



Medical Referral Services Provision

The Medical Referral Services are offered by Inter Partner Assistance Hong Kong Limited (hereinafter called “IPA”) to provide the said services to the eligible Insured Persons (hereinafter called “the Beneficiary”) of the Premier Life Critical Illness Protector.

With the Medical Referral Services, the moment the Beneficiary’s claim for critical illness is approved, he/she will have quality medical expertise from the U.S. standing by to help him/her get on the road to recovery.

A. Second Medical Opinion Service

1. Definitions

Critical Disease shall mean specifically the diseases mentioned below:

1. Cancer
2. Stroke
3. Heart Attack (Myocardial Infarction)
4. Amyotrophic Lateral Sclerosis
5. Progressive Bulbar Palsy
6. Progressive Muscular Atrophy
7. Muscular Dystrophy
8. Multiple Sclerosis
9. Parkinson's Disease
10. Benign Brain Tumour
11. Encephalitis
12. Spinal Muscular Atrophy
13. Primary Lateral Sclerosis
14. Apallic Syndrome
15. Alzheimer's Disease/Irreversible Organic Degenerative Brain Disorders (Dementia)
16. Bacterial Meningitis
17. Creutzfeld-Jacob Disease
18. Kidney Failure
19. Major Organ Transplantation
20. End Stage Liver Disease
21. Chronic Relapsing Pancreatitis
22. End Stage Lung Disease
23. Medullary Cystic Disease
24. Fulminant Viral Hepatitis
25. Coronary Artery Bypass Surgery
26. Heart Valve Surgery
27. Surgery to Aorta
28. Cardiomyopathy

29. Angioplasty and Other Invasive Treatments for Coronary Artery Disease
30. Other Serious Coronary Artery Diseases
31. Paralysis
32. Blindness
33. Loss of Limbs
34. Loss of Hearing
35. Loss of Speech
36. Total and Permanent Disability
37. Severe Rheumatoid Arthritis
38. Coma
39. Aplastic Anaemia
40. Major Burns
41. Poliomyelitis
42. Terminal Illness
43. Systemic Lupus Erythematosus
44. Occupationally Acquired HIV
45. Haemolytic Streptococcal Gangrene
46. Primary Pulmonary Arterial Hypertension
47. Major Head Trauma
48. AIDS due to Blood Transfusion
49. Carcinoma-in-situ of breast, uterine cervix, uterus, ovary, fallopian tube or vagina

And any other diseases that Manulife and IPA may add to this provisions.

2. Beneficiary Obligations Procedures

2.1 Request for the Second Medical Opinion Service

It is important to note that in order to be eligible to receive the “Second Medical Opinion Service”, the disease must have been previously diagnosed by a doctor who is defined as any person qualified by degree in western medicine legally authorised in the geographical area of his practice to render medical or surgical services.

In the event that the Beneficiary has been diagnosed by the said doctor as suffering from one of the Critical Illnesses and he wishes to obtain additional information about his diagnosis/disease as well as the latest and most advanced treatments, techniques and procedures available in the world for his medical condition, he may request a Second Medical Opinion by contacting IPA at the phone number listed below:

INTER PARTNER ASSISTANCE HONG KONG: **(852) 2863 5547**

and shall provide the following information:

- A- Beneficiary’s full name, Policy Name and Policy number;
- B- The name of the place and the telephone number where IPA can reach the Beneficiary or the Beneficiary's representative ;
- C- The disease that the Beneficiary has been diagnosed with ;
- D- The name and telephone number of the said doctor.

2.2 Acceptance and acknowledgement from the Beneficiary

In accepting the use of “Second Medical Opinion Service” the Beneficiary agree that the liabilities of IPA and Manulife (International) Limited (“Manulife”) are limited in such a way mentioned in Section C below and he/his representative should irrevocably accepts to pay to IPA a co-ordination fee as stated in Clause 5 below, regardless of the nature of the findings contained in the Second Medical Opinion Report as long as such report complies with its definition mentioned hereunder. The co-ordination fee is usually not claimable nor reimbursable under the Insurance Policy.

2.3 Cooperation with IPA

Beneficiaries shall cooperate with IPA to enable IPA to obtain necessary documents or other elements or necessary formalities for the IPA to be able to provide its “Second Medical Opinion Service”. This cooperation includes, if necessary making a request from the Beneficiary to the attending doctor to provide IPA with all necessary medical history, reports or tests that have previously been established or preformed and IPA shall not be liable in case of failure to obtain the Second Medical Opinion because of this lack of cooperation.

