.g., strike), or hijack <p><i>Limitation: Insured can claim from only 1 of these benefits namely: (i) Flight Delay or (ii) Trip Postponement or (iii) Trip Cancellation or (iv) Trip Termination for the same occurrence.</i></p>	US\$ 100
<p>Strikes and Hijacks</p> <ul style="list-style-type: none"> • Daily allowance per each full day up to 10 days that the travel is delayed from reaching the scheduled destination for a minimum of 12 hours • For reasons of organized industrial action, strike, or hijack 	US\$ 200
<p>Alternative Means of Transportation</p> <ul style="list-style-type: none"> • Reimbursement for the cost of the new flight and related fare expenses necessarily incurred for the use of alternative public transportation to allow the Insured to reach the planned destination on time as a result of carrier cancellation of original flight schedule; no alternative onward transportation is made available to the Insured after missing the connecting flight; or more than 6 hours waiting time for the airline's arrangement for another new or connecting flight • Due to severe weather conditions, natural catastrophes, technical failure of aircraft, technical failure or mechanical fault of the airport facility (e.g., runway obstruction, airport traffic or congestion), organized industrial action (e.g., strike), or hijack <p><i>Limitations: Insured can only claim for either Alternative Means of Transportation or Missed Connecting Flight for the same occurrence; Insured can only claim for either Alternative Means of Transportation or Flight Delay for the same leg of trip.</i></p> <p><i>Not covered: Delays of chartered flights; any private means of transportation</i></p>	US\$ 400

The benefits below are included. 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.

TRAVEL BENEFITS	LIMITS
Trip Postponement <ul style="list-style-type: none"> Reimbursement for unused and non-refundable portion of travel fare, accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip according to the contract with Insured's Provider (e.g., hotel, airline), Travel Agency and/or Tour Operator that has been postponed as a result of carrier cancellation of original flight schedule or, flight delay with more than 24 hours waiting time for the airline's arrangement for another new or connecting flight Due to severe weather conditions, natural catastrophes, technical failure of aircraft, technical failure or mechanical fault of the airport facility (e.g., runway obstruction, airport traffic or congestion) <p><i>Limitation: Insured can claim from only 1 of these benefits namely: (i) Flight Delay or (ii) Trip Postponement or (iii) Trip Cancellation or (iv) Trip Termination for the same occurrence.</i></p> <p><i>Not covered: Delays of chartered flights</i></p>	US\$ 300
Land Vehicle Rental Excess Protection Reimburses the excess of the rented land vehicle insurance, in case the rented land vehicle is damaged due to collision, fire or involvement in fire, external explosion, self-ignition or lightning	US\$ 1,000

ANNUAL PREMIUMS

As of 1 August 2018

	0-3	4-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65
PLAN A											
Core Benefits	\$ 1,294	\$ 1,354	\$ 1,380	\$ 1,509	\$ 1,624	\$ 1,766	\$ 2,127	\$ 2,254	\$ 2,544	\$ 2,682	\$ 2,872
Dental Benefits	310	634	634	634	634	634	634	634	634	634	634
Travel+	69	69	69	69	69	69	69	69	69	69	69
PLAN B											
Core Benefits	1,563	1,656	2,250	2,807	3,080	3,350	3,612	3,836	3,980	4,312	4,954
Dental Benefits	310	634	634	634	634	634	634	634	634	634	634
Vision Benefits*	165	165	165	165	165	165	165	165	165	165	165
Travel+	69	69	69	69	69	69	69	69	69	69	69
PLAN C											
Core Benefits**	1,963	2,430	2,802	3,523	3,778	3,973	4,139	4,312	4,440	4,793	5,524
Travel+	69	69	69	69	69	69	69	69	69	69	69

*Vision Benefits under Plan B are only available for groups of 21 members or more who all opt for the benefit (no exception).

**Dental and Vision benefits are already included.

Premiums are inclusive of all applicable taxes.

The Documentary Stamp Tax (DST - US\$ 4.00) should be deducted from the Core Benefits Premium before applying any discount and/or loading (i.e., additional premium). The DST should be added back after all discounts and loadings have been applied, then add the premium for any applicable optional benefits.

