

# SELECT

Comprehensive medical protection for you and your family



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



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 PhP 1,500,000 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 PHP 1,500,000 for each disability per lifetime.*

# SELECT

- **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.
- **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 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 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
  - Pregnancy related expenses 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
5. Your contract is guaranteed renewable up to age 65. 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)

**Select Plus** and **Select Standard** 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.

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

|   | WARD   | SEMI-PRIVATE | PRIVATE     |
|---|--|--------------|-------------|
| <b>SURGICAL BENEFITS</b>  |  |              |             |
| <b>Operating Theater &amp; Recovery Room</b>  | As Charged   | As Charged   | As Charged  |
| <b>Surgeon's Fee</b><br>per disability, per year limit of   | PHP 60,000   | PHP 90,000   | PHP 180,000 |
| <b>Anesthesiologist's Fee</b><br>not to exceed 40% of the approved Surgeon's Fee  | PHP 24,000   | PHP 36,000   | PHP 72,000  |
| <b>Artificial Limb</b><br>including rental of mechanical devices (as approved by Pacific Cross) excluding implantable devices   | As Charged   | As Charged   | As Charged  |
| <b>Medical Implant Due to Accident</b><br>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  |
| <b>EMERGENCY BENEFITS</b>   |  |              |             |
| <b>Emergency Out-Patient</b><br>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   |
| <b>Emergency Dental Services</b><br>due to a covered accident.  | As Charged   | As Charged   | As Charged  |
| <b>Emergency Local Ambulance Service</b><br>from place of occurrence to the nearest hospital facility or from hospital to hospital using land transportation service.<br><br><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  |
| <b>Emergency Overseas Coverage</b><br>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                   |
|---|---|---------------------------|---------------------------|
| <b>Worldwide Emergency Assistance Services</b>  | 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 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.   |   |                           |                           |
| <b>Services* include but not limited to the following:</b>  |   |                           |                           |
| <ul style="list-style-type: none"> <li>• <b>Emergency Medical Evacuation:</b> Evacuation under appropriate medical supervision to the nearest medical facility</li> <li>• <b>Medical Repatriation:</b> Repatriation under medical supervision to the Insured Person's legal residence or to a medical or rehabilitation facility near the Insured Person's residence</li> <li>• <b>Return of Mortal Remains:</b> The return of mortal remains will be arranged and paid for.</li> <li>• <b>Compassionate Visit:</b> 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.</li> <li>• <b>Care of Minor Child(ren):</b> 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.</li> </ul> |   |                           |                           |
| <b>*Availment of services through our designated assistance provider, limit per year of</b>   | As Charged and on top of the Maximum Coverage Limit |                           |                           |
| <b>*Availment of services <i>not</i> through our designated assistance provider, limit per year of</b>  | 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.   |   |                           |                           |
| <b>AUTO-IMMUNE CONDITIONS</b>   |   |                           |                           |
| 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               |
| <b>ANNUAL PHYSICAL EXAMINATION</b>  |   |                           |                           |
| <i>(to be done in accredited Pacific Cross clinics or laboratories with prior appointment, i.e., via no-cash-outlay only)</i>   |   |                           |                           |
| 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  | Included  | Included                  | Included                  |

|  | WARD  | SEMI-PRIVATE      | PRIVATE           |
|--|---|-------------------|-------------------|
| <b>VALUE ADDED BENEFITS</b>  |   |                   |                   |
| <p><b>Elective Surgery</b></p> <p>scheduled surgery arranged by Pacific Cross within accredited network only, a 10-day notice must be given to Pacific Cross by the Client.</p> <p><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></p> | Direct Settlement of covered portion of confinement & treatment cost by Pacific Cross |                   |                   |
| <p><b>Companion Allowance</b></p> <p>allowance given to companion (maximum of 10 days per Policy year)</p>   | PHP 100 (per day)   | PHP 200 (per day) | PHP 300 (per day) |
| <p><b>Sports Coverage</b></p> <p>for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits)</p>   | Included  | Included          | Included          |
| <p><b>Free Child Coverage</b></p> <p>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.</p>  | Included  | Included          | Included          |
| <b>PERSONAL ACCIDENT BENEFIT</b>   |   |                   |                   |
| <p>coverage for accidental death. Covers new business clients age 16 to 60, renewable until age 65.</p>  | PHP 25,000  | PHP 50,000        | PHP 75,000        |







