

HSBC Voluntary Health Insurance Standard Plan Vital Care Voluntary Health Insurance Flexi Plan

Policyholder User Guide

A guide with important highlights



About your policy

At HSBC Life (International) Limited ("HSBC Life", "the Company", "we" or "us"), we recognise that insurance can often appear more complicated than they actually are. This policyholder User Guide ("User Guide") is intended to explain many of the basics about your HSBC Voluntary Health Insurance Standard Plan ("HSBC VHIS Standard Plan") / Vital Care Voluntary Health Insurance Flexi Plan ("Vital Care VHIS Flexi Plan") ("Relevant Policy") and how it provides you with the protection you require. Your insurance policy is unique to you and outlines the particular terms of your coverage. We recommend that you read the policy document carefully and keep it in a safe place along with all your other important documents.

Making changes to your policy is straightforward. You can simply download and complete a Change Request Form from Hang Seng Bank website (please refer to "Other services" on page 16), then mail it to our correspondence address at HSBC Life (International) Limited, 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong. You can also submit it at any Hang Seng Bank branches.

Understanding your medical card

Your medical card gives you access to network healthcare facilities and hassle-free billing services listed on **Care+ Medical Network by HSBC Life**. Subsequent sections of this User Guide will further explain the facilities and services available to you as well as how you can make full use of them. Your medical card should be presented every time you use the network services your plan entitles you to. It contains the following important information.

| | |
|----------------------------|---|
| Insurance plan name | The plan option you have selected under your policy |
|----------------------------|---|

| | |
|-----------------------------------|---------------------------------------|
| Name of the insured person | The person who is covered by the plan |
|-----------------------------------|---------------------------------------|

| | |
|----------------------|---|
| Policy number | A unique number assigned to your policy |
|----------------------|---|

Please remember the following regarding your medical card

- Verify the information on your medical card(s). Call general policy service hotline if any changes are needed.
- Notify us immediately by calling our general policy service hotline if you lose your physical medical card and wish for a replacement.
- Do not allow anyone else to use your medical card.

How to make a medical claim

For HSBC VHIS Standard Plan / Vital Care VHIS Flexi Plan (Bronze, Silver, Gold and Diamond)

Your policy provides medical coverage with access to the doctors and healthcare facilities of your choice, including private hospitals and day case procedure centres, subject to the type of plan you have.

Should you need medical services, we advise you to call the claims service hotline to check your coverage prior to treatment if you wish to enjoy Cashless Arrangement^{1,2}. All actual eligible expenses should be reasonable, customary and medically necessary, as defined in the policy provisions.

Cashless Arrangement^{1,2} for Oesophagogastroduodenoscopy (“OGD”) and/or Colonoscopy

You can have your OGD and/or colonoscopy performed at one of the day case procedure facilities in **Care+ Medical Network¹ by HSBC Life** and enjoy Cashless Arrangement by showing your medical card upon treatment.

Take these simple steps to enjoy cashless convenience

1



Book appointment

Book your pre-OGD and/or colonoscopy consultation at a clinic listed on **Care+ Medical Network by HSBC Life**. Search for your preferred network doctors from the network directory by calling the claims service hotline and make your appointment with your selected network doctor directly.

2



Medical consultation³

Present your medical card and personal identification document for registration at the chosen facility.

3



Pre-authorisation request submission

Once the network doctor has confirmed OGD and/or colonoscopy is/are medically necessary, you need to sign a pre-authorisation request form which can be downloaded from Hang Seng Bank website (please refer to “Other services” on page 16), and the network facility will handle the submission for you.

4



Make reservation & receive medical treatment

We will inform you of the result of your pre-authorisation request within 2 to 5 working days via telephone and you will receive a confirmation letter. If it is approved, you can enjoy Cashless Arrangement, and the network facility will make the appointment on your behalf.

5



Receive report & diagnosis

Receive a detailed medical report from the doctor at the network facility.

How to make a medical claim

For HSBC VHIS Standard Plan

Pay and claim when using out-of-network doctors

For treatments or medical services provided by out-of-network healthcare facilities, you will need to settle the bill first and eligible expenses will be reimbursed to you under the terms of your policy.

All claims should be submitted within 90 days after the date of discharge from hospital or the date on which the relevant medical service is performed and completed. When you are settling the bill, please ask the attending doctor to complete a claim form with the following documents:

- discharge summary;
- breakdown of charges; and
- doctor's charge slip providing the required medical information (eg diagnosis, name of the medical procedure and the surgeon).

A claim form can be downloaded from Hang Seng Bank website (please refer to "Other services" on page 16) or by calling the claims service hotline. To submit a claim, please submit the original receipts, the duly completed claim form and/or discharge summary and related medical information to the correspondence address of HSBC Life's Claims Department.

Insured persons of HSBC VHIS Standard Plan are entitled to Medical Concierge Service (except complimentary limousine service). Please contact the Medical Concierge Service hotline to inquire about the service you need. For details, please refer to the section of "Value-added Services".