3. Description of the Service

3.1 Premier Medical Network

The providers of Second Medical Opinion are reputable hospitals in the United States that have been identified by IPA and shall be collectively identified and referred to as “The PREMIER MEDICAL NETWORK”.

The providers are included in the “PREMIER MEDICAL NETWORK” based on their excellence in one or more medical specialties.

The inclusion of any facility in the “PREMIER MEDICAL NETWORK” is determined by the IPA International Medical Team and is based on a combination of evaluation components constituted mainly of:

- Experience and advice from external Medical Professionals and specialists.
- Analysis and compilation of reputable Medical and other Publications.
- Experience from IPA and/or its associates’ companies with such Hospital
- Accessibility to Foreign patients

3.2 Information and Referral

Upon request from the Beneficiary for a Second Medical Opinion, IPA shall provide information about:

- Details of the Service rendered (procedures, steps, involvement of the patient and the attending doctor, expected results)
- The possible and recommended Hospitals that would be qualified to render an opinion for the diagnosed disease. At this stage no specific doctor’s name nor address nor telephone number shall be given to the Beneficiary but only names of Centers and explanation of the reasons why these hospitals would be appropriate.
- The coordination fee for obtaining the Second Medical Opinion.

3.3 Selection of the Center

Upon request from the Beneficiary for a Second Medical Opinion, IPA shall, under the direct supervision of its own Medical Team, and within 2 business days:

- Liaise with the attending doctor in order to obtain confirmation of the diagnosis and inform him of the request for the Second Medical Opinion.
- Explain to the said doctor and the Beneficiary the role of IPA as well as what will be the foreseeable steps and actions necessary in order to obtain the Second Medical Opinion.
- Provide
 - (a) a full listing of the hospitals within the Premier Medical Network that are included for the purpose of the main Agreement to perform the Medical Second Opinion and
 - (b) inform both the Beneficiary and the said doctor about IPA's recommendation of not less than 3 hospitals that are more appropriate to provide the Second Medical Opinion and at the request of the Beneficiary provide explanation about the choice of hospitals.

At this point the Beneficiary may choose:

- a) To cancel his request for Second Medical Opinion or
- b) Proceed with the "Second Medical Opinion Service" by selecting one hospital to provide the Second Opinion.

3.4 Formulation of the Second Medical Opinion

In the event that the Beneficiary choose to proceed with the Second Medical Opinion Service, IPA shall:

- Liaise with the said doctor and the Beneficiary in order to obtain documents, Reports, examinations and other requirements that are necessary for the Second Medical Opinion to be obtained
- Formulate the request for the Second Medical Opinion
- If necessary and required by the selected hospital that shall perform the Second Medical Opinion, arrange with the said doctor for any additional testing to be performed.
- Compile the file and if necessary, translate the documents into the language used by the selected hospital
- Send the file to the selected hospital by any means deemed appropriate.
- Follow up with all concerned parties and, if necessary, medically feasible and legally admissible, IPA shall send to the selected Medical Centre tissue, blood or other samples for the eventual study, analysis and other necessary investigation deemed necessary in order to re-confirm or refine the initial diagnosis.
- Obtain the Second Medical Opinion from the selected hospital, establish the Second Medical Opinion Report and communicate it to the Beneficiary or the Beneficiary's Local Doctor.
- Answer to queries the Beneficiary may have about the Second Medical Opinion Report.

4. The Second Medical Opinion Report

The Second Medical Opinion Report shall:

- Be a written document from IPA that will summarise the findings and recommendation by the selected hospital with, if necessary further details and explanations about such findings in clear English terms.
- Include the opinion of the selected hospital concerning the confirmation (or not) of the diagnosed disease, confirmation (or not) of the appropriateness of the currently proposed treatment, and if applicable a recommendation of alternative treatment.
- Provide additional sources of information and bibliography where the Beneficiary can find further information about his disease and treatments.
- Usually be provided within 15 business days after all elements have been obtained locally.

5. Fees and Expenses

5.1 IPA Co-ordination Fee

The Fee that shall be paid to IPA for the co-ordination of the Second Medical Opinion Service is HKD500 per Beneficiary per disease.

