

Global Medical Care Services

Personalised care and privileged consultation services from leading Harvard-level specialists and hospitals in the U.S.

If the worst happens

Cancer, Heart Disease and Stroke are the major life-threatening diseases in Hong Kong. Lives change suddenly and profoundly if these Critical Illnesses strike.



How would you cope with the maze of questions, obstacles and doubts that lie ahead?



"Is my diagnosis correct?"

"Am I receiving the best possible advice?"

"Who is the most suitable specialist to treat my condition?"

"What is the best treatment? And when is it available for me?"

And sometimes things don't go as planned

There were more than **1.5 million preventable medical errors** identified worldwide in 2018[^] resulting in avoidable hardships to patients' lives and a huge cost burden to society. According to a report published by the Organisation for Economic Co-operation and Development, diagnostic error and adverse drug events are the most costly*.



Do you know?

In the United States:

Misdiagnosis or delayed diagnosis rooted in primary and ambulatory settings accounted for nearly 70% of all claims in the U.S. Over 25 years, the total amount of diagnostic error related payments was equivalent to **USD38.8 billion**.

In the United Kingdom:

80% of all adverse drug events ("ADEs") led to a hospital admission, which accounted for 4% of the hospital bed capacity in 2008. The projected annual costs of these admissions to the National Health Service amounted to **€706 million**.

In Germany:

Health care costs related to ADEs totalled **€816 million**, meaning costs per case were €381 according to a Cost-of-illness model study. Almost 60% was due to hospitalisations, 11% to emergency department visits and the remaining 21% to expenditure made on long-term care.

[^] A research article published on 7 April 2018 in the Health Affairs journal (Vol. 30, No. 4: Still Crossing the Quality Chasm) (<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0084>)

* The economics of patient safety in primary and ambulatory care: Flying blind, OECD Health Working Papers No. 106 published by the Organisation for Economic Co-operation and Development (Nov 2017) (<https://pdfs.semanticscholar.org/f2f4/d1808dc68fe74d2c65bec81a3027a171af14.pdf>)

We are here to help

We understand that confronting a serious medical condition is an important battle in your life. It is imperative that you should receive professional advice to make the best medical decision in a timely manner. As a life insured of HSBC Health Goal Insurance Plan ("HGIP life insured"), we would be supporting you all the way should you be diagnosed by a Registered Medical Practitioner with Cancer, Heart Disease or Stroke.

Through the privileged **Global Medical Care Services ("the Services")**, you will be connected with world-class hospitals and **Harvard-level specialists in Cancer, Heart Disease and Stroke** who advocate your interests via Preferred Global Health ("PGH").

Diagnosis Verification and Treatment Plan



Ensure your medical case will be reviewed in-depth including both an expert opinion and a treatment plan advised by multiple Harvard-level specialists in the U.S.

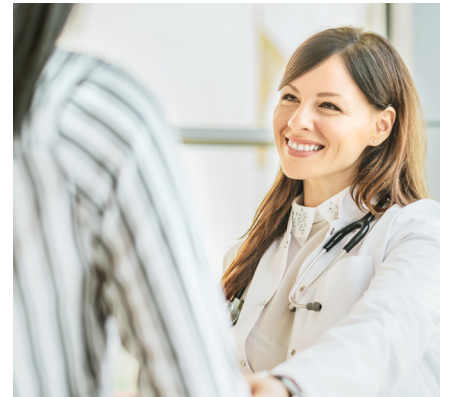
Doctor-to-Doctor Dialogue



Partnering your local doctor with the U.S. specialists via secure video conferencing to discuss and develop an optimal treatment plan for you.

US Care Management

(Applicable to eligible HGIP life insured only)



Arrange all the medical appointments on your behalf with personalised concierge service support for you and your companion(s) in the U.S.

Why do Global Medical Care Services matter to you?

They supplement local medical advice with a global lens by having a comprehensive analysis of your medical case via their distinctive connection with world-class hospitals and medical network.

They protect your rights as a patient with high involvement of Harvard-level specialists and your Personal Care Manager to aid your understanding of your diagnosis and decision making.

They offer choices for a possible better outcome which enables you to be treated either locally or in the U.S. based on the treatment plan as advised by the specialist.



Your **Personal Care Manager** is committed to ensuring that you will receive the best possible treatment, advice and care from the medical specialists involved. Your Personal Care Manager, a medical professional, will also arrange your concierge services such as your travel, accommodation, hospital admission/discharge, billing review and after-care support if you opt to be treated in the U.S.

