

Preferred Care
The Best Outcome Program



“It won’t happen to my family” is not a critical illness strategy.

The hard truth about critical illness care.

None of us likes to think about it, but facts are facts: the chances of someone in your family getting a critical illness are disturbingly high. Cancer or heart disease alone will kill half of us.

The main killers.

Many of us know someone who has suffered from a critical illness such as breast cancer, prostate cancer or childhood leukemia. The statistics are sobering. Thirty-two of every hundred men between the ages of 40 and 70 will develop a critical illness. These include cancer and serious cardiovascular disease including those needing coronary artery bypass.

Cancer alone accounts for fifteen of the thirty-two. Among women, the incidence is nearly as frightening, with one in four between the ages of 40 and 70 developing a critical illness.

Clearly, this is too serious a threat to ignore.

Source: Munich Re UK market data

If someone in your family does get one of the life threatening diseases we all fear, the effect would be devastating. That much is no surprise.

What is a surprise is the fact that the big, complex systems you turn to for help – the hospitals, national health-care systems and insurance companies – are actually not designed to maximize your chances of survival. In fact, there are incentives built into these systems that actively inhibit best practice.

Caught in the middle.

It’s not that the doctors treating you don’t care. They do. But they’re working within a system that often ties their hands. A system that is bound by complexity, cost minimization and limited quality control.

The result is that far too many people die for the wrong reasons. Reasons that have little to do with the disease itself and everything to do with the way it was treated (see the ‘Fatal Errors’ opposite).

The powerless patient.

Research studies conducted all over the world confirm what many of us have always suspected: the treatment most of us are likely to receive falls far short of the best possible care.

First diagnoses are inaccurate up to 50% of the time.

Treatment plans change significantly nine out of ten times when properly reviewed by additional experts.

These are just two steps in the extremely complex process that is critical illness care – care that can involve twenty to thirty specialists in six or seven different disciplines (from radiology to oncology to anesthesiology).

There are two major reasons for the failings of critical treatment processes:

Local thinking – when ‘the best we have here’ is presented as the best there is.

Cost-constrained thinking – when decision-makers (payers and providers) have their eye on the cost of treatment more than on the outcome.

Something gets lost in all of this complexity, fragmentation and maze of competing agendas. That something is called the patient.

“The number of tragic deaths brought about by preventable medical errors is too striking to ignore.”

The Business Roundtable Health and Retirement Task Force



Your safety net has holes.

What do you do about the fact that your family is so vulnerable to critical illness and flawed treatment?

For some people, the answer is to buy private medical insurance. This is fine for day-to-day health problems, but not for critical illness. Private medical plans have severe limitations that prevent best practice. They often require an accountant to approve a treatment that goes beyond the local norm – or they block the procedure all together for cost reasons. More importantly, private medical insurers can't ensure best practice in critical healthcare.

For others, the answer is critical illness insurance that only gives you a 'lump sum' payment when someone in your family gets one of the covered diseases.

But money alone cannot improve your chances of survival. Only best practice can do that.

Still other people consider their wealth and connections to be the best defense against a critical illness. Unfortunately, even the most influential people in the world die needlessly when treatment break-downs occur. It happens every day.

Taking the power back.

What you and your family need is a new personalized approach to critical illness. An approach that:

- Puts the patient in the power seat.
- Focuses on best outcome and removes cost constraints and local limitations from your treatment.
- Prepares for critical illness instead of reacting to it.
- Delivers a best-practice process at every step to maximize your chance of a full and fast recovery.

This proactive approach exists today and is being used by thousands of people all over the world. It's called Preferred Care and, for its members, it's supplementing the national, fragmented, cost-constrained system with a borderless, quality-focused global health system.

Fatal Errors.

The all-too-common mistakes that lead to needless death or permanent disability:

- Wrong diagnosis.
- Poor treatment planning.
- Incorrect treatment.
- Breakdown in communication between specialists.
- Sporadic quality control.
- Lack of patient involvement.
- A cost control mindset.
- Best treatment unavailable locally.
- Inexperienced treatment teams.
- No one responsible for the entire process.

It doesn't look like best practice, does it?



Introducing Preferred Care membership.

Now you're covered.

PGH is a global patient organization that was established as a result of frustrating and painful experiences with the lack of motivation by healthcare systems, both public and private, and insurance companies, in providing the best care for consumers and patients. It is dedicated to orchestrating and providing financing for the prevention and treatment of critical illness and to promoting best practice.

