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"When you Think about Insurance, always Think... Investopinoy"

A WORLDWIDE MEDICAL DOLLAR PLAN THAT GIVES YOU COMPLETE FREEDOM OF CHOICE FOR THE BEST MEDICAL CARE

Blue Royale

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.

PACIFIC CROSS

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 one of the most comprehensive range of medical insurance benefits available in the Philippines. It offers you freedom of choice to select the best medical treatment, anywhere in the world. Blue Royale provides an impressive coverage limit of USD2,000,000 each year. You are also assured of swift reimbursement of eligible charges.

BLUE ROYALE

A Product of Pacific Cross Insurance, Inc.

- Your choice of hospital, clinic, pharmacy and doctor... WORLDWIDE!
- Maximum coverage of up to USD2,000,000
- All-inclusive Core Benefits with coverage for both your medical and travel insurance needs
- Swift reimbursement of eligible charges or no-cash-outlay medical treatment using our accredited hospitals
- Maternity and Childbirth Coverage
- Worldwide emergency assistance services (e.g., emergency medical evacuation, repatriation, and return of mortal remains)
- Optional coverage for Dental, Vision and Personal Accident Benefits
- Health and Travel coverage from infant up to 100 years old

Frequently Asked Questions
(For New Applicants)

Q: How do I get a Blue Royale Medical Insurance Plan?

A: You can get in touch with our Sales Representatives through telephone number +63 2 8230-8511 or e-mail info@pacificcross.com.ph. Our Account Executives will be more than happy to answer your questions or give you a free presentation online or in person, whichever you prefer.

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 our website's Web Payment, online banking or over-the-counter payments, 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 any disability which existed before the commencement of cover as it presented signs or symptoms which you were aware or should reasonably have been aware of. 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. Based on your provided details and submitted medical reports, declared pre-existing conditions may be covered immediately subject to the Company's underwriting guidelines.

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

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

Q: Can I renew my Policy?

A: 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 45 days prior to each renewal.

Q: What are the exclusions for conditions that cannot be covered by this policy?

A: Certain conditions are generally excluded from being covered such as the following:

- 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
- Sexually Transmitted Diseases (STDs)
- All contraceptive methods of birth control; screening and/or treatment pertaining to infertility
- Weight treatment, management, and its complications
- Confinement wholly for routine medical examinations or check-ups

For full details, please refer to the Policy contract.

Your contract contains a provision on the Insured Person's right to Free-Look Period.

CORE BENEFITS

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	Plan A	Plan B	Plan C
MAXIMUM COVERAGE PER YEAR (aggregate limit per year)	USD500,000	USD1,000,000	USD2,000,000
IN-PATIENT BENEFITS			
Room and Board including General Nursing Care **Daily Limit for Philippine confinement** **Daily Limit for Overseas confinement**	USD300 Private Room up to USD1,000	USD600 Private Room up to USD1,500	USD850 Private Room up to USD1,500
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	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 and 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	USD30,000	As Charged	As Charged
Anesthesiologist's Fee	50% of Surgeon's Fee	As Charged	As Charged
Bariatric Surgery Procedures covers specific In-Patient Bariatric Surgery Procedures intended for weight loss and its complications (i.e., Gastric Bypass, Sleeve Gastrectomy, Adjustable Gastric Band and Biliopancreatic Diversion with Duodenal Switch) *Any out-patient medical services related to the preparation or subsequent to the surgical procedure, such as weight loss supplements or medicines are not covered.* Benefit will apply after five (5) years of continuous coverage under Blue Royale Plans A, B and C, and any renewal thereof. It will be subject to the inner limits of In-Patient/Hospitalization Benefits under a combined Lifetime Limit of	USD2,000	USD3,000	USD5,000
Private Duty Nurse when certified necessary by the Attending Physician (at home for up to 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			
• **Surgical Procedures** Cataract Extraction; *Dilation & Curettage; Excision of Mass/Tumor; Aspiration/ Excision Biopsy of Cyst/Mass; Incision & Drainage; Ingrown Toenail Surgery or Wedge Resection; Brachytherapy; Electrodessication/Electrocautery of Warts from the neck down; Colonoscopy or Gastroscopy with Excision Biopsy; Angioplasty; and other procedures as may be approved by the Company. **Coverage for Dilation and Curettage (D&C) procedure is for non-maternity related conditions only.*	Subject to the limits of the Surgical Benefits		
• **Non-Surgical Procedures** Intravenous Chemotherapy; Radiotherapy/Cobalt Therapy; Radioactive Iodine (RAI) Therapy; Colonoscopy or Gastroscopy without Biopsy; Hemodialysis; Blood Transfusion; Angiogram; and other procedures as may be approved by the Company.	Up to Maximum Coverage Limit		

