GLOBAL MEDICAL ASSISTANCE SERVICES PROGRAM

SERVICES PROGRAM DOCUMENT

SECTION 1 - INTRODUCTION

- 1.1 The Services under the Global Medical Assistance Services Program ("Services Program") are provided by MediGuide International, LLC ("MediGuide"), a medical service provider designated by Fubon Life Insurance (Hong Kong) Company Limited ("The Company"). The Services Program is available to the Insured Person who is insured under the Insurance Plan.
- 1.2 The Services Program is subject to the provisions in this Services Program Document, which shall be governed by and construed in accordance with the laws of Hong Kong. For avoidance of doubt, the Services under the Services Program are not benefits under the Policy Provisions of the Insurance Plan.

SECTION 2 - DEFINITIONS

For the purposes of this Services Program Document, the following terms shall have the meanings stated below:

Attending Physician shall mean the Physician that has locally been attending to the Insured Person's relevant medical needs and is typically the medical professional that has been involved in providing the first diagnosis of the relevant medical condition for the Insured Person.

Business Day means any day which is neither a Saturday, Sunday nor a public holiday in the United States of America and Hong Kong.

Diagnosis shall mean the written conclusions reached by a properly licensed Attending Physician who has physically examined the Insured Person. A Diagnosis must include the name of the illness or of the suspected medical condition.

Insurance Plan means the eligible insurance plan determined and issued by the Company as a basic plan.

Insured Person means the insured of the Insurance Plan underwritten by the Company.

Medical Records shall mean the written medical files regarding an Insured Person as developed and maintained by an Attending Physician or other involved medical professionals or facilities.

Medical Second Opinion shall mean the written opinion of a Physician practicing at a World Leading Medical Center provided to the Insured Person and the Attending Physician regarding the Insured Person's diagnosis and course of treatment

Physician shall mean a medical professional holding the necessary licenses and certifications to practice in the United States or in a foreign jurisdiction.

Policyholder shall mean a person who is the owner of the Insurance Plan underwritten by the Company

Qualifying Medical Condition shall mean an illness or medical condition that qualifies the Insured Person to receive the Services, except that:-

- (i) The Insured Person has not been given an official diagnosis by his or her Attending Physician; or
- (ii) The Insured Person has not been evaluated by a Physician for his/her medical condition within the last twelve (12) calendar months; or

- (iii) The Insured Person has developed an acute or life threatening condition and should seek the immediate medical care of his/her treating Physician that should not be delayed by the arrival of the Services; or
- (iv) The medical condition which requires physical evaluation of the Insured Person.

Services shall mean the Medical Second Opinion Services, Navigator Related Services to be provided by MediGuide or MediGuide Provider to Insured Person of the Insurance Plan

World Leading Medical Center shall mean a health care facility that is widely known and identified as providing specialized medical care that is recognized within the broad medical community as highly respected in its fields of clinical care. The Insured Person or the Policyholder can at any time request for an updated list of World Leading Medical Centers.

SECTION 3 – MEDICAL SECOND OPINION SERVICES

- 3.1 In the event that the Insured Person is diagnosed by Physician with one or more of the Qualifying Medical Conditions, the Insured Person is eligible to apply for the Medical Second Opinion Services.
- 3.2 The Insured Person or his or her representative shall contact MediGuide at the toll free customer service hotline 800931102 and provide MediGuide with all necessary information, including:
 - a) Insured Person's full name, Insurance Plan name and policy number;
 - b) The name of the place and the telephone number where MediGuide can reach the Insured Person or his or her representative;
 - c) The disease that the Insured Person has been diagnosed with; and
 - d) The prescribed authorization form duly signed by the Insured Person or his or her representative to confirm using the Services and authorize MediGuide to collect Medical Records from the Attending Physician.
- 3.3 MediGuide will identify three World Leading Medical Centers, from which the Insured Person shall select one. Then MediGuide shall work directly with the Insured Person's Attending Physician to collect all relevant Medical Records required for transmission to the selected World Leading Medical Center.
- 3.4 The expert Physicians of the selected World Leading Medical Center will provide the Medical Second Opinion i.e. all analyses and recommendations including:
 - a) an independent analysis of the Medical Records so as to verify the accuracy of the original diagnosis; and
 - b) a complete review of the originally proposed treatment plan, including recommendations of treatment options, international standards of care, or newly available and proven treatment approaches that are worthy of consideration.
- 3.5 The Medical Second Opinion shall be presented to the Insured Person and his or her Attending Physician in writing within 10 Business Days from receipt by the selected World Leading Medical Center of the Insured Person's complete Medical Records.
- 3.6 The Insured Person may be advised by MediGuide to undergo additional medical tests if the selected World Leading Medical Center determines that the medical information collected from the Attending Physician is insufficient for the provision of the Medical Second Opinion. The Insured Person may choose to undergo additional tests at his or her own decision and own cost. Otherwise, MediGuide will attempt, but is not under an obligation, to convince the selected World Leading Medical Center to process the request with the limited Medical Records.
- 3.7 In the event that MediGuide and its local medical case coordinator is unable to secure the necessary cooperation in collecting the needed Medical Records, the Insured

Person ultimately will be responsible for gathering these Medical Records and test results. The Medical Second Opinion may not be provided if the necessary medical information cannot be obtained.