Preferred Care adds a new dimension and force in the critical illness treatment process. It's a membership plan that costs less than most insurance but does something that no traditional insurance can do: provide your family with the best possible chance of a full and fast recovery from the world's most life threatening illnesses.

Preferred Care membership.

- Diagnosis verification normally within 7-10 business days of receiving complete records.
- Detailed treatment options by world-leading specialist, developed with your local doctors and our National Medical Advisors.
- No treatment delays.
- Treatment at a Center of Excellence ranked among the top 1% of US hospitals.
- Travel and accommodation for two, tailored to your circumstances.
- The entire process orchestrated for best practice at every step.
- All coordinated by your Personal Care Manager, an expert in critical illness.
- Direct payment of medical bills up to USD 2 million.

By pooling our member resources, Preferred Care is able to:

– Design and orchestrate delivery of best-practice, quality-controlled recovery services.

– Access the world's best healthcare and specialists in high-volume centers of excellence – the top 1% of hospitals in the USA.

– Work with your local doctors to ensure the best diagnosis and treatment.

– Offer an innovative insurance program that funds the entire process, financed by the world's most progressive insurance companies.

Joining Preferred Care is the cost-effective complement to private health insurance and national health systems – and the only way to fill the 'critical gap' in their protection.

Preferred Care is a membership plan, and you need to join before critical illness strikes your family. By preparing now, you can substantially improve the chances of a full and fast recovery from the critical illnesses that strike so many of us.

Care Management Service.

Preferred Care is based on years of research into the causes of unnecessary death and disability after a critical illness. The result is a process that applies the principles of Total Quality Management to the complex process of critical treatment.

The process is a detailed series of events that are specific to each case, but it can be summarized in five key stages:

1. Your Personal Care Manager gets to know you.

When you report one of the critical illnesses covered, you'll be assigned a Personal Care Manager to orchestrate the entire treatment process. We describe their role more fully a bit later, but think of them as your personal treatment expert.

2. Your diagnosis is thoroughly evaluated.

Up to fifty percent of first diagnoses are inaccurate or incorrect. And, since the entire treatment process depends on the diagnosis, we start the quality control here.

Within 48 hours of receiving your complete medical records, the Personal Care Manager will involve one of the world's leading experts in

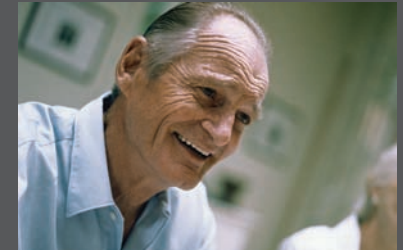
your disease to evaluate and verify your diagnosis. The expert will be one of the leading clinicians from a US Center of Excellence that sees a high volume of cases like yours. They work closely with your local doctors and our National Medical Adviser to design the best treatment for you, personally.

3. You receive your detailed treatment options.

Your verified diagnosis comes back within 7-10 business days, depending on the type of illness, with detailed treatment options, explaining the what, when and how of your treatment, from start to finish. Your Personal Care Manager, Medical Director and National Medical Advisors are all available as appropriate to take you and your local doctors through the plan and make sure you're comfortable with it. Once you're clear about the options and implications, you decide on the course of treatment.

“The impact of high volume Global Centers of Excellence and the discipline of exacting quality controls (even for simple conditions) is dramatic.”

Harvard Business School Case Study



4. *Get Treatment: at home or in the US.*

The treatment plan will give you two options: receive treatment at home; or fly to the US Center of Excellence best suited to your case (always one that is independently rated as one of the top 1% of hospitals in the US). If you choose to receive treatment locally, your own local plan (or national health service) will pay.

If you choose to travel to the specialized Center of Excellence hospital in the US, your Personal Care Manager will make all travel and accommodation arrangements and be there when you arrive to manage your care – attending meetings with doctors, getting your questions answered, seeking second opinions and ensuring your care follows best-practice principles. Your Personal Care Manager will also arrange for all medical bills to be paid directly – you’ll have no claims processes or deductibles to worry about.

The choice of whether to travel or stay at home for treatment is always yours and yours alone – no insurance company will be involved in the decision.

5. *Recover at home.*

After your treatment, the Care Management team works together to develop a recovery plan. When you’re ready to travel home, your Personal Care Manager will make all the arrangements. When you get home, your follow-up care will be discussed with your doctors to ensure that your recovery is properly managed.

The Centers of Excellence.

If you get a critical illness, the important thing is to get the best treatment, performed by the best team available. In many cases, this means looking beyond your local hospital or even the best national hospital.