PGH uniqueness



Preferred Global Health is a leading global patient organisation based in Boston, Massachusetts, USA, with more than **20 years' experience** in patient advocacy and supporting the path to recovery. PGH offers you medical expertise from leading **Harvard-level specialists at top 1% ranked hospitals in the U.S. with proven track records** of providing the best possible outcome for patients after a diagnosis of Cancer or Critical Illnesses.

Patients diagnosed with serious medical conditions are likely to be overwhelmed by all sorts of information and treatment suggestions. With Global Medical Care Services, you are not alone as you will be given ongoing guidance to get through the emotional turmoil. The Services also bring you additional value through every key milestone of your treatment journey.



Contact us

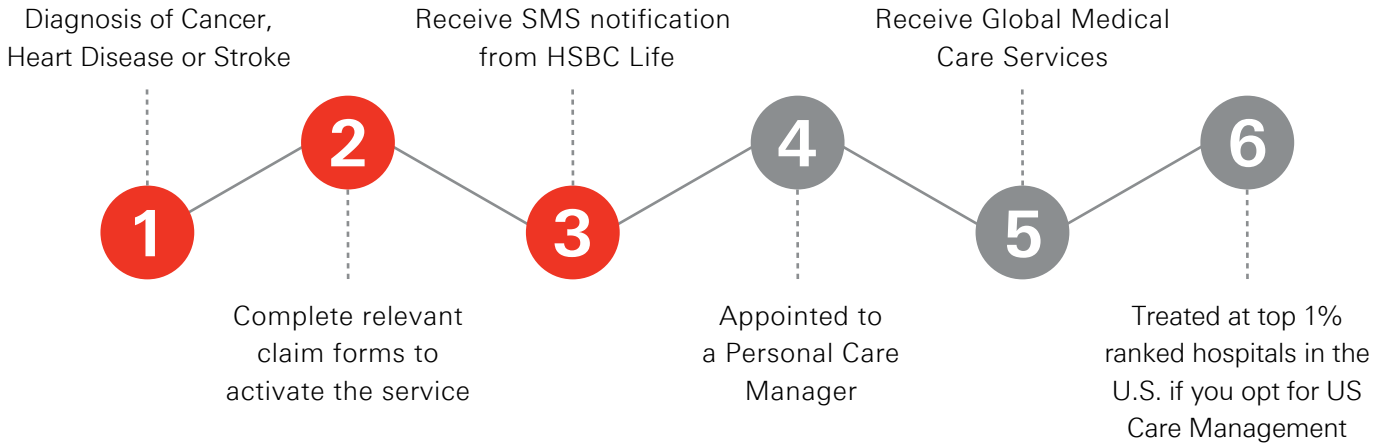


HSBC Life Service Hotline
(852) 2583 8000



HSBC Life's website
www.hsbc.com.hk/insurance

Simple path to the best possible outcome



Case study: US Care Management



Real case study of Cancer patient Mr Stephen Choi from Hong Kong

- Stephen, aged 45, was diagnosed with Bladder Cancer.
- After consulting with local doctors, he couldn't decide on the best treatment course for him.
- Undecided, Stephen approached Preferred Global Health (PGH) for further consultation.

Careful steps taken by PGH's Global Medical Care Services



A **Personal Care Manager** (Mandy) was assigned to Stephen to follow up on coordinating his medical records and to mobilise a top U.S. specialist to produce the **Diagnosis Verification Treatment Plan Report** that confirmed the diagnosis and prepared a treatment plan.



Mandy then helped to arrange **Doctor-to-Doctor dialogue** between Stephen's local doctor and the top U.S. specialist to discuss Stephen's case.



Stephen decided to be treated in the U.S. PGH recommended a **Chief Urologic Surgeon from a Harvard Medical School affiliated hospital**, the Dana Farber Cancer Institute. The Chief Surgeon is also a professor at Harvard Medical School. Mandy helped arrange admission to the hospital and medical appointments, and guided Stephen and his wife during the medical journey and recovery in the U.S. until the doctor said it was safe to travel home.



Stephen recovered fully and was delighted to have received the best treatment possible.