	Plan A	Plan B	Plan C
OUT-PATIENT BENEFITS			
Major Out-Patient Care	As Charged	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* **Physiotherapist or Chiropractor** *necessary for the treatment of a covered disability* **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*	up to 90 days immediately after hospitalization *(i.e., available only as a Post-Hospitalization Follow-Up Care Benefit)*	*(with or without prior hospitalization)*	*(with or without prior hospitalization)*
Supplementary Out-Patient Care	Pacific Cross pays 80% up to a limit per year of USD2,500 *(via Reimbursement only)*	Major Out-Patient Care will apply	Major Out-Patient Care will apply
covering Out-Patient availments not requiring prior hospitalization or not related to a medical condition where the 90 days Post-Hospitalization Follow-Up Care Benefit is applicable. Also covers Out-Patient availments incurred beyond 90 days after hospitalization for a covered condition. Supplementary Out-Patient Care shall be limited to the following services and treatments: **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* **Physiotherapist or Chiropractor** *necessary for the treatment of a covered disability* **Prescribed Medicines** *covers Out-Patient medicines for maintenance drugs procured from a recognized pharmacy, including herbal and Chinese medicines, hormone supplements/replacement therapy necessary for the treatment of a covered disability,* ***excluding*** *vitamins and supplements* **Diagnostic, X-rays and Laboratory tests** *necessary for the treatment of a covered disability* **Pre-natal and Post-natal Consultations** *excluding laboratory procedures/examinations, medicines, and vaccinations*			
Other Alternative Treatments	USD1,500	USD3,000	USD3,000
Homeopathy, Osteopathic Manipulative Therapy (OMT), Bonesetter, Iridology and any medication prescribed by the mentioned alternative treatments to a limit per year of			
Executive Check-Up (ECU) Package and Vaccinations*	USD200	USD500	USD600
Available to each Insured Person starting on his/her second year with Pacific Cross, provided that he/she has any of the Blue Royale Plans (A, B, or C) the preceding year and is covered under Blue Royale Plan A, B, or C upon Policy renewal. Covers Out-Patient ECU Package and Vaccinations availed of at any hospital or any clinic. Aggregate limit per year of up to **This benefit may be availed of after full payment of annual premium or after full payment of both semi-annual premiums.* **For Group accounts, this benefit is subject to underwriting guidelines.*			
EMERGENCY BENEFITS			
Emergency Out-Patient Treatment	As Charged	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	As Charged	As Charged	As Charged
due to a covered accident			
Emergency Local Ambulance Service	As Charged	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.			

	Plan A	Plan B	Plan C
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	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 policyholder 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 • **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 five (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. • **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.	Included	Included	Included
***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** 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		
ORGAN TRANSPLANT fees for kidney, heart, liver, lungs, and bone marrow transplants (as approved by Pacific Cross) including follow-up treatment and sequelae. Coverage is subject to the inner limits of In-Patient, Emergency Out-Patient and Out-Patient Benefits	Included	Included	Included
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 a lifetime limit of	USD7,000	USD13,000	USD13,000
AIDS/HIV benefit will apply after five (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	USD25,000	USD100,000	USD100,000
CONGENITAL CONDITIONS for the treatment of congenital, heredo-familial, developmental abnormalities, birth defect. Benefit will apply after five (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 lifetime limit of	USD1,000	USD2,000	USD2,000
MATERNITY BENEFIT all inclusive limit per pregnancy for pre-natal and post-natal care, normal delivery, surgical delivery, miscarriage, threatened and therapeutic abortion, complications of pregnancy including re-hospitalization and nursery for the newborn up to seven (7) days including infant formula, room-in cost and newborn screening (excluding Pediatrician's Professional Fee, screening and treatment for congenital conditions and vaccinations). Benefits are subject to waiting periods as fully indicated in the Policy (12 months for post-natal care, normal, and surgical delivery; 90 days for miscarriage, threatened and therapeutic abortions)	Not Available	USD5,000	USD6,000