Unlike most general medical insurance plans, Preferred Care is not contractually or financially tied to any hospital. Instead, we rely on the world’s most comprehensive, independent rating system – The Annual Hospital Survey conducted by US News & World Report – to select the top 1% of hospitals in the world’s biggest, best-funded medical system: the USA. From these, we select those hospitals most open to a quality-controlled, patient-involved process.

These hospitals consistently deliver the best survival and recovery rates in the world, because they have:

Specialization in your disease and treatment – performed by the best doctors in the field.

The highest volume of procedures – research proves that specialized medical teams who carry out the most procedures have the best outcomes.

The biggest research budgets – many times bigger than even the best European hospitals.

The latest technologies and procedures – so they can deliver better treatments that are simply not available elsewhere.

A ‘patient-first’ mentality – the US takes a more consumerist approach to healthcare.

We select the best hospital for each patient based on its ranking, specific success rates and its record of working interactively with the PGH process.

PGH is currently in the process of identifying centers of excellence outside the US, to include them in the program as well.

Leave no stone unturned.

It’s easy to look the other way when the subject of critical illness comes up. Preferred Care gives you a better strategy: planning ahead to ensure that your family gets the very best medical treatment that the world has to offer.

The Big Six.

Preferred Care covers the critical illness treatments that we’re all most likely to need:

- Cancer treatment.
- Heart surgery for coronary bypass, valve replacement or repair.
- Intervention to open narrowed coronary arteries.
- Neurosurgery for tumors and vascular repair.
- Major vascular surgery.
- Major organ transplants.

By specializing in the most life-threatening illnesses, Preferred Care delivers best practice where it matters the most.



Our only job is your full recovery.

The Personal Care Manager and the team behind them.

When you get a critical illness like cancer or heart disease, you're thrown into a new landscape full of unfamiliar language, complex systems and countless specialists.

What you need most is an expert who has been there before and is committed to seeing you through it, day by day. Someone to meet with you and your doctors, ask the important questions, explain the options and translate the jargon. Someone to spend time with you and your family. Someone to stand up for you.

As a member of Preferred Care, you have exactly that. They're called our Personal Care Managers and their only job is to drive all of our resources to make sure you get the best possible chance of making a full recovery.

Your personal expert.

Your Personal Care Manager works with the Center of Excellence which will design your care and, if you choose, deliver your treatment.

He or she is a specialist nurse with two kinds of extremely relevant credentials:

Disease-specific training and expertise – for example, a nurse with many years' experience and highly specialized training.

Expertise in Process Management – special training in how to manage a complex, quality-controlled process from start to finish.

The Preferred Care Program only works with specialists of the highest professional calibre and a talent for making people feel at ease.

With you every step of the way.

Your Personal Care Manager is there for you throughout the difficult, often confusing process of treatment and recovery. These are the things your Care Manager brings to your care:

Personal involvement – Getting to know you and your family to understand your needs, fears and preferences. Attending appointments to ask questions and document decisions.

Orchestration – Putting the best medical team and process together – from your local doctors to the US specialists – and helping them to work with each other.

Quality control – Making sure that every step of your treatment plan is being supervised and any complications or deviations acted on promptly.

Communication – Making sure you understand your medical team and they understand you. Asking questions on your behalf. Explaining the implications of every treatment option. Helping you be as involved as possible in your care.

Logistics – Arranging all tests, appointments, travel and accommodation.

To our Personal Care Managers, good enough is never enough. Their job is to do whatever they need to do to improve your recovery; to call in our Medical Board for validation; to refuse to give up as long as there is a chance of a better outcome.

“Changing the treatment plan can be a life-or-death issue for some people.”

Dr. George Demetri – Director of Dana Farber's sarcoma center.

“Our highly trained and experienced Personal Care Managers will get know the patient and the family very well. The Personal Care Manager's role is to educate and guide people through the complexity of the medical system while allowing them to make their own decisions”

PGH Care Management Services.



The best resources.

The Personal Care Manager is the key to the Preferred Care program, but they're far from alone in supporting our members. We've assembled a Network of Excellence that is completely dedicated to quality care and the best-practice approach to critical illness care, including:

The National Medical Advisors.

Your Personal Care Manager is supported in your country by our National Medical Advisors. Their job is to collect and review your records, communicate with your medical team and ensure everyone understands your treatment plan as it progresses.

PGH Medical Director.

