



P H I L I P P I N E S

DATE:

Dear Sir/Maam.,

Thank you for considering Pacific Cross as one of your partners in providing your company quality healthcare benefits. Pacific Cross is a market specialist with over 60 years of experience in the insurance industry. As one of the most financially stable companies in the market today, we belong to the top 20 non-life insurance companies in the Philippines. Pacific Cross is also part of the Pacific Cross Group of Companies, a wider group of insurance companies operating across Asia. With our experience and expertise, we understand your need to comprehensive but affordable health protection to your employees.

We would like to offer you BC Flexi Access, our enhanced medical plan for groups. BC Flexi Access offers a broad range of benefits which we can customize to suit your healthcare and budget requirements:

- **No cash outlay availment of covered healthcare benefits in all Pacific Cross accredited medical providers**
- In-Patient/Hospitalization benefits
- Out-Patient benefits
- Emergency benefits
- Annual Physical Exam
- Preventive healthcare benefits
- Worldwide emergency assistance services
- Optional Dental and Financial Assistance coverage

Attached is our proposal, which includes details of your benefits and illustrative fees. Please note that quoted fees are valid for 30 days from date of this proposal or until a new proposal is released. A new proposal automatically supersedes the prior proposal. Should our proposal merit your approval, **please sign in the conforme sheet herewith and submit to us together with the application forms or masterlist of the members (Pacific Cross format) to be enrolled**, whichever is applicable. Please do not hesitate to get in touch with me via tel. no. (632) 899-8001 or email to my address below. Please expect to hear from me as well in the next few days.

Thank you and we look forward to being of service to you.

Very truly yours,

(Sgd) <Name of AE/IRS>

<Job Title>

Medical Sales, Pacific Cross Health Care, Inc.

Email Address: _____<Email Address>

Mobile Number: _____<Mobile No.>

This proposal contains confidential and privileged information. This proposal is presented to the above-mentioned company and may not be disclosed in any manner to anyone other than the addressee and its authorized representative.

Pacific Cross Health Care, Inc.
BC Flexi Access Schedule of Benefits

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 18th Floor (Operations & Executive Center), 8 Rockwell Building, Hidalgo Drive, Makati City, Metro Manila, Philippines
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Here For You

I.	IN-PATIENT BENEFITS	COVERAGE / LIMIT
	All in-patient benefits shall be available at any accredited hospitals under the supervision and care of accredited physicians	
1	Room and Board according to plan limits and category specified in the schedule	Subject to member's room and board limit (based on room availability from lowest to highest)
2	Use of operating room, isolation room (if prescribed by attending accredited physician) and recovery room	Up to MBL
3	Services of all accredited specialists	Up to MBL
4	General nursing services	Up to MBL
5	Anesthesia and its administration	Up to MBL
6	Administered drug and medication during confinement	Up to MBL
7	Intensive Care Unit (ICU) confinement	Up to MBL
8	Chemotherapy, Radiotherapy and Dialysis (including OP)	Up to MBL
9	X-ray, laboratory examinations, diagnostic and therapeutic procedures related to the medical management of the patient and prescribed by the accredited attending physician	Up to MBL
10	Oxygen and its administration	Up to MBL
11	Dressings, sutures, cast (plaster of Paris and fiberglass cast)	Up to MBL
12	Standard admission kit including ice cap/wee bag	Up to MBL
13	Transfusion of blood, intravenous fluids and other blood elements, including screening/processing and cross matching (except gamma globulin)	Up to MBL
14	Assistance in administrative requirements through a Pacific Cross Liaison Officer	Covered
15	All other hospital charges deemed medically necessary by the accredited physician in the treatment of the patient, subject to plan provisions	Up to MBL

II.	OUT-PATIENT BENEFITS	COVERAGE / LIMIT
	All out-patient benefits shall be available at any accredited hospitals under the supervision and care of accredited physicians	
1	Consultations including referral to accredited specialists during regular clinic hours, except prescribed medicines	Unlimited no. of consultations, up to MBL
2	Eye, ear, nose and throat (EENT) consultation	Unlimited no. of consultations, up to MBL
3	Treatment of minor injuries or illnesses such as lacerations, abrasions, mild burns, sprains and the like	Up to MBL
4	Laboratory examinations, x-rays and other routine, diagnostic and therapeutic procedures as prescribed by the accredited physician, subject to plan limits	Up to MBL
5	Minor surgery not requiring confinement prescribed by an accredited physician	Up to MBL
6	Pre-natal & post-natal consultations excluding laboratory procedures / examinations	Up to MBL
7	First aid treatment of injury or illness	Up to MBL
8	Cataract extraction (excluding cost of lens)	Up to MBL
9	Physical Therapy	Up to 12 sessions per year or MBL whichever comes first (shared limit for IP and OP)