# OPTIONAL BENEFITS

## OUT-PATIENT BENEFITS

Pacific Cross pays 80% 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

## STANDARD

PHP 25,000

## EXECUTIVE

PHP 50,000





## DENTAL BENEFITS

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

| BENEFITS   | LIMIT      | BENEFITS  | LIMIT                  |
|--|------------|---|------------------------|
| <b>Over-all Limit per year</b> (excluding dentures)<br><b>Includes:</b><br>X-rays, Amalgam Fillings, Anterior Fillings,<br>Root Canal Fillings, Extractions, Routine<br>Oral Examination (twice per year) and Oral<br>Prophylaxis (twice per year) | PHP 10,000 | <b>Dentures</b> (as a result of accident only)<br>i) Complete Set<br>ii) Partial Sets | PHP 4,000<br>PHP 7,000 |



# ANNUAL PREMIUMS

As of 1 November 2020

## CORE BENEFITS (In-Patient & Emergency)

### Select Plus

| AGE     | WARD      | S-PRIVATE | PRIVATE    |
|---------|-----------|-----------|------------|
| 0 - 20  | PHP 5,568 | PHP 8,977 | PHP 14,689 |
| 21 - 25 | 9,015     | 15,124    | 24,619     |
| 26 - 30 | 9,816     | 16,468    | 26,806     |
| 31 - 35 | 10,217    | 17,141    | 27,902     |
| 36 - 40 | 11,017    | 18,485    | 30,091     |
| 41 - 45 | 12,423    | 21,737    | 36,282     |
| 46 - 50 | 14,008    | 24,510    | 43,555     |
| 51 - 55 | 15,190    | 26,592    | 50,440     |
| 56 - 60 | 16,510    | 28,905    | 56,045     |
| 61 - 65 | 18,161    | 31,796    | 61,650     |

### Select Standard

| AGE     | WARD      | S-PRIVATE | PRIVATE    |
|---------|-----------|-----------|------------|
| 0 - 20  | PHP 4,684 | PHP 7,433 | PHP 12,710 |
| 21 - 25 | 7,376     | 12,113    | 20,699     |
| 26 - 30 | 8,030     | 13,314    | 22,754     |
| 31 - 35 | 8,360     | 13,988    | 23,904     |
| 36 - 40 | 9,014     | 15,086    | 25,780     |
| 41 - 45 | 10,103    | 17,449    | 29,696     |
| 46 - 50 | 11,393    | 19,676    | 34,214     |
| 51 - 55 | 12,755    | 22,728    | 37,263     |
| 56 - 60 | 13,864    | 24,472    | 41,403     |
| 61 - 65 | 15,251    | 26,665    | 45,543     |

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: PHP 50 (Ward), PHP 100 (Semi-Private), PHP 200 (Private). For Select Plus and Select Standard only.

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.



## OPTIONAL BENEFITS (Available for all Select Plans)

### Out-Patient Benefits

| AGE        | STANDARD  | EXECUTIVE  |
|------------|-----------|------------|
| Child - 20 | PHP 5,962 | PHP 12,308 |
| 21 - 40    | 5,600     | 11,900     |
| 41 - 50    | 8,137     | 18,964     |
| 51 - 65    | 10,164    | 24,693     |

Pacific Cross pays 80% of Normal, Usual and Customary fees.  
Reimbursement only.

### Dental Benefits

| PREMIUMS (Per Annum)         | INDIVIDUAL (1) | GROUP (2) |
|------------------------------|----------------|-----------|
| Adult (19 - 65 yrs old)      | PHP 3,808      | PHP 2,232 |
| Child (15 days - 18 yrs old) | 2,770          | 1,623     |

#### Premiums are applicable to:

- (1) Individual policies, or Families with less than 4 Insured Persons, or Groups with less than 4 employees
- (2) Group Accounts with at least 4 employees, or Families with at least 4 Insured Persons (subject to participation requirements).

### Additional Personal Accident Coverage

|             | WARD    | S-PRIVATE | PRIVATE |
|-------------|---------|-----------|---------|
| PHP 500,000 | PHP 835 | PHP 835   | PHP 835 |
| 1,000,000   | 1,670   | 1,670     | 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.

## DISCOUNTS

### Co-Payment

(Available for Select Plus & Select Standard Plans only)

| WARD         | S-PRIVATE    | PRIVATE      |
|--------------|--------------|--------------|
| 25% Discount | 25% Discount | 25% 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)

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

Group Discounts apply to New Business only. Applied to the premiums of Core Benefits & Optional Out-Patient Benefits only.  
*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 (except for Additional Personal Accident Coverage).
  3. Premiums may change subject to the results of medical evaluation of application form.