— **Our only focus is your recovery** —

Contact us



HSBC Life Service Hotline
(852) 2583 8000



HSBC Life's website
www.hsbc.com.hk/insurance

Disclaimer

Global Medical Care Services (the “Services”) are provided by a leading global patient care organisation, Preferred Global Health (“PGH”) to the life insured (hereinafter called “the patient”) of HSBC Health Goal Insurance Plan policy. The Services consist of Personal Care Manager, Diagnosis Verification and Treatment Plan, Doctor-to-Doctor Dialogue and US Care Management services. US Care Management service is only applicable to HSBC Health Goal Insurance Plan policy with Notional Amount of USD2 million or more. The Services provided by PGH or through their service providers are used as a resource for consultative medical advice and treatment recommendations for the patient who seek further opinions/suggestions on his/her medical conditions. The Services are value-added services provided by PGH while the HSBC Health Goal Insurance Plan policy is effective. **It is your/the patient’s responsibility to pay for all the treatment and medical costs and the related costs/expenses incurred by you/the patient, whether directly or indirectly in relation to the receiving of the Services. For details of the Services, please refer to PGH’s official website www.pghworld.com.**

You are subject to the relevant terms and conditions as determined by PGH for the use of their services. HSBC Life (International) Limited is not responsible for the quality of the medical advice/treatment recommendations and have no control over the scope of services provided by PGH to the patient and we are not liable for any costs, losses or damages suffered by the patient or you for the use of such Services. We have the absolute discretion to revise and change the terms and conditions for the offering of the Services under the HSBC Health Goal Insurance Plan policy at any time without giving you prior notice.

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Eligibility

1. Am I eligible for the Global Medical Care Services?

You are entitled to the Services if you are

- (1) the life insured covered under HSBC Health Goal Insurance Plan and
- (2) your policy is still in-force during the policy term

Global Medical Care Services (the “Services”) are provided by a leading global patient care organisation, Preferred Global Health (“PGH”), to the life insured of HSBC Health Goal Insurance Plan policy. The Services consist of Personal Care Managers, Diagnosis Verification and Treatment Plan, Doctor-to-Doctor Dialogue, and US Care Management services.

US Care Management service is only applicable to HSBC Health Goal Insurance Plan policy with Notional Amount of USD2 million or more. All the treatment and medical costs will need to be settled by the customer; and the relevant costs involved in travel, accommodation, after-care support, etc in the U.S. will be borne by the customer via self-funding.

Global Medical Care Services are value-added services provided by PGH during the policy term of HSBC Health Goal Insurance Plan. For details, please refer to the service leaflet of Global Medical Care Services. HSBC Life (International) Limited (“the Company”, “we”, “us” or “our”) shall not bear any liability for the quality and scope of services provided by the organisation. We reserve the right to revise and change the details and the terms and conditions of these services to be provided by the organisation from time to time, as well as to cease and/or suspend the provision of such services at any time at our sole and absolute discretion without giving prior notice.

2. Do I need to go through any additional medical assessment in order to activate to the Global Medical Care Service?

You can apply to activate the Services once you lodge a claim with HSBC Life upon diagnosis of a covered critical illness, PGH will review your request based on the terms of the Global Medical Care Services.

3. If I have general questions about PGH and the services, may I contact PGH?

Yes, you can seek more information on their official website: www.pghworld.com; and send your enquiries to their general public email address: info@pghworld.com if needed.

4. Can customers use the Global Medical Care Services at any point along their treatment journey?

You are strongly advised to activate the Services as soon as a diagnosis is known to benefit from a timely specialist advice on the diagnosis or treatment plan. However, if you would like to activate the Services later, you can fill in and submit another claim form to HSBC Life again for raising the request.

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Eligibility (Continued)

5. What are the exclusions of the Global Medical Care Services ? Am I eligible for the Services if I have had a Stroke, Heart Disease, and / or Cancer diagnosis record in the past?

Your service entitlement is based on the policy cover of HSBC Health Goal Insurance plan and the same set of coverage, exclusions and pre-existing conditions shall apply. Please refer to the Policy Provisions for the definitions of Cancer, Heart Disease and Stroke as well as exclusions.

6. How often can customers request the Global Medical Care Services?

As an eligible life insured, you are entitled for the Services as long as you are diagnosed with Cancer, Heart Disease, or Stroke by a Registered Medical Practitioner during the policy term.

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Diagnosis

1. What types of diagnosis are acceptable?

A diagnosis for Cancer, Heart Disease and / or Stroke. The same set of coverage and exclusions of HSBC Health Goal Insurance Plan shall apply. Please refer to the Policy Provisions for the definitions of Cancer, Heart Disease and Stroke as well as exclusions.

2. Who must provide and confirm my diagnosis?

A diagnosis by a Registered Medical Practitioner is acceptable.