10	Speech Therapy (for stroke patients only) prescribed by a physician for a covered stroke condition. Speech defect due to developmental delays and congenital defects remain an exclusion	Up to 12 sessions per year or MBL whichever comes first (shared limit for IP and OP)
11	Cauterization of warts (from neck down except genital warts and condyloma acuminata) at any accredited clinics provided that an accredited physician recommends it and only for cases that affect the physiological functions of the member (not for cosmetic / aesthetic purposes)	Up to P1,000 per member per year
12	Transfusion of blood and other blood elements except the cost of blood donor screening	Up to MBL
13	Sclerotherapy for varicose veins (except medicines and for aesthetic purposes) provided that it is medically necessary and prescribed by an accredited physician, to be availed through accredited vascular surgeons	Up to P5,000 per member per year
14	Allergy testing / allergy screening prescribed by an accredited physician	Reimbursement up to P2,500 per member per year
15	Tuberculin test will be covered through reimbursement if prescribed by an accredited physician	Reimbursement up to P600 per member per year

III.	EMERGENCY BENEFITS	COVERAGE / LIMIT
1	In accredited hospitals	Covered based on provision for emergency cases as defined in the Agreement
2	In non-accredited hospitals	80% reimbursement of the total hospital bills including professional fees based on what Pacific Cross would have paid had the member been treated in an accredited hospital and accredited physician but not to exceed P30,000 per availment per member
3	In Foreign Territory (outside the Philippines) – For emergency hospitalization, cover is included for 90 days only of accumulated stay (no more than 30 days per trip) or travel overseas during the policy year.	100% reimbursement of the total hospital bills including professional fees based on what Pacific Cross would have paid had the member been treated in an accredited hospital and accredited physician in Philippine currency but not to exceed P30,000 per availment per member
4	In Areas where there are no accredited facility in close proximity	100% reimbursement of the total hospital bills including professional fees based on relative value scale for Pacific Cross accredited hospitals but not to exceed the MBL
5	Ambulance service if medically necessary from place of occurrence to nearest accredited hospital or from accredited / non-accredited hospital to an accredited hospital, if medically necessary	Reimbursement up to P2,500 per conduction
6	First dose of anti-rabies, anti-venom and anti-tetanus vaccines administered under emergency conditions	Up to aggregate limit of P18,000 per year
7	Room upgrade to the next higher room available in case of room unavailability (provided a certification from hospital admitting section is secured before the date of discharge to that effect)	Covered for the first 24 hours for emergency cases only except Suite room
8	Worldwide Emergency Assistance Services through Assist America – Member should be traveling 100 miles (or 150 kilometers) or more from for his primary and legal address or in another country which is not his Country of Residence for less than 91 days. <ul style="list-style-type: none"> • Medical Consultation, Evaluation & Referral • Emergency Medical Evacuation • Medical Repatriation 	As charged and on top of the MBL

	<ul style="list-style-type: none"> • Hospital Admission Assistance following a medical evacuation • Medical Monitoring • Compassionate Visit • Care of Minor Child(ren) • Return of Mortal Remains • Prescription Assistance • Emergency Message Transmission • Interpreter and Legal Referrals • Lost Luggage or Document Assistance • Emergency Cash Coordination • Pre-trip Information 	
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IV.	PREVENTIVE HEALTH CARE	COVERAGE / LIMIT
1	Periodic monitoring of health problems subject to plan provisions	Covered
2	Routine immunization administration (except cost of vaccines/serum)	Covered
3	Consultations and advice on diet, exercise and other good health habits	Covered
4	Family planning counseling, except for infertility	Covered
5	Health education and wellness program	Covered (once per contract year for the entire account)
6	Record keeping of medical history	Covered

V.	ANNUAL PHYSICAL EXAMINATION	COVERAGE / LIMIT
	APE shall be conducted at designated accredited Pacific Cross clinics or at client's premises through mobile clinic on a scheduled basis for a minimum of 50 principal members for a 4 hour service. APE shall be available to members after six (6) months of continuous coverage from effective date if mode of payment is other than annual). Client must notify Pacific Cross at least 2 weeks before the preferred schedule of the APE. If member fails to avail the APE for the year including non-attendance during scheduled APE, such benefit is deemed forfeited.	
1	Taking of Medical History	Covered
2	Physical Examination	Covered
3	Chest X-ray	Covered
4	Routine Urinalysis	Covered
5	Routine Fecalalysis	Covered
6	Complete Blood Count (CBC)	Covered
7	Electrocardiogram (ECG)	For members 35 years old and above
8	Pap Smear	For female members 35 years old and above

VI.	ADDITIONAL PROCEDURES AND SPECIAL MODALITIES	COVERAGE / LIMIT
	If the following procedures are required, these limits will apply (inclusive of professional fees and incidental expenses related to the procedure)	Up to MBL
1	Laparoscopic Cholecystectomy, Adrenalectomy, Hernioplasty / Herniorraphy / Herniotomy, Oophorectomy/Oophorectocystectomy	Up to MBL
2	Lithotripsy (one session per year)	Up to MBL
3	Heart Surgery / Angiography, Coronary Angiogram and/or Angioplasty/Coronary artery bypass graft	Up to MBL
4	Arthroscopic procedures / orthopedic arthroscopy (diagnostic)	Up to MBL

