

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



FORMERLY BLUE CROSS PHILIPPINES

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 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 up to US\$ 2,000,000 each year. You are also assured of swift reimbursement of eligible charges.

BLUE ROYALE

- Your choice of hospital, clinic, pharmacy and doctor... WORLDWIDE!
- Maximum coverage of up to US\$ 2,000,000
- Swift reimbursement of eligible charges
- Maternity benefit
- Worldwide emergency assistance
- Emergency evacuation services
- Optional out-patient coverage for dental & 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 (632) 899-8001 or e-mail us at medical_sales@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 clinically determined given its natural history, irrespective of whether or not the insured is aware of the illness or condition. Providing cover for a pre-existing condition is subject to evaluation by our Medical Director, and if it is excluded from cover we will notify the insured accordingly.

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

A: You can avail of your Blue Royale Benefits thirty (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 ninety (90) days abroad per trip. Coverage is extended beyond ninety (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 ninety (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 ninety (90) days. Premium may change for overseas stay of more than ninety (90) days.



As you prepare for the future's changes and challenges, you can always count on us for coverage that will help you get more out of life while securing your peace of mind.



CORE BENEFITS

	Plan A	Plan B	Plan C
MAXIMUM COVERAGE PER YEAR (aggregate limit per year)	\$ 500,000	\$ 1,000,000	\$ 2,000,000
IN-PATIENT BENEFITS			
Room and Board including general nursing care for a maximum of 60 days per disability, per year for confinement abroad. Unlimited number of days for confinement in the Philippines.	\$ 300	\$ 600	\$ 850
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 & 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.	\$ 30,000	As Charged	As Charged
Anesthetist's Fee	40% of Surgeon's Fees	As Charged	As Charged
Organ Transplant fees for kidney, heart, liver, lungs and bone marrow transplants (as approved by Pacific Cross) including follow up treatment and sequelae to a limit per year of	\$ 100,000	\$ 200,000	\$ 200,000
Mental and Nervous Disorders covering biologically based mental illness and degenerative brain disorder as defined in the Policy. \$ 5,000 per year with lifetime limit of	\$ 5,000	\$ 10,000	\$ 10,000
Private Duty Nurse when certified necessary by the attending physician (at home for up to thirty (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		

	Plan A	Plan B	Plan C
OUT-PATIENT BENEFITS			
physician and specialist fees for office visits; physiotherapist necessary for the treatment of a covered disability; chiropractor, acupuncturist, Chinese medicine practitioner and herbalist; required diagnostic laboratory procedures, prescribed medicines and supplements; herbal and Chinese medicines; durable medical equipment & corrective devices as approved by Pacific Cross	90 days post-hospitalization follow-up care only	As Charged	As Charged
Other Alternative Treatments <i>Homeopathy; Osteopathic Manipulative Therapy (OMT); Bonesetter; Iridology and any medication prescribed by the mentioned alternative treatments to a limit per year of</i>	Not Available	\$ 1,500	\$ 1,500
Executive Check-Up (ECU) Package * <i>Reimbursement only. Available to each Insured Person starting on his/her fourth year with Pacific Cross, provided that he/she has maintained any of the Blue Royale Plans (A, B or C) for the past three (3) consecutive years and is covered under Blue Royale Plan B or C upon Policy renewal. The Insured Person must be twenty (20) to sixty (65) years old upon effective date/renewal date. Pacific Cross pays 80% of ECU package availed of at any hospital or clinic within the Philippines (selective procedures are not allowed). One time package availment per year, to a limit of</i> <i>* ECU availment may be done after full payment of annual premium or after full payment of both semi-annual premiums.</i> <i>* Group accounts' ECU is subject to underwriting guidelines.</i>	Not Available	\$ 400	\$ 500
MATERNITY BENEFIT			
all inclusive limit per pregnancy, after a twelve (12) month waiting period	Not Available	\$ 5,000	\$ 6,000
EMERGENCY BENEFITS			
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	As Charged	As Charged	As Charged
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. If local land transportation facility is not available, other transportation facilities are allowed subject to the approval of Pacific Cross.	As Charged	As Charged	As Charged
Emergency Overseas Coverage overseas cover is for an unlimited number of trips outside the Philippines, provided that each trip does not exceed ninety (90) days except if Treatment Area Limitation (TAL) discount option is selected.	Included	Included	Included
Worldwide Emergency Assistance Pacific Cross, through our emergency 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 Country of Residence for less than ninety-one (91) days unless otherwise endorsed in the Policy. Services* include but are 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 seven (7) 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. 			

	Plan A	Plan B	Plan C
*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 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.	As Charged and part of the Maximum Coverage Limit		
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 infant from fifteen (15) days old up to Policy renewal (for a newborn of a female insured)	Included	Included	Included





OPTIONAL BENEFITS

	Plan A	Plan B	Plan C
PERSONAL ACCIDENT BENEFIT includes coverage for death, dismemberment and total and permanent disablement caused directly and solely by accident.	Coverage is available as an option; from \$ 100,000 to \$ 500,000. Rates for Class 1 (Standard Risk) Occupation = \$ 1.32 per \$ 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	not available	\$500 available for groups of 21 members or more	\$500 (Included in Core Benefits)
DENTAL BENEFIT pays 80% of charges via reimbursement, annual limit	1 st Year: \$ 1,000 2 nd Year Onwards: \$ 2,000	1 st Year: \$ 1,000 2 nd Year Onwards: \$ 2,000	1 st Year: \$ 1,000 2 nd Year Onwards: \$ 2,000 (Included in Core Benefits)