Important notes

- Under the benefits detailed in the terms and conditions of your medical insurance policy, medical expenses arising from OGD and/or colonoscopy which are performed in an inpatient setting at a hospital will only be regarded as an inpatient claim if it is considered as medically necessary.
- Please note that insufficient or incorrect information provided in the pre-authorisation form may delay the approval process.
- All paid and outstanding expenses (including the expenses for items which may be covered) remain your responsibility until the expenses have been confirmed by the Company to be eligible under your policy.
- The charges payable by the Company shall cover eligible items under your policy schedule only and shall not, under any circumstances, exceed the maximum limit of the benefit or overall annual benefit limit set out in your policy schedule.
- You will bear any charges to be paid to the attending doctor for filling out a pre-authorisation form and claim form. The Company reserves the right to limit your eligibility for future pre-authorisation and Cashless Arrangement (credit service) if any shortfall⁴ has not been settled.
- If, for any reason, Cashless Arrangement is not approved or applicable, you will have to settle the bill first and claim reimbursement up to the maximum limit of the benefit or overall annual benefit limit under your plan option as per the terms and conditions set out in your policy.
- In some circumstances, we will not approve the pre-authorisation for reasons including but not limited to the following: (i) the treatment, procedure, medication, test or service is not medically necessary or (ii) the condition concerned is considered to be excluded by the policy.
- Notwithstanding the Cashless Arrangement described above, there could be situations where upfront payment for specified medical treatment consultation is required. In such circumstances, if the insured person has undergone the pre-authorised specified medical treatment at the same chosen network facility, the upfront payment may be refunded. The refund will be arranged by the network facility directly. Such specified medical treatment consultation eligible for refund will be limited to 1 visit only and must be done within 1 month prior to the specified medical treatment. For the avoidance of doubt, such specified medical treatment consultation with upfront payment refunded will not be considered as a claim under the "pre-and post-confinement/day case procedure outpatient care" under the Relevant Policy.
- The post-specified medical treatment consultation fee will be waived if the insured person has undergone the pre-authorised specified medical treatment at the same chosen network facility. Specified medical treatment consultation will be limited to 1 visit per pre-authorised specified medical treatment for report explanation only. For the avoidance of doubt, such post-specified medical treatment consultation with payment waived will not be considered as "pre-and post-confinement/day case procedure outpatient care" under the Relevant Policy.

1. Network doctors and network healthcare facilities are independent third parties and are not agents of the Company. The Company shall not have any obligation or liability whatsoever in relation to the medical services provided by network doctors and network healthcare facilities, and shall not be responsible for any act or failure to act on the part of these network facilities. The availability of Cashless Arrangement is subject to the (a) applicable benefit limits, deductible (if any) and exclusions under the relevant terms and benefits of the policy; and (b) acceptance of Cashless Arrangement by network healthcare facilities. Cashless Arrangement is applicable to network healthcare facilities subject to the policy's terms and conditions.
2. Cashless Arrangement is a credit facility and is not one of the product features of the relevant policies. Payments under Cashless Arrangement could be made by the Company on behalf of the policyholder directly to network facilities in respect of the Relevant Policy. It is not an admission of claim eligibility and the actual entitlement to reimbursements for eligible medical expenses is subject to the terms and benefits of the Relevant Policy. Only eligible medical expenses within the pre-authorisation limit for necessary and specified medical treatments will be covered through Cashless Arrangement.
3. You are required to present your identification documents and medical card to the network doctor during registration for Cashless Arrangement. Otherwise, you are not entitled to Cashless Arrangement.
4. The shortfall is the amount we paid to the network healthcare facilities for items which are not covered under the policy or items which exceed the maximum limit of the benefit or overall annual benefit limit of your plan option.