5	Ultrasound (except for maternity cases)	Up to MBL
6	Conventional and Scalpel Hemorrhoidectomy	Up to MBL
7	Benign Prostatic Hypertrophy	Up to MBL
8	2D Echo with Doppler	Up to MBL
9	24 Hour Holter Monitoring	Up to MBL
10	Electromyography	Up to MBL
11	Treadmill Stress Test	Up to MBL
12	Myelogram	Up to MBL
13	Video Gastroscopy	Up to MBL
14	Mammography / Sonomammogram	Up to MBL
15	Gamma Knife Surgery	Up to MBL
16	Computerized Tomography (CT Scan)	Up to MBL
17	Magnetic Resonance Imaging (MRI) / Magnetic Resonance Angiogram (MRA)	Up to MBL
18	Cryosurgery	Up to MBL
19	Stereotactic Brain Biopsy	Up to MBL
20	Hysteroscopic Procedures (Myomectomy, D&C and Polypectomy)	Up to MBL
21	Endoscopic Procedures	Up to MBL
22	Neuroscan	Up to MBL
23	Pulmonary Perfusion Scan	Up to MBL
24	Functional Endoscopic Sinus Surgery (FESS)	Up to MBL
25	Nuclear medicine procedures (Body Metastatic Survey, Bone Scan/Imaging/Densitometry, Dacryscentigraphy, Gastric Scintigraphy, Glomerular Filtration Rate, HIDA Scan, Liver or Spleen Imaging, Radioactive Isotope Scan, Radionuclide Renography, Sestamibi Stress Test / Hexamibi, Tetro Rest and Stress, Thallium Scintigraphy / Thallium Stress Test, Thyroid Imaging / Scintigraphy, Thyroid Scan)	Up to MBL
26	Laser eye procedures (Laser Iridotomy/ Iridectomy, Yag Laser and Argon Laser) – one session per eye per year	Up to MBL
27	Positron Emission Tomography Scan (PET Scan)	Up to P5,000 per procedure per member per year
28	Stapled Hemorrhoidectomy	Up to P5,000 per procedure per member per year
29	Mammotome	Up to P5,000 per procedure per member per year
30	4D Ultrasound except for maternity related cases	Up to P5,000 per procedure per member per year
31	Esophageal Manometry	Up to P5,000 per procedure per member per year
32	Intensified Modulated Radiotherapy	Up to P5,000 per procedure per member per year
33	Botox for non-cosmetic conditions or beautification purpose. Any damage to the facial nerve due to a dental problem resulting in muscle spasm will not be covered	Up to P5,000 per procedure per member per year
34	CT Pulmonary Angiography	Up to P5,000 per procedure per member per year
35	Photodynamic Therapy	Up to P5,000 per procedure per member per year
36	Sleep study	Up to P5,000 per procedure per member per year
37	Transurethral Microwave Therapy of Prostate	Up to P30,000 per member per year
38	Percutaneous Ultrasonic Nephrolithotomy	Up to P40,000 per member per year
39	Pain Management (IP only)	Up to P3,000 per member per year
40	Post-operative analgesia (IP only)	Up to P3,000 per operation per year
41	Other Modalities of Treatment and/or diagnosis requiring sophisticated equipment performed by highly skilled technicians or specially trained doctors for which there are no comparable, conventional or traditional equivalents or counterparts	Up to P5,000 per procedure per member per year

VII.	PRE-EXISTING CONDITIONS	COVERAGE / LIMIT
A Disability which existed before the Effective Date of coverage of a Member, the natural history of which can be medically determined to have started prior to the effective date of coverage or at the time of processing of the Member's Application, whether or not the Member was aware of such illness or condition.		
EXAMPLES OF PRE-EXISTING CONDITIONS		
<p>Pre-Existing Conditions shall include the following disabilities, but not to the exclusion of all others including their complications and sequelae:</p>	<ul style="list-style-type: none"> • Tumor / Cyst of Internal Organs • Hemorrhoids / Anal Fistula • Diseased tonsils and sinus conditions requiring surgery • Cataract / Glaucoma • Pathological Abnormalities of nasal septum or turbinates • Goiter and other thyroid disorders • Hernia / Benign Prostatic Hypertrophy • Endometriosis • Asthma / Chronic Obstructive Lung Disease • Epilepsy • Spinal column abnormalities • Tuberculosis • Cholecystitis • Gastric or Duodenal ulcer • Hallux valgus • Hypertension and other Cardiovascular diseases • Calculi • Tumors / Cyst on skin, muscular tissue, bone or any form of blood dyscracias • Diabetes Mellitus • Cerebrovascular Accident / Transient Ischemic Attack 	
PRE-EXISTING CONDITIONS PROVISION		COVERAGE / LIMIT
For Principal Enrollees	PEC is covered on the first year for all principal enrollees	
For Dependents	PEC is not covered on the first year. PEC will be covered after 12 months of continuous membership.	