3. What kind of test gives a diagnosis of malignant Cancer? And is malignant Cancer covered?

Malignant Cancer is defined as any malignant tumor positively diagnosed with histological confirmation, such as a biopsy, and characterised by uncontrolled growth of malignant cells and invasion of tissue. The same set of coverage and exclusions of HSBC Health Goal Insurance Plan shall apply. Please refer to the Policy Provisions for the definitions of Cancer, Heart Disease and Stroke as well as exclusions.

4. What is the acceptable medical condition for Heart Disease?

Heart Disease is often used interchangeably with "cardiovascular disease", and generally refers to conditions that involve narrowed or blocked blood vessels that can lead to heart attack, chest pain (angina) or Stroke. Heart Disease also includes conditions that affect the heart muscle, valves or rhythm (eg arrhythmic disease). The same set of coverage and exclusions of HSBC Health Goal Insurance Plan shall apply. Please refer to the Policy Provisions for the definitions of Cancer, Heart Disease and Stroke as well as exclusions.

5. What is the definition of Stroke?

Stroke is classically characterised as a neurological deficit attributed to an acute focal injury of the central nervous system (CNS) by a vascular cause, including cerebral infarction, intracerebral hemorrhage (ICH), and subarachnoid hemorrhage (SAH); and it is a major cause of disability and death worldwide. Please refer to the Policy Provisions for the definitions of Cancer, Heart Disease and Stroke as well as exclusions.

6. Heart attacks and Strokes are emergency conditions; does PGH offer emergency support in these cases?

No. For your interest, immediate medical attention should be sought for emergency heart failure or disruption of blood supply to the brain by Stroke, via transient ischaemic heart attack ('mini Stroke') or hemorrhagic blood vessel or myocardial failure ('heart attack'). PGH can only provide the medical care consultation services such as diagnosis verification, treatment plan development by Harvard-level specialists, etc.

7. Do the Global Medical Care Services care about the patient's recovery and after care in the long term?

Yes, PGH will assign a Personal Care Manager who will take care of your medical condition from diagnosis to recovery. They are committed to your medical condition until your case is closed.

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1. When can I activate the Global Medical Care Services?

You can opt to activate the Service immediately following a diagnosis of Cancer, Heart Disease or Stroke by a Registered Medical Practitioner. To do so, complete and submit the relevant claim form to HSBC Life in order to activate the Service. Your claim and service activation will be processed in parallel by HSBC Life while the Service will be provided upon receipt of your request regardless of your claim result. All eligible life insured can enjoy the Diagnosis Verification and Treatment Plan, Doctor-to-Doctor Dialogue and Personal Care Managers (PCM). The US Care Management service is only applicable to HSBC Health Goal Insurance Plan policy with Notional Amount of USD2 million or more. All the treatment and medical costs will need to be settled by the customer; and the relevant costs involved in travel, accommodation, after-care support, etc in the U.S. will be borne by the customer via self-funding.

2. What kind of information will HSBC Life share with PGH?

Please be rest assured that only the information requested in the service activation section of the relevant claim form (ie your full name, policy number, diagnosis category - Cancer, Heart Disease or Stroke, valid email, valid mobile contact number and preferred contact time) will be transferred by HSBC Life to PGH upon receiving the specific consent of the customers. The PGH service activation and HSBC Life's claim request will be handled independently by PGH and HSBC Life respectively. Apart from the information contained in the respective section in claim form, all your other personal information including medical information and claim assessment outcome etc would not be shared between HSBC Life (International) Limited and PGH.

3. When do I know if my activation request is well received?

You will receive a notification SMS sent from HSBC Life upon receipt of your activation and claim requests. You will then be contacted by the Personal Care Manager (PCM) assigned by PGH via phone call and / or email within 24-48 hours. If your PCM cannot reach you successfully within a month, you will receive an SMS sent by HSBC Life notifying the failure of such request. You need to re-submit a completed claim form to us for Service activation in this case.

4. What is the support I can receive from my Personal Care Manager?

The Personal Care Managers of PGH are registered nurses with fruitful medical project management experience and patient advocacy expertise. They are based in Boston, USA, from where they provide support and guidance to our eligible life insured and work closely with the Harvard-level specialists / hospitals for their medical condition.

Your Personal Care Manager ("PCM") will provide you a dedicated care from end-to-end upon initiation of the Service. The PCM will speak to you to understand your case, situation, needs and concerns, etc and ask for complete medical files and all related documents to your case which will be sent to the specialists in the U.S. for further verification of your diagnosis and development of a treatment plan. Please be rest assured that your medical records as provided are totally owned by you and provided on your accord in terms of your rights as a patient. In case you require further assistance or do not feel comfortable speaking to your local doctor, the PCM will help engage your local doctor on your behalf with your consent sought beforehand.