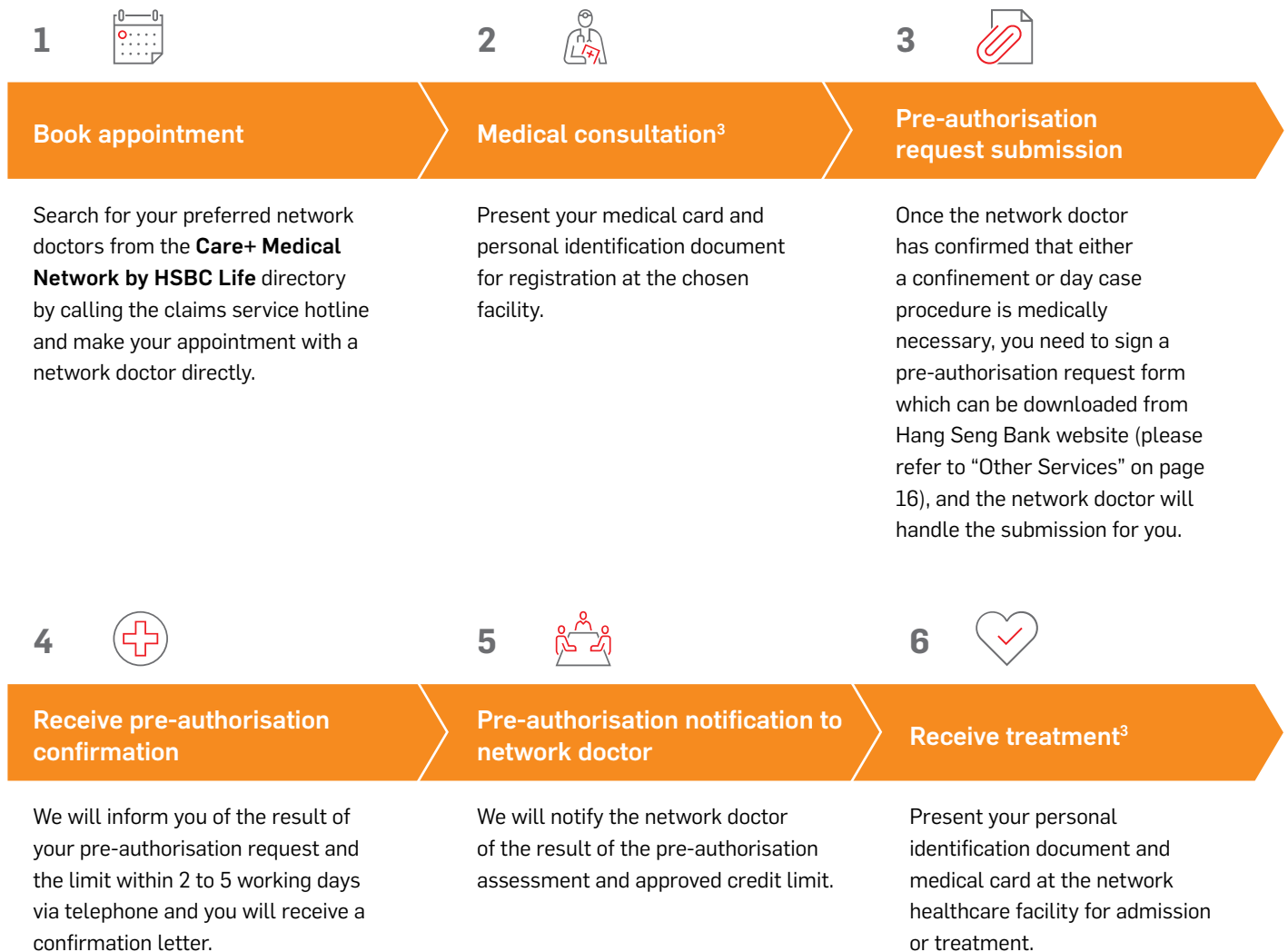
How to make a medical claim

For Vital Care VHIS Flexi Plan (Bronze, Silver, Gold and Diamond)

Access Care+ Medical Network¹ by HSBC Life to enjoy Cashless Arrangement^{1,2} for confinement and/or treatment

As a valued Vital Care VHIS Flexi Plan customer, you can access **Care+ Medical Network by HSBC Life's** doctors and healthcare facilities, including network day case procedure centres and any private hospitals in Hong Kong. **Care+ Medical Network by HSBC Life** is a one-stop medical solution platform that aims to provide you with simplified administrative procedures and high-quality medical services. Cashless Arrangement^{1,2} is available if you obtain pre-authorisation prior to your treatment by our network doctors and receive treatment in our network healthcare facilities.

Take these simple steps to enjoy cashless convenience



How to make a medical claim

For Vital Care VHIS Flexi Plan (Bronze, Silver, Gold and Diamond)

Post-treatment procedures

| Upon discharge/after treatment | After discharge/treatment | Shortfall ⁴ payment |
|---|---|---|
| We will settle the bill directly with the network healthcare facility on your behalf based on the pre-authorised limit. | In case of any shortfall, a shortfall advice with details will be sent to you once a claim assessment has been completed. | You are required to settle any shortfall payment either by cheque or direct debit from your nominated bank account. |

Important notes

- Please note that insufficient or incorrect information provided in the pre-authorisation form may delay the approval process.
- All paid and outstanding expenses (including the expenses for items which may be covered) remain your responsibility until the expenses have been confirmed by the Company to be eligible under your policy.
- The charges payable by the Company shall cover eligible items under your policy schedule only and shall not, under any circumstances, exceed the maximum limit of the benefit or overall annual benefit limit set out in your policy schedule.
- You will bear any charges to be paid to the attending doctor for filling out a pre-authorisation form and claim form. The Company reserves the right to limit your eligibility for future pre-authorisation and Cashless Arrangement (credit service) if any shortfall has not been settled.
- If, for any reason, Cashless Arrangement is not approved or applicable, you will have to settle the bill first and claim reimbursement up to the maximum limit of the benefit or overall annual benefit limit under your plan option as per the terms and conditions set out in your policy.
- In some circumstances, we will not approve the pre-authorisation for reasons including but not limited to the following: (i) the treatment, procedure, medication, test or service is not medically necessary or (ii) the condition concerned is considered to be excluded by the policy.

1. Network doctors and network healthcare facilities are independent third parties and are not agents of the Company. The Company shall not have any obligation or liability whatsoever in relation to the medical services provided by network doctors and network healthcare facilities, and shall not be responsible for any act or failure to act on the part of these network facilities. The availability of Cashless Arrangement is subject to the (a) applicable benefit limits, deductible (if any) and exclusions under the relevant terms and benefits of the policy; and (b) acceptance of Cashless Arrangement by network healthcare facilities. Cashless Arrangement is applicable to network healthcare facilities subject to the policy's terms and conditions.
2. Cashless Arrangement is a credit facility and is not one of the product features of the relevant policies. Payments under Cashless Arrangement could be made by the Company on behalf of the policyholder directly to network facilities in respect of the Relevant Policy. It is not an admission of claim eligibility and the actual entitlement to reimbursements for eligible medical expenses is subject to the terms and benefits of the Relevant Policy. Only eligible medical expenses within the pre-authorisation limit for necessary and specified medical treatments will be covered through Cashless Arrangement.
3. You are required to present your identification documents and medical card to the network doctor during registration for Cashless Arrangement. Otherwise, you are not entitled to Cashless Arrangement.
4. The shortfall is the amount we paid to the network healthcare facilities for items which are not covered under the policy or items which exceed the maximum limit of the benefit or overall annual benefit limit of your plan option.