VIII.	DENTAL BENEFITS (Optional as Rider)	COVERAGE / LIMIT
	To be done within dental clinics affiliated with the FILIPINO DOCTORS PREVENTIVE HEALTHCARE MANAGEMENT, INC. Prior appointment with the dental clinic is required. In case of non-availability of card, member has to coordinate with Pacific Cross to arrange the availment with the accredited dentist. Using non-accredited dentist through reimbursement is not allowed.	
	STANDARD DENTAL	
1	Dental consultation	Unlimited
2	Routine Oral Prophylaxis including cleaning and polishing (mild to moderate only)	Twice (2x) a year

3	Treatment of lesions, wounds and burns	Covered
4	Adjustment of dentures	Covered
5	Temporary Fillings (as advised by dentist)	Unlimited
6	Simple Tooth Extraction, except surgery for impaction	Unlimited
7	Relief and / or prescription for acute dental pain	Covered
8	Treatment of dental related pain excluding cost of prescribed medicines	Covered
9	Recementation of jacket crown inlays and on lays	Covered
10	Emergency desensitization of hypersensitive teeth	Covered
11	Annual dental examination (within the dentist clinic only)	Covered
12	Orthodontic consultation	Covered
13	Aesthetic dental consultation	Covered
	EXTENDED DENTAL (In addition to items 1 to 13 above)	Covered
14	Permanent Fillings - Composite (Lightcure)	Two (2) surface / year

IX.	FINANCIAL ASSISTANCE BENEFIT (Optional as Rider and for Employees only)	COVERAGE / LIMIT
1	Natural Death	P25,000
2	Accidental Death & Dismemberment (AD&D)	P25,000
	Loss of life	100% of AD&D benefit
	Loss of entire sight of both eyes	100% of AD&D benefit
	Loss of both hands or both feet	100% of AD&D benefit
	Loss of one hand and one foot	100% of AD&D benefit
	Loss of either hand or foot and sight of one eye	100% of AD&D benefit
	Loss of either hand or foot or sight of one eye	50% of AD&D benefit
	Age Eligibility	Employees age 18 to 65 years old

X.	SPECIAL PROVISIONS	COVERAGE / LIMIT
1	PhilHealth and/or Employees Compensation Commission (ECC) Integrated (All enrollees must be members of PhilHealth. Members are required to file and submit duly accomplished PhilHealth / ECC claim forms at the billing section of the hospital)	Benefits due under PhilHealth / ECC are assigned to and integrated with this plan such that the room and board limits and benefit coverage due under the program shall be net of the member's PhilHealth / ECC benefits, unless agreed otherwise through a special endorsement in the contract. This means that the member has to file a PhilHealth / ECC reimbursement form prior to discharge from the hospital. Otherwise, member has to pay the amount corresponding to PhilHealth benefits and apply for reimbursement from PhilHealth afterwards.
2	Excess in Limit	The Subscriber (company client) should guarantee collection and payment of any excess of benefits not settled by the employee/dependent upon hospital discharge.

XI.	ELIGIBILITY	COVERAGE / LIMIT
Pacific Cross reserves the right to require at any time the submission of documents which Pacific Cross may deem appropriate for the purpose of validating the eligibility of members and their dependents.		
Principal	Regular and full time employee who, on Effective Date or commencement date of membership, is at least 18 years old to 65 years old and actively at work.	
Qualified Dependents	The choice of enrolling dependents must follow a hierarchy. This means that for a married principal member, the spouse first must be enrolled followed by the eldest child down to the youngest. For a single principal member, the parents (anyone ahead of the other) must be enrolled first followed by the eldest sibling down to the youngest. For single parents, the eldest child must be enrolled first down to the youngest.	
For Married Employee	<ul style="list-style-type: none"> • Legal spouse who is not more than 65 years old • Natural born or legally adopted children who have attained the age of 15 days and not more than 23 years old who is unmarried and not gainfully employed 	
For Single Employee	<ul style="list-style-type: none"> • Parent who is not more than 65 years old and not gainfully employed • Sibling who attained the age of 15 days and not more than 23 years old who is unmarried and not gainfully employed 	
For Single Parent	<ul style="list-style-type: none"> • Natural born or legally adopted children who have attained the age of 15 days and not more than 23 years old who is unmarried and not gainfully employed. In case surname that child carries is different, birth certificate is required to prove relationship or establish parentage 	
No coverage for extended dependents (e.g. parents and siblings of married or single parent employees, etc.)		

XII.	PARTICIPATION REQUIREMENT	COVERAGE / LIMIT
PRINCIPAL		
Non-contributory (Employer / Company determines which employees are to be covered and shoulders the full payment of the subscription fees)	100% of eligible employees should be enrolled	
Contributory (Employee / member is made to pay a portion of the subscription fees) and Employee Paid (Voluntary / salary deduction)	At least 75% of all eligible employees should enroll all the eligible dependents or the number of dependents should be at least 75% of the total number of employees each following hierarchy guidelines	
DEPENDENT		
Non-contributory (Employer / Company determines which employees are to be covered and shoulders the full payment of the subscription fees)	100% participation of employee enrolling all eligible dependents each following hierarchy guidelines	
Contributory (Employee / member is made to pay a portion of the subscription fees) and Employee Paid (Voluntary / salary deduction)	At least 75% of all eligible employees should enroll all the eligible dependents or the number of dependents should be at least 75% of the total number of	

	employees each following hierarchy guidelines
<ul style="list-style-type: none"> • Dependents should be enrolled simultaneously with principal members. • Enrollment of dependents must follow hierarchy. • There shall be no cancellation / deletion of dependent while the principal is still actively enrolled. Membership of dependents may be cancelled / deleted if the principal's membership is also cancelled / deleted. • Pacific Cross shall accept any additional dependents for coverage after the Effective Date only for (a) legal spouses of a newly married principal member, (b) newborn child / sibling and new legally adopted children of a principal member and (c) dependent/s of a newly eligible principal member. The additional dependent should be enrolled within 30 days from date of qualification as a dependent. Any other additional dependents can be enrolled upon renewal of the Agreement. • Room & Board / plan benefits of dependents must follow a uniform category pre-established by the client prior to effective date and must be equal to or lower than the principal's room & board / plan benefit. 	

