

COMPREHENSIVE MEDICAL
PROTECTION FOR YOU AND YOUR
FAMILY

Select

Colin Vicente A. Torres

Independent Associate Direct

Cagayan de Oro

Pacific Cross PH

0977 8015 382

pacificcross-cagayandeoro.com



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.


**PACIFIC
CROSS**



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 ₱5,000,000 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 ₱2,000,000 **for each disability per lifetime**.

SELECT

A Product of Pacific Cross Insurance, Inc.

- **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 Pacific Cross.

- **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**

Select also covers you for emergencies and accidents when you travel, so you can receive the best medical assistance anytime, anywhere in the world.

- **24-hour worldwide customer assistance and emergency hotline**

Pacific Cross, with its emergency assistance partner, has a worldwide network of alarm centers and full-time medical professionals ready to help you 24 hours a day, 7 days a week, 365 days a year.



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

2. 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.

3. 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.

4. Certain conditions are generally excluded from being covered such as the following:

- 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

5. 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.

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

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





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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					
	As Charged	As Charged	As Charged	As Charged	As Charged
including General Nursing Care.					
	As Charged	As Charged	As Charged	As Charged	As Charged
for required diagnostic laboratory tests, prescribed medicines, physiotherapies, blood and components, anesthesia, and surgical appliances.					
	2,000	3,000	4,000	4,000	4,000
surgical) daily visit fee to a limit of					
	2,000	3,000	4,000	4,000	4,000
for 10 days for each disability per year to a daily limit of					
	1,200	1,800	3,600	3,600	3,600
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					

	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 Pacific Cross.					
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; Electrodesiccation/Electrocautery of Warts from the neck down; Colonoscopy or Gastroscopy with Excision Biopsy; Angioplasty; and other procedures as may be approved by the Company. <i>*Coverage for Dilation and Curettage (D&C) procedure is for non-maternity related conditions only.</i>					
Up to Maximum Coverage					
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.					
CRITICAL CARE BENEFITS					
	As Charged	As Charged	As Charged	As Charged	As Charged
metry maximum of 10 days per disability, per year					
	As Charged	As Charged	As Charged	As Charged	As Charged
	₱60,000	₱90,000	₱180,000	₱360,000	₱360,000
per disability, per year limit of					
	30,000	45,000	90,000	180,000	180,000
not to exceed 50% of the approved Surgeon's Fee					
	As Charged	As Charged	As Charged	As Charged	As Charged
including rental of mechanical devices (as approved by Pacific Cross) excluding implantable devices					
	25,000	25,000	25,000	25,000	25,000
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					
EMERGENCY BENEFITS					
	6,000	7,000	8,000	8,000	8,000
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. Maximum limit per disability, per year.					

	SELECT PLUS & SELECT STANDARD			SELECT PLUS	
	WARD	SEMI-PRIVATE	PRIVATE 2M	PRIVATE 3M	PRIVATE 5M
	As Charged	As Charged	As Charged	As Charged	As Charged
ces due to a covered accident.					
	As Charged	As Charged	As Charged	As Charged	As Charged
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. Maximum limit per disability, per year is ₱15,000.)					
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.				
Pacific Cross, 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	₱50,000 combined limit	₱50,000 combined limit	₱50,000 combined limit	₱50,000 combined limit	₱50,000 combined 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.					
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:					
	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
Reimbursement of professional fee up to a maximum of three (3) visits per Policy year upon presentation of final diagnosis					
	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
Reimbursement of counselling or therapy sessions prescribed by the Mental Health Care Professional up to a maximum of three (3) sessions per Policy year					
ANNUAL PHYSICAL EXAMINATION (APE)					
via no-cash-outlay only (to be done in accredited Pacific Cross 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					
Direct Settlement of covered portion of confinement & treatment cost by Pacific Cross					
scheduled surgery arranged by Pacific Cross within accredited network only, a 10-day notice must be given to Pacific Cross by the Client.					
Note: Payment of Professional Fees (i.e., Attending Physician's Visit, Specialist's Fee, Surgeon's Fee, Anesthesiologist's Fee) will be based on PhilHealth Relative Value Scale if claims are directly settled by Pacific Cross to the Physician or Hospital. The PhilHealth Relative Value Scale values per procedure as provided by PhilHealth that Pacific Cross will apply for the payment of a particular Professional Fee in an Accredited Provider.					
Companion Allowance	100 (per day)	200 (per day)	300 (per day)	300 (per day)	300 (per day)
allowance given to companion (maximum of 10 days per Policy year)					