SECTION 4 – NAVIGATOR RELATED SERVICES

- 4.1 If the Insured Person would like to travel overseas for medical treatment pursuant to Medical Second Opinion is provided, MediGuide will refer the Insured Person to a provider of regional specific medical assistance and cost containment services ("MediGuide Provider").
- 4.2 The Insured Person shall provide his or her written consent of sending a copy of the Medical Second Opinion to the MediGuide Provider, sign an agreement with the MediGuide Provider and make any payment as requested by the MediGuide Provider, so that the MediGuide Provider shall provide the following Navigator Related Services.
 - a) Navigator Services:
 - Advising on facilities recommended to the Insured Person based the Insured Person's Medical Second Opinion and arranging admission at the Insured Person's choice.
 - ii) Receiving a cost estimate, based on the treatment plan as recommended in the recently completed MediGuide Medical Second Opinion, excluding any possible medical complications that could occur while receiving the initial treatment, of what the entire treatment package should cost.
 - iii) Settlement of claims from medical providers in and out of network.
 - iv) Case management.
 - v) Pharmacy review of prescribed drugs.
 - vi) Arrangement of ground transportation, coordination of medical evacuation, hotel.
 - vii) Any other services that might be necessary and agreed to in writing by Insured Person and MediGuide Provider.
 - b) Transportation and Lodging Services: facilitating the organization of travel and lodging.
 - c) Translation Services: telephone translation service including medical term translation during the time that the Insured Person is admitted in the selected medical facility for treatment or in other settings where it can be helpful.
 - d) Repatriation of the Mortal Remains: organizing the return the Insured Person's mortal remains to the country of residence In the event of his or her death; or the funeral or cremation if the body is buried or cremated at the place of death
 - e) Cost containment & Case Management: MediGuide will organize a re-pricing activity upon release from the selected medical facility of the Insured Person. The MediGuide Provider will pay all the providers required in this process and will be compensated 25% of the overall savings obtained in this process. The Insured Person will retain the benefit of the additional savings negotiated for the Insured Person by the MediGuide Provider. All providers will be paid by the MediGuide Provider, out of funds that have been paid by the Insured Person to the MediGuide Provider prior to travelling for the required treatment.

SECTION 5 – FEES AND EXPENSES

- 5.1 Except otherwise stated, MediGuide shall be responsible to pay for all costs relating to the Medical Second Opinion process as provided under Section 3, including the research of relevant to the particular illness, the retrieval, copying, assembling and tailor-making the Medical Records to issue the Medical Second Opinion, courier service, any applicable secure electronic transmissions, administration, translation and teleconferencing with Physicians.
- The Insured Person shall be responsible to pay the MediGuide Provider upon its request in relation to the Navigator Related Services as provided under Section 4. While arrangement and coordination of Navigator Related Services is provided, the expenses of the medical services and treatments, transportation, accommodation, repatriation of mortal remains and any other relevant expenses shall be borne by the Insured Person.
- 5.3 The Company shall not be liable for any transaction or dealing between the Insured Person and MediGuide, the MediGuide Provider and/or any other third party service provider in relation to the Services under the Services Program

SECTION 6 - LIABILITIES

- 6.1 The Company makes no representation or warranty with respect to the performance and quality of the Services. The Company shall not responsible and will not be liable for any loss or damage, whatsoever and howsoever, directly or indirectly, caused by, arising from or in connection with the Services provided by MediGuide, the World Leading Medical Centers, MediGuide Providers, and/or any other services provided by the medical practitioner(s)/hospital(s) to the Insured Person.
- 6.2 MediGuide will not be liable for the quality of any subsequent or additional services provided by the medical practitioner(s)/hospital(s)/MediGuide Providers to the Insured Person other than the Services provided by MediGuide. MediGuide shall, to the best of its abilities, ensure that all MediGuide Providers engaged by MediGuide, are internationally recognized and credible organizations. However, MediGuide makes no warranty with respect to any act or failure to act by such MediGuide Providers in connection with any services provided.
- 6.3 The Insured Person and/or his or her representative has/have the final decision whether or not to undergo any relevant medical treatment with reference to the Medical Second Opinion, and shall understand any associated risk(s) relating to any medical treatment as mentioned in the Medical Second Opinion before making his/her own decision.

SECTION 7 – VARIATION AND TERMINATION

- 7.1 The Company reserves the right to replace MediGuide with another designated medical service provider of the Services Program, review, revise and vary the provisions in this Services Program Document and the details of Services from time to time, as well as to suspend and/or terminate the Services Program at its sole and absolute discretion without prior notice.
- 7.2 The Services Program shall automatically terminate forthwith upon the termination of the Insurance Plan of the Insured Person, However, in the event the Insurance Plan is terminated due to diagnosis of cancer of the Insured Person and payment of Cancer Benefit under the Insurance Plan, the Services Program shall automatically terminate one year from the termination date of the Insurance Plan.