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Diagnosis Verification and Treatment Plan

1. What is the Diagnostic Verification and Treatment Plan (“DVTP”)?

The DVTP is a comprehensive evaluation of the medical records and imaging used in identifying the primary diagnosis. Harvard-level specialists will confirm or provide an alternative diagnosis via a multidisciplinary review approach and develop treatment plan options. You will receive a Diagnosis Verification and Treatment Plan Report with the specialists’ opinions and advice.

2. How are the Harvard-level specialists selected?

PGH has access to a pool of thousands of Harvard-level specialists who will be engaged for your case based on your medical condition. For Cancer cases, it typically involves a multidisciplinary review from different oncology disciplines, such as medical oncology, radiation oncology, and surgical oncology.

3. Is it possible for me or my local doctor to request a reviewing specialist from another hospital in the U.S.?

For the DVTP, PGH will work with Harvard-level specialists and the leading medical center for practice, teaching and research & development in the world. Having said that, subject to availability of particular specialists in the U.S. as requested, PGH will make every effort to accommodate your request if possible.

4. How long does it take to generate the DVTP report?

Usually the report can be ready within 7 to 10 business days when a complete set of medical records are ready by you / your local doctor and well received by PGH.

5. I’m not able to discuss and understand my case in English and / or my medical records are not in English. Is there any support from PGH to address my concern?

The Personal Care Managers (“PCM”) are experienced in supporting international patients and patients from Hong Kong. Translators are engaged as required for verbal and written communication with doctors in the U.S. and with your PCM. Professional medical translators are engaged to translate medical records as well as the reports by the specialists in the U.S.. It usually takes 3 additional business days for translation. Translation service is free of charge.

6. I’m not sure my local doctor is comfortable sharing my medical records with PGH?

It is understandable for patients to seek additional medical opinions from specialists on their diagnosis. It is also understandable that patients request the medical information pertinent to their diagnosis, as it is their right. PGH will review your medical records for completeness, have them professionally translated into English if necessary and share with the Harvard-level specialists in the U.S.. PGH is experienced in dealing with local doctors and welcomes their collaboration with renowned and reputable Harvard-level specialists. Your Registered Medical Practitioner may also have a professional and confidential discussion about your case with the Harvard-level specialists in the U.S. if you choose, through the Doctor-to-Doctor Dialogue service.

However, if you don’t want to engage your Registered Medical Practitioner directly, or in the event of any resistance from local doctors, the PGH will engage a local National Medical Coordinator for assistance. Local National Medical Coordinators do not provide medical advice on the case.

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Diagnosis Verification and Treatment Plan (Continued)

7. What kind of medical records do the Harvard-level specialists look for?

Generally, alongside all the medical information and test results pertinent to the your case, the Harvard-level specialists require imaging studies corresponding to the primary diagnosis, for example CT / PET scan, X-ray or MRI images, and, with Cancer diagnoses, pathology slides from the initial biopsy.

8. How are my medical records sent to the U.S. and returned?

Medical records and the written DVTP report from the Harvard-level specialists in the U.S. are generally transmitted by encrypted email that is password protected. Medical documents can be scanned and sent electronically. Pathology slides and large sized files like imaging studies that are usually stored in CDs may be sent via tracked post or prepaid tracked courier. You may also choose to directly upload imaging studies to the reviewing team of specialists at the U.S. hospital providing the medical opinion if you wish. The link will be provided to you by your Personal Care Manager who will assist you. You will need to create a temporary account and the uploaded medical imaging studies will be directed to the appropriate departments, for example radiology. You may also request the PGH to share the written opinion report from Harvard-level specialists with your local doctor if you wish.

9. What does the report consist of?

The Diagnosis Verification and Treatment Plan report is a comprehensive written summary report in English produced after a multispecialty and / or multi-oncologist disciplinary review of the customer's case. It covers the customer's clinical history and gives detailed recommendations for the course of treatment. You may request a translation in your local language if needed. It usually takes 3 additional business days for the translation upon generation of the report. Such translation service is totally free of charge.

10. What if I have or my local doctor has questions about the report?

Your Personal Care Manager will contact you within 1 business day after you have received the written report. Your PCM will help you understand the report, like medical terminology, and answer questions you may have. Your PCM may also help you bring 1 follow-up question on the report to the relevant specialist.

