

HSBC Voluntary Health Insurance Standard Plan

HSBC Voluntary Health Insurance Flexi Plan

Policyholder user guide

A guide with important highlights



Manage your policy

At HSBC Life (International) Limited (“HSBC Life” or “the Company”), we recognise that insurance can often appear complicated. This Policyholder User Guide (“User Guide”) is intended to explain many of the basics about your 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.

We make it easy for you to access your policy whenever and wherever you want.

Policy servicing

You can review the details of your policy through our Personal Internet Banking and HSBC HK Mobile Banking app any time you want. You can alter your policy to reflect any changes in your personal circumstances. Depending on the type of plan you have, you can:

- change the beneficiary;
- change how you pay your premium and/or how often you pay it;
- update your personal particulars, such as address and telephone number;
- change your coverage, subject to the terms and conditions applicable to the policy.

Making changes to your policy is straightforward. You can simply download a Change Request Form from our website (please refer to Other Services section on page 18), complete it, 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 HSBC branch.

How to read 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 to obtain a replacement.
- Do not allow anyone else to use your medical card.

How to read your medical card



Now your HSBC e-medical card is everywhere you want to be.

HSBC Life believes a good product or service should be instantly available to you whenever and wherever you need it. That's why we have now made it possible for you to access your HSBC e-medical card through the HSBC HK Mobile Banking app.

Why use an e-medical card?

From now on, if you have your smartphone, you have your e-medical card. Simply open your HSBC HK Mobile Banking app and present your in-app e-medical card together with your personal identification document at network doctors and network healthcare facilities to obtain the medical services you need. A few clicks, is all it takes.

Getting started

To register for the HSBC HK Mobile Banking app, you will need to have the following information on hand:

1. Your HSBC account number or credit card number
2. Your ATM PIN, credit card PIN or your phone banking service PIN
3. Your HKID card or passport number



Download the app

The HSBC HK Mobile Banking app is available for download in both the App Store¹ and Google Play^{TM 2}.



HSBC HK Mobile Banking



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2. Google Play and the Google Play logo are trademarks of Google. Android is a trademark of Google.

How to read your medical card

To register for the HSBC HK Mobile Banking app, follow the simple steps below:

STEP 1



New to HSBC:

Tap **“Open an account”** and follow the instructions to register for a mobile banking account.

Existing customer:

Tap **“I’m an existing customer”** to log into your mobile banking account.

Click on the name of your in-force insurance policy to view the details.



STEP 2

Once you click on **“My medical card”**, your e-medical card will be ready for use!

STEP 3



If you still prefer to obtain a physical medical card, please call the general policy service hotline for assistance.

How to make a medical claim

For HSBC VHIS Standard Plan / 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. 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 the network directory for your preferred network doctors (you can download it from HSBC Personal Internet Banking / HSBC HK Mobile Banking app or call the claims service hotline) and make your appointment with your selected network doctor directly.

2



Medical consultation³

Present your personal identification document and medical card 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, 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 our website 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 the Claims Department.

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.