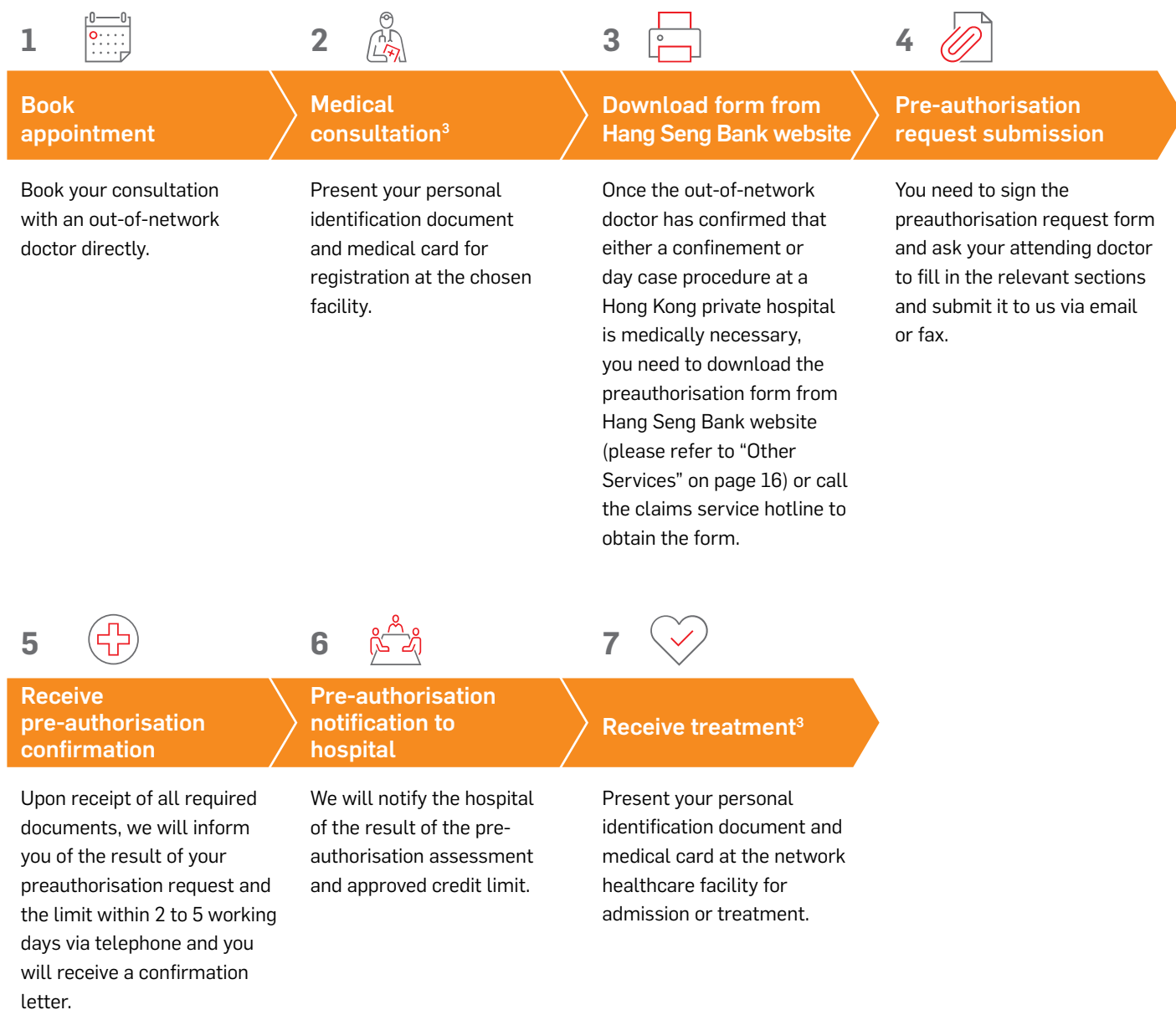
How to make a medical claim

For Vital Care VHIS Flexi Plan (Bronze, Silver, Gold and Diamond)

Cashless Arrangement^{1,2} when using out-of-network doctors

Cashless Arrangement^{1,2} is available during confinement and before your discharge from hospital if you obtain pre-authorization prior to your treatment by an out-of-network doctor and admission to any Hong Kong private hospitals.

Take these simple steps to enjoy cashless convenience



How to make a medical claim

For Vital Care VHIS Flexi Plan (Bronze, Silver, Gold and Diamond)

Post-treatment procedures

| Upon discharge/after treatment | After discharge/treatment | Shortfall ⁴ payment |
|---|---|---|
| We will settle the bill directly with the network healthcare facility on your behalf based on the pre-authorised limit. | In case of any shortfall, a shortfall advice with details will be sent to you once a claim assessment has been completed. | You are required to settle any shortfall payment either by cheque or direct debit from your nominated bank account. |

Important notes

- Please note that insufficient or incorrect information provided in the pre-authorisation form may delay the approval process.
- All paid and outstanding expenses (including the expenses for items which may be covered) remain your responsibility until the expenses have been confirmed by the Company to be eligible under your policy.
- The charges payable by the Company shall cover eligible items under your policy schedule only and shall not, under any circumstances, exceed the maximum limit of the benefit or overall annual benefit limit set out in your policy schedule.
- You will bear any charges to be paid to the attending doctor for filling out a pre-authorisation form and claim form. The Company reserves the right to limit your eligibility for future pre-authorisation and Cashless Arrangement (credit service) if any shortfall has not been settled.
- If, for any reason, Cashless Arrangement is not approved or applicable, you will have to settle the bill first and claim reimbursement up to the maximum limit of the benefit or overall annual benefit limit under your plan option as per the terms and conditions set out in your policy.
- In some circumstances, we will not approve the pre-authorisation for reasons including but not limited to the following: (i) the treatment, procedure, medication, test or service is not medically necessary or (ii) the condition concerned is considered to be excluded by the policy.