	Plan A	Plan B	Plan C
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 six (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.	USD5,000	USD5,000	USD5,000
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	USD500	USD1,000	USD1,000
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	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 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.	Included	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	As Charged
COVID-19 Vaccine reimbursement for vaccine acquisition and administration availed of overseas or within the Philippines up to a per year limit of	USD100	USD250	USD300
TRAVEL+ BENEFITS ***Included in Core Benefits***	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		
Land Vehicle Rental Excess Protection Reimbursement of excess or deductible of the rented land vehicle insurance, in case the rented land vehicle was damaged due to collision, fire, external explosion, self-ignition or lightning.	**USD1,000**	**USD1,000**	**USD1,000**
Land Vehicle Rental Return Reimbursement for the penalties and charges related to the late return of the rented land vehicle.	**USD500**	**USD500**	**USD500**
Baggage Delay Lump sum cash benefit if accompanying baggage was delayed, misdirected or temporarily misplaced.			
minimum of six (6) hours	**USD200**	**USD200**	**USD200**
after 48 hours	**USD200**	**USD200**	**USD200**
Loss or Damage to Baggage & Personal Effects Reimbursement for loss or damage to baggage, clothing, prescribed medicines, bags, footwear and other personal effects.	**USD3,000**	**USD3,000**	**USD3,000**
per item, pair or set limit	USD150	USD150	USD150
Loss or Damage to Sporting Equipment Benefit payment for loss, theft or damage to select sporting equipment.	**USD600**	**USD600**	**USD600**
per item, pair or set limit	USD150	USD150	USD150
Loss of Gadget(s) Reimbursement for loss of laptop, tablet and/or mobile phone.	**USD1,000**	**USD1,000**	**USD1,000**

	Plan A	Plan B	Plan C
Theft of Cash Reimbursement of the equivalent amount of stolen cash while being physically carried on by the Insured Person during the Period of Insurance.	**USD300**	**USD300**	**USD300**
Loss of Travel Documents Reimbursement for the cost of replacement of lost passport, re-issuance of tickets, and expenses necessary in obtaining such replacements. *travel and unplanned accommodation (max. of 2 days)*	**USD3,000** USD110	**USD3,000** USD110	**USD3,000** USD110
Mobile Phone Charges Reimbursement for mobile phone charges incurred for contacting the Pacific Cross hotline or designated assistance provider.	**USD100**	**USD100**	**USD100**
Trip Cancellation Reimbursement for the non-refundable portion of travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip which you have not pursued yet. *if due to sudden acts of terrorism*	**USD4,000** USD2,000	**USD4,000** USD2,000	**USD4,000** USD2,000
Trip Cancellation for Any Reason Reimbursement for portions of the payments made in advance for unused trip arrangements, travel agency and/or tour operator fees, or cost for frequent traveler points which were abandoned due to reasons not covered under the Trip Cancellation benefit, subject to limitations and terms of the Policy.	**USD2,800**	**USD2,800**	**USD2,800**
Trip Termination Reimbursement for the non-refundable portion of the travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip which you have pursued but decided to terminate in the middle of the trip. *if due to sudden acts of terrorism*	**USD4,000** USD2,000	**USD4,000** USD2,000	**USD4,000** USD2,000
Staff Replacement (For Business Trip Only) Reimbursement for economy round-trip common carrier transportation and reasonable accommodation expenses incurred to send one (1) alternative staff to take over the Insured Person's planned business journey.	**USD3,000**	**USD3,000**	**USD3,000**
Flight Delay A lump sum cash benefit for a minimum of six (6) hours delay as a result of flight delay in a bus line, shipping line, airline or rail transit. *minimum of six (6) hours* *after 48 hours*	 **USD200** **USD200**	 **USD200** **USD200**	 **USD200** **USD200**
Missed Connecting Flight A lump sum cash benefit per six (6) consecutive hours for maximum of 96 hours (maximum of 16 payments) in the event of a missed connecting flight due to the late arrival of the incoming flight.	**USD200**	**USD200**	**USD200**
Strikes or Hijack Daily allowance for each full day up to 10 days that the traveler is delayed from reaching the scheduled destination for a minimum of 12 hours.	**USD200**	**USD200**	**USD200**
Alternative Means of Transportation Reimbursement for the cost of new flight and related fare expenses incurred for the use of alternative onward public transportation.	**USD400**	**USD400**	**USD400**
Trip Postponement Reimbursement for the non-refundable portion of travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip which was postponed with more than 24 hours waiting time.	**USD300**	**USD300**	**USD300**