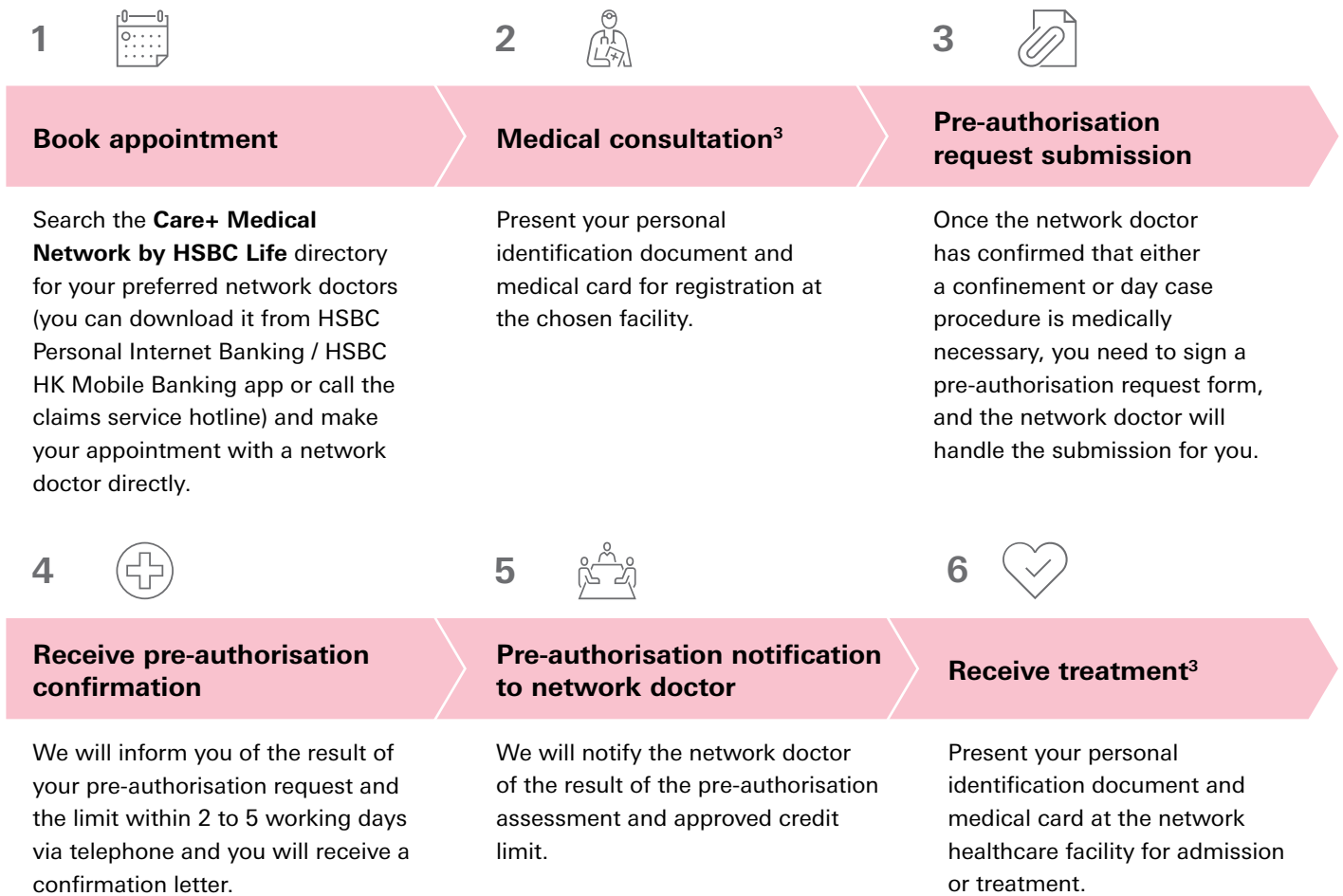
How to make a medical claim

For HSBC 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 HSBC 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.

Take these simple steps to enjoy cashless convenience



During confinement and before your discharge from hospital, you can also enjoy the Cashless Arrangement, subject to the approval and confirmation of the pre-authorisation.

How to make a medical claim

For HSBC 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.