	SELECT PLUS & SELECT STANDARD			SELECT PLUS	
	WARD	SEMI-PRIVATE	PRIVATE 2M	PRIVATE 3M	PRIVATE 5M
	Included	Included	Included	Included	Included
for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits)					
	Included	Included	Included	Included	Included
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.					
	As Charged	As Charged	As Charged	As Charged	As Charged
Exposure Prophylaxis coverage for injections of specified vaccines and necessary immunoglobulin after exposure to pathogen(s) to prevent infection from occurring					
	₱3,500	₱3,500	₱3,500	₱3,500	₱3,500
reimbursement for vaccine acquisition and administration availed of within the Philippines up to a per year limit of					
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					
<i>Included in Core Benefits</i>	The limits are on a 30 days per trip basis				
	50,000		50,000 50,000 50,000		50,000
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.					
	5,000	5,000	5,000	5,000	5,000
Reimbursement for the penalties and charges related to the late return of the rented land vehicle.					
Lump sum cash benefit if accompanying baggage was delayed, misdirected or temporarily misplaced. <i>minimum of six (6) hours</i> <i>after 48 hours</i>	2,000 2,000	2,000 2,000	2,000 2,000	2,000 2,000	2,000 2,000
	15,000	15,000	15,000	15,000	15,000
Loss or Damage to Baggage and Personal Effects Reimbursement for loss or damage to baggage, clothing, prescribed medicines, bags, footwear and other personal effects. <i>per item, pair or set limit</i>	0 5,000	0 5,000	0 5,000	0 5,000	0 5,000
	10,000	10,000	10,000	10,000	10,000
Loss or Damage to Sporting Equipment Benefit payment for loss, theft or damage to select sporting equipment. <i>per item, pair or set limit</i>	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
	₱10,000	₱10,000	₱10,000	₱10,000	₱10,000
Reimbursement for loss of laptop, tablet and/or mobile phone.	0				
	1,000	1,000	1,000	1,000	1,000
Reimbursement of the equivalent amount of stolen cash while being physically carried on by the Insured Person during the Period of Insurance.	20,000	20,000	20,000	20,000	20,000
Loss of Travel Documents					
Reimbursement for the cost of replacement of lost passport, re-issuance of tickets, and expenses necessary in obtaining such replacements.	5,000	5,000	5,000	5,000	5,000
travel and unplanned accommodation (max. of 2 days)	1,000	1,000	1,000	1,000	1,000
Mobile Phone Charges					
Reimbursement for mobile phone charges incurred for contacting the Pacific Cross hotline or designated assistance provider.	40,000	40,000	40,000	40,000	40,000
	20,000	20,000	20,000	20,000	20,000
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
	20,000	20,000	20,000	20,000	20,000
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.					
sudden acts of terrorism	2,000	2,000	2,000	2,000	2,000
	0	0	0	0	0
Staff Replacement (For Business Trip Only)					
Reimbursement for economy round-trip common carrier transportation and reasonable accommodation expenses incurred to send alternative staff to take over the Insured Person's planned business journey.	2,000	2,000	2,000	2,000	2,000
One (1)	0	0	0	0	0
	1,000	1,000	1,000	1,000	1,000
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.

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

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OPTIONAL BENEFITS

OUT-PATIENT BENEFITS

Pacific Cross 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.*

STANDARD

₱25,000

EXECUTIVE

₱50,000

DENTAL BENEFITS

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

BENEFITS

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)

LIMIT

₱10,000

BENEFITS

Dentures (as a result of accident only) i) Complete Set
ii) Partial Sets

LIMIT

₱4,000
0
₱7,000
0



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Select

ANNUAL PREMIUMS (in ₱)

As of 1 October 2023

CORE BENEFITS

Select Plus

AGE GROUP	WARD with Travel+	SEMI- PRIVATE	PRIVATE 2M	PRIVATE 3M	PRIVATE 5M
0 - 20	9,993				
21 - 25	10,518	12,423	18,093	19,146	20,375
26 - 30	11,463	16,726	28,228	29,889	31,827
31 - 35	12,093	18,164	30,977	32,803	34,933
36 - 40	13,143	18,884	32,514	34,433	36,671
41 - 45	15,243	20,322	35,024	37,093	39,507
46 - 50	18,393	23,802	40,262	42,645	45,425
51 - 55	20,493	26,769	48,143	50,999	54,331
56 - 60	26,793	29,803	54,514	57,752	61,530
61- 65	33,356	39,043	70,543	74,743	79,643
66	49,762	48,668	88,043	93,293	99,418
67	54,513	72,731	131,793	139,668	148,856
68	59,343	79,699	144,463	153,098	163,173
69	64,173	86,783	157,343	166,751	177,727
70	69,003	93,867	170,223	180,404	192,281
71	75,828	100,951	183,103	194,057	206,836
72	82,653	110,961	201,303	213,349	227,402
73	89,478	120,971	219,503	232,641	247,968
74	96,303	130,981	237,703	251,933	268,534
75	103,128	140,991	255,903	271,225	289,100
76 - 80	109,428	151,001	274,103	290,517	309,666
81 - 85	119,928	160,241	290,903	308,325	328,650
86 - 100	139,668	175,641	318,903	338,005	360,290
		204,593	371,543	393,803	419,773