XIII.	SPECIAL BENEFITS, SERVICES AND INSTRUCTIONS	COVERAGE / LIMIT
1	<p>Work-related conditions based on conditions covered by Employees' Compensation Commission (ECC).</p> <p>ECC is a government corporation attached to DOLE and created to implement the Employee's Compensation Program (ECP). The ECP provides a package of benefits for public and private sector employees in the event of work-connected contingencies such as sickness, injury, disability or death.</p>	Up to MBL (for ECC cases only) – for principal members only
2	Motor Vehicular Accident	Up to MBL (a police report must be submitted for evaluation)
3	Congenital illnesses (provided PEC of an account is covered on the first year)	Up to P20,000 per member per year or MBL whichever is less – for principal members only
4	Chronic glomerulonephritis and Guillain-barre Syndrome (provided PEC of an account is covered on the first year)	Up to MBL
5	Slipped disc, scoliosis, spondylosis, spinal stenosis and kyphosis (provided PEC of an account is covered on the first year)	Up to aggregate limit of P20,000 per member per year or MBL whichever is less
6	Chronic Dermatoses	Consultations only
7	Hepatitis B if acquired (except vaccines and screening)	Up to MBL
8	<p>Minimum Membership Requirement: Should the number of enrolled principal members fall below the minimum membership requirement of 50, the client shall pay for membership fees corresponding to 50 principal members until such time that the client meet the minimum membership requirement. In case where a cancelled member shall make the total number of members below the minimum membership requirement of 50 principal members, Pacific Cross shall not refund the membership fee for such cancelled member. New enrollees intended to replace any principal member dropped from the enrollee base of 50 principal members or any addition thereto shall be treated separately and billed accordingly on a pro-rated basis.</p>	Minimum of 50 principal members

GENERAL EXCLUSIONS AND LIMITATIONS

The following General Exclusions are part of the standard BC Flexi Access Agreement. **Unless exceptions to the General Exclusions** are made under the Schedule of Benefits, this proposal shall not cover the following:

1. Services obtained from non-accredited doctors and/or in a non-accredited healthcare facility except in emergencies wherein the Emergency Provision of this Agreement shall apply;
2. Benefits covered by Philhealth and all other government funded healthcare entitlements as provided for by law;
3. Confinement required wholly for executive check-ups, routine medical examinations or check-ups or confinement purely for diagnostic purposes, hearing test or any service and treatment deemed to be by the Company as unnecessary to the physical and mental conditions involved;
4. Expenses due to vaccination except the first dose of anti-rabies, anti-tetanus and anti-venom;
5. Expenses for marriage, family and dietary counseling except if the dietary counseling by a dietician is incidental during confinement and unless provided for in the Schedule of Benefits;
6. Expenses for private health care provided by all allied health workers and private duty nurse;
7. Expenses for blood donor and Hepatitis B screening;
8. Screening and treatment of congenital, heredo-familial, developmental abnormalities, birth defect and complications arising therefrom unless provided for in the Schedule of Benefits;
9. Screening and treatments for sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) and Erectile Dysfunction Syndrome (EDS) and all complications arising therefrom;
10. Expenses for chronic dermatologic condition unless provided for in the Schedule of Benefits;
11. Expenses for weight treatment and management including its sequelae;
12. Screening and treatment for error of refraction, laser or eye surgery to correct refractive error;
13. Cosmetic surgery or any cosmetic related complications, eye glasses or contact lenses, hearing aids and prescriptions thereof except as may be required for reconstructive surgery necessitated by Illness or Injury or Accident wholly occurring during the Coverage Period;
14. Dental care and treatment, except when necessitated by Injuries wholly occurring during the Coverage Period and unless provided for in the Schedule of Benefits;
15. Dental treatment, braces, dental appliances and dental implant;
16. Any form of artificial implant, permanent or otherwise, durable medical equipment, graft, prosthetic devices, corrective devices other than artificial limb;
17. Expenses incurred for surgery pertaining to perineal repair, sex transformation and enhancement, circumcision and any condition arising therefrom;
18. Expenses incurred from surgical, mechanical or chemical contraceptive methods of birth control or screening and/or treatment pertaining to infertility such as but not limited to sterilization, hormone treatment, artificial insemination, in vitro fertilization or embryo transfer and any procedures and conditions arising therefrom ;
19. Pregnancy related expenses and screening and other related expenses, prenatal or postnatal care as well as nursing care for a newborn child unless provided for in the Schedule of Benefits;
20. Childbirth, surgical delivery, miscarriage and abortion including their complications unless provided for in the Schedule of Benefits;
21. Expenses for outpatient Medicines; take home Medicines, Professional Fees, procedures and supplies for the continuing phase of treatment after discharge from Hospital confinement unless specifically provided for in the out-patient benefit of the Schedule of Benefits;
22. Food supplement; care or treatment by herbalist, bonesetter, hypnotherapist, physiotherapist, chiropractor, acupuncturists or any experimental medical procedure or treatment not yet acceptable as a standard of practice unless specifically provided for in the Schedule of Benefits;
23. Organ transplantation including follow-up treatment and sequelae whether it is part of an organ or the whole organ itself for donor or recipients and physical rehabilitation;