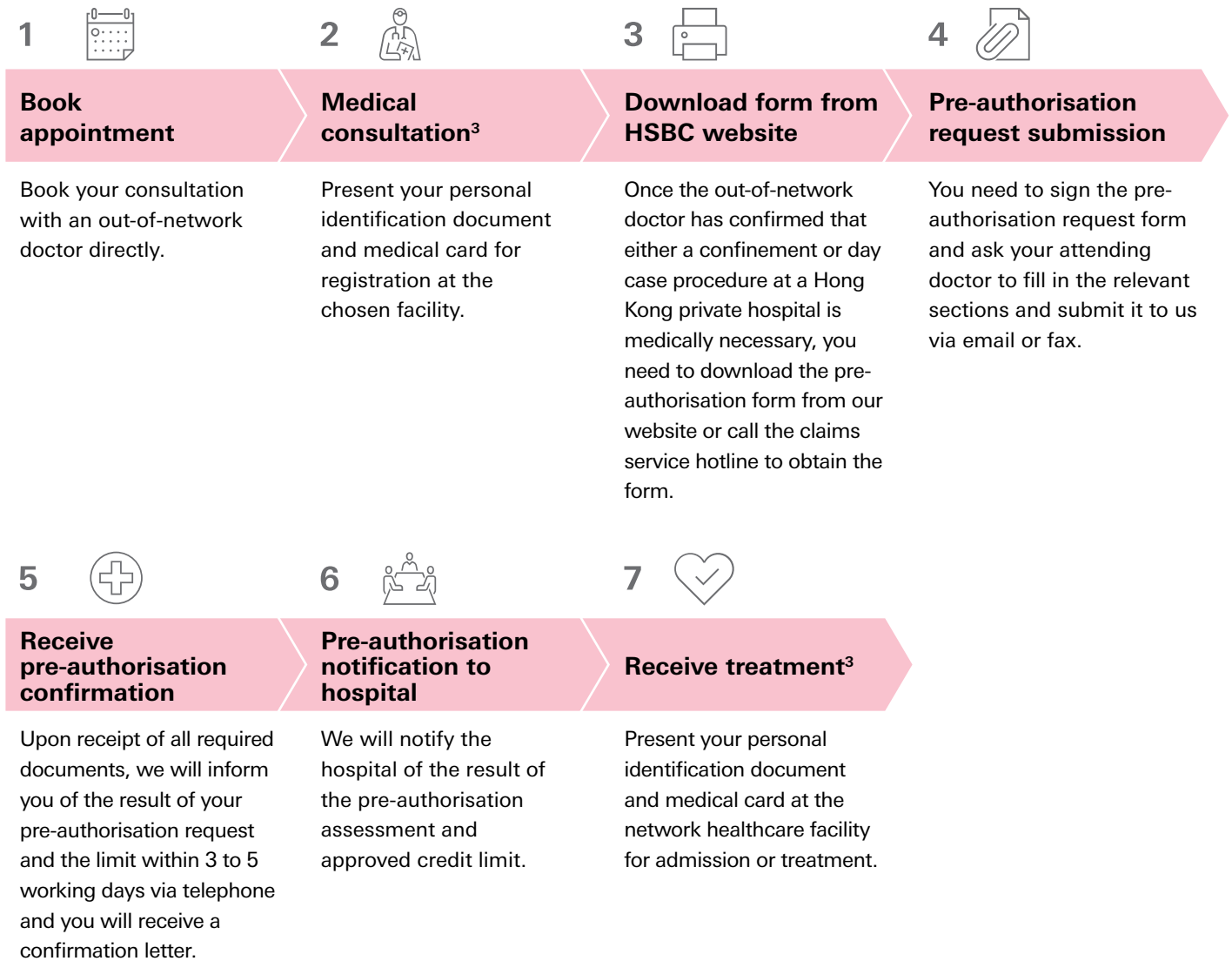
How to make a medical claim

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

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

Cashless Arrangement is available if you obtain pre-authorisation 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



During confinement and before your discharge from hospital, you can also enjoy the Cashless Arrangement, subject to the approval and confirmation of the pre-authorisation.

How to make a medical claim

For HSBC 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.

How to make a medical claim

For HSBC 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 our website 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 the Claims Department.

Insured persons of HSBC VHIS Flexi Plan (Diamond level) are exclusively entitled to our Medical Concierge Service regarding Relevant Policy. Please contact the medical concierge service hotline to inquire about the services you need. For details, please refer to the next section – **Value-added Services for HSBC VHIS Flexi Plan (Diamond only)**.

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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 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 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 HSBC branch in the Hong Kong Special Administrative Region; or



Contact our Tele-claims consultant for assistance.

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 Entity Visa or Hong Kong Identity Card or passport). 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.

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 (Diamond only)

As a valued HSBC 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 our GNHL from our website, and follow the same steps outlined in **For HSBC VHIS Flexi Plan (Diamond only) - Global Network Hospital List**.

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 HSBC VHIS Flexi Plan only

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

Generally speaking, 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 in detail the second medical opinion 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 HSBC 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 HSBC 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. HSBC Life (International) Limited ("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.

Medical Concierge Service (For HSBC VHIS Flexi Plan Diamond only)

If you (as an insured person) ever require medically necessary treatment, you may receive support from our dedicated 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.

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, then 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 Diamond Plan. You will then be well received by our Medical Concierge Consultant for relevant services.

Please refer to Pay & Claim section on page 11.

