

PREMIER

A medical insurance plan for Senior Citizens



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



Pacific Cross understands your need to ensure that you and your loved ones are secured and protected even in your later years. In order to help you better deal with life's physical and financial uncertainties, we offer you our Premier Medical Plan.

PREMIER

A Product of Pacific Cross Insurance, Inc.

- **A plan especially designed for senior citizens**

Premier breaks new ground by offering a medical insurance plan especially designed for those over 65 years of age. A plan that understands your continuing need for protection, this innovative product from Pacific Cross can take care of you and your loved ones even in old age.

- **Swift reimbursement of medical expenses based on your coverage**

When you choose Premier, you are assured of swift reimbursement of eligible medical charges.

- **Your own choice of doctor, hospital and specialist**

For the best medical care, Premier offers you complete freedom of choice: your own doctor, hospital, or specialist.

- **Comprehensive range of medical insurance benefits**

With a maximum coverage limit of PhP 1,500,000, you get the most comprehensive range of medical insurance benefits available in the Philippines.

- **Emergency overseas coverage**

Premier 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 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. If you are able to provide details and submit corresponding medical reports, consideration to cover declared pre-existing conditions on the first year of your Policy will be 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 permanently excluded from being covered. These conditions include:
 - 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
 - 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)
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.





CORE BENEFITS

(In-Patient & Emergency)

- REIMBURSEMENT: Your own choice of doctor and/or hospital.
- 10% CO-PAYMENT: Pacific Cross will pay 90% of the approved claim amount.

	WARD	SEMI-PRIVATE	PRIVATE
Maximum Coverage for each disability for the life of the Insured	PHP 500,000	PHP 750,000	PHP 1,500,000
BASIC HOSPITAL BENEFITS			
Room and Board including General Nursing Care	As Charged	As Charged	As Charged
Miscellaneous Hospital Expenses for required diagnostic laboratory tests, prescribed medicines, physiotherapies, blood and components, anesthesia, and surgical appliances	As Charged	As Charged	As Charged
Physician's Visit (non-surgical) daily visit fee to a limit of	PHP 1,500	PHP 2,000	PHP 3,000
Specialist's Fee for 10 days for each disability per year to a daily limit of	PHP 1,500	PHP 2,000	PHP 3,000
Private Duty Nurse at home only when certified necessary by the Attending Physician to a maximum of 5 days, immediately after hospitalization. Daily visit fee to a limit of	PHP 600	PHP 900	PHP 1,800
Procedure done on an Out-Patient Basis for selected procedures as approved by Pacific Cross	Subject to the limits of Basic Hospital Benefits		
CRITICAL CARE BENEFITS			
Intensive Care Unit, Coronary Care Unit & Telemetry maximum of 10 days per disability, per year	As Charged	As Charged	As Charged

SURGICAL BENEFITS	WARD	SEMI-PRIVATE	PRIVATE
Operating Theater & Recovery Room	As Charged	As Charged	As Charged
Surgeon's Fee per disability, per year limit of	PHP 60,000	PHP 90,000	PHP 180,000
Anesthesiologist's Fee not to exceed 40% of the approved Surgeon's Fee.	PHP 24,000	PHP 36,000	PHP 72,000
Artificial Limb including rental of mechanical devices (as approved by Pacific Cross) excluding implantable devices.	As Charged	As Charged	As Charged
Medical Implant Due to Accident covers the cost of implantable devices necessary for a surgical procedure to treat a covered injury resulting from accident wholly occurring during the Period of Insurance. Per disability, per year limit of	PHP 25,000	PHP 25,000	PHP 25,000
EMERGENCY BENEFITS			
Emergency Out-Patient 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.	PHP 5,000	PHP 6,000	PHP 7,000
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. <i>(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 PHP 15,000.)</i>	As Charged	As Charged	As Charged
Emergency Overseas Coverage worldwide cover is included for no more than 30 days per trip for travel overseas during the Policy year. Reimbursement of overseas medical expenses is for emergency cases only.	Up to Maximum Benefit Limit subject to the inner limits of the In-Patient/Hospitalization and Emergency Out-patient Treatment that are based on currently applicable medical rates of the Company's pre-determined Philippine tertiary hospital.		



	WARD	SEMI-PRIVATE	PRIVATE
Worldwide Emergency Assistance Services	Included	Included	Included
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 or her 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 not limited to the following:			
<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 not through our designated assistance provider, limit per year of	PHP 50,000 combined limit	PHP 50,000 combined limit	PHP 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	PHP 100,000	PHP 150,000	PHP 300,000
ANNUAL PHYSICAL EXAMINATION			
<i>(to be done in accredited Pacific Cross clinics or laboratories with prior appointment, i.e., via no-cash-outlay only)</i>	Included	Included	Included
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 and Electrocardiogram (ECG)	(APE is not subject to the 10% co-payment of the Premier Plan.)		
VALUE ADDED BENEFITS			
Elective Surgery	Direct Settlement of covered portion of confinement and 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. <i>Note: Payment of Professional Fees (Attending Physician's Visit, Specialist's Fee, Surgeon's Fee, Anesthesiologist's Fee) will be based on the Company's PhilHealth Relative Value Scale if claims are directly settled by Pacific Cross to the Physician or Hospital. The PhilHealth Relative Value Scale shows the values per procedure as provided by PhilHealth that Pacific Cross will apply for the payment of a particular Professional Fee in an Accredited Network.</i>			
Companion Allowance	PHP 100 (per day)	PHP 200 (per day)	PHP 300 (per day)
allowance given to companion (maximum of 10 days per Policy year)			

ANNUAL PREMIUMS

As of 1 November 2020

CORE BENEFITS (In-Patient & Emergency)

AGE	WARD	S-PRIVATE	PRIVATE
66	PHP 31,063	PHP 50,269	PHP 86,039
67	32,790	53,063	90,818
68	34,515	55,854	95,599
69	36,243	58,646	100,377
70	37,276	60,323	103,246
71	39,332	62,541	108,072
72	40,615	64,580	111,595
73	42,751	67,978	117,469
74	44,889	71,379	123,343
75	47,027	74,777	129,216
76 - 80	57,643	93,335	159,702
81 - 85	95,951	155,683	266,315
86 - 100	157,076	254,079	435,391

GROUP DISCOUNT

NO. OF INSURED PERSONS	DISCOUNT
7 - 15	5 %
16 or more	10 %

Group Discounts apply only to New Business and to the premiums of Core Benefits.

Insured Persons of a group must be under 1 Policy only.

Notes:

1. Premiums are inclusive of all applicable taxes.
2. Premiums are available in annual and semi-annual modes of payment.
3. Premiums may change subject to the results of medical evaluation of application form.

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.

The DST amounts are as follows: PHP 50 (Ward), PHP 100 (Semi-Private), PHP 200 (Private).

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.