This Fee include the co-ordination of the Second Medical Opinion under the supervision of IPA Medical Team, all local and International Telecommunications and mail costs (with exclusion of special delivery or Courier Fees) and issuance of the Second Medical Opinion Report.

5.2 Medical Expenses

All medical expense incurred by the Beneficiary from the attending doctor (including Report Fees as may be required) shall be paid directly by the Beneficiary to such doctor.

All Medical Expenses charged by the Selected Medical Centre for providing the Second Medical Opinion incurred overseas shall be borne by IPA.

5.3. Payment of Fees and Expenses

The Fees and Expenses are payable before proceeding to the stage of Selection of the Center and Formulation of the Second Medical Opinion.

B. Preferred Provider Organisation (PPO) Service

1. Definitions

Unless the context clearly indicates otherwise, the following words and phrases shall have the meanings assigned below:

- 1.1 **Medical Condition:** Any disease, illness or injury.
- 1.2 **PPO Service:** The service provided by IPA aimed at reducing hospital and medical service providers' expenditure in United States of America incurred by Beneficiaries whilst ensuring that Beneficiaries can receive quality treatment of the critical illness claimed by the Beneficiary under the Policy by providing referral of hospitals in the United States of America.
- 1.3 **Specialist:** A person who has primary degrees in the practice of medicine and surgery following attendance at a recognised medical school and who is a registered medical practitioner by reason of being licensed to practice medicine by the relevant licensing authority where the treatment is given.
- 1.4 **Treatment:** A procedure or medical intervention or any necessary Specialist consultation or a diagnostic procedure.
- 1.5 **PPO network:** The medical providers selected by IPA in providing the PPO Service.

2. Beneficiary Obligations and Procedures

2.1 Request for the PPO Service

In the event the Beneficiary wishes to obtain PPO Service, he may contact IPA at the number listed below:

INTER PARTNER ASSISTANCE HONG KONG: **(852) 2863 5547**

and shall provide the following information:

- A- Beneficiary's full name, Policy Name and Policy number;
- B- The name of the place and the telephone number where IPA can reach the Beneficiary or the Beneficiary's representative;
- C- The disease that he has been diagnosed with.

2.2 Acceptance and acknowledgement from the Beneficiary

In accepting the use of "PPO Service", the Beneficiary or his/her representative(s)

- (a) agree that the liabilities of IPA and Manulife are limited in such a way mentioned in Section C below and in particular, the providers of medical services referred by IPA are independent contractors contracting with the Beneficiary or his/her representatives based on their own independent choice and not employees of IPA or

Manulife, and both IPA or Manulife shall not be liable with respect to any act or failure by such providers.

- (b) must irrevocably accept to pay IPA
- 1) a non-refundable co-ordination fee (i.e. USD500 per case),
 - 2) a discount management fee equal to 30% of the gross saving on the medical bills due to the effect of the PPO network, and
 - 3) a refundable deposit equivalent to the estimated medical expenses according to the advice from the provider of medical services before IPA issues letter of guarantee to the provider of medical services to guarantee the Beneficiary's medical expenses incurred in such provider of medical services. The co-ordination fee and discount management fee are payable to IPA regardless of the services or treatment rendered by the providers of medical services. In addition, the Beneficiary/his representatives must also agree that these fees or deposit are usually not claimable nor reimbursable under the Insurance Policy.

3. Description of the Service

3.1 PPO network and Premier Medical Network

The PPO network of the PPO Service are reputable hospitals in the United States of America that have been identified by IPA and the list of it will include the hospitals contained in The PREMIER MEDICAL NETWORK.

The PPO network is selected based on their excellence in one or more medical specialties.

The inclusion of any facility in the PPO network is determined by the IPA International Medical Team and is based on a combination of evaluation components constituted mainly of:

- Experience and advice from external Medical Professionals and specialists.
- Analysis and compilation of reputable Medical and other Publications.
- Experience from IPA and/or its associates' companies with such Hospital
- Accessibility to Foreign patients.

