

Blue Royale Premier

A Product of Pacific Cross Insurance, Inc.

A worldwide Dollar plan specifically designed for senior citizens that offers complete freedom of choice for the best medical care



CORE BENEFITS (10% CO-PAYMENT: Pacific Cross will pay 90% of the approved claim amount.)

	MAJOR	STANDARD
MAXIMUM COVERAGE PER YEAR (aggregate limit per year) for age 66 up to 75	US\$ 250,000	US\$ 500,000
MAXIMUM COVERAGE PER YEAR (aggregate limit per year) for age 76 and above	US\$ 100,000	US\$ 100,000
IN-PATIENT BENEFITS		
Room and Board including General Nursing Care		
Daily limit for Philippine confinement	US\$ 300	US\$ 600
Daily limit for Overseas confinement	Private Room up to US\$ 1,000	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
Professional Fee	As Charged	As Charged
Intensive Care Unit, Coronary Care Unit, Telemetry	As Charged	As Charged
Operating Theater and Recovery Room	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\$ 15,000 (US\$ 30,000 option)	As Charged
Anesthetist's Fee	40% of Surgeon's Fee	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
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 (via reimbursement only)		
Out-Patient Care	As Charged	As Charged
Consultation in Doctor's Office covers Professional Fees of general practitioner, Specialist, Chinese medicine practitioner, Acupuncturist and herbalist necessary for the treatment of a covered disability	up to 90 days immediately after hospitalization	(with or without prior hospitalization)
Physiotherapist or Chiropractor necessary for the treatment of a covered disability	<i>(i.e., available only as a Post-Hospitalization Follow-Up Care Benefit)</i>	
Prescribed Medicines and Supplements 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		
Diagnostics, X-rays and Laboratory Tests necessary for the treatment of a covered disability		
Surgical Appliances and Devices includes durable medical equipment and corrective devices as prescribed by the Attending Physician and approved by Pacific Cross		
Other Alternative Treatments Homeopathy, Osteopathic Manipulative Therapy (OMT), Bonesetter, Iridology and any medication prescribed by the mentioned alternative treatments	US\$ 1,500	US\$ 3,000
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	As Charged	As Charged
Emergency Dental Services due to covered accident	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
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.	Included	Included
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. Services* include but are not limited to the following:	Included	Included
<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 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. 		
*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	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.		

	MAJOR	STANDARD
ORGAN TRANSPLANT		
fees for kidney, heart, liver, lungs and bone marrow transplants including follow-up treatments and sequelae (as approved by Pacific Cross). Coverage is subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits under an aggregate limit per year of	US\$ 100,000	US\$ 100,000
MENTAL AND NERVOUS DISORDERS		
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	US\$ 5,000	US\$ 10,000
AIDS/HIV		
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	US\$ 25,000	US\$ 100,000
CONGENITAL CONDITIONS		
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	US\$ 1,000	US\$ 2,000
HOSPICE CARE		
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.	US\$ 5,000	US\$ 5,000
BURIAL EXPENSES BENEFIT DUE TO ACCIDENT		
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	US\$ 500	US\$ 1,000
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. Emergency treatment and confinement only. Excludes Out-Patient Benefits and medicines.	Included	Included
Sports Coverage for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits)	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

ANNUAL PREMIUMS

as of 1 August 2018

AGE	MAJOR	\$ 30K Surgeon's Fee*	STANDARD
66	US\$ 2,843	US\$ 224	US\$ 7,608
67	3,000	235	8,030
68	3,157	248	8,453
69	3,315	261	8,877
70	3,473	273	9,299
71	3,825	295	10,044
72	4,185	323	10,989
73	4,500	348	11,816
74	4,724	365	12,407
75	4,950	383	12,998
76 - 80	6,349	442	16,518
81 - 85	8,953	612	22,941
86 - 90	12,518	859	32,274
91 - 95	17,655	1,202	45,114
96 - 100	24,660	1,680	63,062

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.

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.



Premiums are inclusive of all applicable taxes.

*The US\$ 30,000 Surgeon's Fee benefit limit is optional for the Major Plan. The Surgeon's Fee benefit is *As Charged* for the Standard Plan.

DISCOUNT OPTIONS

	US\$ 2,500 Deductible Option	US\$ 5,000 Deductible Option	Treatment Area Limit
MAJOR	30% Discount	40% Discount	25% Discount
STANDARD	18% Discount	24% Discount	25% Discount

Notes for Discount Options:

- The above percentage discounts are not applicable to Optional Benefits and Surgeon's Fee option.
- 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 available as 90 days Post-Hospitalization Follow-Up Care Benefit of Blue Royale Premier Major
- The 10% Co-payment will apply to the eligible amount in the claims computation for Deductibles. Pacific Cross will pay the amount in excess of the Deductible.
- 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.