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The Documentary Stamp Tax (DST) 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, and then add the premium for any applicable optional benefits (e.g., optional Out-Patient and Dental benefits). The DST amounts are as follows:

₱150 (Ward) and ₱200 (Semi-Private, Private 2M, Private 3M and Private 5M).

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.

ANNUAL PREMIUMS (in ₱)

As of 1 October 2023

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CORE BENEFITS

Select Standard

AGE GROUP	WARD with Travel+	SEMI- PRIVATE	PRIVATE 2M
0 - 20	9,543		
21 - 25	10,043	11,343	14,583
26 - 30	10,943	13,843	22,691
31 - 35	11,543	15,103	24,890
36 - 40	12,543	15,943	26,120
41 - 45	14,543	17,343	28,128
46 - 50	17,543	20,143	32,318
51 - 55	19,543	24,343	38,623
56 - 60	25,543	27,143	43,103
61 - 65	31,793	35,543	56,543
66	47,418	44,293	70,543
67	51,943	66,168	105,543
68	56,543	72,503	115,679
69	61,143	78,943	125,983
70	65,743	85,383	136,287
71	72,243	91,823	146,591
72	78,743	100,923	161,151
73	85,243	110,023	175,711
74	91,743	119,123	190,271
75	98,243	128,223	204,831
76 - 80	104,243	137,323	219,391
81 - 85	114,243	145,723	232,831
86 - 100	133,043	159,723	255,231
		186,043	297,343

The Documentary Stamp Tax (DST) 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, and then add the premium for any applicable optional benefits (e.g., optional Out-Patient and Dental benefits). The DST amounts are as follows:

₱150 (Ward) and ₱200 (Semi-Private, Private 2M, Private 3M and Private 5M).

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.

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OPTIONAL BENEFITS (Available to all Select Plans)

Out-Patient Benefits

(Available to Children and Adults, up to 80 years old.)

Child - 20		5,962	12,308
21 - 40	Pacific Cross pays 80% of Normal, Usual and Customary fees.	5,600	11,900
41 - 50		8,137	18,964
51 - 65		10,164	24,693
66 - 70		16,160	20,46
71 - 75	Pacific Cross pays 50% of Normal, Usual and Customary fees.	16,512	3
76 - 80		18,284	21,128
81 and up	Not available		23,555

Dental Benefits

(Available to Children and Adults, up to 100 years old.)

Child (up to 18 yrs old)	₱ 2,770	₱ 1,623
Adult (19 - 100 yrs old)	3,808	2,232

Premiums are applicable to:

(1) Individual Policies, or Families with less than four (4) Insured Persons, or Groups with less than four (4) employees.

(2) Group Accounts with at least four (4) employees, or Families with at least four (4) Insured Persons (subject to participation requirements).

Additional Personal Accident Coverage

(Available to new business clients age 16 to 60, renewable until age 65.)

₱500,000	₱835
1,000,000	1,670

Coverage for death, dismemberment and total and permanent disablement caused directly and solely by accident. Occupational Class I (Standard Risk). Premiums of other occupational classifications are available upon request.

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DISCOUNTS

Co-Payment
(Available for all Select Plans)

SEMI-PRIVATE	
25%	
PRIVATE 3M	Discount

Pacific Cross pays 80% of claimed amount (80/20 co-payment option).
Applied to the premiums of Core Benefits only.

Group Discount
(Available for all Select Plans)

7 - 155%	
16 or more	10%

Group discounts are for New Business only, and are applied to the premiums of **Medical Core Benefits** and **Optional Out-Patient Benefits** only.
Insured Persons of a group must be under **one (1) Policy** only.

- Notes:** 1. Premiums are inclusive of all applicable taxes.
2. Premiums are available in annual and semi-annual modes of payment (except for Additional Personal Accident Coverage).
3. Premiums may change subject to the results of medical evaluation of application form.

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.

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