Blue Royale Premier

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: means that 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	\$ 250,000	\$ 500,000
MAXIMUM COVERAGE PER YEAR (aggregate limit per year) for age 76 and above	\$ 100,000	\$ 100,000
IN-PATIENT BENEFITS		
Room and Board	\$ 300	\$ 600
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.		
Miscellaneous In-Patient Charges	As Charged	As Charged
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)		
Professional Fee	As Charged	As Charged
Intensive Care Unit, Coronary Care Unit, Telemetry	As Charged	As Charged
Operating Theater & Recovery Room	As Charged	As Charged
Surgeon's Fee	\$15,000 (\$30,000 option)	As Charged
includes pre-surgical assessment and normal post-surgical care while confined in the treatment country for each disability.		
Anesthetist's Fee	40% of Surgeon's Fee	As Charged
Organ Transplant	\$ 100,000	\$ 100,000
fees for kidney, heart, liver, lungs and bone marrow transplants including follow up treatments and sequelae (as approved by Pacific Cross) to a total limit per year of		
Mental and Nervous Disorders	\$ 5,000	\$ 10,000
covering biologically based mental illness and degenerative brain disorder as defined in the Policy. \$5,000 per year with a lifetime limit of		
Private Duty Nurse	As Charged	As Charged
when certified necessary by the attending physician (at home for up to 30 days immediately after hospitalization)		
Procedure Done on an Out-Patient Basis	Subject to the limit of	In-Patient Benefits
for selected procedures as approved by Pacific Cross		
OUT-PATIENT BENEFITS (via reimbursement only)		
physician and specialist fees for office visits; physiotherapist necessary for the treatment of a covered	90-day	As Charged
disability; chiropractor, and acupuncturist, Chinese medicine practitioner and herbalist; required diagnostic	post-hospitalization	
laboratory procedures, prescribed medicines and supplements; herbal and Chinese medicines; durable	follow-up care only	
medical equipment & corrective devices as approved by Pacific Cross Other Alternative Treatments	Not Available	ć 1 F00
Homeopathy; Osteopathic Manipulative Therapy (OMT); Bonesetter; Iridology and any medication	NOT Available	\$ 1,500
prescribed by the mentioned alternative treatments		
EMERGENCY BENEFITS		
Emergency Out-Patient	As Charged	As Charged
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		
Emergency Dental Services due to covered accident	As Charged	As Charged
Emergency Local Ambulance Service	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.		
Emergency Overseas Coverage	Included	Included
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.		
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 91 days unless otherwise endorsed in the Policy. Services* include but are not limited to the following:		
• Emergency Medical Evacuation: Evacuation under appropriate medical supervision to the nearest medical facility		

V07.16 Blue Royale Premier

EMERGENCY BENEFITS	MAJOR	STANDARD
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 t	he Maximum Coverage Limit
*Availment of services <i>not</i> through our designated assistance provider, limit per year of	As Charged and part of th	e 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.		
VALUE ADDED BENEFITS		
Pacific Cross Health Care Card	Included	Included
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.		
Sports Coverage	Included	Included
for recreational sports including skiing and scuba; excluding contact sports (subject to Policy limits)		

ANNUAL PREMIUMS

as of 1 July 2013

AGE	MAJOR	\$ 30K Surgeon's Fee*	STANDARD
66	\$ 2,437	\$ 209	\$ 6,523
67	2,572	220	6,885
68	2,707	232	7,248
69	2,842	244	7,611
70	2,978	255	7,973
71	3,279	276	8,612
72	3,588	302	9,422
73	3,858	325	10,131
74	4,050	341	10,638
75	4,244	358	11,145
76 - 80	5,444	413	14,163
81 - 85	7,677	572	19,670
86 - 90	10,733	803	27,672
91 - 95	15,137	1,123	38,681
96 - 100	21,161	1,570	54,070

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.



Premiums are inclusive of all applicable taxes.

DISCOUNT OPTIONS

	\$ 2,500 Deductible Option	\$ 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:

- 1. The above percentage discounts are not applicable to optional benefits and surgeon's fee option.
- 2. Deductibles are computed on a per annum basis and applied to the following:
 - a. in-patient benefits
 - b. 90 days post-hospitalization follow-up care benefits
- 3. 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.
- 4. Treatment area limitation excludes treatment in Canada, United States of America, its dependent territories and the Caribbean Islands; Japan & China including Hong Kong.

^{*} The \$ 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.