The PGH Medical Director assists the Personal Care Manager in locating the most appropriate Center of Excellence, engaging the best medical specialists, collaborating with the global medical advisory network and – most importantly – has claims authority to approve all payments based on their medical judgement, regardless of cost considerations.

The PGH Medical Board.

The PGH Medical Board includes some of the world's top experts in all of the diseases we cover. The Board members have an intimate knowledge of the very latest research, technologies and procedures. When they spot an opportunity for a better approach, they make sure Preferred Care members benefit from it.

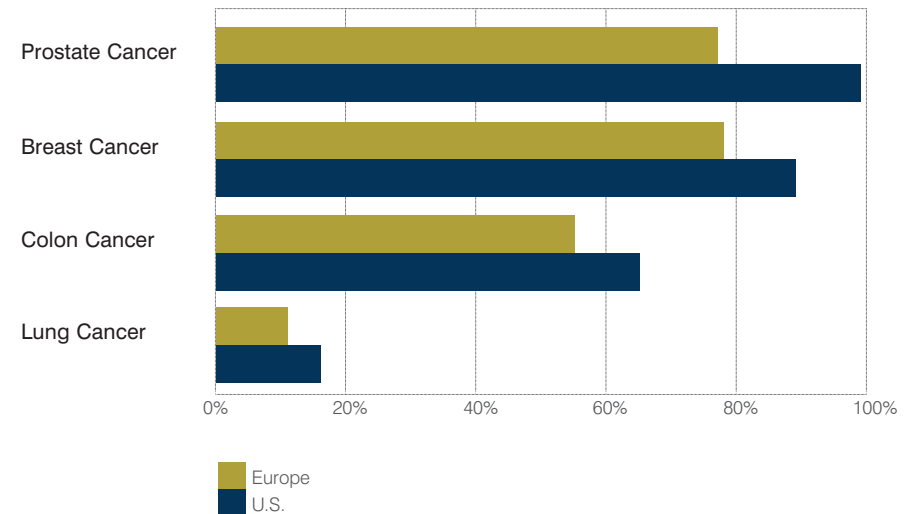
"My sincere thanks to my Care Manager, Nancy, whose professional manner, warmth and generosity were just such a tremendous help to me."

E.D. – Patient

The best recovery rates.

The difference in 5 year recovery rates between local treatment and the average US treatment can be dramatic. For example, looking only at the recovery rates for the top four types of cancer in the US versus Europe, you can see the variation:

Source: Arduino Verdecchia et al., "Recent cancer survival in Europe: a 2000-02 period analysis of EUROCORE-4 data," *Lancet Oncology*, 2007, No. 8, pages 784-796.





Cost is not a factor.

Outcome-Optimized Insurance™ takes the accountants out of treatment decisions.

The best critical illness treatment in the world is expensive. But Preferred Care is not. Because every time a new member joins, we secure a USD 2 million insurance policy as part of their member benefits.

Top 10 Biotechnology R&D Expenditures by Country.

USD millions PPP dollars

Continual research and development in biotechnology leads to advances in medical treatment. R&D expenditures by US companies far exceed that of other countries. Preferred Care leverages this R&D performed by the US biotechnology industry and provides a platform for global access.

United States	14,232
Germany (2004)	1,347
France	1,342
Canada	1,194
Denmark	727
Korea (2004)	699
Switzerland (2004)	469
Israel (2002)	251
Italy (2004)	236

Source: OECD Science, Technology and Industry: Scoreboard 2007

We call the policy Outcome-Optimized Insurance™ because, unlike traditional insurance, it's designed to finance the best care in the world (not the cheapest).

Doctors decide, not accountants.

The innovative insurers who work with Preferred Care have agreed to let the Preferred Care team and the patient make all treatment decisions. That means that decisions are made solely on medical grounds, with the best outcome in mind – not the lowest cost.

Typical private medical companies either own hospitals or have contractual ties to a list of partner hospitals. This creates an incentive to send patients where they may not belong and to deliver low-cost care instead of best-practice care.

Preferred Care has re-invented critical care insurance to let insurers do what they do best – manage risk – and doctors do what they do best: manage treatment.

Financial Security

The way insurance is supposed to be.

The last thing you need when dealing with a critical illness in the family is to worry about money. Outcome-Optimized Insurance™ means you don't have to.

We pay for all of your medical bills relevant to your episode of treatment – Up to USD 2 million per annum – there are no deductibles.

We pay directly – there are no claims forms or re-imbursment hassles. The bills come to us.

We pay for travel – up to USD 20,000 per treatment episode, including flights and accommodation for the patient and a companion.

The Quality dividend.