24. Medical expenses or surgical procedures that are not accepted as standard expenses/procedures by the medical profession or treatments subsequent to refusal or failure by a Member to follow recommended therapeutic procedures.
25. Psychotic, mental or nervous or anxiety disorders, degenerative brain disorders including any neuroses and their physiological or psychosomatic manifestations;
26. Auto-immune conditions and their complications arising thereof and the use of immunoglobulin and other forms of immunotherapy unless provided for in the Schedule of Benefits;
27. Expenses for harvesting and storage of stem cells when it is carried out as a preventive measure against future possible disease or illness;
28. All expenses related to cryopreservation;
29. Experimental medical procedures, chelation and laser treatment for non-established medication or various medical conditions except those that are approved by the Company;
30. Pre-Existing conditions including their complications regardless of status unless such have been declared to the Company and have been included for cover by an Endorsement;
31. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Subscriber or Member;
32. Professional fees charged by a member of the Member's immediate family or by a person normally resident in the household of the Member;
33. All hospital charges and professional fees incurred after the day and time the hospital discharge has been duly authorized;
34. Expenses which are in excess of normal, usual and customary charges for the geographical area as determined by the Company in consultation with reputable medical practitioners and institutions located in the geographical area;
35. Expenses incurred in rest cures, convalescent, intermediate, domiciliary and custodial or palliative and hospice care;
36. Injury or illness arising directly or indirectly out of an excessive consumption of alcohol, misuse, abuse or irrational use of drugs/medication, solvent/substance or any addicting and habit forming drug which causes complications that will require treatment or medical intervention. Excessive consumption of alcohol is characterized by the Member's alcohol level equal to or superior to the normal rate of such alcohol test;
37. Treatments or services arising from suicide, attempted suicide or intentionally self-inflicted injury;
38. Active duty in the military, naval or air forces of any country or International Authority;
39. Natural Catastrophes; Injuries or illness arising out of epidemics including military or paramilitary epidemics which are declared by department of health or any local, regional or international agency or organization authorized to address health issues in the local and national geographical area or country;
40. Professional fees of medico – legal officer;
41. Charges incurred for provision of all certificates, documentations, information and other pieces of evidence required by the Company including the translation cost of such evidences if other than English in support of an application or claim for benefits;
42. Additional Room and Board charges arising from the Member occupying Hospital accommodation more expensive than that specified in the Schedule of Benefits, extra bed, personal comfort items and other non-medical supplies;
43. Communication and transportation expenses other than medically necessary local ambulance or transportation services and telecommunications as approved by the Company;
44. Injury, or disease arising out of duties of employment or profession with physical hazard;
45. Assault or fighting provoked by the Member, and any participation in an illegal and unlawful activity or deliberate exposure to exceptional danger except in an effort to save human life;
46. Ionizing radiations or contamination by radioactivity from any sources like nuclear power plant leaks, nuclear waste from process of nuclear fission, or from any nuclear weapon material;
47. Participating in (but not limited to) the following activities including the practice and actual competition: Auto racing, professional sports, contact sports, winter sports except recreational skiing within authorized tracks, racing other than foot racing, motorcycling (except daily use for transportation on the paved road), dressage, skydiving, parasailing, hang gliding, flying (other than as a fare paying passenger on a duly licensed commercial aircraft), caving, rock or mountain climbing (with or without the use of ropes or other equipment), bungee jumping, polo, steeplechasing, hitchhiking non-recreational diving or sport diving, recreational scuba diving to a sea depth greater than thirty (30) meters, recreational scuba diving by a non-NAUI or non-PADI certified divers who is diving without the supervision of a NAUI or PADI approved dive master or instructor to a sea depth up to thirty (30) meters, or any hazardous activity, unless declared to and accepted by the Company and except for deliberate exposure to exceptional danger not including in an effort to save human life.

BC FLEXI ACCESS PROPOSAL FOR:

<COMPANY NAME>

MINIMUM NO. OF ENROLLEES: regular employees
 dependents

EXPIRING INSURANCE / HMO:

SCHEDULE OF PROPOSED FEES

OPTION I - NETWORK ACCESS TO ALL ACCREDITED HOSPITALS

Room and Board	Maximum Benefit Limit (per illness per member per year)	Annual Fee per enrollee (Inclusive of Taxes)		Semi-Annual Fee per enrollee (Inclusive of Taxes)	
		Principal	Dependent	Principal	Dependent
Small Suite	300,000	20,440	22,613	11,037.60	12,211.02
Small Suite	250,000	18,680	20,666	10,087.20	11,159.64
Small Suite	200,000	16,920	18,719	9,136.80	10,108.26
Large Private	200,000	15,830	17,513	8,548.20	9,457.02
Large Private	150,000	14,290	15,810	7,716.60	8,537.40
Regular Private	150,000	11,740	12,988	6,339.60	7,013.52
Regular Private	125,000	10,970	12,136	5,923.80	6,553.44
Regular Private	100,000	10,200	11,285	5,508.00	6,093.90
Semi-Private	100,000	8,128	8,992	4,389.12	4,855.68
Semi-Private	80,000	7,600	8,408	4,104.00	4,540.32
Semi-Private	75,000	7,468	8,262	4,032.72	4,461.48
Ward	75,000	6,989	7,732	3,774.06	4,175.28
Ward	60,000	6,659	7,367	3,595.86	3,978.18
Ward	50,000	6,439	7,124	3,477.06	3,846.96