11. What if there is a difference of opinion formed between the local doctor and the specialist? How do I seek further clarification?

You can request the Doctor-to-Doctor Dialogue service. This enables the local doctor to confidentially discuss your case and treatment together with the Harvard-level specialist in the U.S. directly via secured private video conference call.

12. What if the specialist ask for more tests to provide a diagnosis verification?

For cases where the appointed Harvard-level specialist determines that additional tests are required for a precise diagnosis and treatment plan, the customer will be strongly advised to seek the tests as requested locally. The costs of diagnostic and medical tests are not a covered benefit.

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Diagnosis Verification and Treatment Plan (Continued)

13. Do the Harvard-level specialists provide recommendations only based on the treatment which is available in the particular country / nation of customer's residence?

The specialists may not be familiar with the availability of medical treatment in each country, but they will always recommend the best course of treatment to their best knowledge. Any specific details on the availability of this treatment in a particular country can be discussed via Doctor-to-Doctor Dialogue.

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Doctor-to-Doctor Dialogue

1. What is the Doctor-to-Doctor Dialogue (“DDD”)?

The DDD is a discussion between your local doctor and the Harvard-level specialist in the U.S. over your specific case and treatment. It is a further step you may request after your DVTP report is ready. The dialogue is designed to be a confidential discussion between two medical doctors without the participation of third parties, including the customer. Doctors will share their knowledge on a 30-45 minute secured video conference call. This dialogue brings expert medical minds together and gives high added value specially in cases of rare or complex diagnosis and reassurance over the course of treatment and implementation of the treatment protocols.

2. Will it be the same specialist who performed the Diagnosis Verification and Treatment Plan to join the Doctor-to-Doctor Dialogue?

Not necessarily.

3. Can I or my local doctor propose the specialist in the U.S. instead for the dialogue?

PGH will try to accommodate requests but will make the most appropriate selection from the Harvard-level specialist network. Specialists are selected based on their established expertise in the customer’s condition and availability. Residents, interns and juniors are not eligible.

4. How soon can I request the Doctor-to-Doctor Dialogue after the DVTP report is ready?

The DDD can be requested as soon as you receive the report if you wish. It is strongly advised the DDD be conducted within 365 days upon receipt of the report by you to ensure your medical circumstances are still valid.

5. Can I or my local doctor request the Doctor-to-Doctor Dialogue more than once for the same and / or difference case?

Only one dialogue service is expected and is up to 45 minutes per diagnosis. Additional sessions can be requested subject to the availability of the specialist and additional costs will be charged to you.

6. How can I request the Doctor-to-Doctor Dialogue?

You can raise the request to your Personal Care Manager.

7. What kind of information does the Harvard-level specialist require prior to the Doctor-to-Doctor Dialogue?

The specialist will review all your medical documents as provided by you or your local doctor, the DVTP Report, and any new medical information and circumstances that may have happened in the period up to the dialogue. You will be required to share this with your Personal Care Manager for further transmission of such information to the specialist.

8. What are the operation hours for the specialist to join the Doctor-to-Doctor Dialogue session?

Generally, the video conference session can take place between your local doctor with the specialist from Mondays to Fridays, from 8 am to 4.30 pm EST. An earlier start time from 6 am-7 am can be requested subject to the availability of specialist.

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Doctor-to-Doctor Dialogue (Continued)

9. Who will arrange and confirm the Doctor-to-Doctor Dialogue with my local doctor?

Your Personal Care Manager will help arrange and confirm the time session with the specialist. Upon confirmation of time, you can inform your local doctor.

10. How long in advance does it take to make the arrangements with the specialist ?

It usually requires at least four business days' notice. PGH aims for the session to take place within 7-14 business days.

11. What if I need to cancel or reschedule the session?

Please give your Personal Care Manager 48 hours' notice for cancellation or re-scheduling of your session.

12. Is there any document required to be signed by me or my local doctor? And any medical files need to be sent in prior to the Doctor-to-Doctor Dialogue?

The DDD session will require all the documentations that were made available for the DVTP, as well as any additional examinations and / or medical results that may have been received since the DVTP Report was produced. The relevant forms signed for the DVTP will also be applicable.

13. Will the professional details and contact of the local doctor and specialist be exchanged prior to session?

Yes.