Total Quality Management (TQM) has been widely applied in industries that use complex processes, such as automotive and pharmaceutical manufacturing. Research has shown over and over again that a best-practice TQM process results in around 25-40% improved quality and 20-30% lower costs.

Preferred Care applies TQM to critical illness care to harvest these benefits: better outcomes from a program that costs our members less than many simple critical illness policies.

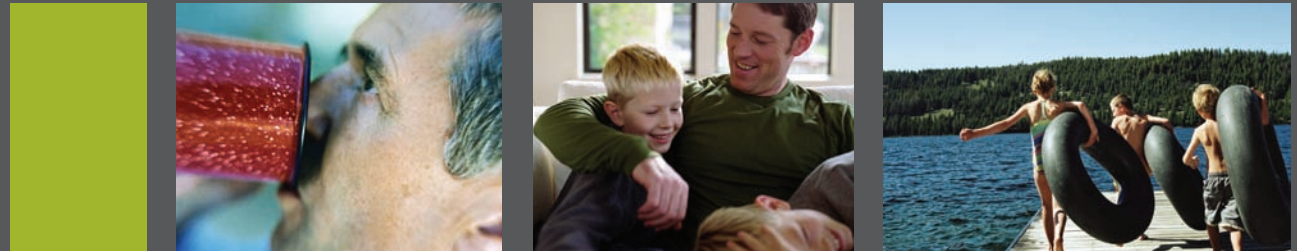
Why it's so affordable.

When people hear about Preferred Care, they always assume it will cost four to five times what it actually costs. In reality, we've kept the cost of membership (including the insurance portion) incredibly low.

We do this by approaching critical care from a completely new angle, then proving to the insurance community that the best care can also be the most cost-effective.

By following a best-practice process, our members have fewer complications, faster recoveries and a lower chance of long-term disability. This costs dramatically less than a process riddled with errors, complications and unwanted outcomes.

This logic results in very competitive insurance rates for our members. And we pass this on – because we're not in the insurance business, we're a global patient organization working for you – the patient – and no one else.



“Thank you for all the work you have done and the support you have given my family. PGH helped us to make a more informed decision of how to handle my father’s treatment – we now know we are doing everything to ensure he has the best treatment available.”

L.R. – Patient’s Son

“PGH’s persistent search for the best expertise and proactive follow-up enabled us to successfully treat a patient with a rare critical condition. Locally, the patient was considered a lost case. He is now well and symptom free.”

Dr Georg Stang – Physician, Norway

A Global Network of Excellence.

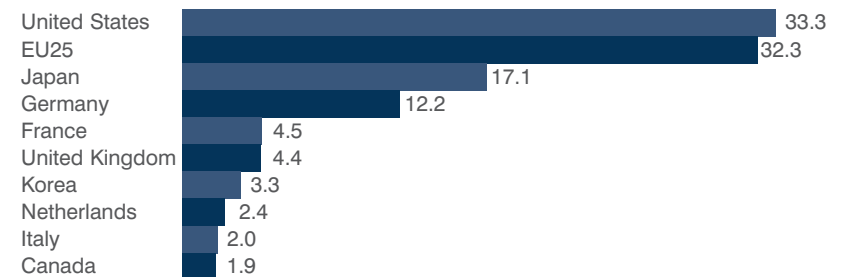
PGH has assembled a Network of Excellence across many disciplines, all dedicated to quality care and optimum outcomes. The network includes:

- Our world-renowned Medical Board.
- Certified Personal Care Managers.
- PGH Medical Director.
- National Medical Advisors.
- The Center of Excellence Hospitals.

Country share in total PCT* filings – Top 10 Countries/Regions.

Percentage share

Patents in biotechnology provide another measure of R & D activity. The US Biotechnology industry leads the world in efforts to advance medical treatment. The top US hospitals used by Preferred Care often are the first providers to benefit from such advances.



“Preferred Care is reassuring, proven and affordable.”

Morten C. Mo – Member

*Patent Co-Operative Treaty
Source: OECD Science, Technology and Industry: Scoreboard 2007



Can you think of anything more critical?

This matters.

Looking the other way is no longer a viable option. The probability that a critical illness could happen to your family is too great.

It's time to take action. To join the only program that actually gets involved to help you fight off critical illness.

This is where you'll want to be.