OPTION II - NETWORK ACCESS EXCLUDING AHMC, CSMC, SLMC QC/GLOBAL, TMC

Room and Board	Maximum Benefit Limit (per illness per member per year)	Annual Fee per enrollee (Inclusive of Taxes)		Semi-Annual Fee per enrollee (Inclusive of Taxes)	
		Principal	Dependent	Principal	Dependent
Small Suite	300,000	19,418	21,482	10,485.72	11,600.28
Small Suite	250,000	17,746	19,633	9,582.84	10,601.82
Small Suite	200,000	16,074	17,783	8,679.96	9,602.82
Large Private	200,000	15,039	16,637	8,121.06	8,983.98
Large Private	150,000	13,576	15,020	7,331.04	8,110.80
Regular Private	150,000	11,153	12,339	6,022.62	6,663.06

Regular Private	125,000	10,422	11,529	5,627.88	6,225.66
Regular Private	100,000	9,690	10,721	5,232.60	5,789.34
Semi-Private	100,000	7,722	8,542	4,169.88	4,612.68
Semi-Private	80,000	7,220	7,988	3,898.80	4,313.52
Semi-Private	75,000	7,095	7,849	3,831.30	4,238.46
Ward	75,000	6,640	7,345	3,585.60	3,966.30
Ward	60,000	6,326	6,999	3,416.04	3,779.46
Ward	50,000	6,117	6,768	3,303.18	3,654.72

Legend: AHMC - Asian Hospital and Medical Center, CSMC - Cardinal Santos Medical Center, SLMC QC/Global - St. Luke's Medical Center Quezon City / Global City, TMC - The Medical City

OPTION III - NETWORK ACCESS TO ACCREDITED HOSPITALS AND CLINICS IN CENTRAL AND NORTH LUZON ONLY

Room and Board	Maximum Benefit Limit (per illness per member per year)	Annual Fee per enrollee (Inclusive of Taxes)		Semi-Annual Fee per enrollee (Inclusive of Taxes)	
		Principal	Dependent	Principal	Dependent
Small Suite	300,000	17,374	19,221	9,381.96	10,379.34
Small Suite	250,000	15,878	17,566	8,574.12	9,485.64
Small Suite	200,000	14,382	15,911	7,766.28	8,591.94
Large Private	200,000	13,456	14,886	7,266.24	8,038.44
Large Private	150,000	12,147	13,439	6,559.38	7,257.06
Regular Private	150,000	9,979	11,040	5,388.66	5,961.60
Regular Private	125,000	9,325	10,316	5,035.50	5,570.64
Regular Private	100,000	8,670	9,592	4,681.80	5,179.68
Semi-Private	100,000	6,909	7,643	3,730.86	4,127.22
Semi-Private	80,000	6,460	7,147	3,488.40	3,859.38
Semi-Private	75,000	6,348	7,023	3,427.92	3,792.42
Ward	75,000	5,941	6,572	3,208.14	3,548.88
Ward	60,000	5,660	6,262	3,056.40	3,381.48
Ward	50,000	5,473	6,055	2,955.42	3,269.70

OPTION IV - NETWORK ACCESS TO ACCREDITED HOSPITALS AND CLINICS IN VISAYAS AND MINDANAO ONLY

Room and Board	Maximum Benefit Limit (per illness per member per year)	Annual Fee per enrollee (Inclusive of Taxes)		Semi-Annual Fee per enrollee (Inclusive of Taxes)	
		Principal	Dependent	Principal	Dependent
Small Suite	300,000	16,352	18,090	8,830.08	9,768.60
Small Suite	250,000	14,944	16,533	8,069.76	8,927.82
Small Suite	200,000	13,536	14,975	7,309.44	8,086.50
Large Private	200,000	12,664	14,010	6,838.56	7,565.40
Large Private	150,000	11,432	12,648	6,173.28	6,829.92
Regular Private	150,000	9,392	10,390	5,071.68	5,610.60
Regular Private	125,000	8,776	9,709	4,739.04	5,242.86
Regular Private	100,000	8,160	9,028	4,406.40	4,875.12
Semi-Private	100,000	6,502	7,194	3,511.08	3,884.76
Semi-Private	80,000	6,080	6,726	3,283.20	3,632.04
Semi-Private	75,000	5,974	6,610	3,225.96	3,569.40
Ward	75,000	5,591	6,186	3,019.14	3,340.44
Ward	60,000	5,327	5,894	2,876.58	3,182.76
Ward	50,000	5,151	5,699	2,781.54	3,077.46

- Above fees are inclusive of taxes (12% VAT and 0.20% municipal tax)