If you are paying on semi-annual mode, please note that 8% surcharge and DST charge will apply. The amounts of your first and second installment will vary with the former being slightly higher than the latter due to DST.

DISCOUNT OPTIONS

	Plan A	Plan B	Plan C
US\$ 1,000 Deductible Option	15% Discount	not available	not available
US\$ 2,500 Deductible Option	30% Discount	18% Discount	18% Discount
US\$ 5,000 Deductible Option	40% Discount	24% Discount	24% Discount
Treatment Area Limitation	25% Discount	25% Discount	25% Discount

Notes for Discount Options:

- The percentage discounts are not applicable to optional benefits.
- Deductibles are computed on a per annum basis and applied to the following:
 - All items stated under In-Patient Benefits
 - In-Patient availments for Organ Transplant, Mental and Nervous Disorder, Congenital Conditions and HIV/AIDS
 - All items stated under Major Out-Patient Care (available as 90 days Post Hospitalization Follow-Up Care Benefit) of Blue Royale Plan A
- Treatment Area Limitation excludes treatment in Canada; United States of America, its dependent territories and the Caribbean Islands; Japan; People's Republic of China; Hong Kong and Singapore.

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.

- Your coverage begins 30 days after the date shown on your Policy. However, you already have immediate coverage for accidental injury.
- A Pre-Existing Condition is a disability or illness which existed before the commencement of cover. The existence of a Pre-Existing Condition can be medically determined given its natural history or the manner of development of a disease, which means you may or may not be aware of its presenting symptoms. 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. We will then notify you accordingly of the Company's decision to insure or not to insure, or to impose special terms.
- While your Policy is issued in the Philippines, it provides coverage when you are overseas for an unlimited number of trips. However, please note that the maximum period of cover is for 90 days per trip only. Beyond that, your plan will be subject to additional premium. If you reside overseas, please advise us as your premium may need to be adjusted.
- Certain conditions are permanently excluded from being covered. These conditions include:
 - 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
 - Pregnancy related expense and screening, childbirth (including surgical delivery), miscarriage and abortion, including their complications, pre-natal or post-natal care as well as nursing care for the newborn unless provided in the schedule of benefits
 - Weight treatment, management, and its complications
 - Confinement wholly for routine medical examinations or check-ups
- 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.
- Your contract contains a provision on the Insured Person's right to Free-Look Period.
- For full details, please refer to the Policy.

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 more than 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.



Get in touch with us today!

Call +63 2 8230-8511

E-mail medical_sales@pacificcross.com.ph

HEAD OFFICE

Pacific Cross Center, 8000 Makati Avenue, 1200 Makati City, Metro Manila, Philippines
Tel. No.: +63 2 8230-8511 Fax No.: +63 2 8325-0638
E-mail: mdas@pacificcross.com.ph

PACIFIC CROSS 8 ROCKWELL MEDICAL SALES CENTER

Unit 8B, 8th Floor, 8 Rockwell Building Hidalgo Drive, Makati City,
Metro Manila, Philippines
Tel. No.: +63 2 8230-8511 Fax No.: +63 2 8230-8991
E-mail: mdas@pacificcross.com.ph

CEBU

Units 201-202, Avagar Building, No. 09, Escario corner Molave Street,
Lahug, Cebu City, Philippines
Tel. Nos.: +63 32 233-5812, +63 32 233-5816, +63 32 416-4468
Fax No.: +63 32 233-5814 E-mail: cebu@pacificcross.com.ph

CLARK

WE'RE MOVING TO OUR NEW OFFICE TO SERVE YOU BETTER.
In the meantime, please get in touch with us through the following:
Kristine B. Cagungun
E-mail: kristinecagungun@pacificcross.com.ph | Mobile No.: +63 927 932-2207
Don Paez
E-mail: don_paez@pacificcross.com.ph | Mobile No. +63 917 703-3063

DAVAO

2nd Floor, Left Wing, Door No. 6, Matina Town Square,
MacArthur Highway, Matina, Davao City, Philippines
Tel. No.: +63 82 297-7314 Telefax: +63 82 297-7151
E-mail: davao@pacificcross.com.ph