Value-added services

For HSBC VHIS Flexi Plan (Diamond only)

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

Medical Concierge Service is not a part of the policy in respect of HSBC VHIS Flexi Plan. For more details of the Medical Concierge Service and Limousine Arrangement Service, please refer to the detailed terms and conditions on our website: <https://www.hsbc.com.hk/insurance/products/medical/vhis/flexi/> or contact the medical concierge service hotline.

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

- a. The Medical Concierge Service (the "Medical Concierge Service") is only applicable to Eligible Customers in respect of HSBC Voluntary Health Insurance Scheme ("HSBC VHIS") Flexi Plan (Diamond level), 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 Flexi Plan (Diamond level) only.
- 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 Flexi Plan (Diamond level) shall not constitute an Eligible Customer for the Medical Concierge Service.
- e. The Medical Concierge Service and Limousine Arrangement Service shall, at all times, be subject to the terms and conditions as determined by HSBC Life.
- f. The Medical Concierge Service and Limousine Arrangement Service shall be subject to availability, under any and all circumstances, even if a relevant appointment has been arranged or confirmed. 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; and b) availability or punctuality of the limousine arrangement, regardless of whether an appointment has been arranged or not.
- g. HSBC Life shall have the right to change and revise these terms and conditions of Medical Concierge Service and Limousine Arrangement Service (at its discretion) at any time and from time to time, and the offers for any Medical Concierge Service may be withdrawn and/or terminated by HSBC Life at its discretion. HSBC Life 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 HSBC Life's discretion in respect of the Medical Concierge Service.
- h. HSBC Life shall not be liable for any loss, damage, costs, or injury (which may arise directly or indirectly) from any failure of or delay in 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 HSBC Life or any of HSBC Life's service provider(s), or
 - ii) any matters which could not reasonably have been foreseen by HSBC Life, or
 - iii) any matter, delay, service, service standard, omission, accident or incident relating to any service providers or independent contractors, including but not limited to any vehicle company and any 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 any Medical Concierge Service or any limousine arrangement.
- i. HSBC's role under the Medical Concierge Service is a facilitator, with the objective to provide specified support to Eligible Customers within HSBC Life's designated scope of services, subject to all the terms and conditions herein. Notwithstanding anything stated herein, HSBC Life 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 requires 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 HSBC VHIS Flexi Plan (Diamond level) only ("Limousine Arrangement Service"), subject to all of the following:

Subject to all the terms and conditions, HSBC Life will assist Eligible Customers to arrange a third party service provider to arrange local limousine transportation within HSBC Life'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 services

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/ HSBC 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
	HSBC VHIS Flexi Plan (Diamond)	Tel: (852) 3663 5911	Mon to Fri from 9am to 8pm Sat from 9am to 1pm except public holidays
Claims service hotline	All plan	Tel: (852) 3128 0122	Mon to Fri from 9am to 6pm, except Saturday, Sunday and public holidays
Medical concierge service hotline	HSBC VHIS Flexi Plan (Diamond)	Tel: (852) 3128 0122 After language selection, please press "1" for VHIS, and then press "1" for Diamond Plan.	Mon to Fri from 9am to 6pm, except Saturday, Sunday and public holidays
Worldwide emergency assistance service	HSBC VHIS Flexi Plan	Tel: (852) 2193 5863	24-hour

Other services

Type of services	Information
HSBC website	www.hsbc.com.hk (HSBC > Insurance > Medical Plans > HSBC Voluntary Health Insurance)
Claims form/ Pre-authorisation form download	https://www.hsbc.com.hk/insurance/forms/#lclaim
Pre-authorisation request	Email address: vhispa@hsbc.com.hk or Fax: (852) 3409 1070
Fax number (life claims) Fax number (general policy service)	(852) 3418 4976 (852) 3418 6473
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 HSBC Voluntary Health Insurance Flexi Plan. It is neither a Policy Provision nor any part of the same. All terms and conditions of your HSBC Voluntary Health Insurance Standard Plan and HSBC Voluntary Health Insurance Flexi Plan 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 above policies are underwritten by HSBC Life (International) Limited ("the Company", "we" or "us") and certified by the Health Bureau of the Hong Kong SAR government. The Company is authorised and regulated by the Insurance Authority ("IA") to carry on long-term insurance business in the Hong Kong SAR.

September 2022

More information

Click www.hsbc.com.hk/insurance

Visit any HSBC branch



You can find more information about the product on HSBC's website by scanning the QR code.

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