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US Care Management

(only applicable to HSBC Health Goal policyholders with Notional Amount of USD2 million or more)

1. What is US Care Management?

Your Personal Care Manager and a team of experienced medical professionals will provide end-to-end coordination of Harvard-level treatment at the top 1% hospitals in the U.S. as well as financial management services. During the treatment at the hospital, your Personal Care Manager will accompany you in person and assist you as well as your family throughout the treatment and recovery journey until you return to your home country. The service includes:

- Travel and accommodation arrangements,
- Medical visa application support,
- Language or translation services,
- Medical appointment scheduling,
- Medical project management and quality control with the course of treatment to reduce preventable medical errors,
- Quality control of medication and drug course,
- Facilitation of medical communication and informed patient decision-making,
- Hospital admission and discharge processes,
- Financial management services to assist with hospital billing, and
- Personal Care Manager giving in-person support, guidance, and patient advocacy.

US Care Management provides high value personal guidance and patient advocacy delivered on-the-ground by the Personal Care Manager physically present and supports customers and their family throughout the treatment journey until they return home.

US Care Management services are only applicable to HSBC Health Goal Insurance Plan policy with Notional Amount of USD2 million or more. All the treatment and medical costs will need to be settled by the customer; and the relevant costs involved in travel, accommodation, after-care support, etc in the U.S. will be borne by the customer via self-funding.

2. How often can I meet / speak with my Personal Care Manager during treatment in the U.S.?

As often as necessary. You will have free interpreter support for all doctor and hospital purposes as well.

3. Can I request US Care Management for treatment in the U.S. without using the Diagnosis and Verification Treatment Plan before?

With all likelihood you will have followed the standard customer journey and utilised the Diagnosis Verification and Treatment Plan to identify the type of treatment that is recommended. Nonetheless, customers whose benefits include US Care Management and who have not used the other services, will be assisted to the extent possible.

4. Will treatment in the U.S. be the same as the treatment as recommended from the DDD and / or DVTP?

Not necessarily. The Diagnosis and Verification Treatment Plan gives the patient an option for treatment. Ultimately it is the patient's choice which treatment plan they want to utilise.

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US Care Management (Continued)

(only applicable to HSBC Health Goal policyholders with Notional Amount of USD2 million or more)

For treatment arrangement at the U.S. hospital

5. How do I request the US Care Management?

Please contact your Personal Care Manager directly if you have already received the Diagnosis Verification and Treatment Plan or Doctor-to-Doctor Dialogue.

6. How much time do I need to inform my Personal Care Manager in advance if I want to receive treatment in the U.S.?

Please inform your Personal Care Manager at least four weeks in advance for them to make the necessary arrangements of medical scheduling and travel & accommodation logistics.

7. What will the medical appointments be and with whom?

Your appointment(s) will be with a specialist doctor and the specialist team in your condition and according to the diagnosis and agreed course of treatment at the treating hospital.

For travel and accommodation arrangements

8. How do I receive the travel & accommodation details?

Your Personal Care Manager will coordinate these arrangements and confirm the suitability with you before finalising. Reservation codes and confirmation will be provided prior to your travel. You will be provided with a full itinerary and briefed in as much detail as possible before your departure on the length of your projected treatment. The length of treatment plan will be based on the US Medical Specialist's best estimates for treatment and recovery times. Like any medical treatment, it very much depends on your condition and response to prescribed care, unforeseen medical complications, varying recovery times, and changes in treatment plan. You will also be given in advance full orientation on all the details of your accommodation and stay. Suitable arrangements for any special dietary, religious, or other special needs will be made.

9. What type of airfare will I receive?

You can select any type of airfare you desire at your cost. Your Personal Care Manager will assist with the logistical preparation.

10. What type of accommodation is arranged?

Accommodation is generally arranged to be in proximity to the treating hospital and may include hotels or short-term apartments for you / your companion's consideration and is entirely paid by you at your own costs. Your personal and companion's preferences will be taken into consideration.

11. Will my health be too fragile to travel to the U.S. and return home?

You can only travel if you are healthy enough to do so as determined by your doctors. If you are too fragile to travel, the Doctor-to-Doctor Dialogue service is designed to support and enhance local treatment at home as discussed between the U.S. specialist and your local doctor. If you are not well enough to return home after treatment in the U.S., you will remain there, with continuing support by your Personal Care Manager, until it is medically safe to return home as determined by your treating doctor in the U.S.

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(only applicable to HSBC Health Goal policyholders with Notional Amount of USD2 million or more)

12. Can I travel to the U.S. first and then seek to use the US Care Management services?

You may need to make your own travel and accommodation arrangements but you must notify your Personal Care Manager at least 4 weeks in advance if you wish to receive the US Care Management Service after your arrival.