3.2 General Information, Referral and the selection of Center

Upon request from the Beneficiary for the PPO Service, IPA shall provide information to the Beneficiary about:

- Details of the Service rendered (procedures, steps, involvement of the patient and the attending doctor, expected results) and the related fees and charges as described above

Upon request from the Beneficiary for the actual provision of services, IPA shall, under the direct supervision of its own Medical Team, and within 2 business days:

- Liaise with the attending doctor in order to obtain confirmation of the diagnosis and inform him of the request for the PPO Service.
- Explain to the said doctor and the Beneficiary the role of IPA as well as what will be the foreseeable steps and actions necessary in order to obtain the PPO Service.
- Provide

- (a) a full listing of the hospitals within the Premier Medical Network that are included for the purpose of the main Agreement to perform the said Service; and
- (b) inform both the Beneficiary and the said doctor about IPA's recommendation of not less than 3 hospitals that are more appropriate to provide the medical treatment of the Critical Illness; and at the request of the Beneficiary provide
 - explanation about the choice of hospitals;
 - the whole list of hospitals under the PPO network;
 - a description at a very general level, and on a without guarantee basis, the likely scale of fees charged by the various hospitals under the PPO network that the Beneficiary is interested in.

- At this point the Beneficiary may choose:
 - a. To cancel his request for PPO Service or
 - b. Proceed with the request by selecting one hospital to provide the medical treatment.

3.3 Quotation and liaison on the medical treatment

If a hospital is selected as above, IPA will provide additional information of :

- The selected hospital
- length of stay for treatment of the critical illness of the Beneficiary estimated by the said hospital:
- cost of the hospitalisation estimated by the hospital
- estimated amount of saving through PPO Service
- Co-ordination fee (i.e. USD500 per case) charged by IPA and IPA's share on the gross saving (i.e. 30%) as discount management fee
- pre-paid amount made by the Beneficiary ("Deposit") before IPA guarantees the Beneficiary's medical expense with the relevant hospital and payment term. Such Deposit will be refunded to the Beneficiary if the Beneficiary does not incur any costs in the medical service providers.

3.4 Payment before guarantee

- If the Beneficiary confirms to use PPO Service, the Beneficiary shall pay the co-ordination fee and deposit stated in Clause 3.2 above.
- After having received the payment IPA will issue Letter of Guarantee to the relevant medical service provider to guarantee the medical expenses incurred by the Beneficiary up to the Deposit.
- IPA will assist the Beneficiary to travel to the relevant medical service provider in the United States of America at the Beneficiary's own costs by
 - Making appointment with the medical service provider for the Beneficiary
 - (at the request of the Beneficiary) Reserving air ticket to travel to the medical service provider
 - (at the request of the Beneficiary) Arranging for the accommodation around the locality of medical treatment prior to and/or after the treatment.

3.5 Hospital Expenses

After the medical services being rendered by the provider of medical service IPA will arrange to have bills from the medical service providers affiliated to its PPO network re-priced according to the preferential rates or fee structures applicable to IPA and made available to Beneficiaries.

IPA will arrange for direct settlement of invoices by the Beneficiary or its representatives up to the Deposit.

- 1) If the total medical expenses are less than the Deposit, IPA will refund the balance to the Beneficiary after deducting the relevant share of saving.
- 2) In case the total amount of medical bills exceed the Deposit, the Beneficiary shall either a) transfer the outstanding amount to IPA's bank account and then IPA will fully settle the medical bills and obtain the optimal saving for the Beneficiary OR b) directly settle the outstanding amount with the hospital. However, it should be stress that the estimated saving may not be valid if the medical bills are not fully settled by IPA.
- 3) Under any circumstances, IPA will not refund the co-ordination fee once IPA has issued the Letter of Guarantee to the medical service provider.

The original medical bill is to be forwarded to Beneficiary upon payment of the expenses by IPA, together with IPA's invoice for savings achieved, for the Beneficiary's reference.

C. Limitation on IPA and Manulife liability

IPA and Manulife are not liable for the quality of the content of any services (including the second opinion) provided by the medical practitioner(s)/hospital(s) which is/are being retained by the Beneficiary pursuant to the referral services provided by IPA.

IPA and Manulife shall bear no responsibility if any specific hospital or medical professional is not included in the "PREMIER MEDICAL NETWORK" even if such hospital or medical professional would happen to be have been nominated in a publication as one of the best in its field.

IPA also specifies that it does not represent any of the providers included in the "PREMIER MEDICAL NETWORK". IPA further declares that they have no legal relationship with any of them now or at the time of selection/delivery of Services that would compromise its choice and selection or induce any potential conflict of interests.

These terms shall be governed by and construed in accordance, with the laws of Hong Kong.