



## Key Facts

### Preferred Care Summary

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This summary does not contain the full terms and conditions of your Preferred Care Insurance Policy. Please refer to the policy schedule and policy wording document for full details. The Preferred Care Policy is underwritten by Indemnity Insurance Company of North America, a member of the ACE Group of Companies, 1601 Chestnut Street, Philadelphia, PA 19103, USA acting through the US Virgin Islands. NAIC number: 43575.

#### Scope

The Policy covers costs of PGH Care Management Services, direct medical costs, and travel and accommodation expenses for critical illness treatment in participating hospitals in the United States (US).

The critical illness treatments (further specified in the Benefits section of your policy) are as follows:

#### Cardiac (Heart) Surgery to:

- Correct narrowed or blocked coronary arteries by means of bypass grafts; or
- Correct valvular abnormalities

**Interventional Cardiology Procedures** to correct narrowing of two or more coronary

arteries by means of dilating or opening the vessels (coronary angioplasty).

**Major Vascular Procedures** to repair one or more of the aorta, carotid, iliac, femoral and cerebral arteries.

**Cancer Treatment** for all forms of cancer except non-invasive skin cancer and cancer in the presence of Human Immunodeficiency Virus (HIV).

**Intracranial Neurosurgical Procedures** performed to remove a tumor or to repair an intracranial blood vessel. Procedures performed for conditions related to trauma or injuries are excluded.

**Major Organ Transplants**, from a living donor, of the lung, liver, kidney, pancreas or bone marrow.



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### Significant Features and Benefits

#### Diagnostic Verification and Treatment Planning Service:

Once all necessary information is received by PGH, including your complete medical file, a US specialist will review your case and confirm or correct your diagnosis and present treatment options.

#### PGH's Proprietary Professional Advisory and Support Service:

PGH assigns a team to enable the patient to gain control of the path to the best outcome. The PGH team is headed by a Personal Care Manager who will assist the patient throughout a Treatment Episode.

#### All Covered Medical Treatments undertaken in the US together with associated Travel and Accommodation Expenses:

Up to US \$2,000,000 per policy year.

#### Travel and Accommodation Expenses Sub-Limit:

Up to US \$20,000 for a covered person and a companion per episode of treatment.

Subject to a maximum accommodation of USD300 per day.

#### Transplantation Sub-Limits:

Up to US \$8,000 for a covered person and a companion per pre-transplant evaluation.

Subject to a maximum accommodation limit of USD 300 per day.

#### Participating hospitals:

Treatment at a top 1% US hospital, evaluated by independent third parties. The treating hospital is selected by PGH based upon its specialization ranking, outcome success rate and its record of working interactively with the PGH process. Patients' preferences will be considered.

### Eligibility Requirements:

#### Individuals

- To join new applicants must be over the age of 1 and under the age of 75\* and not be a resident of the United States of America, the US Virgin Islands or Puerto Rico (defined as being domiciled for more than 183 days).

\* Covered members reaching age 75 may renew up to age 99.

- Coverage for an insured child ends when the child reaches the age of 27, or sooner if he/she lives independently and is no longer formally dependent on the Policyholder.

#### Groups

- Minimum group size 10 lives, minimum participation 60%.

### Significant Exclusions:

(See Eligibility, Exclusions & Definition sections in your policy wording).

1. The policy does not cover treatment costs or services in the member's home country or at any other location than participating hospitals in the USA.
2. This policy excludes costs of the following:
  - a. Costs incurred as the result of active participation by the covered person in armed conflict, civil war, rebellion, terrorism, domestic unrest, riot or mutiny;
  - b. Costs incurred that are associated with or resulting from nuclear reactions or the products thereof, unless this is a consequence of a medical treatment;
  - c. Treatments which are experimental or investigative, unless specifically approved in advance;
  - d. Costs incurred to treat an illness or condition that is related to or caused by



## Preferred Care Key Facts

- e. the covered person's attempt to commit or participate in a felony, or attempted suicide;
- e. Costs incurred for complaints related to or connected with AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex);
- f. Care provided by private nurses which were requested by the covered person; and
- g. Treatments provided solely as physiotherapy and/or occupational therapy, or rehabilitation of any kind; such medically necessary treatments will be covered if within an episode of treatment;
- h. Adjuvant therapies;
- i. Palliative Care and Hospice Care;
- j. Emergency Care;
- k. Pre-existing conditions and associated complications; and
- l. Cancer cases wherein the tumor was entirely removed as part of the biopsy process.

### Duration

Coverage becomes effective the first day of the month following 90 days from the application approval date, subject to prior receipt of membership fee. The policy is in force for 12 months following effective date.

Providing that the member continues to pay the annual fee and abides by the terms and conditions of the plan, the member will be invited to renew on each anniversary date of his/her policy.

### Contact Information

#### For claims, please contact:

##### **PGH Care Management Services**

Tel: +1 617 369 7920

Fax: +1 617 369 7950

Email: [CareManagement@pghworld.com](mailto:CareManagement@pghworld.com)

Address: 155 Federal Street, Suite 1000  
Boston, MA 02110, USA

#### For all other questions:

##### **Preferred Care Member Services**

Tel: +1 617 369 7900

Email: [Info@pghworld.com](mailto:Info@pghworld.com)



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