1. The availability of Cashless Arrangement is subject to the (a) applicable benefit limits, deductible (if any) and exclusions under the relevant terms and benefits of the policy; and (b) acceptance of Cashless Arrangement by network healthcare facilities. Cashless Arrangement is applicable to network healthcare facilities subject to the policy's terms and conditions.
2. Cashless Arrangement is a credit facility and is not one of the product features of the relevant policies. Payments under Cashless Arrangement could be made by the Company on behalf of the policyholder directly to network facilities in respect of the Relevant Policy. It is not an admission of claim eligibility and the actual entitlement to reimbursements for eligible medical expenses is subject to the terms and benefits of the Relevant Policy. Only eligible medical expenses within the pre-authorisation limit for necessary and specified medical treatments will be covered through Cashless Arrangement.
3. You are required to present your identification documents and medical card to the out-of-network doctor during registration for Cashless Arrangement. Otherwise, you are not entitled to Cashless Arrangement.
4. The shortfall is the amount we paid to the network healthcare facilities for items which are not covered under the policy or items which exceed the maximum limit of the benefit or overall annual benefit limit of your plan option.

How to make a medical claim

For Vital Care VHIS Flexi Plan (Bronze, Silver, Gold and Diamond)

Pay and claim

For treatments or medical services under the following circumstances, you will need to settle the bill first and eligible expenses will be reimbursed to you under the terms of your policy:

- pre-authorisation not approved;
- confinement in the public/private ward of a Hong Kong public hospital;
- pre-authorised limit exceeded; and/or
- pre- and/or post-confinement consultation.

All claims should be submitted within 90 days after the date of discharge from hospital or the date on which the relevant medical service is performed and completed. When you are settling the bill, please ask the attending doctor to complete a claim form with the following documents:

- discharge summary;
- breakdown of charges; and
- doctor's charge slip providing the required medical information (eg diagnosis, name of the medical procedure and the surgeon).

A claim form can be obtained from Hang Seng Bank website (please refer to "Other services" on page 16) or by calling the claims service hotline. To claim reimbursement, please submit the original receipts, the duly completed claim form and/or discharge summary and related medical information to the correspondence address of HSBC Life's Claims Department.

Insured persons of Vital Care VHIS Flexi Plan are entitled to Medical Concierge Service (except complimentary limousine service which is for insured person of Vital Care VHIS Flexi Plan (Diamond) only). Please contact the Medical Concierge Service hotline to inquire about the service you need. For details, please refer to the section of "Value-added services".

How to make a death claim

In the unfortunate event of the death of an insured person under the policy, the beneficiary/claimant may follow the steps below to notify us, and the compassionate death benefit shall be payable to the beneficiary in the amount as specified in the Benefit Schedule after 7 working days provided that all required documents have been duly submitted.

Required documents

1 **HSBC Life Death Claim Form** completed by beneficiary/claimant (Part I).

- 2**
- Certified true copy of the death certificate;
 - Copy of the insured person's ID;
 - Copy of the beneficiary's ID, or administrator's/executor's ID if there is no designated beneficiary;
 - Copy of proof of relationship between the insured person and the beneficiary;
 - Copy of proof of residential address for the most recent 3 months; and
 - Original policy.

3 **Certified true copy of Letters of Administration/Probate** if there is no designated beneficiary.

4 Other **proof-of-death documents**, subject to conditions and the Company's claim decision on a case-by-case basis.

Claim submission



By post to the correspondence address of the Claims Department, HSBC Life (International) Limited;



At any Hang Seng Bank branch in the Hong Kong Special Administrative Region; or



Contact our Tele-claims consultant for assistance

Remark: We will inform you if further information or documentation is required during the claim process.

Value-added services

For Vital Care VHIS Flexi Plan (Bronze, Silver, Gold and Diamond)



Free hospital admission deposit guarantee service¹ in mainland China and overseas

If you suffer a bodily injury or unforeseen illness while travelling in mainland China or overseas and require inpatient hospital treatment at a designated mainland China or overseas hospital, you will be provided with a hospital admission deposit waiver to facilitate your admission to the designated hospital.



Step 1

Call the 24-hour worldwide emergency hotline and provide your policy number and full name.



Step 2

After approval, proceed to the nearest designated hospital and present the relevant identification document (such as your China Entry Visa, Passport or Hong Kong Identity Card). The Assistance Company² will provide a hospital admission deposit to the designated hospital.



Step 3

Upon discharge, please settle the bill with the hospital in full. The Assistance Company will not pay any medical expenses on your behalf under any circumstances.



Step 4

If any problems arise during admission, please call the 24-hour worldwide emergency hotline.

