

PGH Care Management Services Campaign – Terms and Conditions
(Version 1st July 2024)

1) Eligibility and Effective Dates

- i) This **PGH Care Management Service** consists of:
 - 1. Diagnosis and Verification Treatment Plan (DVTP) service which is available for Fortune Life customer being assured/protected under the Critical Illness Protect+ Rider from Sum Assured of USD 8,000 and;
 - 2. Additional Doctor-to-Doctor Dialogue (DDD) service which is available for Fortune Life customer being assured/protected under the Critical Illness Protect+ Rider from Sum Assured of USD 30,000.
- ii) The qualifying Critical Illness Protect+ has to be submitted before/on **31st August, 2024** and successfully issued by the company.
- iii) Both the DVTP and DDD services can be utilized only once per diagnosis during the life of the qualifying Critical Illness Protect+. Customer is still allowed a grace period of 90 days from the expiration of the qualifying Critical Illness Protect+ with the DDD service as long as they have initiated the DVTP service before the expiration of the qualifying Critical Illness Protect+.

2) Services:

- i) Diagnosis and Verification Treatment Plan (DVTP) will benefit the customer as below:
 - Team of Harvard-level specialists verify diagnosis or provide further diagnosis and develop treatment plan;
 - Reduces the likelihood of diagnostic error and suboptimal treatment plans;
 - Helps customer make informed decisions;
 - Personal Care Managers coordinate service and support customer throughout journey and in understanding medical language and opinions.

Eligibility for the DVTP service is as a result of a diagnosis from a qualified medical practitioner for:

- Heart Disease; or
- Cancer

- ii) Doctor to Doctor Dialogue (DDD) will benefit the customer as below:
 - A 30-minute, up to 45-minute, videoconference session, on a secure platform, between Harvard-level specialist and customer's local treating doctor;
 - Enhancement to and following completion of the DVTP;
 - A dialogue between doctors to discuss the customer's case and treatment plan, and exchange professional medical opinions;
 - The DDD session is designed as a confidential session between professionals. Doctors will employ specialist medical terminology and operate under professional confidentiality. Third parties, including the customer and the Personal Care Manager will not participate on the videoconference.

Eligibility for the DDD service is as a result of a diagnosis from a qualified medical practitioner for:

- Heart Disease; or
- Cancer;

AND;

- Completion of Diagnosis and Verification Treatment Plan (DVTP) service.

3) Exclusions

Services are not available for pre-existing conditions or conditions that are already undergoing treatment. This does not include new diagnosis that required necessary emergency care.

4) Disclaimer

- i) PGH is a service provider and offers the services to the Life Assured or Policy Owner under the Critical Illness Protect+ rider eligible to participate in the prescribed benefits provided to them by reason of and at the time of their purchase of these services.
- ii) Fortune Life and PGH are not liable for any acts, or omissions, or for any errors made by selected medical and other service providers, or participating, or non-participating Practitioners, or Hospitals.

5) Cancellation, Termination

The services will automatically terminate:

- i) Upon demise of the eligible Life Assured or Policy Owner under the Critical Illness Protect+ rider and the service is not transferable; or
- ii) Upon the termination of the qualifying Critical Illness Protect+ rider or the basic plan which the qualifying Critical Illness Protect+ rider is attached to.

6) Renewal

Fortune Life Insurance PLC reserves the rights to change the Term and Conditions without any prior notice and the renewal of the services provided is entirely at the authority of Fortune Life Insurance PLC.

7) Procedure of Requesting PGH's Service

The customer should first notify claim or customer service center of Fortune Life via telephone number: 1800 202 202 or email: claim@fortunelife.com.kh or their servicing Financial Consultant.

The information that customer should provide to Claim function or Customer service center or their servicing Financial Consultant are:

- a. Full name
- b. Phone number, email, and current address
- c. Date of Birth
- d. Type of Insurance Product
- e. Type of diagnosis: Heart disease or malignant cancer; example: breast cancer, coronary heart disease
- f. Doctor's name
- g. Doctor's telephone and email
- h. Preferred method of contact and availability to be contacted by PGH Care Management Services

Appendix:

PGH will provide PGH Services only for a Primary Diagnosis that meets the coverage criteria of FTL as defined in Sections below:

Cancer:

A malignant tumour, characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The cancer must be confirmed by histological evidence of malignancy on a pathology report. The term cancer includes leukemia, lymphoma, and Hodgkin's disease, and sarcoma.

The following cancers are excluded:

- All tumours which are histologically described as benign, pre-malignant or dysplasia;
- Any lesion described as carcinoma in-situ;
- All skin cancers other than malignant Melanomas;
- Cervical Intra-epithelial Neoplasia (CIN I, CIN II, or CIN III) or Squamous Intra-epithelial lesion;
- Tumours of the ovary classified as T1aN0M0 or FIGO 1A;
- Prostate cancers which are histologically described as TNM Classification T1a or T1b or are of another equivalent or lesser classification;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- Any tumour of the thyroid histologically classified as T1N0M0 or T0N0M0 according to the TNM Classification.

Heart Disease:

"Heart Disease" means one of the following:

Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

Coronary Artery Bypass Surgery

The actual undergoing of open-heart surgery to correct narrowing or blockage of one or more coronary arteries with insertion of bypass graft(s). The procedure must be considered medically necessary by a Registered Medical Practitioner who is a consultant cardiologist.

Angioplasty and all other intra-arterial, catheter-based techniques or laser procedures are excluded.

Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

Eisenmenger's Syndrome

Development of severe and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Medical Practitioner who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:

- Mean pulmonary artery pressure > forty (40) mmHg;
- Pulmonary vascular resistance > three (3) mmHg.min/L (Wood units); and
- Normal pulmonary wedge pressure < fifteen (15) mmHg.

Heart Attack

The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met:

- A history of typical chest pain;
- New characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and
- Either
 - i. elevation of cardiac enzymes (CPK-MB) at levels above the generally accepted laboratory levels of normal, or
 - ii. troponins recorded at a level of Troponin I > 0.5 (zero point five) ng/ml or higher

Heart Valve Surgery

The actual undergoing of open-heart surgery to replace or repair one (1) or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The surgery must be considered medically necessary by a Registered Medical Practitioner who is a consultant cardiologist and supported by appropriate investigations. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

Positive result of the blood culture proving presence of the infectious organism(s);

Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and

The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical Practitioner who is a cardiologist.

Other Serious Coronary Artery Disease

Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

Primary Pulmonary Arterial Hypertension

A primary and unexplained increase in pulmonary artery pressure causing signs of right heart strain and failure. There must be permanent irreversible physical impairment to the degree of at least Class III of the New York Heart Association Classification of cardiac impairment. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, diseases of the left side of the heart and congenital heart disease are specifically excluded. The diagnosis of primary pulmonary hypertension needs to be made by a Registered Medical Practitioner who is a cardiologist or a specialist in respiratory medicine and needs to be supported by data provided at cardiac catheterisation.

The diagnosis must be supported by all three (3) of the following criteria:

- Mean pulmonary artery pressure > forty (40) mmHg; and
- Pulmonary vascular resistance > three (3) mmHg.min/L (Wood units); and
- Normal pulmonary wedge pressure < fifteen (15) mmHg.

Surgery to Aorta

Undergoing of a surgery to treat a disease of aorta by excision and replacement of a portion of diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of aorta is removed during the operative procedure.