



Medical Referral Services Provision

The Medical Referral Services are offered and provided by Inter Partner Assistance Hong Kong Limited (hereinafter referred to as “IPA”) to the eligible Insured Person of designated individual insurance policies (hereinafter referred to as “the Policy”) issued by Manulife (International) Limited (hereinafter referred to as “Manulife”).

With the Medical Referral Services, the moment the Insured Person’s claim for Critical Illness (as defined below) is approved by Manulife, he/she will have quality medical expertise from the United State of America (hereinafter referred to as “United States”) standing by to help him/her get on the road to recovery, subject to the following terms and conditions.

A. Second Medical Opinion Service

1. Definitions

Critical Illness shall mean specifically the diseases mentioned below:

1. Acute Necrotic Pancreatitis
2. AIDS due to blood transfusion
3. Alzheimer’s Disease / Irreversible Organic Degenerative Brain Disorders (Dementia)
4. Amyotrophic Lateral Sclerosis
5. Apallic Syndrome
6. Aplastic Anaemia
7. Bacterial Meningitis
8. Benign Brain Tumour
9. Blindness
10. Cancer
11. Cardiomyopathy
12. Chronic Adrenal Insufficiency
13. Chronic Relapsing Pancreatitis
14. Coma
15. Coronary Artery Bypass Surgery
16. Creutzfeld-Jacob Disease
17. Ebola Hemorrhagic Fever
18. Elephantiasis
19. Encephalitis
20. End Stage Liver Disease
21. End Stage Lung Disease
22. Fulminant Viral Hepatitis
23. Haemolytic Streptococcal Gangrene
24. Heart Attack (Myocardial Infarction)
25. Heart Valve Surgery
26. HIV Due to Assault

27. Infective Endocarditis
28. Kidney Failure
29. Loss of Hearing
30. Loss of Limbs
31. Loss of one limb and one eye
32. Loss of Speech
33. Major Burns
34. Major Head Trauma
35. Major Organ Transplantation
36. Medullary Cystic Disease
37. Multiple Sclerosis
38. Muscular Dystrophy
39. Myasthenia Gravis
40. Occupationally Acquired HIV
41. Other serious Coronary Artery Diseases
42. Paralysis
43. Parkinson's Disease
44. Pheochromocytoma
45. Poliomyelitis
46. Primary lateral sclerosis
47. Primary Pulmonary Arterial Hypertension
48. Progressive Bulbar Palsy
49. Progressive Muscular Atrophy
50. Progressive Supranuclear Palsy
51. Severe Crohn's Disease
52. Severe Rheumatoid Arthritis
53. Severe Ulcerative Colitis
54. Spinal muscular atrophy
55. Stroke
56. Surgery to Aorta
57. Systemic Lupus Erythematosus
58. Systemic Sclerosis
59. Terminal Illness
60. Total and Permanent Disability
61. Early Thyroid Cancer
62. Carcinoma-in-situ (for breast, cervix uteri or uterus, ovary or fallopian tube and vagina)
63. Angioplasty and Other Invasive treatments for Coronary Artery Disease
64. Type 1 Diabetes Mellitus
65. Kawasaki Disease
66. Rheumatic Fever with Valvular Involvement
67. Still's Disease
68. Severe Asthma
69. Dengue Haemorrhagic Fever
70. Autism
71. Wilson's Disease

Manulife and IPA may amend the list from time to time without prior notice to the Insured Person.

2. Insured Person 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 Critical Illness 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 Insured Person 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- Insured Person’s full name, Policy name and Policy number.
- B- The name of the place and the telephone number where IPA can reach the Insured Person or the Insured Person's representative.
- C- The disease that the Insured Person has been diagnosed with.
- D- The name and telephone number of the said doctor.

2.2 Acceptance and acknowledgement from the Insured Person

In accepting the use of “Second Medical Opinion Service” the Insured Person agrees that the liabilities of IPA and 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 Policy.

2.3 Cooperation with IPA

The Insured Person 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 Insured Person 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 “PREMIER MEDICAL NETWORK”.

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

The inclusion of any facility in “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 Insured Person for a Second Medical Opinion, IPA shall provide information about:

- Details of the service rendered (procedures, steps, involvement of the Insured Person 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 Insured Person 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 Insured Person 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 Insured Person 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 Premier Medical Network that are included to perform the Second Medical Opinion and
 - (b) inform both the Insured Person 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 Insured Person provide explanation about the choice of hospitals.