Here are some of the centers that are always among the top 1% of all US hospitals that Preferred Care selects from:

- Memorial Sloan Kettering Cancer Center – www.mskcc.org
- Brigham & Women's Hospital – www.brighamandwomens.org
- Massachusetts General Hospital – www.massgeneral.org
- Children's Hospital Boston – <http://web1.tch.harvard.edu>
- Mayo Clinic – www.mayoclinic.org
- Dana-Farber Cancer Institute – www.dfci.harvard.edu
- Cleveland Clinic – www.clevelandclinic.org

Many of the Centers of Excellence are affiliated with world-renowned research and educational institutions such as Harvard University and Stanford University.

Private healthcare plans don't do it. Lump sum critical illness insurance doesn't do it. Only Preferred Care does it.

The Preferred Care difference.

Preferred Care is designed to maximize our members' chance of a full and fast recovery from critical illness. It differs from any medical insurance policy and any national health service in these important ways:

- The patient is always the primary focus.
- Cost considerations are never a factor in treatment decisions.
- Treatment is never limited to what's available locally.
- The entire process is quality controlled from start to finish.

But the advantages of Preferred Care are only available to members. You must join before illness strikes.

Visit www.pghworld.com to find your local representative.

How to Join.

Becoming a Preferred Care member is easy and affordable. Just fill out an application and return it to your Preferred Care representative (contact us if you don't know yours). There are no medical examinations necessary.

Critical illness does not have to devastate your family. Consider the facts. Imagine how you would feel if you settle for 'good enough' treatment – and it turns out not to be good enough at all. Now take action. By joining the only program that lets you prepare in advance so that you can respond effectively to a critical illness and give your family the best possible chance of getting back to a normal life.

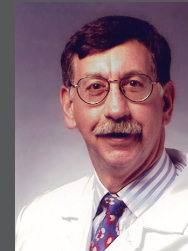
The responsibility is yours. The time to act is now.

Patients win by being proactive. PGH was established to empower them.

Paul L. Eckbo – Founder

"From the moment we arrived at the Boston airport the service was exceptional. My unfortunate situation was turned into a positive and very successful outcome because of you."

M.B. – Patient



The Medical Board.

Stephen E. Sallan, MD – Chairman
Chief of Staff and Chairman of the Medical Staff Executive Committee at Dana Farber Cancer Institute; Professor of Pediatrics at Harvard Medical School; awarded the James Carreras Prize for International Pediatrician of the Year.

Gilbert H. Mudge Jr, MD
Senior Advisor for Partners International Medical Services; Medical Director of the Cardiac Transplantation Program at Brigham and Women's Hospital; Associate Professor at Harvard Medical School; named one of the Best Doctors in Boston by Boston Magazine for five years and five times recipient of the Partners in Excellence Award.

Lawrence Nathan Shulman, MD
Chief Medical Officer, Senior Vice President for Medical Affairs, and Chief of the Division of General Oncology at Dana Farber Cancer Institute; Associate Professor of Clinical Medicine at Harvard Medical School; Harvard-Sandoz Scholar in Medicine; National and Global Principal Investigator on breast cancer trial and vaccine trial respectively.

David J. Sugarbaker, MD
Chief and Vice Chair of Thoracic Surgery at Brigham and Women's Hospital; Dana Farber Cancer Institute /Brigham and Women's Hospital Thoracic Oncology Program; Brigham Lung Transplant Program and Women's Lung Cancer Program; Richard E. Wilson, Professor of Surgical Oncology at Harvard Medical School; distinguished as one of 'America's Top Doctors' by Castle Connolly annually since 2002.

To ensure consistent application of global best practice to achieve the best medical outcome following critical illness.



About PGH

PGH is a global patient organization (GPO) established by and for health consumers and patients. PGH's mission is to maximize the likelihood of preventing and surviving critical illness and to achieve the highest quality of life for the patient. It is an organization committed to empowering patients relative to providers, insurers and the national health systems.

PGH is also dedicated to orchestrating and providing financing for diagnosis verification, treatment-planning and care treatment at the global centers of excellence.



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"By referring patients needing certain complex medical procedures to hospitals offering the best survival odds based on scientifically valid criteria - such as the number of times a hospital performs these procedures each year - research indicates that a patient's risk of dying could be reduced by more than 30%."

The Business Roundtable Health and Retirement Task Force

"There is a steep learning curve for most medical interventions. Centers that have a higher volume of cases generally report better clinical outcomes."

Gabriel M Leung – Faculty of Medicine, University of Hong Kong, BMJ 2000

"I would have ended up in the emergency room last night if Paulette (my Personal Care Manager) hadn't remembered to talk to the doctor about my blood sugar."

A.B. – Patient