OPTIONAL BENEFITS

	Plan A	Plan B	Plan C
PERSONAL ACCIDENT BENEFIT includes coverage for death, dismemberment, as well as total and permanent disablement caused directly and solely by accident *Covers new policyholder age 16 to 60. Renewable until age 65.*	Coverage is available as an option; from USD100,000 toUSD500,000. <u>Rates for Class 1 (Standard Risk) Occupation</u> = USD1.32 per USD1,000		
VISION BENEFIT pays 80% of eye exams and prescription lenses* via reimbursement, annual limit of **prescribed contact lens, eyeglass lens/frames as prescribed by either an Optometrist or Ophthalmologist*	not available	USD700 available for groups of 21 members or more	USD700 (Included in Core Benefits)
DENTAL BENEFIT pays 80% of charges via reimbursement, annual limit of	1st Year: USD1,000 2nd Year Onwards: USD2,000	1st Year: USD1,000 2nd Year Onwards: USD2,000	1st Year: USD1,000 2nd Year Onwards: USD2,000 (Included in Core Benefits)

The following 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 (1 treatment per year)
- Amalgam Filling (per surface)
- Anterior Fillings (per surface)
- Root Canal Filling
- Simple Extraction
- Pits & Fissure Sealant (1 treatment per year only)
- Dental X-rays and Diagnostics
- Medications necessary and directly related to the dental treatment (i.e., pain reliever, antibiotics, disinfectant and antiseptic)

The following 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

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ANNUAL PREMIUMS (in USD)

As of 1 October 2023

CORE BENEFITS

AGE GROUP	PLAN A with Travel+	PLAN B with Travel+	*PLAN C with Travel+
0 - 3	1,575	1,890	2,361
4 - 18	1,646	2,001	2,909
19 - 25	1,676	2,698	3,346
26 - 30	1,844	3,382	4,232
31 - 35	1,981	3,707	4,533
36 - 40	2,168	4,064	4,810
41 - 45	2,602	4,378	5,008
46 - 50	2,778	4,689	5,263
51 - 55	3,156	4,907	5,468
56 - 60	3,355	5,359	5,952
61 - 65	3,620	6,204	6,912
66	3,833	8,563	9,463
67	4,040	9,215	10,148
68	4,250	9,792	10,754
69	4,460	10,379	11,370
70	4,669	10,974	11,995
71	4,857	11,849	12,914
72	5,308	12,957	14,077
73	5,705	13,929	15,098
74	5,985	14,623	15,826
75	6,270	15,317	16,555
76 - 80	7,823	19,080	20,506
81 - 85	10,679	25,707	27,465
86 - 90	13,426	32,534	34,633
91 - 95	18,905	45,456	48,201
96 - 100	26,385	56,466	59,762

**Dental and Vision benefits are already included.*

Premiums are inclusive of all applicable taxes.

The Documentary Stamp Tax (DST - USD 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, then add the premium for any applicable optional benefits.

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.

DENTAL BENEFITS

(Optional Benefit available to Blue Royale Plans A and B)

AGE GROUP	PLAN A and B
0 - 3 years old	USD310
4 - 100 years old	634

VISION BENEFITS

(Optional Benefit available to Blue Royale Plan B)

AGE GROUP	PLAN B
0 - 100 years old	USD165

Available to groups of 21 members or more, who **all** opt to add this benefit (No exception).

DISCOUNT OPTIONS

	Plan A	Plan B	Plan C
USD1,000 Deductible Option	15% Discount	Not available	Not available
USD2,500 Deductible Option	30% Discount	18% Discount	18% Discount
USD5,000 Deductible Option	40% Discount	24% Discount	24% Discount
Treatment Area Limitation	25% Discount	25% Discount	25% Discount

Notes for Discount Options:

1. The percentage discounts are not applicable to Optional Benefits.

2. Deductibles are computed on a per annum basis and applied to the following:
   a. All items stated under In-Patient Benefits
   b. In-Patient availments for Organ Transplant, Mental and Nervous Disorder, Congenital Conditions and HIV/AIDS
   c. All items stated under Major Out-Patient Care (available as 90 days Post Hospitalization Follow-Up Care Benefit) of Blue Royale Plan A

3. 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.