At this point the Insured Person may choose:

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

3.4 Formulation of the Second Medical Opinion

In the event that the Insured Person chooses to proceed with the Second Medical Opinion Service, IPA shall:

- Liaise with the said doctor and the Insured Person 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 Insured Person or the Insured Person's local doctor.
- Answer to queries the Insured Person 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 Insured Person can find further information about his/her 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 Insured Person 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 expenses incurred by the Insured Person from the attending doctor (including report fees as may be required) shall be paid directly by the Insured Person 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.

Please note that the selection and number of hospitals, and thus the below list, may be revised by IPA or Manulife from time to time. Please call IPA hotline (852) 2863 5547 for the latest hospital list.

Hospital List:

1. Albert Einstein Medical Center
Medical Referral Services Provision of IPA (0417)

2. Barnes-Jewish Hospital
3. Brigham and Women's Hospital
4. Cedar-Sinai Medical Center
5. Children's Memorial Hospital
6. Cleveland Clinic
7. Duke University Medical Center
8. Georgetown University Hospital, Washington, D.C.
9. John Hopkins Hospital
10. F.G.McGaw Hospital at Loyola University, Maywood,
11. Massachusetts General Hospital
12. Mayo Clinic, Rochester, Minn.
13. MD Anderson Cancer Center
14. Memorial Sloan-Kettering Cancer Center
15. New York Presbyterian Hospital
16. Northwestern Memorial Hospital
17. Stanford University Hospital
18. UCLA Medical Center
19. University of Iowa Hospitals and Clinics
20. Miami Heart Institute
21. University of California, San Francisco Medical Center
22. University of Chicago Hospitals
23. University of Washington Medical Center
24. Vanderbilt University-Medical Center

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 incurred by Insured Person whilst ensuring that Insured Person can receive quality treatment of the Critical Illness claimed by the Insured Person under the Policy by providing referral of hospitals in the United States. |
| 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. Insured Person Obligations and Procedures

2.1 Request for the PPO Service

In the event the Insured Person 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- Insured Person's full name, Policy name and Policy number.
- B- The name of the place and the telephone number where IPA can reach the Insured Person or the Insured Person's representative.
- C- The disease that the Insured Person has been diagnosed with.

2.2 Acceptance and acknowledgement from the Insured Person

In accepting the use of "PPO Service", the Insured Person 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 Insured Person 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 accepts 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 Insured Person'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 Insured Person or his/her 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 that have been identified by IPA and the list of it will include the hospitals contained in 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 Insured Person for the PPO Service, IPA shall provide information to the Insured Person 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 Insured Person 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 Insured Person 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 Premier Medical Network that are included to perform the PPO Service; and
 - (b) inform both the Insured Person 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 Insured Person 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 Insured Person is interested in.
- At this point the Insured Person may choose:
 - a. To cancel his request for PPO Service; or
 - b. To 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 Insured Person 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 Insured Person ("Deposit") before IPA guarantees the Insured Person's medical expense with the relevant hospital and payment term. Such Deposit will be refunded to the Insured Person if the Insured Person does not incur any costs in the medical service providers.

3.4 Payment before guarantee

- If the Insured Person confirms to use PPO Service, the Insured Person shall pay the co-ordination fee and deposit stated in Clause 3.3 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 Insured Person up to the Deposit.
- IPA will assist the Insured Person to travel to the relevant medical service provider in the United States at the Insured Person's own costs by
 - Making appointment with the medical service provider for the Insured Person.
 - (at the request of the Insured Person) Reserving air ticket to travel to the medical service provider.
 - (at the request of the Insured Person) 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 Insured Person.

IPA will arrange for direct settlement of invoices by the Insured Person or his/her representatives up to the Deposit.

- 1) If the total medical expenses are less than the Deposit, IPA will refund the balance to the Insured Person after deducting the relevant share of saving.
- 2) In case the total amount of medical bills exceed the Deposit, the Insured Person 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

Insured Person 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 Insured Person upon payment of the expenses by IPA, together with IPA's invoice for savings achieved, for the Insured Person'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 Medical Opinion) provided by the medical practitioner(s)/hospital(s) which is/are being retained by the Insured Person 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 "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 "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.

IPA and Manulife reserved the rights to amend the terms and conditions under this provision from time to time without prior notice to the Insured Person.