List of designated mainland China and overseas hospitals

To check the most up-to-date list of designated mainland China and overseas hospitals, you can call the 24-hour worldwide emergency assistance service hotline. **As the list may change from time to time, you are advised to confirm the availability of your selected hospital prior to admission.**

Value-added services

For Vital Care VHIS Flexi Plan (Bronze, Silver, Gold and Diamond)



Worldwide emergency assistance service

In case medical attention is required, simply call the 24-hour worldwide emergency assistance service provided by Allianz Worldwide Partners (Hong Kong) Limited, which operates in English, Cantonese or Mandarin. Through the service, you will be provided with appropriate assistance in obtaining an admission deposit waiver in the event of hospitalisation in designated mainland China and overseas hospital, legal referral services, and medical and travel information. You also have an option to opt out of this service if you find it unnecessary.

In the event of emergency hospitalisation in designated mainland China and overseas hospital, the Assistance Company² will, to the extent practicable, endeavour to provide you with the deposit of hospital admission waiver, up to USD7,000. You or your representative will be required to provide valid credit authorisation prior to enjoying the service. The Assistance Company shall not be responsible for any third-party expenses, which shall be the insured person's sole responsibility.

Global Network Hospital List (Exclusive to Diamond level customers)

As a valued Vital Care VHIS Flexi Plan (Diamond) customer, you can also access a vast network of worldwide medical facilities through our Global Network Hospital List ("GNHL") and enjoy Cashless Arrangement. Simply call the 24-hour worldwide emergency assistance service provided by Allianz Worldwide Partners (Hong Kong) Limited which operates in English, Cantonese or Mandarin, or download a copy of the **Global Network Hospital List (for Diamond Plan only)** from Hang Seng Bank website.



Second medical opinion³

If you are unfortunately diagnosed with any of the critical illnesses listed below, we can help you obtain a second medical opinion upon request from a **Care+ Medical Network by HSBC Life's** doctor⁴ or other medical experts.

List of covered Critical Illnesses or Disabilities:

| | |
|---|---|
| Cancer | Orthopaedics: joint replacement; complex surgical hand conditions; rotator cuff injury |
| Stroke | Carotid artery endarterectomy |
| Kidney failure | Spinal cord tumours and diseases requiring operative/procedural intervention |
| Motor neuron disease | Eye conditions requiring procedural/operative intervention - excluding simple cataracts/and refractive corrective surgery |
| Alzheimer's disease | Major organ transplant |
| Parkinson's disease | Multiple sclerosis |
| Total permanent disability | Coma |
| Hepatitis | Loss of limbs |
| Cardiomyopathies | Major burns |
| Infectious disease of the intestines | Valvular heart disease/heart valve replacement or repair |
| Major organ failure (end stage disease) | Paediatric neurosurgical conditions |
| Coronary artery surgery/Angioplasty | Paediatric cardiac conditions |
| Brain tumour | Paediatric malformations |
| Deafness | Epilepsy surgery |
| Loss of speech | |
| Complex gynaecological disorders | |
| Myelodysplastic diseases | |

Value-added services

For Vital Care VHIS Flexi Plan (Bronze, Silver, Gold and Diamond)

You can obtain a second medical opinion by taking the following steps:



Step 1

Call the claims service hotline after you've received the initial diagnosis from your doctor.



Step 2

We will walk you through the process of obtaining a second medical opinion, gather information on your diagnosis, and verify and process your request for a second medical opinion from a medical expert.



Step 3

We will give you information on the designated network doctor or medical expert.



Step 4

You need to confirm whether you agree to proceed with this second medical opinion service by signing a written consent form.



Step 5

In general, the second medical opinion will be ready within 10 working days after all information has been gathered. Processing times may be longer for complicated cases.



Step 6

We will arrange a face-to-face consultation with the network doctor or medical expert to go through the second medical opinion in detail with you.

Important notes

The Company only provides the service of arranging an initial consultation with a network doctor or another medical expert and covers the consultation fee of such initial consultation. Any expenses (including but not limited to any medicine, follow-up consultations, additional tests or treatments) requested by the network doctor or medical expert will not be payable unless the relevant medicine, follow-up consultations, additional tests or treatments are medically necessary and covered according to the terms and conditions of your Vital Care VHIS Flexi Plan. The Company assumes no liability for any medical opinion provided by the network doctor or medical expert arranged by us. You will not be entitled to this service if your critical illness has been excluded under the terms and conditions of your Vital Care VHIS Flexi Plan policy. For more details, please refer to such terms and conditions.