The ff. 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 (one 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

The ff. 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



The following benefits 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 six (6) hours delay of checked-in baggage Additional lump sum cash for a continuous delay of after seventy-two (72) hours happening in a foreign destination 	\$ 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 five (5) years old</i></p>	\$ 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 More than 3 years but less than 6 years old lost laptop is subject to fifty percent (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 six (6) years old</i></p>	\$ 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 fifteen (15) years old and younger <p><i>Not covered: unknown reason of loss or unexplained disappearance of cash</i></p>	\$ 110
<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 of the same class Reimbursement of travel and unplanned accommodation expenses up to a combined daily limit of US\$ 110 that are incurred during the two (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>	\$ 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. For reasons of death, life threatening condition or serious illness/injury, or sickness resulting to compulsory quarantine or denied boarding of the Insured, or his immediate family member, or due to natural catastrophe or unexpected outbreak of strike, riot or civil commotion, or due to lost travel documents. 	\$ 4,000

The following benefits 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. 	\$ 4,000
<p>Flight Delay</p> <ul style="list-style-type: none"> • Lump sum cash benefit for a minimum of six (6) hours flight delay • Additional lump sum cash for a continuous delay of after seventy-two (72) 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>Not covered: Delays of chartered flights</i></p>	\$ 200
<p>Missed Connecting Flight</p> <ul style="list-style-type: none"> • Lump sum cash benefit per 6 consecutive hrs. max of 96 hrs • 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 the same reasons as that of Flight Delay. 	\$ 100
<p>Strikes and Hijacks</p> <ul style="list-style-type: none"> • Daily allowance per each full day up to ten (10) days that the travel is delayed from reaching the scheduled destination for a minimum of twelve (12) hours • For reasons of organized industrial action, strike or hijack. 	\$ 200



Out-Patient Benefits (for PLAN A only)

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

BENEFITS	Limits	BENEFITS	Limits
Consultation in Doctor's Office covers physician's fee and specialist's fee, maximum of twenty (20) visits per year	\$ 50 (limit per visit)	Medicines and Drugs prescribed by a Doctor for a covered condition or disability and procured from a recognized pharmacy	\$ 350 (limit per year)
Physiotherapist or Chiropractor maximum of ten (10) treatments per year, limit of one visit per day	\$ 50 (limit per visit)	Diagnostic, X-rays and Laboratory tests necessary for the treatment of a covered disability	\$ 280 (limit per year)

Notes for Out-Patient Benefits

1. Out-Patient benefits provide worldwide coverage except for the Out-Patient Executive Check-Up (OP ECU) Package.
2. For New Business, benefit availment is subject to thirty (30) days waiting period and the pre-existing provision of the Policy.

The following are not covered under the Blue Royale A Optional Out-Patient Benefits:

1. Pre and post-natal care as well as nursing care for the newborn
2. Prosthetic devices, graft, durable medical equipment and corrective devices
3. Vitamins and supplements prescribed for an out-patient treatment

4. Over-the-counter medicines unless prescribed by a registered physician or Chinese medicine practitioner
5. Care or treatment by herbalist, bonesetter, hypnotherapist, acupuncturist, osteopath, homeopath or any procedure or treatment not yet acceptable as standard of practice by the duly recognized medical specialty society or organization
6. Routine physical examinations, health check-ups or tests not related to treatment or diagnosis of a covered sickness or injury or any treatment which is not medically necessary
7. Expenses for the treatment of psychotic, mental or nervous/anxiety disorders, organ transplantation, auto-immune conditions and their complications

ANNUAL PREMIUMS

as of 1 July 2013

	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	\$ 861	\$ 913	\$ 944	\$ 1,055	\$ 1,155	\$ 1,278	\$ 1,435	\$ 1,545	\$ 1,673	\$ 1,792	\$ 1,956
Dental Benefits	310	634	634	634	634	634	634	634	634	634	634
Out-Patient Benefits	259	259	250	250	250	250	406	406	529	529	529
Travel +	69	69	69	69	69	69	69	69	69	69	69
PLAN B											
Core Benefits	1,352	1,433	1,947	2,429	2,665	2,899	3,125	3,320	3,444	3,732	4,287
Dental Benefits	310	634	634	634	634	634	634	634	634	634	634
Vision Benefits *	154	154	154	154	154	154	154	154	154	154	154
Travel +	69	69	69	69	69	69	69	69	69	69	69
PLAN C											
Core Benefits **	1,699	2,103	2,424	3,049	3,269	3,438	3,581	3,732	3,842	4,148	4,780
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 - \$ 2.00) 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.

DISCOUNT OPTIONS

	Plan A	Plan B	Plan C
\$ 1,000 Deductible Option	15% Discount	not available	not available
\$ 2,500 Deductible Option	30% Discount	18% Discount	18% Discount
\$ 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:
 - in-patient benefits*
 - 90 days post-hospitalization follow-up care benefits*
- Treatment Area Limitation excludes treatment in Canada, United States of America, its dependent territories and the Caribbean Islands; Japan & China including Hong Kong.

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 thirty (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 clinically determined given its natural history, irrespective of whether or not the insured is aware of the illness or condition. Providing cover for a pre-existing condition is subject to evaluation by our Medical Director, and if it is excluded from cover we will notify the insured accordingly.
- 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 ninety (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:
 - Congenital conditions, birth defect and abnormalities
 - 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
 - Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC), and 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 forty-five (45) days prior to each renewal.
- For full details, please refer to the Policy.





FORMERLY BLUE CROSS PHILIPPINES

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 sixty-five 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!

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