For US Visa assistance

13. Can I take my spouse and children with me?

You may take whomever you like. Your Personal Care Manager can assist you with the travel arrangements for your companions upon request.

14. What if I and / or my companion need a visa to travel to the U.S.?

You need to apply for the U.S. visa for yourself as well as your companion. Your Personal Care Manager can assist you in providing evidence of medically needed and financially guaranteed treatment in the form of a letter from the treating hospital.

For travel support

15. Will I be met at the airport upon arrival at the U.S. treatment destination, and if so by whom?

You and your companion will be greeted at the airport in the U.S. by your Personal Care Manager and / or by a member of the Care Management Team and / or a professional translator upon request. You will be accompanied to your accommodation and given full orientation on all the details of your stay including the specific treatment plan and key milestones. Any required arrangements for any special dietary, religious, or other special needs you may have will be taken care of.

Key milestones are any major appointments throughout the course of treatment i.e. admission to the hospital, appointments with specialists, surgery, chemotherapy or radiation therapy, recovery.

16. What if my flight is delayed or some unforeseen eventuality was to happen on the journey to the treatment destination in the U.S.?

Before departure your Personal Care Manager will exchange contact details with you for continuous communication. And the Care Management team will be monitoring the status of your arrival and will be available and prepared to assist you in meeting any eventualities that may delay your arrival.

17. What is the average length of stay for treatment in the U.S. according to the experience of the service provider?

The length of treatment in the U.S. depends on the diagnosis and treatment plan, including comorbidities. Most treatment and recovery take place over a period of three to six weeks with the majority of that time in recovery and follow up. However, there have been treatment cases of up to one year.

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For Hospital billing management

18. How do I budget for / settle my bill for the treatment in the U.S. and what kind of support can I receive from the service provider?

All the treatment and medical costs will need to be settled by the customer; and the relevant costs involved in travel, accommodation, after-care support, etc in the U.S. will be borne by the customer via self-funding.

PGH can assist with outlining steps for financial guarantee requirement, estimated costs of treatment, hospital billing and billing steps. In certain cases, the service provider may also support with re-pricing discussions with the hospital if applicable.

19. Am I be covered by relevant insurance coverage?

All the treatment and medical costs will need to be settled by the customer; and the relevant costs involved in travel, accommodation, after-care support, etc in the U.S. will be borne by the customer via self-funding.

If you are in doubt, you are highly recommended to refer to the respective Policy Provisions of your plans for detailed terms, conditions and exclusions; and consult with professionals for their advices as and when appropriate.

For hospital discharge arrangement

20. What if I was discharged from the hospital but require a recovery period in the U.S.?

If a doctor recommends a period of recovery in the U.S. outside of the hospital and follow-up appointment(s) with the U.S. medical team after hospital discharge before traveling home, you will still receive support from the Care Management team until the treating specialist confirms that you are well enough to return home.

For after care arrangement

21. What kind of support can I receive for my recovery time and after care in the U.S.?

Your Personal Care Manager will provide you with care from the beginning to the end. You will be accompanied by them throughout your recovery time in the U.S. after hospital discharge, including but not limited to the continuation of post-hospital medical care (ie appointments and scheduling of tests, etc), and regular checks, guidance and reinforcement of discharge self-care support.

22. When do I receive a formal medical record from my hospital?

You will receive a full medical record formally issued by the U.S. hospital around two weeks after your hospital discharge. Your Personal Care Manager will help monitor the progress to ensure that you will receive such records as soon as possible or prior to your departure.

23. Apart from after care service, will the service provider offer any additional support for my departure?

Your Personal Care Manager and / or the Care Management team will try their best to ensure that you return home safely. Additional support includes arranging flights, pick up and drop off transfer to the airport.

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For home return support

24. Will customers require follow-up care in their home country?

Patients are generally required to receive some form of follow-up care such as periodic scans as suggested by their treating U.S. specialist and / or hospital. This kind of follow-up care is likely to be carried out in your home country.

25. Is there any further support I can receive from the service provider after my department from the U.S.?

Your Personal Care Manager is committed to your medical condition until the case is closed. They will contact you regularly every 2 months, 4 months, 6 months, 1 year and 3 years for your post-recovery care after your departure from the U.S. depending on your circumstances to ensure the best possible outcomes.

26. Can I still have contact with my US specialist after the hospital discharge?

Yes, you will be given all the relevant contact information of your U.S. treating specialist team for enquiries, particularly if you experience significant changes in your medical condition after returning home just in case.