1. The free hospital admission deposit guarantee service (in designated mainland China and overseas hospital) is an optional service that may be provided by an Assistance Company, which is an independent contractor ("Independent Service Provider") that is not an agent of the Company, subject to all of the following terms:
 - a. The provision of services is subject to the terms and conditions applicable to the free hospital admission deposit guarantee service in designated mainland China and overseas hospital. The Company reserves the right to amend such terms and conditions from time to time without prior notice.
 - b. This is an optional service. Clients can opt out of the service by writing to the Company.
 - c. The provision of the service shall be further subject to such terms and conditions as may be determined by the Independent Service Provider, from time to time, for any use of the Independent Service Provider's service by the insured person.
 - d. The Company shall not make (and does not make) any representation, warranty or undertaking as to the availability of the services.
 - e. The Company shall not be liable to the policyholder or the insured person in any respect of any and all of the following: (i) any medical treatment and services which may be provided by any of the designated hospitals in mainland China and overseas or any healthcare service provider anywhere, (ii) any action, activity, service or response in respect of any Assistance Company, or Independent Service Provider or (iii) any and all losses, damages, expenses, suits, actions or proceedings suffered or incurred (or which may be incurred or suffered) by the insured person, and/or the policyholder, whether directly or indirectly, arising from or in connection with any of the services provided or advice given by the Assistance Company, Independent Service Provider or its agents, or the availability of such services.
2. These services are provided by the Assistance Company which is an independent contractor and not an agent of the Company. The Company shall make no representation, warranty or undertaking as to the availability of the services and shall not be liable to the policyholder or the insured person in any respect of any losses, damages, expenses, suits, actions or proceedings suffered or incurred by the insured person, whether directly or indirectly, arising from or in connection with the services provided or advice given by the Assistance Company or its agents, or the availability of such services. The Company reserves the right to amend the terms and conditions thereof from time to time without prior notice.
3. The second medical opinion is provided by a medical service provider who is an independent contractor and is not an agent of the Company. The Company shall not be held responsible for or liable to the policyholder or the insured person for anything in relation to the medical opinion given by the medical service provider and/or hospital. The Company reserves the right to amend the terms and conditions thereof from time to time without prior notice.
4. Network doctors listed in the network directory are subject to change from time to time at the Company's sole discretion without prior notice. Network doctors are independent third parties and are not agents of the Company. The Company shall not have any obligation or liability whatsoever in relation to the medical services provided by the network doctors, and shall not be responsible for any act or failure to act on the part of the network doctors.

Value-added services

Medical Concierge Service

If you (as an insured person) ever require medically necessary treatment, you may receive support from our Medical Concierge Consultant via the Medical Concierge Service hotline. Whether you prefer a network or non-network doctor, we may assist you with making medical appointments, as well as handling insurance-related documentation including pre-authorisation for hospital admission and claim submission for reimbursement.

Exclusive privilege for Vital Care VHIS Flexi Plan (Diamond) customers

You may also enjoy a complimentary round-trip limousine service within Hong Kong between one downtown location from home/work to hospital for in-patient treatment in Hong Kong. A reservation of at least one working day in advance is required, subject to the detailed terms and conditions of Medical Concierge Service and availability of a limousine from our service provider at the relevant time.



Step 1

Call the **Medical Concierge Service hotline*** when you require medically necessary treatment. A dedicated Medical Concierge Consultant will be assigned to you.



Step 2

Your dedicated Medical Concierge Consultant will arrange all medical appointments on your behalf based on your preferred dates and times.



Step 3

The Medical Concierge Consultant will assist you to fill in the pre-authorisation form (Form I); and such form will need to be subsequently reviewed, confirmed, signed and returned by you. Also, please ask your attending doctor to fill in the relevant sections (Form II) of the pre-authorisation form.



Step 4

We will inform you on your pre-authorisation status.



Step 5

Simply present your valid personal identification documents at the chosen network hospital for pre-authorised cashless admission.



Step 6

Upon discharge, if you opt for reimbursement procedures[#], the Medical Concierge Consultant will assist you to fill in the claims form (Part I); and such form will need to be subsequently reviewed, confirmed, signed and returned by you. Also, please ask your attending doctor to fill in the relevant sections (Part II) of the claims form. We will follow up the case proactively and keep you posted on the claims status.

* After language selection, please press "1" for VHIS, and then press "1" for Vital Care VHIS Flexi Plan (Diamond), or press "2" for other VHIS plans.

[#] Please refer to Pay & Claim section on page 9.

Disclaimer: Medical Concierge Service is not intended for emergency. If you require urgent medical assistance, please directly call for ambulance or go to hospital instead of requesting for transportation arrangement or doctor appointment via Medical Concierge Service.

Value-added services

Please see further information on terms and conditions of Medical Concierge Service:

Medical Concierge Service ("Medical Concierge Service") is not a part of the policy in respect of HSBC VHIS Standard Plan and Vital Care VHIS Flexi Plan. For more details of the Medical Concierge Service, please refer to the detailed terms and conditions on www.hangseng.com/vhis.

A brief summary of some of the terms and conditions of Medical Concierge Service as follows:

- a. The Medical Concierge Service is applicable to Eligible Customers in respect of HSBC VHIS Standard Plan and Vital Care VHIS Flexi Plan, subject to all the terms and conditions herein.
- b. Regarding Medical Concierge Service, "Eligible Customers" shall mean eligible insured person(s) in respect of the Relevant Policy issued in respect of HSBC VHIS Standard Plan or Vital Care VHIS Flexi Plan.
- c. Medical Concierge Service shall only be applicable for matters concerning the Relevant Policy for Eligible Customers, subject to all the terms herein.
- d. Any policyholder or person who is not an insured person of HSBC VHIS Standard Plan or Vital Care VHIS Flexi Plan shall not constitute an Eligible Customer for the Medical Concierge Service.
- e. The Medical Concierge Service, at all times, be subject to the terms and conditions as determined by the Company.
- f. The Medical Concierge Service shall be subject to availability, under any and all circumstances. There is no guarantee in respect of any of the following: a) availability of a doctor or accessibility to a doctor, regardless of whether an appointment has been arranged or not; b) availability or punctuality of the limousine arrangement (for insured person of Vital Care VHIS Flexi Plan (Diamond level) only), regardless of whether an appointment has been arranged.
- g. The Company shall have the right to change and revise these terms and conditions of Medical Concierge Service (at its discretion, without any prior notice) at any time and from time to time. Any offer for Medical Concierge Service may be withdrawn and/or terminated by the Company at its discretion. The Company shall not be liable for any loss, damages, costs or expenses which may arise (directly or indirectly) from any change of these terms and conditions, or any exercise of the Company's discretion in respect of Medical Concierge Service.
- h. The Company shall not be liable for any loss, damage, costs, or injury (which may arise directly or indirectly) from any fault, failure, cancellation, delay, or exercise of the Company's discretion in or relating to the performance of any matters or services under or related to the Medical Concierge Service, including but not limited to circumstances where such failure or delay is relating to:
 - i) Any matters which are beyond the reasonable control of the Company or any of the Company's service provider(s), or
 - ii) Any matters which could not reasonably have been foreseen by the Company, or
 - iii) Any matter, delay, service, service standard, fault, omission, accident or incident relating to any service providers or independent contractors, including but not limited to any vehicle company and medical provider(s), or
 - iv) Any unavailability, or delay of any Medical Concierge Service or any Limousine Arrangement Service, or
 - v) Quality of any service relating to the any Medical Concierge Service or any Limousine Arrangement Service.
- i. The Company's role under the Medical Concierge Service is a facilitator, with the objective to provide specified support to Eligible Customers within the Company's designated scope of services, subject to all the terms and conditions herein. Notwithstanding anything stated herein, the Company does not and shall not provide any kind of the following services: a) medical services or any kind of services which require licensing in the medical field; b) transportation services which require licensing relating to vehicles. Eligible Customers who need emergency service or are in critical or serious condition should directly arrange for an ambulance, and should not use our Medical Concierge Service.
- j. Hong Kong transportation arrangements for limousine service may be arranged for Eligible Customers who are insured persons of Vital Care VHIS Flexi Plan (Diamond level) only ("Limousine Arrangement Service"), subject to all of the following:

Subject to all the terms and conditions, the Company will assist Eligible Customers to arrange a third party service provider to arrange local limousine transportation within the Company's designated scope of limousine service areas in Hong Kong during the term of the Relevant Policy from home/workplace to Hospital (as defined in the Relevant Policy), or vice versa, provided that the use of Limousine Arrangement Service shall be restricted to those Eligible Customers who need to be hospitalised for in-patient treatment in Hong Kong; and meet the medical criteria for Limousine Arrangement Service at the relevant time ("Medical Criteria for Limousine Arrangement Service") as follows:

During the relevant period while these terms and conditions are in force, the insured person (being an Eligible Customer), as a result of a Disability (as defined in the Relevant Policy) and upon the recommendation of a registered medical practitioner (as defined in the Relevant Policy), is Confined (being Medically Necessary) in a Hospital (as defined in the Relevant Policy).

Customer Service

We are here to support you throughout your treatment and recovery. Below are some useful numbers and contacts should you need assistance at any point while your policy is in force.

Customer hotlines

| Type of services | Applicable plan(s) | Hotline | Service hour |
|---|---|--|---|
| General policy service hotline | HSBC VHIS Standard Plan/ Vital Care VHIS Flexi Plan (Bronze, Silver and Gold) | Tel: (852) 2583 8000 | Mon to Fri: From 9am to 8pm Sat: From 9am to 1pm (Except public holidays) |
| | Vital Care VHIS Flexi Plan (Diamond) | Tel: (852) 3663 5911 | Mon to Fri: From 9am to 8pm Sat: From 9am to 1pm (Except public holidays) |
| VHIS Claims and Medical Concierge Service Hotline | All plan | Tel: (852) 3128 0122 After language selection, press "1" for VHIS, and then press "1" for Vital Care VHIS Flexi Plan (Diamond), or press "2" for other VHIS plans | 24-hour |
| Worldwide emergency assistance service | Vital Care VHIS Flexi Plan | Tel: (852) 2193 5863 | 24-hour |

Other services

| Type of services | Information |
|---------------------------|---|
| Form download | www.hangseng.com/vhis |
| Pre-authorisation request | Email: vhispa@hsbc.com.hk Fax: (852) 3409 1070 |
| Individual medical claim | Fax: (852) 3418 4976 |
| Correspondence address | HSBC Life (International) Limited 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong |

This User Guide is for your information and reference only. It is only a partial and general description of the features and benefits of HSBC Voluntary Health Insurance Standard Plan and Vital Care Voluntary Health Insurance Plan ("the Plans"). It is neither a policy provision nor any part of the same. All terms and conditions of the Plans are stated in your policy provisions and policy schedule. If there are any discrepancies between this User Guide and your policy provisions and policy schedule, your policy provisions and policy schedule shall prevail.

The Company is authorised and regulated by the Insurance Authority to carry on long-term insurance business in the Hong Kong Special Administrative Region. Hang Seng Bank Limited ("Hang Seng Bank") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of the Hong Kong Special Administrative Region) as an insurance agency (license no. FA3168) of the Company for the distribution of life insurance products in the Hong Kong Special Administrative Region.

The Plans are products of the Company and not Hang Seng Bank, underwritten by the Company and they are only intended for sale through Hang Seng Bank in the Hong Kong Special Administrative Region. The Company will be responsible for providing your insurance coverage and handle the network management under your policy. The Plans are not bank deposits or bank savings plans.

November 2024