- Non-PhilHealth members (e.g. foreigners, parents below 60 and unemployed, etc.) – **P3,600** annual fee per enrollee (must be paid together with the initial subscription fees and declared upon enrollment, otherwise member must pay the corresponding PhilHealth portion of the hospital bill and professional fees; additional fee is not pro-ratable and not refundable)
- Access Fee - P175 per enrollee (annual mode only)
- Maximum Benefit Limit (MBL) - The aggregate limit of all benefits covered under this proposal and applicable on a per illness per member per contract year basis. The MBL shall include all covered expenses incurred in undergoing the treatment for an illness or injury, inclusive of Philhealth benefits. Any expense in excess of the MBL and inner limit of the plan shall be for the account of the member. Any illness or injury related to the root cause shall share the same MBL. The MBL is reset upon renewal of the contract but not during extension of coverage, if applicable.
- **If account will have coverage for dependents, participation requirement for dependents should be satisfied (refer to Section XII of this proposal).**

OPTIONAL / ADDITIONAL FEES (NOT INCLUSIVE TO THE ABOVE FEES) :

<input type="checkbox"/>	Standard Dental	300.00	per enrollee (annual mode only)
<input type="checkbox"/>	Extended Dental	565.00	per enrollee (annual mode only)
<input type="checkbox"/>	Financial Assistance	122.30	per principal enrollee (annual mode only)

IMPORTANT NOTICE:

1. This quotation is valid for 30 days from date of this proposal or until a new proposal is released. A new proposal automatically supersedes the prior proposal. An updated quotation should be secured which shall supersede this proposal if no confirmation is received on or before the validity date. Any modification in this proposal must be acknowledged and consented in writing by Pacific Cross. **All amounts and subscription fees are in Philippine Peso.**
2. This proposal, its terms and conditions are based on the information submitted to Pacific Cross for quotation purposes. Any deviation or amendments to these terms and conditions will invalidate this proposal and revised terms will be issued. All material facts (e.g. previous HMO provider, participation requirement, pre-existing conditions, etc.) that may affect our assessment and consideration of an application should be declared. Failure to declare such material facts may invalidate cover under a group plan. If in doubt whether a fact is material then it should be disclosed.
3. Pacific Cross reserves the right to change the fees upon receipt of the final and actual number of enrollees with age profile and utilization report from expiring HMO contract, if any. If account is a previous client of Pacific Cross, approval will be based on the review of previous utilization with Pacific Cross. Any significant change in the profile and/or decrease in the number of enrollees shall require re-computation of fees.
4. Account must have employer-employee relationship and should be duly registered with SEC / DTI.
5. Ward room & board is not applicable for less than 20 principal enrollees.
6. Room & board / plan benefits of principal enrollees must follow a uniform category (same across all employees of the same rank / position) pre-established by the client prior to effective date. Highest ranking employee should get highest plan, second ranking gets the second highest plan and so on (e.g. Executives at Suite room, Managers at Private, Rank & File at Ward).
7. Optional Fees/Benefits should be on a uniform basis. It may differ by membership type only (e.g. Employees only, Employees and Spouse dependents only)
8. There shall be only one effective / expiry date for the whole account.
9. **Full payment of subscription fees is due and payable on or before the effective date. It is a condition precedent to coverage and the subsequent rendering of services. Members are eligible for benefits only if subscription fees have been paid prior to availment of such benefits.**
10. Changes in plan are not allowed within the subscription period.
11. Only newly regularized employees will be accepted as additional enrollees within the subscription year, subject to pro-rated fees.
12. Qualifying period of 30 days is waived.
13. Submission of individual application forms is waived.
14. Please submit the following **REQUIREMENTS FOR ENROLLMENT** prior to effective date (Pacific Cross may request for additional requirements when deemed necessary):
 - This proposal with signature/s on the conforme sheet
 - Securities and Exchange Commission (SEC) Certificate of Registration and Articles of Incorporation for Corporation and Partnership / DTI Certificate for Sole Proprietorship or Cooperative Developing Authority (CDA) Certificate of Registration for Cooperative
 - Latest General Information Sheet
 - Secretary's Certificate designating its authorized signatory and declaring solvency

- If application form is waived, standard Pacific Cross corporate enrollment template in excel file containing all information of enrollees which should be accomplished by your employees / company (found at the last page of this proposal)
 - Certification from client's HR if account is contributory
 - Employer's application form to be filled out by the owner or authorized signatory of the company. If owner is not the signatory, appointment letter to authorize the signatory / contact person is required.
 - Photocopy of valid ID with signature of corporate secretary and authorized signatory
 - If company is VAT-exempt or zero-rated, please furnish us with the following documents for the application of the VAT-exempt or zero-rated fees: (1) PEZA registration, (2) BIR registration and (3) Certificate of VAT exemption (if applicable)
15. ID cards will only be released upon completion of underwriting requirements and full settlement of first modal payment. If the card is lost or destroyed, Pacific Cross may issue a replacement after receiving an affidavit of loss and after the payment to Pacific Cross of the replacement fee of P175 per card.
 16. Members entitled to a particular room and board category will pay the additional costs if confined in any hospital that does not provide that room and board category, or allow confinement for members under that room and board category.
 17. All other terms are assumed to be based on Pacific Cross standard provisions.

SAMPLE